Grampian

Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm



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Section One – Setting the Scene

1.1 Foreword

Most adults with mental health problems, physical or learning disabilities or other needs, manage to live their lives comfortably and securely, either independently or with assistance from caring relatives, friends, neighbours, professionals or volunteers. However, for a small number, dependence on someone may produce conflict, exploitation and harm.

This Policy and Procedure was initially produced in response to the growing awareness and documentation of the range, level and frequency of harm towards adults. It was developed to provide a framework to enable appropriate recognition and response to situations where adults may be at risk of harm.

The Policy and Procedure has been reviewed and revised in October 2008 and Sept 2011, to take account of the Adult Support and Protection (Scotland) Act 2007 (referred to throughout this document as 'the Act') and the growing experience and knowledge of staff working in adult support and protection. The latest review in May 2016 reflects amendments made to the associated Codes of Practice in June 2014.

Partners

- NHS Grampian
- Councils in Aberdeen City, Aberdeenshire and Moray
- Health and Social Care Partnerships in Aberdeen City, Aberdeenshire and Moray
- Police Scotland
- Scottish Fire and Rescue Service
- Scottish Ambulance Service
- Care Inspectorate
- Third Sector

Consultation and Comments

Members of the above partner organisations, private sector and other organisations were consulted on the contents of this document. It will continue to be reviewed and amended by the Grampian Adult Protection Working Group in line with changing legislation and working experience. Any comments regarding this document should be made using the Review / Comments Form Appendix 1).

Useful Contact Details

Police Scotland • Service Centre • In case of emergency	 101 999
Local Authorities Aberdeen City Council Aberdeenshire Council Moray Council **Adult Protection Teams** • Aberdeen City Council (24 hours) Email: • Aberdeenshire Council Out of Hours Email • Moray Council (24 hours) Email:	 01224 522000 0345 608 1208 01343 543999 0800 731 5520 adultprotection@aberdeencity.gcsx.gov.uk 01467 533100 0345 608 1206 adultprotectionnetwork@aberdeenshire.gov.uk 01343 563999 accesscareteam@moray.gov.uk
NHS Board and Hospitals Grampian NHS 24	 0345 456 6000 111
Other Bodies Mental Welfare Commission Office of Public Guardian Care Inspectorate Advocacy (Aberdeen City) Advocacy (Aberdeenshire) Advocacy (Moray)	 0131 3138777 01324 678300 0345 6009527 01224 640079 01467 651604 01343 559546

1.2 Introduction

All citizens, organisations and agencies have a responsibility to participate in the protection of adults from the risk of harm (referred to throughout the document as 'the adult'). This means they have a duty to report any concerns to the appropriate authority.

To protect adults at risk from harm we need to make sure that individuals and their carers are empowered by knowing what they can expect, understand their rights and have access to a responsive complaints and advocacy service. Those involved in the support and protection of the adult will be trained, supported and enabled to work together, to create a positive and empowering ethos.

The Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003, and Adult Support and Protection (Scotland) Act 2007 introduced duties and provide a range of guidance relating to the protection of the adult.

Supporting and protecting adults at risk of harm can be complex. We acknowledge that this policy and procedure cannot cover all eventualities; however it is intended for universal use.

1.3 Principles of Practice for Supporting and Protecting Adults at Risk of Harm

Agencies should adhere to the following guiding principles:

- Work within the principles laid down by the Act and its associated code of practice.
- Work within the principles laid down by the National Care Standards i.e. dignity, privacy, choice, safety, realising potential, quality and diversity.
- Work together within an interagency framework.
- Promote the empowerment and well-being of adults through the services/support they provide.
- Act in a way which supports the rights of the individual to lead an independent life, based on self-determination and informed choice.
- Identify people who are unable to make their own informed decisions and/or to protect themselves and their assets.
- Recognise that the right to self-determination can involve risk but that this should be minimised whenever possible and where necessary, through the use of a risk management process.
- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies e.g. independent advocacy.
- Ensure that the law and statutory requirements are known by Agencies and used appropriately, so that adults receive the protection of the law and access to the judicial process.

Section Two – What is Harm?

2.1 Definitions

Who is at risk? (Three Point Test)

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; <u>and</u>**
- **is at risk of harm; <u>and</u>**
- **because they are affected by disability, mental disorder, illness or physical or mental infirmity are more vulnerable to being harmed than adults who are not so affected.**

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. An adult may have a disability but be able to safeguard their well-being etc**.**

It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Harm

Harm is an emotive term and can be subject to wide interpretation. Within the Act, harm is defined as including all harmful conduct and in particular:

- conduct which causes physical harm (including that of a sexual nature).
- 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.

Harm can happen anywhere, including at private addresses, in hospital and registered care settings or in the community. Harm may involve elements of a power imbalance, exploitation and the absence of full consent. It can be the result of neglect, by self or others.

Who may cause harm?

The adult may be harmed by a wide range of people, including a;

- member of staff, proprietor or service manager.
- member of a recognised professional group.
- paid carer
- volunteer or member of a community group such as a place of worship or social club.
- service user.
- spouse, relative or member of the person's social network.

- unpaid carer
- neighbour, member of the public or stranger.
- person who deliberately targets vulnerable people in order to exploit them.

It is concerning when someone in a position of power or authority uses his or her position to harm the health, safety, welfare and general well-being of the adult.

Agencies have a responsibility to all adults who have suffered or who are at risk of harm. They may also have responsibilities towards 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 who the perpetrator is.

2.2 Patterns of Harm

Any or all of the following types of harm may be perpetrated as the result of criminal action, deliberate intent, negligence or ignorance and may be current or historical. These definitions are not exhaustive and no category or type of harm is excluded because it is not listed below. What constitutes serious harm will be different for different adults.

- Physical Harm - including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions, force-feeding, burning or scalding.

- Sexual Harm – including grooming, inappropriate touching or sexual advances, rape and sexual assault or sexual acts to which the adult has not consented, could not consent or was pressured into consenting to.

- Psychological Harm - including emotional harm, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse (including sexualised language) or 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 ignoring medical or physical care needs, failure to allow access to essential health, social care or educational services, withholding of the necessities of life such as medication, adequate nutrition and heating, or over/under-medicating.

- Discriminatory Harm - actions (or omissions) and/or remarks of a prejudicial nature, focusing on a person's race, disability, religion/belief, age, gender reassignment, marriage or civil partnership, pregnancy or maternity, sex (male or female) or sexual orientation.

- Information Abuse - e.g. failure to adhere to the relevant 'Data Protection Act' guidance, failure to provide adequate and appropriate information about Complaints/Customer Services procedures, which inhibits a person raising a concern about harm or failure to give an adult the right information e.g. benefit entitlement/claims.

- Self Harm – includes self poisoning or self injury

- Other – including domestic abuse, gender based violence, human trafficking, stalking, hate crime, mate crime, female genital mutilation, forced marriage, honour based violence and radicalisation.

2.3 Signs of Potential Harm

Suspected harm 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 harm.

Such statements must be acted on, whether they relate to:

- a specific incident or
- a pattern of events

There are many other factors which may indicate harm, which could include:

- unusual, suspicious or repeated injuries or bruising.
- unusual or unexplained behaviour of carers, including a delay in seeking advice or dubious or inconsistent explanations of injuries or bruises.
- an adult found alone, at home or in a care setting, in a situation of serious, avoidable risk.
- over-frequent or inappropriate contact/referral to outside agencies.
- a prolonged interval between illness/injury and presentation for medical care.
- signs of misuse of medication
- unexplained physical deterioration, e.g. loss of weight.
- sudden increases in confusion, e.g. a toxic confusional state could be as a result of dehydration.
- demonstration of fear by the adult of another person or place.
- difficulty in interviewing the adult, e.g. another person unreasonably insists on being present.
- anxious or disturbed behaviour on the part of the adult.
- hostile or rejecting behaviour by the carer towards the adult.
- signs of financial harm e.g. change in the ability of the adult to pay for services/access services, unexplained debts or reduction in assets.
- carers and/or dependants showing apathy, depression, withdrawal, hopelessness and/or suspicion.
- unnecessary delay in staff responses to residents' requests.
- a member of staff in a care setting having a history of moving jobs without notice, or having inadequate references.
- important documents reported as missing.
- inappropriate or unusual pressure being exerted by family or professionals to have someone admitted to care or to remain at home.
- inadequate completion of daily recording forms/incident forms in relation to unexplained incidents by care workers (record keeping).
- changes in behaviour from the usual pattern, e.g. someone who previously enjoyed an activity refusing to go, or reluctance of staff to accept change in rota/role.

Thresholds in the field of Adult Support and Protection have been a much discussed issue, particularly since the implementation of the Act. Whilst the Act provides clear definitions of an Adult at Risk and harmful behaviour, there remain situations that are 'borderline' where the distinction between a more general concern about care/support and an Adult Support and Protection matter are unclear. In some cases it can be the repetition of minor actions or omissions that collectively will amount to harmful conduct.

Thresholds guidance (Appendix 2) was approved by the Adult Protection Committees in Grampian in April 2015. These guidelines are intended to assist staff in determining whether the concern is an example of poor practice which requires action by the care organisation or if it is possible harm which requires to be reported and Adult Support and Protection procedures instigated. The document will assist with the decision making process alongside good practice and professional judgment.

Section Three – Making a Referral

3.1 What To Do If Harm Is Suspected

If the adult is known or believed to be at risk and there is a need for immediate action to protect the adult, contact should be made with the appropriate emergency services. A number of useful contact details are shown at Section 9.16 on page 98. If the adult requires urgent medical attention this should be sought.

If an adult is known or believed to be at risk of harm the facts and circumstances of the case can first be discussed with a line manager (for employees only) but reported, without delay, to the council for the area where they believe the adult to be located. The Out of Hours Social Work Service should be used if appropriate. All individuals within organisations must complete the Adult Protection Reporting / Concern Form and submit to the appropriate council. (Appendix 3).

The council has a duty to investigate an alleged incident of harm. Other professionals may be involved, for example: Police; Care Inspectorate; NHS and must cooperate fully.

The council must involve agencies in initial inquiries, which will include discussions / assessments and information sharing to establish if a formal adult protection investigation needs to be instigated.

The process and timescales of the investigation can be seen in the flowchart (Appendix 4 - Adult Protection Flow Chart).

3.2 Consent

Consent means “any freely given specific and informed indication of his wishes by which the data subject signifies his agreement to personal data relating to him being processed”.

The adult’s consent to share information should be obtained wherever possible. Existing legislation allows information to be disclosed without consent, where such disclosure is required by law or where such disclosure is in the public interest. Disclosure must be proportionate to the harm that is being investigated.

It may not be possible to obtain consent where:

- the adult lacks the mental capacity to consent.
- the adult is unwilling to consent because of undue pressure.
- the person acting with powers of attorney is unavailable or unwilling to give consent; or
- the situation is so urgent that obtaining consent would cause undue delay.

If the decision is made to share information without consent this should be recorded by the organisation making this decision.

3.3 Information Sharing

Sharing information about the adult is vital; what one person or public body may know may only be part of a more concerning picture. The Act imposes a duty to co-operate with a council which is making inquiries regarding the adult on certain bodies and office holders.

This includes a legal requirement to share information. Good practice would be that all relevant stakeholders would co-operate with assisting inquiries, not only those who have a duty to do so.

The Grampian Data Partnership Memorandum of Understanding supports information sharing between Police Scotland, Grampian Health Board, Aberdeen City Council, The Moray Council and Aberdeenshire Council. Information should be shared in accordance with the Grampian Adults at Risk Information Sharing Protocol. (Appendix 5)

Confidentiality is important but it is not an absolute right. Sharing information is essential to enable the council to undertake the required inquiries and investigations. Information should only be shared with those who need to know and only if it is relevant to the particular concern identified. The amount of information shared should be proportionate to addressing the concern.

When a person is considering the information to be shared, it is important to consider the adult's right to confidentiality in relation to their personal healthcare information (including medical details, treatment options, and wishes) before information is supplied. In particular, the relevant requirements of the regulatory body must be followed.

In general, agencies and professionals should:

- explain openly and honestly at the beginning what information will or could be shared and why, and obtain agreement to do so.
- stress that the adult's safety and welfare must be the overriding consideration when making decisions about sharing information.
- respect the wishes of adults who do not consent to share confidential information – unless it is considered to be in the public interest to override the lack of consent or allegations of a criminal nature.
- seek advice when in doubt.
- make sure information is accurate, up to date, and necessary for the purpose it is being shared for, share only with those who need to see it, and share securely.
- always record the reason for the decision: whether it is to share or not.

Section 4 – Interventions

4.1 Introduction

If the adult is known or believed to be at risk and there is a need for immediate action to protect the adult, contact should be made with the appropriate emergency services.

If a crime is known or suspected this should be reported immediately to the police by the referring organisation/individual before inquiries are made and to discuss the best way forward to protect the adult.

The Act allows councils to undertake a range of interventions in relation to the adult. They are:

- Initial Inquiries/Referral Discussion
- Investigations
- Visits
- Warrant for Entry
- Interviews
- Medical Examinations
- Examination of records
- Application to a Sheriff for a Protection Order

4.2 Initial Inquiries

All information should be passed on to the relevant Council. Any report that an adult may be at risk of harm, including anonymous referrals, will be taken seriously. All cases will be considered with an open mind without assuming that harm has, or has not, occurred. All referrals will be recorded on the Adult Protection Reporting / Concern Form by the referring agency or by the Council Officer where the referrer is a member of the public.

If the referral indicates that all three of the criteria are, or might be met, discussion will take place between relevant organisations that hold information about the adult or the alleged perpetrator. Gathering this information will help the Council Officer to determine whether or not grounds exist to initiate a formal investigation or whether a criminal offence may have been committed. If appropriate it may be beneficial to include families and/or carers in the discussion. Any decision or actions agreed during the discussion will be recorded by each agency involved.

Any intervention that results from an adult protection referral must be person-centred and based on the adult's personal circumstances. For example, some adults may be known to services and it may be helpful for them to have an informal discussion with a familiar person such as a support worker rather than a Council Officer. This may enable support to be provided rather than statutory intervention. This type of informal discussion may only take place if agreed by the appropriate senior social worker/care manager.

Where initial inquiries indicate a criminal offence may have been committed against the adult, this must be reported to the police at the earliest opportunity. The role of the police in investigating the crime should not be undermined. The council must take any immediate action required to protect the adult at risk but this needs to be done in consultation with the police.

The council may decide that no further action is required. This would be decided after a range of inquiries have taken place. The inquiry process and the reason for no further action will be recorded fully on the Record of Inquiry form by the Council Officer and reported back to the referrer.

4.3 Investigation

As allegations vary widely, it is impossible to detail all the steps which should be undertaken in the investigation of an alleged incident of harm. However the following points should be followed:

- Initial Inquiries should always take place.

- Where there is information that a number of adults are considered to be or are at risk of harm, a large scale investigation will occur Large Scale Investigation Protocol.(Appendix 6)

- Investigation must be undertaken by a Council Officer.

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

- All interviews must be carried out by a Council Officer and one other professional e.g. from Social Work/NHS/Service Provider/Police. It may also be necessary to include a person who knows the adult well and an Appropriate Adult if it is a police investigation. If required appropriate assistance should be made available to address any identified communication need(s).

- A view about the adult's capacity and communication needs should be reached by the appropriate professional/s and recorded.

- The provision of independent advocacy services should be considered when investigations occur.

- Those involved in the joint 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 adult and the alleged perpetrator. Preliminary interviews may have to take place with the person who 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.

- The investigation may include a visit to the adult's home environment and/or the environment where the alleged harm took place and a professional assessment of that environment should be made. In visiting these settings, care should be taken about personal safety.

- If an allegation of harm involving a crime has been made and reported to the Police, staff need to be aware of the need to balance the requirement to preserve forensic evidence against the needs or wishes of the victim/adult. Where there is a belief that something may be a piece of evidence or be relevant to a police investigation,

it should be preserved and kept securely until it can be handed to the police. Forensic evidence may include bank statements, items of clothing, photographs or correspondence, etc.

- If it appears physical harm has occurred medical attention should be sought.

- Care should be taken with the venue and timing of the interview with the adult, to ensure he/she is at ease etc. and that all necessary supports are available, e.g. interpreter, computer, loop system and symbols.

- The investigation should be undertaken as soon as possible, taking into account the impact on the adult.

- Staff taking part in an investigation should be offered debriefing by their supervising Manager.

4.4 Capacity

An adult at risk may or may not have capacity. Having capacity does not always mean that an adult is able to safeguard their own well-being, property, rights and other interests. 'Unable' is defined in the code of practice as 'Lacking the skill, means or opportunity to do something'. A distinction should therefore be drawn between an adult who lacks these skills and is unable to safeguard themselves, and one who is deemed to have the skill, means or opportunity to keep themselves safe, but chooses not to do so. In addition to being able to make and understand a decision and its consequences, the adult should also have the ability to exercise this choice.

An inability to safeguard oneself is not the same as an adult not having capacity. Until an adult is recognised in law as being incapable of managing their affairs or making decisions about their own welfare, they have to be assumed as having capacity. No intervention can be made purely on the grounds that the agency deems an adult's choices to be unsuitable or harmful. An adult may be considered unwilling rather than unable to safeguard themselves and so may not be considered an adult at risk.

The presence of a particular condition does not automatically mean an adult is an adult at risk. Someone could have a disability but be able to safeguard their well-being. It is important to stress that all three elements of the adult at risk of harm definition must be met. It is the whole of an adult's particular circumstances, which can combine to make them more vulnerable to harm than others. This is helpful when considering what is meant by infirmity for example. Also there should not normally be a 'once and for all' categorisation of people as an adult at risk. An individual's vulnerabilities, medical conditions and abilities can fluctuate and change over time.

Where there is doubt about the adult's mental capacity the following factors should be considered:

- Does the adult understand the nature of what is being asked and why?
- Is the adult capable of expressing his or her wishes/choices?
- Does the adult have an awareness of the risks/benefits involved?
- Can the adult be made aware of her/his right to refuse to answer questions as well as the possible consequences of doing so?

- Capacity is time and decision specific. There is a need to consider fluctuations in the adult's capacity ?
- How can the persons remaining capacity be encouraged?

The Council Officer has to form an initial view on capacity. The Council Officer may then need to move to seek a capacity assessment through the standard procedures. Legally only a medical practitioner may undertake a formal assessment of capacity but best practice dictates that this decision should be based on a multi-disciplinary review. Therefore the initial judgement on whether an adult has capacity may not necessarily be the final judgment. By law an adult must be assumed to have capacity unless found otherwise.

The initial assessment of capacity should be based on contemporary knowledge from care providers/family members/guardian and any known formal assessments recorded in the adult's files. This information must be made available to the Council Officer carrying out an investigation under the Policy and Procedure.

Where the adult appears to lack capacity, consideration should be given to relevant legislation as detailed in the Legal Framework (Legislation Framework and Working Across Legislation Flowchart). Where a decision has to be made urgently about capacity, consideration must be given to the circumstances/risks and immediate actions required.

In all circumstances, account should be taken of an individual's present and past wishes, while noting that these may not necessarily change the outcome/decisions made.

4.5 Undue Pressure

There will be instances when an adult may be frightened of the consequences of cooperating because they feel or are being threatened. Someone may have persuaded the adult that they will not be believed or blamed.

A refusal to participate in an interview or to consent to a medical examination may not only be on the basis of undue pressure.

If the adult has capacity and refuses consent to partake in an inquiry/investigation and undue pressure is suspected, the Council, when applying for a Protection Order, must prove to the Sheriff that:

- the adult at risk has been unduly pressurised to refuse consent; and
- there are no other 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.

Undue pressure can be applied by an individual who:

- may not be the person suspected of actually harming the adult; or the adult is afraid of, or who is threatening her/him and who the adult does not trust

The Act provides a further example of what may be considered as undue pressure:

- 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

the adult at risk would consent if they did not have confidence and trust in that person

4.6 Advocacy

The Act places a duty on councils to consider the provision of appropriate services to an adult. This includes independent advocacy services.

Independent advocacy supports people:

- to express their own needs;
- to gain access to information;
- to explore and understand the options available;
- to make informed decisions.

The adult should be asked if they know about and would like advocacy. Where advocacy is offered, declined by the adult or not deemed appropriate, the reasons for this should be clearly recorded, as should the reasons for not referring to any other 'appropriate' services. This decision should be re-visited and recorded at each formal review e.g. multi-agency meetings, review or professional meeting.

4.7 Support to Participate

The adult's views and wishes are central to adult support and protection, and every effort should be made at each stage of the process to ensure that barriers to the adult's participation are minimized. It is good practice to consider the best ways to check with the adult as to how included they feel and ensure they have the opportunity to highlight if they feel excluded at any point. This should be undertaken at various stages of the inquiry/investigation. Records and decisions should be shared with, and explained to, the adult as agreed at multi-agency meeting/case conference.

The adult should be provided with assistance or material appropriate to their needs to enable them to make their views and wishes known. Reasonable adjustments should be made to support the adult's needs wherever identified.

The communication needs of the adult should be considered and the adult should be asked what support they want, if any. It may be that they want assistance from a relative or primary carer, or a particular format for communication. This could be technical aides to support communication or information to be interpreted, translated or adapted.

The Royal College of Speech and Language Therapists have produced an Adult Support and Protection Communication Toolkit that can be used to assist.

4.8 Adult Protection Visits

Under the Act, a Council Officer may visit any premises to:

- decide whether the adult is an adult at risk of harm; and
- establish whether the council needs to take any action in order to protect the adult at risk from harm.

A Council Officer may enter any place to enable or assist an inquiry and may also enter any adjacent place for the same purpose. The Council Officer must show identification and state the purpose of the visit, and they must be accompanied by another person e.g. local authority staff, health professional, police, care workers, etc. Prior to the visit, the Council Officer may consider the application for a Warrant for Entry to allow entry should they be refused (see below).

The Act permits a Council Officer to enter any place where the adult normally resides such as:

- The adult's own home.
- A home with a relative, friend or unpaid carers.
- A registered setting such as a care home.
- Temporary or homeless accommodation.

The Act also permits a Council Officer to enter premises where the person is residing temporarily or spends part of their time including:

- A day centre.
- A place of education, employment or other activity.
- 'Respite' residential accommodation.
- A hospital or other medical facility.
- Commercial premises.
- A home with a relative, friend or unpaid carers.

Visits may only be undertaken at 'reasonable times'. A balance is required between the need to carry out the investigation as soon as possible and fully involving the adult and others. An immediate visit may be needed to assess the risk and, if necessary, take protective action. This may involve multi agency discussion and consideration of likely impact on the adult and any carer.

4.9 Warrant for Entry

There may be times where the Council Officer is refused entry to the premises. If this happens, and providing a delay would not increase the risk to the adult, good practice would be to have a multi-disciplinary discussion and plan to co-ordinate action by those involved before deciding whether to apply for a warrant. Particular regard should be given to minimising distress and risk to the adult. The views of any other persons who may be concerned for the welfare of the adult should be taken into account.

Section 37 of the Act makes provision for Warrants for Entry, authorising a police constable to use reasonable force to gain entry. Only the council can apply for a Warrant for Entry.

The Sheriff will only grant a Warrant for Entry if they are satisfied that:

- a council officer has been, or reasonably expects to be, refused entry or otherwise will be unable to enter; or

- any attempt by a council officer to visit the place without such a warrant would defeat the object of the visit.

A Warrant for Entry granted by a Sheriff expires 72 hours after it has been granted. Once a warrant has been executed, it cannot be used again.

4.10 Adult Protection Interviews

The Act permits a Council Officer, and the person accompanying the officer, to interview, in private, any adult found in a place being visited. The adults must be told of the purpose of the interview and of their right not to answer any questions before the interview starts. The aim of an interview is to establish:-

- if the adult has been subject to harm.
- the source, nature and level of any risk to the adult.
- if the adult feels his or her safety is at risk and from whom.
- whether any action is needed to protect the adult, and to
- what action, if any, the adult wishes or is willing to take to protect him or herself.

It is important that the professional carrying out the interview is prepared by having an interview discussion meeting. This discussion will usually take place via telephone but face to face meetings are likely to be more effective.:

- in complex or unusual situations
- where there are large numbers of individuals to be interviewed
- where the number of professionals involved would make planning via telephone impracticable

Interviews need to be co-ordinated in a way that promotes the best outcome for the adult at risk of harm. The way in which interviews are carried out can play a significant part in minimising any distress to the adult and their family/carers, and thus increase the likelihood of maintaining constructive working relationships. Joint planning ensures:

- that the immediate safety of the adult is secured
- that plans are sufficiently robust and comprehensive so the adult is not subjected to repeat inquiries, interviews or medical examinations.
- that best evidence is gathered on which to make decisions and support any legal proceedings.

Decisions made in the interview discussion meeting include the following and must be recorded on the Plan for Adult Protection Interview (Appendix 9).

- Whether or not the adult is at immediate risk, and if so, the arrangements that have to be made
- If there are any concerns or formal assessments regarding capacity and if so what level of decision making the adult is capable of
- Information on the adult's ability to communicate and if any special measures need to be taken or if the process of interviewing needs to be adapted to ensure full participation
- How race, ethnicity, religion and culture of the adult should be taken into account and whether an interpreter is required
- Who should be interviewed, for what purpose, by whom, where and when

- Who should lead the interview; taking account of the experience of professionals involved, likely preference of the adult, previous involvement with the adult, nature of the allegation
- The timing and handling of interviews with the adult, their family/carers and witnesses
- How the interview will be recorded and how information will be shared between interviewers, interviewees and other relevant agencies

Interviews may take place within any place being visited. The choice of venue will involve a judgement based on the wishes of the adult and should be a location where the adult can participate as fully and freely as possible.

Consideration should also be given to:

- The adult's capacity.
- The adult's wishes.
- Proactively seeking the consent of the adult to be interviewed.
- Giving reasonable opportunity and encouragement to answer questions.
- Promoting the adult's participation in the interview.

4.11 Recording Information

Each organisation or professional body must have a formal agreement as to how information about the adult is recorded. This must be adhered to, with records being kept up-to-date and accurate at all times.

All information recorded should clearly state whether it is based on information known to be factually accurate by the worker or based on suspicions, observations or allegations which have been reported.

Information regarding concerns should include:

- Nature/substance of concerns.
- Initial discussions and decisions, and reason for decisions.
- Details of care giver/significant others.
- Details of person alleged to have caused harm including current whereabouts and likely contact with the service user over the next 24 hours if known.
- Details of any specific incidents, e.g. dates, times, injuries, witnesses and evidence, such as bruising/marks, bank statements.
- Background or any previous concerns.
- Awareness/consent (or not) of the person concerned, carers, person alleged to have caused harm.
- Information given to the person, expectations and present and past wishes of the person, if known.
- The outcome of any/all investigations.

Incidents of concern, suspected/actual harm must be reported centrally within each council area using the locally agreed system. This will ensure that, wherever possible, no incidents of harm are missed. All incidents will be recorded on the Adult Protection Reporting / Concern Form.

4.12 Medical Examinations

A medical examination may be requested by a Council Officer and may only be carried out by a health professional defined under the Act as a doctor, nurse or midwife. A doctor may be asked to conduct a medical examination and a nurse or midwife may be asked to carry out an examination (if it is within their competence and confidence) under the Act during a visit or as part of an Assessment Order[1]. A Council Officer should request this examination by completion of the ASP Medical Examination Request Form.

Under the Act a medical examination should be considered when:

- the adult has a physical injury stated as inflicted by another person;
- the explanation for injuries is inconsistent with the injuries;
- there may be physical evidence of sexual abuse;
- the adult appears to have been subject to neglect or self-neglect;
- the adult is ill or injured and no treatment has previously been sought.

A medical examination may also be required for other reasons including:

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

A health professional may conduct a medical examination in private. The examination can be carried out during a visit even if an Assessment Order has been granted to enable a medical examination elsewhere. The adult must be informed of her/his right to refuse to be examined.

A medical examination:

- includes a physical, psychological or psychiatric assessment or examination;
- can take place at a place being visited; or
- can take place where an adult has been taken under an assessment order.

A medical examination does not rule out a forensic examination being requested by the police but on occasion may inform the need for a forensic medical examination.

On completion of the medical examination, the findings will be detailed by the health professional on the Medical Examination Request Form.

If there are any further steps required following the medical examination, for example, referral to specialist service or police for forensic medical examination, then this must be actioned and documented on the form. This form will be retained in the adult's medical notes and a copy retained by the Council Officer.

[1] For further information on Assessment Orders see Section 4.14.1

Forensic Medical Examination

A medical examination will only be undertaken by a Police Forensic Physician where

- the police are the lead agency enquiring into a criminal act
- the victim meets the criteria of an adult at risk
- the complaint relates to intentional harm against that individual, and
- consent has been obtained to medically examine them.

Where a crime is suspected or has occurred, contact should be made with Police Scotland to establish the circumstances and crime involved. If a medical examination is then required the Police will request the examination to be undertaken by a Police Forensic Physician on completion of the Forensic Examination Request Form.

Depending on the circumstances and the needs of the adult, the location of the medical examination will be assessed and agreed by the Police Forensic Physician and Enquiry Officer, who may also consult with other health/care professionals involved with the adult.

Where it is unclear if a crime has occurred, a Police Forensic Physician will not undertake a medical examination to establish if a crime has taken place, however if a medical examination is required, this should be taken forward by the Council Officer in the process laid out in this policy for such examinations.

4.13 Examination of Records

A Council Officer can obtain health, financial or other records for inspection. This includes records held in electronic, audio, visual or other formats. This can be requested during a visit. Records can also be requested in writing using the following documents;

- Accessing Information from Health Records Guidance (Appendix 12)
- Financial Record request (Appendix 13)

When a person is considering the information to be shared, it is important to consider the adult's right to confidentiality in relation to their personal information before it is supplied. In particular, the relevant requirements of the regulatory body must be followed.

Whilst confidentiality is important, it is not an absolute right. Co-operation in sharing information is necessary to enable a council to undertake the required inquiries and investigations. Information should only be shared with those who need to know and only if it is relevant to the particular concern identified. The amount of information shared should be proportionate to addressing that concern.

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

Councils should make reasonable efforts to resolve disagreements when record holders refuse to disclose them. Informal or independent conciliation might be considered, depending on the circumstances and reasons given for refusal. Any refusal to disclose information and the steps taken to resolve this should be clearly recorded

4.14 Protection Orders under the Act

Only a Council Officer can make an application for any of the Protection Orders, where the adult is at risk of **serious harm**, and the Council Officer is satisfied that all other options have been explored under the Act's principles of providing benefit to the adult and ensuring that the intervention is the least restrictive option. Advice and guidance should be sought from the council's legal advisor.

If the adult has capacity and refuses to consent, the council must prove that the adult has been "unduly pressurised" to refuse to consent to the granting of an order.

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

- that the affected adult at risk has been unduly pressurised to refuse consent; and 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.

Undue pressure may be present where there is no allegations of this and is often difficult to evidence. Undue pressure can be applied by an individual who may not be the person suspected of actually harming the adult or by someone whom the adult is afraid of, or who is threatening them. The adult at risk may have confidence and trust in the person who is exerting undue pressure which may prevent the adult from consenting to any intervention. Undue pressure may also be applied inadvertently where the person exerting influence is not doing so deliberately and/or maliciously.

4.14.1 Assessment Order - An Assessment Order allows a Council Officer to conduct an interview in private and/or a health professional to conduct a medical examination in private. This may be required to establish whether the person is an adult at risk and if further action is required to protect them.

The Sheriff must be satisfied that the council has reasonable cause to suspect the subject of the order is an adult at risk who is being, or is likely to be, seriously harmed and that a suitable place is available for the adult at risk to be interviewed and examined.

An Assessment Order cannot be appealed. There is no need for a court application if assessment can be carried out by agreement. The council should always consider the merit of the application if it considers that the adult will refuse either to consent to the granting of the Assessment Order, or to comply with it.

The adult can be taken to, but not detained at, a place specified on the Order.

If entry is reasonably expected to be refused the Council Officer may apply to the Sheriff for a Warrant of Entry to be executed by a Police Officer.

4.14.2 Removal Order - A Removal Order allows the Council to remove the adult to a specified place in order to assess the situation and to support and protect them. An adult must only be taken to the place specified on the Order. The Removal Order requires the adult at risk to be returned to their own environment as soon as possible. A Removal

Order is not primarily for a council interview or medical examination, therefore, if it is felt this would be more appropriate, consideration should be given to applying for an Assessment Order.

The Removal Order may only be used for very specific purposes, such as:-

- resolving issues between the adult and person suspected of harming;
- relieving carer stress;
- the prevention of serious harm.

An application must be based on the following grounds:-

- the adult is likely to be seriously harmed if not moved to another place; and
- there is a suitable place available to remove the adult to.

The council should present evidence that:

- voluntary approaches and/or other legislation have been considered;
- all other options have been explored and exhausted;
- the adult at risk is likely to be seriously harmed if not moved to another place;
- the place proposed is available and suitable;
- the action is in accordance with the principles of the Act.

If the adult has capacity to consent and has made known their refusal to consent, the council must prove the adult has been “unduly pressurised”.

A council is required to:

- notify the affected adult in writing of the application;
- inform the adult of their right to be heard or represented; or to be accompanied by a friend, relative or any other representative of choice;
- if appropriate, advise any other interested persons of the application.

An adult must be removed within 72 hours of the order being granted. A Removal Order will expire after 7 days (from the date the adult was removed). A council should request the shortest period possible, ensuring it provides benefit and the least restriction to the adult’s wishes.

An adult cannot be returned home and removed again within the period of this Order. If the adult does not consent, then application may only be made if no steps could reasonably be taken with the adult’s consent. The affected adult can be taken to, but not detained at, the place specified on the Order.

In emergency situations, a council can apply to Justice of the Peace on the basis that:

- the adult is likely to be seriously harmed if not moved to another place; and
- there is a suitable place available to remove the adult to;
- it is not practicable to make application to the sheriff; and
- an adult at risk is likely to be harmed if there is any delay in granting the Order.

Removal can take place within 12 hours of the Order being granted. The Order expires after 24 hours. A Council Officer should advise any person with interest in the adult's welfare of the removal. A Council Officer and the police have the right to enter premises to remove the adult.

The council may nominate another person to move the adult if appropriate. The nominee should be specified in the application.

The Council Officer must plan their actions:

- to minimise distress and risk to the adult;
- always on the basis of the principle of "least restrictive alternative",
- to keep the adult fully informed of rights, options, events having arranged where the adult is going to be removed to, as to how the removal is to be carried out, including transport arrangements and safeguarding of property.

The Sheriff (or Justice of the Peace) must grant a warrant that authorises a police constable to use reasonable force to achieve the purpose of the visit.

Wherever possible, entry to premises should first be attempted without force. The use of force is an absolute last resort, to be used in very exceptional circumstances, and only when all other options have been exhausted.

4.14.3 Banning Order - A Banning Order bans the subject of the Order from being in a specified place for up to 6 months. A Banning Order may be made by, or on behalf of, an adult at risk; any other person who is entitled to occupy the place concerned; or, in certain circumstances, the council.. An application should only be made by the council if no other steps could reasonably be taken to prevent the adult from serious harm. If the adult has capacity and refuses to consent, the council must prove that the adult has been "unduly pressurised" to refuse to consent to the granting of an order.

A Sheriff may grant a Banning Order or Temporary Order only if satisfied that:

- an adult is being, or is likely to be, seriously harmed by another person;
- the adult's well-being or property would be better safeguarded by banning the other person from a place occupied by the adult than it would be by moving the adult from that place; and that:
- the adult is entitled to occupy the place from which the subject is to be banned; or
- neither the adult nor the subject is entitled to occupy the place from which the subject is to be banned.

An application for a Banning Order must be accompanied by a plan clearly identifying the place and area from which the subject is to be banned.

A Banning Order may:

- ban the subject from a specified area in the vicinity of the specified place;
- authorise ejection of the subject from the place and area;
- prohibit the subject from moving any specified thing from that place;
- direct any specified person to take measures to preserve the moveable property of the subject;
- have specified conditions; and

- require or authorise any person to do, or to refrain from doing, anything else which the sheriff thinks necessary for the proper enforcement of the order.

A child can be the subject of a Banning Order

Application for a Temporary Banning Order may be made where it is inadvisable to wait for a full hearing on a Banning Order application. If the adult is the applicant, it would be good practice for the council to assist with the application. A Temporary Banning Order expires on the date a banning order is made, the date on which it is recalled, or any specified expiry date.

Where the adult is entitled to occupy a place, her/his occupancy rights are not affected if her/his partner is banned from the place. Where the adult is a non-entitled spouse under the Matrimonial Homes (Family Protection) (Scotland) Act 1981, she/he still has rights to occupy the home from which the subject of the Order is banned.

If the adult is not entitled to occupy a place and the subject is entitled to occupy that place, the Act will not allow that subject to be banned.

Banning Orders may be used in respect of public places.

A Banning Order will last for:-

- any period up to a maximum of six month to be specified by the Sherriff;
- the shortest period possible in line with the principles of the Act;

A Banning or Temporary Banning Order may be recalled or varied.

A Sheriff can attach a power of arrest to the Banning or Temporary Banning Order if there is a likelihood of the subject breaching the conditions of the order. The power of arrest becomes effective only when served on the subject of the order and will expire at the same time as the order.

If conditions are breached the subject may be arrested without warrant:

- if the police reasonably suspects breach of the order; **and**
- they are likely to breach the order again if not arrested.

The police cannot simply arrest the subject for having breached the order alone.
If no power of arrest is attached to the original Order, application may subsequently be made to the Sheriff to attach a power of arrest.

Once granted, notification should be given to those involved as per the Code of Practice. As well as sending a copy of the Banning Order with power of arrest to the Chief Constable of Police Scotland, it is also good practice to inform local Officers of the order. This can be done by emailing a copy of the order to the Partnership Coordination Unit NorthEastPartnershipCoordinationUnit@scotland.pnn.police.uk

Section Five – Meetings

5.1 Adult Protection Meetings and Case Conferences

Adult Protection Meetings and Case Conferences are held to consider concerns regarding an adult who is suspected to be at risk of harm. They are however, initiated at different points in the process and are triggered by different events.

5.2 Information Sharing

Confidentiality is required from each participant in Adult Protection Meeting and Case Conferences. This should be made explicit at the beginning of the meeting by the Chair. Information will be shared in line with the Information Sharing Protocol. (Appendix 5)

The adult at risk's views must be taken into consideration when deciding whether or not information should be shared with others, and if so, with whom and by whom.

If consent is not given there may be justification for disclosure.

Failure to share information appropriately can be a serious breach of duty of care. Sharing information without consent may be necessary and appropriate under some circumstances. These include:

- When an adult is believed to be at serious risk of harm
- When there is evidence of serious public harm or risk of harm to others
- When there is evidence of serious health risk to an individual
- For the prevention, detection or prosecution of serious crime
- When instructed to do so by a court

The risk to the adult may be so clear, serious and immediate that you have decided you must share information with others, whether the adult agrees or not. Best practice would suggest that the adult at risk be informed of the intention to share information unless this would place the adult at risk of further harm or significant distress.

If information is disclosed without consent then full details will be recorded. This should include;

- the information disclosed
- the reason why the decision to disclose was taken,
- the person who authorised the disclosure and
- the person(s) to whom it was disclosed.

If you consider that a person does not have capacity to consent, then an authorised member of staff needs to confirm that the person does not have capacity to make a decision about sharing. Wherever possible, the issue should be discussed with relatives and carers (except when the concern relates to the relative or carer). You should make a record of decisions taken.

5.3 Adult Protection Meetings

An adult protection meeting is an opportunity to hold a formal meeting of professionals to discuss and share concerns regarding harm or risk of harm. It is important to note that an adult protection meeting is part of a process and not a one off discussion.

An adult protection meeting should involve only those who have a contribution to make to sharing information to protect the adult.

As the purpose of an adult protection meeting is to allow professionals/others to share concerns, the adult/carer/family or guardian are unlikely to be included. This is to avoid unnecessary stress to them and the risk of a breakdown in relationships should concerns be unfounded.

An adult protection meeting can be held at any time thought appropriate by the Senior Care Manager/Social Worker, Team Leader or similar professional, and the meeting should follow the appropriate agenda. However, if an adult has been the subject of 5 separate incidents of concern over a rolling 2 year period, an adult protection meeting must be held. If a meeting is held following 5 referrals being received a decision will be made at the meeting how future referrals should be dealt with, for example the meeting may decide that a further meeting will not be held after another 5 referrals but may be called if there is a change in circumstances or support that is being provided.

The adult protection meeting is a process in which professionals/others –

- Share information and concerns about the adult at risk of harm.
- Assess the significance of the information.
- Decide if the adult may be in need of protection or in need of other support.
- Consider the adult's capacity
- Decide on most relevant legislation to apply ASP/AWI/MHCTA
- Consider whether a criminal offence may have been committed
- Plan what will be done in order to assess or investigate actual or potential harm.
- Decide if the adult meets the three point test and consider the need for an Adult Protection Case Conference.

5.3.1 Outcome of an Adult Protection Meeting

Not an Adult at Risk of Harm	Adult Protection Concerns Remain
If concerns have been unconfirmed, then discussion will take place to ascertain if those present feel that any further work needs to take place to protect the person from potential risk or harm including; a) What care and/or support will be provided to the adult if eligible. b) Whether the adult should be placed on the Care Programme Approach, if appropriate. c) The outcome of any risk assessments undertaken and whether additional risk assessments should be carried out (Section 9.8). d) Contact Police if appropriate. e) How the situation will be monitored and by whom. f) Whether the concern/information needs to be shared with others such as professionals, the adult/family/guardian/carers, etc. g) Where there are continuing concerns regarding the welfare of the adult, the case **must** be allocated to an appropriately trained professional. h) Consider the need to use other legislation.	If evidence of harm or potential harm is found, the Chair will identify: a) Which agency will lead the investigation. b) What further information is required, from whom and who will be responsible for gathering this. c) If a Joint Investigative Interview is required, the arrangements for this including who will be involved and where and when this will take place. This will be recorded and these records held as per organisational procedures. Ensure a preliminary plan is in place to secure the adult's safety d) Who needs to be advised and of what. e) Agree who will co-ordinate any risk assessments. f) Whether other legislation should be considered g) Consider if a large scale investigation is required. h) Progress to Case Conference

5.4 Adult Protection Case Conferences

Where it becomes clear from the investigation stage that an adult is likely meets the 3 point test, then a Case Conference should be held promptly. There will be occasions when it is quite clear, without the need to gather further information, that the adult has been harmed and there is a need to hold a case conference

The Case Conference is a multi-disciplinary/agency meeting at which information regarding alleged harm or risk of harm is shared with the intention of safeguarding the adult from further harm and the meeting should follow the appropriate agenda. As per the agenda, consideration should be given to starting with a closed information sharing section.

The adult and their family/carer/guardian should normally be invited to the Case Conference

The Case Conference will, therefore, determine the action necessary to identify the protection needs of the adult at risk. This will include consideration of:

- any immediate action required to protect the adult.
- whether to apply for any formal ASP protection orders.
- a comprehensive medical assessment of capacity.
- using other legislation (AWI / MHCT).
- contract compliance.
- training needs.
- what support may be required for the adult / family and who will provide this e.g. independent advocacy
- what monitoring arrangements will be put in place.

5.4.1 Outcome of an Adult Protection Case Conference

The outcome of an adult protection case conference will result in a multi-agency adult protection plan which may include:

a) the care and/or support which will be provided to the adult and/or their carers.
b) a risk assessment detailing how the harm will be removed or reduced to an acceptable level
c) involvement of other agencies including but not limited to the Police, Health Services, Care Inspectorate, Mental Welfare Commission and the Office of the Public Guardian
d) the application for a Protection Order
e) use of other legislation if applicable

Once a decision has been made on the support and protection considered necessary, the Case Conference chair will identify explicitly who will be responsible for completing tasks, timescales and sequence of events.

The case will continue to be subject of review until the risk has been removed or reduced to an acceptable level. A review date must be agreed within a maximum of 6 months of the original Case Conference.

5.5 Role of Chair

The Council will be responsible for organising the Adult Protection Meeting/Case Conference. The Chair of the Adult Protection meeting will be a designated Council Officer. The Chair of a Case Conference will be determined by each Council. The role of the Chair will be to:

- follow the set agendas for the Adult Protection Meeting or Case Conference.
- ensure that the time and venue are arranged and that all relevant people are invited and briefed about the purpose of the Adult Protection Meeting/Case Conference.
- ensure that any necessary Risk Assessments have taken place prior to the Adult Protection Meeting/Case Conference.
- request appropriate reports from involved agencies, in a timely manner prior to the Meeting/Case Conference.
- ensure that any necessary documentation is available to the members of the Adult Protection Meeting/Case Conference.
- ensure that information exchanged conforms to agreed Grampian information sharing protocols.
- ensure that those attending know in advance what the objective and purpose of the meeting is.
- ensure a balanced discussion.
- ensure that the information has been correctly interpreted and understood by those at the Adult Protection Meeting and Case Conference and that any disagreements are resolved at the time or noted in the minute, with reasons for the dissent detailed.
- ensure that a minute taker is identified.
- ensure that any communication aids/systems required (e.g. loop system, computer etc) are made available.
- where there is no clear consensus regarding an assessment if a person is an adult at risk of harm, the Chair will use his or her professional judgement to make the final decision, based on an analysis of the issues raised.

5.6 Involvement of the Adult/Family/Representatives

Consideration should be given to the appropriateness of the adult and/or family/ representative's involvement in the Case Conference, taking into account the adult's consent and capacity, the information likely to be shared, the effect of this information on the adult and the views of others who know the adult.

When the adult and/or family/representative are present, the Chair will meet with the professionals attending the Case Conference prior to its commencement, to confirm if any professionals need to share information without the family, etc being present.

The Chair should also confirm that all professionals involved are aware of the facility to ask for an adjournment at any time during a Case Conference, for example to share information to which the adult cannot be party and to agree how this will be indicated and responded to.

Where the adult and their family/representative have been excluded from the Case Conference , the Chair must ensure agreement is reached as to what, if any, information is shared with them and that any decisions of the Case Conference are fed back to them as soon as practicable.

Where the adult is included in the Case Conference process a professional must be identified as being responsible for explaining the content of the Case Conference, both before and after, to ensure that the adult is able to understand the purpose and process.

There may be occasions when an adult/family/representative may wish to be supported at the Case Conference by the attendance of a friend, other relative, professional person or member of an independent service, for example, Advocacy or Victim Support. The attendance of such a person, who may be able to assist in clarifying the content of the discussion, should be positively encouraged.

The adult also has the right to refuse to attend, despite the best efforts at support and encouragement. It is important that the adult does not feel pressurised, however the possibility of undue influence affecting the adult's hesitancy to participate should be considered. In all cases where the adult is not attending the views of the adult should be sought and recorded in advance of the meeting and another individual should represent those views, such as an advocacy worker or other designated person. The reason for the adult not being present needs to be recorded as part of the minute of the meeting. The method for giving the adult feedback from the meeting (including explaining fully to the adult what options were considered, what decisions were taken and why) should also be recorded.

5.7 Exclusion of Family/Representative

It is expected that the family/representative be involved in the case conference unless there are substantive grounds to believe that the involvement of family/representative would undermine the process and purpose of the Case Conference. The adult may ask that the family/representative be excluded, if the adult has the capacity to make this decision.

Grounds for exclusion of the family/representative would be when:

- a level of conflict or tension exists involving the family/representative; or
- there is substantive evidence to believe that there is a likelihood of serious disruption to the Case Conference.

If family/representative is suspected of causing harm, this may not be sufficient reason in itself to exclude them.

Where the family/representative has been excluded from the Case Conference it is the responsibility of the Chair to ensure that they are informed of the outcome, if appropriate.

5.8 Interpretation and Assessment of Information

During the course of both the Adult Protection Meetings and Case Conferences it is essential that time is taken to share all relevant information both current and historical, confirming the nature of the information, where it came from and whether it can be substantiated.

The Chair is responsible for ensuring that the information has been correctly interpreted and understood by those at the Adult Protection Meeting and that any disagreements are resolved at the time or noted in the minute, with reasons for the dissent detailed.

The Chair should lead the discussions which focus on:

- What the specific risks to the adult are.
- Whether or not the concerns/risks are substantiated.
- What support networks are available to minimise these risks to the adult.

The Adult Protection Meetings/Case Conferences need to decide whether the adult and/or any other adult/child has been harmed or is believed to be at risk of harm. All participants with significant involvement with the adult have the responsibility to contribute to this assessment. Where there is no clear consensus in the discussion, the Chair will use his or her professional judgement to make the final decision, based on an analysis of the issues raised.

5.9 Minutes

The Chair is responsible for ensuring the accuracy of the minutes.

The minutes of Adult Protection Meetings and Case Conferences must be distributed within 14 days of the Adult Protection Meeting/Case Conference to all who were invited, together with a copy of the Adult Support and Protection Plan (if applicable). The minute and the Plan must also be sent to any other professional actively involved in the adult's support.

The Chair will confirm if the adult/family/representative should receive a copy of the minute, taking into account the confidentiality and sensitivity of the information contained within them.

Third party restricted information should not be shared within the minute. Any concerns in relation to sharing information should be determined with reference to the Information Sharing Protocol.

Section Six – Governance

It is an offence to prevent or obstruct any person from acting under the Act and to refuse without reasonable excuse to provide information.

6.1 Role of the Council

The Council has the primary responsibility for investigating any adult protection issue relating to adults at risk of harm within its area. All concerns must be reported to the Council who will coordinate any subsequent inquiries/investigations with partner agencies.

Following the reporting of any concerns, the referrer will receive feedback in line with local information sharing protocols and guidance.

6.2 Role of Council Officers

Certain functions under the Act can only be carried out by a designated Council Officer. Council Officers are required to be council or health board employees. Council officers have the appropriate training, experience and skills to undertake adult protection investigations and interventions, including investigative interviews of adults who may be at risk and significant others.

To fulfil their responsibilities under the Act a Council Officer has the right to:

- To enter a place where an adult is known or believed to be at risk of harm and a place adjacent to this if required;
- To interview, in private, any adult found at the place being visited
- To request a medical examination by a medical professional, in private, of an adult known or believed to be at risk.
- To request and examine financial and other records relating to an adult at risk
- To request examination of health records
- To take any action which is reasonably required in order to fulfil the purpose of the visit including:
    - to examine the place being visited;
    - to take any equipment or any other person into the place;
- To implement Assessment Orders and Removal Orders granted by a Sheriff;
- To take action to protect the property of an adult subject to a removal order, including if necessary moving the property to another place.

6.3 Role of the Police

The Police will refer all concerns brought to their attention, through submission of a Police Concern Report, where an adult is known or believed to be at risk of harm under the Adult Support and Protection (Scotland) Act 2007, to the Council.

Where there is an allegation of criminality the Police will take the lead in the investigation and fulfil their duty to report criminal offences/crimes to the Procurator Fiscal in the usual manner.

The Police will co-operate with the Council as part of an adult protection inquiry or investigation when required. Information and records regarding the adult will be provided when requested under the Act. On receipt of a request submitted through an approved process, information will also be provided on those who are suspected of perpetrating the harm.

The Police will co-ordinate any forensic medical examination where a crime is suspected.

6.4 Role of NHS

The NHS will report all cases where an adult is considered to be at risk of harm to the Council and agree how to proceed with the investigation e.g. single agency lead, joint etc.

This includes instances where an allegation is made against an NHS member of staff either in the community or in NHS establishments. On these occasions the Council and NHS Grampian will agree if the Council will carry out a joint investigation or NHS Grampian will conduct the investigation on behalf of the local council. When the investigation is carried out by NHS Grampian managers, there needs to be discussion and agreement on how the process and the outcome of the investigation will be shared with the lead agency, to assure them that a full and proper investigation has been carried out and clearly recorded.

NHS staff will co-operate with the Council when they are making inquiries about an adult and with each other where that would assist the Council.

A doctor may be asked to conduct a medical examination and a nurse or midwife may be asked to carry out an examination (if it is within their competence and confidence) under the Act during a visit or as part of an Assessment Order. They may also be asked by a Council Officer to examine health records. Information and records regarding the adult will be provided when requested under the Act, with information being shared according with the Information Sharing Protocol.

6.5 Role of GPs

GPs have a key role to play in adult protection. They may be the first professional to see signs of potential harm, and are crucial not only in helping to protect adults, but also in helping to develop effective multi-agency responses. The Scottish Government produced Guidance on the Involvement of GPs in Multi-Agency Protection Arrangements.

There are four main ways in which GPs are most likely to be involved in adult protection:

- reporting concerns when they identify possible adult protection cases
- carrying out medical examinations when requested to do so by a council undertaking action under the Act
- providing relevant information from healthcare records to a Council Officer who is carrying out certain functions under the Act
- participating in other activity subsequent to action being taken under the Act, such as attending case conferences, providing reports and, on some occasions, providing evidence during court proceedings

6.6 Role of Care Inspectorate

The Care Inspectorate will report all cases where an adult is considered to be at risk of harm to the council and agree how to proceed with the investigation e.g. single agency lead, joint etc.

Where harm is alleged to have taken place in services that are registered with the Care Inspectorate, the council must be informed immediately. If a crime is suspected then the Care Inspectorate must ensure the police are notified at the earliest opportunity.

Where harm is suspected or alleged to have occurred in a registered service the role of the Care Inspectorate will be to:

- Assist the council and police in their enquiries.
- Assess what, if any, regulatory action needs to be taken.
- Liaise with the council/police, to make sure that the outcome of any investigation is reflected in their ongoing regulatory duties and activities.

Where it is found that a service is operating in a manner which fails to adequately protect adults, the Care Inspectorate will consider whether enforcement action is required. Such enforcement action may include the imposition of conditions on registration, serving an improvement notice, or making application for a Section 18 cancellation of registration.

The Care Inspectorate will be informed of the outcome of any adult protection investigation as soon as possible.

6.7 Role of Independent and Third Sector Providers

While independent organisations do not have specific legal duties or powers under the Act, care providers have a responsibility to involve themselves with the Act where appropriate by making referrals, assisting inquiries and through the provision of services to support people at risk of harm. These organisations should discuss and share information they have about adults who may be at risk of harm with the council. These organisations along with user and carer groups may also be a source of advice and expertise for statutory agencies working with adults with disabilities, communication difficulties or other needs.

Organisations will have a legal duty to comply with requests for examination of records.

Organisations that are commissioned by the council need to ensure they are compliant with adult protection provisions as stated in their contract.

6.8 Role of Adult Protection Units

Adult Protection Units/Networks operate in Aberdeen City, Aberdeenshire and Moray. These units are responsible for co-ordinating adult protection functions on behalf of the council.

Local guidance regarding the role of adult protection units is available for council officers using the links below:

- Aberdeen City - http://thezone/directorate_zone/social_care_and_wellbeing/sw/as/ASP_main_page.asp
- Aberdeenshire - https://arcadia.ad.aberdeenshire.gov.uk/services/Pages/Health%20and%20Social%20Care/Adult%20Services/Adult%20Support%20and%20Protection/Default.aspx
- Moray - http://www.moray.gov.uk/moray_standard/page_95357.html

6.9 Role of Advocacy

The Act places a duty on councils to consider the provision of appropriate services to an adult. This includes independent advocacy services.

Independent advocacy supports people:

- to express their own needs;
- to gain access to information;
- to explore and understand the options available;
- to make informed decisions.

6.10 Role of Adult Protection Committees

The Act places a duty on each Council in Scotland to establish an Adult Protection Committee. There are three Adult Protection Committees in Grampian: Aberdeen City; Aberdeenshire and Moray. The role of these Committees includes responsibility for monitoring and advising on adult protection procedures, ensuring appropriate cooperation between agencies and improving the skills and knowledge of those with a responsibility for the protection of adults at risk.

Membership of the Adult Protection Committees includes representatives from the respective Council, NHS Grampian, Care Inspectorate, Police Scotland, Scottish Fire and Rescue Service, Scottish Ambulance Service, the Independent and Third Sectors.

Adult Protection Committees may commission significant case reviews or critical incidents to enable learning.

6.11 Role of Grampian Adult Protection Working Group

A Grampian Adult Protection Working Group has existed across Grampian since September 2005, comprising members of staff from Aberdeen City Council, Aberdeenshire Council, Moray Council, NHS Grampian, Police Scotland, Scottish Fire and Rescue Service, Scottish Ambulance Service and Third Sector. A sub group of this is the Grampian Adult Protection Learning and Development Group.

The group work to provide a consistent approach to delivering a service to adults at risk of harm throughout Grampian.

6.12 Multi-Agency Working

All agencies have a duty to share information relating to adults at risk of harm, including the outcome of any inquiries or criminal investigations. It is an offence to prevent or obstruct any person from acting under the Act and to refuse without reasonable excuse to provide information.

The Act provides that Councils, the NHS and Police will work closely together in carrying out investigations and putting in place protective measures.

6.13 Dispute Resolution

Should any dispute or difference arise, agencies will commit to resolving such dispute or difference as quickly as possible to ensure that the main functions of the adult protection process continues to be undertaken effectively.

Disputes around individual cases will be dealt with and resolved within statutory agencies' normal communication and governance processes.

6.14 Cross Boundary Working

If more than one Council is involved with an adult, because the adult lives in a different place from their home address, the Council where the adult lives will lead any investigation. Relevant professionals from the other Council must be informed and their views considered.

6.15 Children in Transition

In Scotland an individual becomes an adult when they reach 16 years of age.

Where a concern is noted about an adult who is 16 years or over, the concern must be reported to the appropriate adult council service (Useful Contact Details section 1.1).

The council should then carry out appropriate checks on CareFirst to establish if other Social Work Services are involved.

The definition of an adult at risk includes people aged 16 and over with disabilities and or mental disorders, illness, or physical or mental infirmity and who are at risk of harm from themselves or others. Adult Protection practitioners should pay particular attention to the needs and risks experienced by young people in transition from youth to adulthood, who are more vulnerable to harm than others. As other legislation and provisions relating to children exist which include persons up to 26, support under these other provisions may be more appropriate for some young persons.

Where a concern is noted about an adult who is 16 years or over, the concern must be reported to the appropriate adult council service (Useful Contact Details section 1.1)

Each Council Area has its own protocols/guidance relating to young people in transition and these should be referred to. Where there is a cross over in legislation protocols and services being provided, discussion will occur between the Adult and Children services as to which service is most appropriate to lead necessary inquiries.

The outcome of any decisions and/or investigations must be clearly recorded and the implications of any concerns relating to younger siblings must be considered.

6.16 Case Reviews

The purpose of a case review is to establish whether there are lessons to be learned about how better to support and protect adults at risk of harm – reviews should be viewed as a process for learning and improving public protection.

The Grampian Serious Case Review and Case Review Protocol supports the achievement of these objectives by helping those responsible for reviews to:

- Undertake them at a level which is necessary, reasonable and proportionate;
- Adopt a consistent, transparent and structured approach;
- Identify the skills, experience and knowledge that are needed for the review process and consider how these might be obtained;
- Address the needs of the many different people and agencies who may have a legitimate interest in the process and its outcome; and
- Take account of the evidence.

This guidance sets out:

- The different levels of case reviews that can be undertaken:
- The criteria for identifying whether a case is serious;
- The procedure for undertaking an initial case review (ICR);
- The process for conducting a case review including reporting mechanisms and dissemination of learning; and
- Tools to support the process of conducting a case review including ICRs and Serious Case Reviews.

Any agency can ask for a case to be considered for review by an APC. Referrals should be made via the agency's lead representative on the APC. A family cannot ask for a review, any concerns raised by families should be addressed through relevant agencies' normal complaints procedures.

A serious case review should be considered when;

- an adult at risk of harm dies or
- an adult at risk of harm has not died but has sustained significant harm or has been at risk of
  significant harm or
- serious concerns have been raised about inter-agency working.

A Serious Case Review is **not** an inquiry into how an adult died or suffered injury or who is culpable. The case under review will be used to make recommendations to improve policies and procedures and further the learning of those involved in the adult and support and protection process

6.17 Staff Debriefing

Working in the field of Adult Protection can be very rewarding, but can also be very challenging and demanding. Some of the more complex investigations and inquiries can be particularly difficult and may take a toll on members of staff who are involved. For this reason it is essential that all agencies adhere to relevant Human Resources policies to make sure that staff are fully debriefed and offered appropriate support.

Section Seven – Legal Context

7.1 Introduction

This section outlines the main legislation relating to adults at risk of harm. Legislation can and will change and therefore Council Officers should alert the Council's Legal Advisor/Solicitor at the earliest opportunity where it is likely that an Order under any legislation will be required.

All adults, at risk of harm or not, and having capacity or not, enjoy the same legal rights and should be treated accordingly. Identifying that an adult is at risk of harm is no justification for overriding or ignoring these rights.

The distinction in law is made between those adults who are capax (capable of managing their affairs) and those who are not. Until an adult is recognised in law as being incapable of managing their affairs or making decisions about their own welfare, no care agency can intervene in an action, behaviour or relationship because they deem it to be unsuitable or harmful. The statutory powers and duties of any care agency are underpinned by the Human Rights Legislation. 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 agency must also (within reason) respect the manner in which the individual chooses to live her/his life. Where an individual has the capacity to express her/his free will, 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 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 (Section 8, Dilemmas Faced in Adult Protection).

7.2 Working across Legislation

The Adult Support and Protection, Adults with Incapacity and Mental Health Acts all contain information that relate and can be used to protect adults at risk of harm. Comparisons can be made in relation to:

- Definitions of those covered.
- Principles.
- Duties to inquire and investigate.
- Potential intervention.

(Legislation Framework and Working Across Legislation Flowchart)

Consideration should be given as to which legislation would be most effective and least restrictive to the adult at risk. Council Officers should seek advice from the Council's Legal Advisor/Solicitor to enable a full assessment of the legal options available.

7.3 Adult Support & Protection (Scotland) Act 2007

The main provisions of the Act create measures to protect adults who are believed to be at risk of harm. These include: rights of entry to places where adults are thought to be at risk

of harm; a range of protection orders including assessment, removal of the adult at risk, and banning the person causing the harm; and the creation of multi-disciplinary Adult Protection Committees. The Act states that councils have the lead responsibility for adult protection. The principles of the Act apply to any public body or office holder undertaking a function under the Act. Therefore a public body or guardian must be able to demonstrate that the principles have been applied to their decision making and intervention.

The overarching principles of the Act state that a public body or officer holder must be satisfied that an intervention:

- will provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs: **and**
- is, of the range of options likely to fulfil the object of the intervention, the least restrictive to the adult's freedom.

The guiding principles of the Act state public bodies or office holders must have regard to:

- the adult's ascertainable wishes and feelings (past and present);
- any views of the adult's nearest relative; any primary carer, guardian or attorney of the adult; and any other person who has an interest in the adult's well-being or property;
- the importance of the adult participating as fully as possible in the performance of the function and providing the adult with such information and support as is necessary to enable the adult to participate;
- the importance of the adult not being, without justification, treated less favourably than the way in which a person who is not an adult at risk of harm would be treated in a comparable situation;
- the adult's abilities, background and characteristics.

To summarise, the Act states that intervention must provide benefit to the adult and be least restrictive to the adult's freedom and, if relevant, have regard to:

- the wishes and feelings of the adult;
- any views of the adult's nearest relative, primary carer, guardian, attorney or other person, who has an interest;
- the importance of the adult participating as fully as possible and providing her/him with such information and support to enable them to participate;
- ensuring that the adult is not treated less favourably than any other adult in a comparable situation; and
- the adult's abilities, background and characteristics.

It should be noted that several groups of people are not bound by the principles of the Act including "…..the adult; the adult's nearest relative; the primary carer; an independent advocate; the adult's legal representative; and any guardian or attorney of the adult"

7.4 Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 is a significant piece of legislation in the protection of adults at risk of harm.

Until the 2000 Act was passed, the law did not directly address the question of how to proceed when faced with the gradual erosion of an individual's capacity. The Adults with Incapacity (Scotland) Act 2000 introduces a more flexible system of providing for care 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.'***

All decisions made on behalf of an adult with impaired capacity must:

- benefit the adult;
- take account of the adult's wishes and the wishes of the nearest relative or primary carer, and any guardian or attorney;
- restrict the adult's freedom as little as possible, while still achieving the desired benefit;
- encourage the adult to use existing skills or develop new skills.

Under the 2000 Act a number of different agencies are involved in supervising those who take decisions on behalf of the adult.

- The Public Guardian has a supervisory role and keeps registers of Attorneys, people who can access an adult's funds, Guardians and Intervention Orders.
- Local Authorities (Councils) look after the welfare of adults who lack capacity.
- The Mental Welfare Commission protects the interests of adults who lack capacity as a result of mental disorder.

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

The Mental Health (Care and Treatment) (Scotland) Act 2003 specifies certain principles that should be applied. These include that the person discharging the functions, by virtue of the Act, should have regard to the views of the patient, the patient's carer and any guardian or welfare attorney of the patient. It is also important for the patient to participate as fully as possible in the discharge of the function. The powers should be exercised in a non-discriminatory manner and observe equal opportunity requirements.

The 2003 Act uses the term 'mental disorder', which this encompasses mental illness, learning disability and personality disorder.

The 2003 Act creates a Mental Health Tribunal, replacing the role of the Sheriff in matters of Civil Compulsion, and it expands the role and duties of the Mental Welfare Commission. The Act also extends the duties of councils, to promote the wellbeing and social development of all persons in their area who have or have had a mental disorder and provide care and support services**.**

7.6 Data Protection Act 1998

The Data Protection Act 1998 regulates the processing of information relating to individuals. This includes the obtaining, holding, using or disclosing of such information, and covers computerised records as well as manual filing systems and card indexes.

Where concerns are raised in respect of data being shared, advice should be sought from the agency's Data Protection Officer.

For the purposes of Adult Protection it is lawful for personal information to be shared where there is a genuine concern that the person may be being harmed or at risk of being harmed.

Information should be shared in accordance with the Adults at Risk Information Sharing Protocol (Appendix 5)

7.7 Human Rights Act 1998

The ECHR (European Convention of Fundamental Rights and Freedoms, 1950) sets out a number of rights and freedoms. These rights and freedoms are given direct legal effect in the UK by the Human Rights Act 1998 (HRA 1998). The objective of the ECHR has been identified as the protection of individual human rights and the maintenance and promotion of the ideals and values of a democratic society. The ECHR therefore seeks to achieve a fair balance between the demands of the general interests of the community and the protection of individual human rights.

The Human Rights Act (HRA) provides that it is unlawful for a public authority to "act" in a way which is incompatible with a Convention Right. An individual who is directly affected by specific action which is taken/authorised by a public authority is known as a "victim" under the HRA 1998. The victim of an alleged unlawful act may be able to bring a human rights challenge against the public authority concerned. Public authorities must therefore ensure that their policy making, procedures, exercise of discretion and the decisions that they make which affect other people are compatible with Convention Rights.

Not all Convention Rights are guaranteed absolutely and in certain circumstances a public authority will be justified in interfering with an individual's Convention Rights.

Any action that is to be taken by a public authority must be consistent with human rights requirements. Where it is likely that an individual's rights may be infringed upon, then such action must be done under legal authority, have a legitimate aim and be necessary in a democratic society i.e. proportional in terms of finding a balance between carrying out a necessary statutory duty and infringing upon the person's human rights. It is also important that any interference is non-discriminatory.

A public authority has to be able to justify violating a person's human rights e.g. where the infringement of the right to privacy is necessary for the protection of health or morals, or the infringement of the right to liberty is necessary because the person is of unsound mind.

Where concerns are raised that human rights are being infringed, advice should be sought from the Council's Legal Advisor/Solicitor.

Section Eight – Dilemmas Faced in Adult Protection

The protection of adults raises a variety of complex issues for individuals and agencies alike. There may be a number of issues which must be considered within the context of each case. Some of these are discussed in more detail below.

8.1 Rights/Self Determination

In addition to the overarching principles, public bodies or other office holders must have regard to:

- the adult's ascertainable wishes and feelings (past and present);
- any views of the adult's nearest relatives, primary carers, guardian or attorneys and any other person who has an interest in the adult's well-being or property;
- the importance of:
    - the adult participating as fully as possible in the performance of the function; and
    - providing the adult with such information and support as is necessary to enable the adult to participate;
- the importance of the adult not being, without justification, treated less favourably than the way in which a person who is not an adult at risk of harm would be treated in a comparable situation; and
- the adult's abilities, background and characteristics.

There is a tendency to believe that adults at risk of harm should be protected and that their right to choose is secondary to this. This is not the case; adults at risk are individuals and, if they are deemed to have capacity, and if there is no evidence of undue pressure, they must be allowed to exercise their rights, even if that means they choose to remain in a situation some people would consider inappropriate or harmful. Every effort should be made to inform the adult of the consequences of the choice she/he may be making and to offer viable alternatives. This should include reviewing existing support arrangements.

8.2 Self-Directed Support

The Social Care (Self-directed Support) Scotland Act 2013 establishes a duty on local authorities to provide adults, children and families with choice over their care and support arrangements through the general principles of involvement, informed choice, collaboration, participation and dignity. The Scottish Government, local authorities and providers are committed to significant expansion of opportunities for adults to take greater control over their support, either through a direct payment, individual service fund (or similar 'notional budget' option), directly provided services or any combination of these.

Local authorities are subject to the same duties and powers under the 2007 Act where a person chooses to direct their own support, or elects to ask the council to arrange support on their behalf, under the 2013 Act, in that the responsibility to assess risk, inquire, investigate or, where necessary, intervene to protect remains the same. The statutory guidance accompanying the 2013 Act includes a section on the development of links between adult protection and social care assessment arrangements.

In some instances, the choices made by an individual may increase risk but by providing the individual with greater control over their support and supporting them to make informed choices regarding potential risk, an individual can also develop and improve their ability to protect themselves.

8.3 Consent/Confidentiality/Disclosure

The principles of the Act apply to any public body or officer holder performing a function under the Act. All professionals who have contact with adults have a **DUTY** to refer concerns/anxieties/disclosures to the appropriate council.

It is recognised that, at times, this may pose a dilemma for staff who may feel that, by doing so, could alienate the adult and/or the family and relinquish the potential for preventative work. To do nothing or to promise absolute confidentiality and then report the concern is not acceptable. The recommended procedure is to openly and honestly discuss, with the adult and/or family/guardian/carer, the intention to report the information given and to advise them of the possible consequences.

If this is not possible it remains **your duty** to refer concerns to the appropriate Council**.**

The Council undertakes that information passed to them as part of an Adult Protection Investigation will be treated as confidential and not shared without discussion with the agency initially in receipt of the information. For example, if the Care Inspectorate advises a Council of an issue in a care home passed to them by a member of staff, they should agree how to manage the information to prevent that member of staff being penalised.

8.4 Risk Taking

Concern over risk taking can stifle and constrain providers of care, leading to an inappropriate restriction of the individual's rights. There is a challenge for people working with adults at risk of harm to define a way forward where they are able to take calculated risks**.**

All decisions must be based on informed choice and the measures taken to address the risk must be proportionate to the likely outcome and least restrictive.

8.5 Challenging Behaviour/Restraint

Some adults at risk present challenging behaviour that needs to be managed either in their own home, day care setting, care home, community or hospital. This brings with it a number of dilemmas including issues of restraint and the disguising of medication in food and drink. These areas require to be carefully thought through. Any action undertaken to manage an adult with challenging behaviour could be misinterpreted, potentially leading to an allegation of harm. Use of covert medication must be clearly documented and signed off by whoever is responsible for prescribing of medicines, usually the GP.

Councils are required to have up-to-date policies and procedures to ensure that adults at risk are protected and that staff are competent, confident and trained. In the community the people who receive services may present with particular demands, which often involve staff working with people who manifest challenging behaviour. Councils have a duty to ensure that the service delivered is consistent and, in line with legislation and local policies and procedures.

Councils are required to monitor practice to ensure the safety of all service users and staff.

Many organisations will encounter adults with challenging behaviour. Different agencies may have different techniques to deal with this; however the primary emphasis should always be on using communication skills and de-escalation.

Any decision regarding use of restraint must be as a result of collaborative practice in consultation with other relevant professionals and must be appropriately recorded, for example, in an Individual Adult Protection Care Plan which is monitored and reviewed. Guidance for the use of restraint, either physical or chemical, can be found in the Council Physical Intervention Guidelines.

The Care Inspectorate has overall regulatory responsibility for Social Care Services to ensure that National Care Standards are met by all providers.

Where the adult is deemed to lack capacity with regard to consent to treatment and understanding of treatment plans, legislation under Part 5 of the Adults with Incapacity (Scotland) Act 2000 or treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003 must be implemented.

8.6 Allegations of Harm Against Workers

It is possible that an allegation of harm may be made against a worker either formally or informally, by whatever means, by a family member, member of the public or by a 'Whistle-blowing' member of staff. Depending on the nature of the allegation it may be necessary for the involvement of the police and/or for the organisation to regard it as a formal complaint and initiate an investigation into the worker's alleged behaviour through the organisation's own conduct procedures (concurrent with the Adult Protection investigation). Consultation with the organisation's Human Resources or equivalent and the line manager, at an early stage, is vital to determine the appropriate routes for such matters to be progressed. In the absence of an organisation's own Human Resources, it is advisable to make contact with the Council's Human Resources service.

It is essential, in these circumstances, to keep sight of all relevant procedures and not confuse the issues, for example, protection of the adult at risk of harm with Human Resources, Criminal and/or Care Inspectorate Proceedings.

8.7 Problematic alcohol and drug use

Some adult protection concerns involve those who use / misuse substances and / or alcohol.

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

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

Some people may have initially made a choice to live in such a way however their substance misuse may have influenced the development of mental health and cognitive issues, for example alcohol related brain damage, anxiety and depressive disorders. These are often more challenging to identify however assessment can be supported through multi-agency discussion. Careful consideration and ongoing review of such cases should be made to ensure people with co-occurring substance misuse and mental health disorders are identified early and investigated for potential support and protection.

A number of diagnoses are problematic when alcohol or drug use are regular features of an adult's presentation, but in each case multi-agency inquiries should be made to gather as much information as possible about an adult's condition. In addition, because an adult's underlying condition may deteriorate with ongoing alcohol or drug use, inquiries should be made each time an adult protection referral is made and no assumption should be made about the adult's condition on the information gathered during a previous inquiry.

An assessment that intervention under the Act is not necessary or appropriate taking into account local eligibility criteria, does not absolve authorities of responsibility to consider intervention under other legislation, such as the NHS and Community Care (Scotland) Act 1990, or to offer other services. Actions taken or the reason for no action taken should be recorded. Consideration should be given to practical and emotional support provided by social work, health, and independent and third sector and private sector providers. For example the provision of mainstream health and social care services such as housing, independent living, financial, occupational therapy, counselling, support for carers, and Health and Social Care Partnerships.

8.8 Links to Other Public Protection Workstreams

During adult protection work there may be instances where it overlaps with other public protection workstreams. These must be borne in mind in any investigation. Detailed guidance is available from your own organisation.

Child Protection
Children can be abused in different ways. They can be physically injured, for example by punching, hitting, slapping, biting, kicking, being burned or cut. They can also be abused sexually, which means that they have experienced inappropriate sexual behaviour or language. Emotional abuse, where a child is constantly criticised, ignored or humiliated, also causes harm. Neglect is another form of abuse, where a child is not properly fed, clothed or sheltered or kept clean.

MAPPA
The Management of Offenders (Scotland) Act 2005 introduced a statutory responsibility on the local responsible authorities to put in place joint arrangements for the identification, assessment and management of risk posed by certain groups of offenders. The responsible authorities are the council, police, health board and the Scottish Prison Service.

The arrangements are currently 'live' in respect of registered sex offenders and restricted hospital patients.

Gender Based Violence
Domestic or partner abuse covers a range of abusive behaviour that may occur in any close relationship. It happens across society regardless of age, gender, disability, education and ethnicity. Although mainly affecting women, men can also be victims.

The abuse can be:

- physical - being pushed, hit, kicked, attacked or threatened with an object
- sexual - being raped, sexually assaulted, forced to take part in degrading or unwanted sexual activities
- emotional - being verbally abused, criticised, degraded or controlled

Other forms of Gender Based Violence include Female Genital Mutilation, Honour Based Violence and Forced Marriage.

Prevent
Prevent encompasses a number of initiatives aimed at protecting and supporting individuals, particularly those who are vulnerable, from being drawn into terrorism.

Anyone is potentially susceptible to becoming radicalised, particularly those who have a sense of injustice, who feel isolated or not listened to. Prevent is concerned with preventing people taking part in criminal activity relating to terrorism.

Often the signs of someone becoming radicalised relates to changes in behaviour which can be expressed environmentally, emotionally, verbally or physically. When a person has concerns they should notice the changes, check your concerns out with others it and share them.

Section 9 – Glossary of Terms

- **Advocacy:** is about enabling people to be heard, helping them to express their views and assisting them to make their own decisions and contributions. Contact with the appropriate advocacy service can be made through the Council or NHS Grampian. Independent advocacy is not provided by a Council, or NHS Board or a member of the Council or NHS Board. The adult should not be expected to pay for advocacy services.

- **APC:** Adult Protection Committee

- **Capacity:** the ability to make a particular informed decision.

- 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 spouse, relative, neighbour or friend.

- **Care Inspectorate:** The Commission for the Regulation of Care (Care Inspectorate) has a number of duties which are specified in the Public Services Reform (Scotland) Act 2010.

- **Care Programme Approach (CPA):** The CPA is designed to be used in complex and high risk cases to ensure that the adult's health and social care needs are carefully assessed, a personalised Adult Protection Care Plan developed, keyworker allocated and progress regularly monitored and reviewed.

- **Information Sharing Protocol:** Sets out the procedure for sharing personal / sensitive information between partner organisations.

- **Line Manager/Supervisor:** the person who has managerial responsibility for an individual worker.

- **Mental Disorder:** Mental Illness or Personality Disorder or Learning Disability (however caused or manifested).

- **Mental Welfare Commission:** a national body appointed by the Scottish 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.

- **Office of the Public Guardian:** Senior Manager within the Scottish Court Service who keeps public registers of those with functions under the Adults with Incapacity Act, grants authority in some cases and supervises those with financial powers.

- **SCR –** Serious Case Review.

- **Social Care:** a range of settings, statutory and voluntary, including care homes and care at home, where vulnerable people are looked after or assisted with their essential living tasks.

- **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.

- **Working or Volunteering**: for the purpose of this Policy and associated Procedure this includes anyone who is in a social care setting

Forms and Appendix

1 Review Comments Form
2 Thresholds Document
3 Reporting Form
4 ASP Process Flowchart
5 Information Sharing Protocol
6 Large Scale Investigation Protocol
7 Legislation Framework
8 Working Across Legislation
9 Interview Plan
10 Medical Examination Form
11 Forensic Medical Examination Form
12 Requesting Medical Records
13 Request Access to Information from Medical Records Form
14 APM Agenda
15 APCC Agenda
16 Risk Assessment
17 Case Review Protocol

1 Review/Comments

Grampian Interagency Policy and Procedures: Supporting and Protecting Adults from Harm

Please note any issues, suggestions etc resulting from the use of this document.

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…….

Name: ……...

Organisation: ……

Address: …….

……..

……..

Please return form to:

Ann-marie Bruce
Strategic Development Officer
Oldmeldrum Business Centre
Colpy Way
Oldmeldrum
AB51 0PR

or

email: ann-marie.bruce@aberdeenshire.gov.uk

THRESHOLDS

Good Practice Guidelines

WORKING DRAFT: VERSION 10 APRIL 2015

Background

What is Adult Support and Protection?

The Adult Support and Protection (Scotland) Act 2007 details measures to identify and to provide support and protection, for adults at risk of harm, whether as a result of their own or someone else's conduct.

Who are the people at risk?

People aged 16 and over who:

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

What is harm?

Harm may be:

- Physical
- Neglect or acts of omission
- Financial or material
- Sexual
- Psychological
- Discriminatory or information abuse

Harm may happen anywhere, including in the person's own home

Who might cause harm?

Adults 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; people who deliberately exploit vulnerable people.

Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm.

The Grampian Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm applies in all settings, including when care and support is delivered to the adult at home, as well as managed care settings across health and social care in the statutory, voluntary and private sectors.

1. Purpose of guidance

Thresholds in the field of Adult Support and Protection have been a much discussed issue, particularly since the implementation of the Adult Support and Protection (Scotland) Act 2007. Whilst the Act provides clear definitions of an Adult at Risk and harmful behaviour there remain situations that are 'borderline' where the distinction between a more general concern about care/support and an Adult Support and Protection matter may be unclear.

This guidance looks at such ‘borderline’ concerns and whether what has occurred should be dealt with as ‘harm’, when Adult Support and Protection (ASP) procedures should be applied.

These guidelines are intended to assist managers in determining whether the concern is an example of poor practice which requires action by the care organisation or if it is possible harm which requires to be reported and Adult Support and Protection procedures instigated. The document will assist with the decision making process alongside good practice and professional judgment.

It is not intended to be used to decide whether to report a possible adult protection concern. There is a legal duty to report any adult protection concerns to the Local Authorities where it is believed or known that an adult at risk of harm is in need of protection.

These guidelines relate to all settings, including when care and support is delivered to the adult at home as well as managed care settings across health and social care in the statutory, voluntary and private sectors.

2. Matters for consideration

Determining whether or not an Adult at Risk has been harmed can often be straightforward, however this is not always the case. A judgment may be required as to whether an act or act of omission has caused harm. In some cases it can be the repetition of minor actions or omissions that collectively will amount to harmful conduct.

The expectation in the Grampian policy is if in doubt report. It is very important that the Grampian ASP procedures are triggered if there is a possibility of harm. Some very serious harm only comes to light because people raising the alert have drawn the attention of Social Work Services or Police to what may appear to be relatively minor concerns.

Some types of harm (e.g. physical or sexual) may be obvious in regards to triggering ASP procedures, whilst other types can be less tangible (e.g. some forms of neglect and psychological harm).

In considering these issues it is helpful to view harmful behaviour and practice as a continuous spectrum rather than isolated events. There is evidence that poor practice, if not challenged and dealt with, may deteriorate into a further lowering of standards and systemic failings. Whilst an initial concern may be seen as ‘low level’ on a continuum of harm, failure to respond could result in longer term difficulties or serious harm to adults at risk.

Incidents between two adults at risk of harm are a particularly challenging issue for both providers and agencies. However, it is important to recognise that anyone can harm an adult at risk, including another adult at risk. Harmful conduct can occur without deliberate intent. Whilst this guidance does not intend to blame other adults with care needs, those incidents involving two (or more) adults at risk of harm should still be reported as ASP referrals. This applies in all situations, whether or not there are potential capacity issues.

The table below can assist with the decision making process.

3. Examples

The table outlines two examples of standards of behaviour and the response which they could elicit. It must be remembered that these are guidelines only. If staff believe that, due to other circumstances, behaviours which are included in Column 1, should be referred to Adult Protection then as per the Grampian Interagency Policy and Guidelines, that member of staff will make the referral. Staff should feel supported, during and after this decision making process.

The column to the left suggests situations which can be dealt with by action by the care organisation, whereas the column on the right gives examples of situations which have crossed the threshold and should be responded to through ASP procedures. This is not an exhaustive list and each situation requires careful consideration and professional judgment.

The term 'Adult at Risk' could mean one or more persons.

	Examples of Poor practice which requires action by a care organisation e.g. care home, hospital ward or care at home service	Possible harm which requires reporting and the instigation of Adult Support and Protection procedures.
1	Adult at Risk does not have within their Care Plan/Service Delivery Plan/Treatment Plan a section which addresses a significant assessed need such as • Management of behaviour to protect self or others. • Liquid diet because of swallowing difficulty. • Bed sides to prevent falls and injuries but no harm occurs.	Failure to specify in a patient/client's Plan how a significant need must be met. This leads to action or inaction that result in harm or the immediate risk of harm. Type of harm: *physical, neglect* Examples of harm: *injury, choking*
2	Adult at Risk does not have within their care plan/service delivery/treatment plan a section which addresses pain management	Adult at Risk is in uncontrolled pain which is a recurring event and is not managed as per care/treatment plan Type of harm: *neglect* Example of harm: *pain*
3	Adult at Risk does not receive their medication as prescribed on one occasion but no harm occurs.	Adult at Risk does not receive their prescribed medication resulting in harm. Recurring event, or is happening to more than one Adult at Risk. Actual misuse of medication; overuse or under use of 'as required' medication; covert use of medication which has not been prescribed and care planned

		Type of harm: *neglect* Examples of harm: *pain not controlled; kept sleepy/unaware; side effects; put at risk etc. Possible risk of serious harm to physical or mental health.*
4	Adult at Risk does not receive necessary help to have a drink/meal on one occasion	Recurring event, or is happening to more than one Adult at Risk. Type of harm: *neglect* Examples of harm: *hunger, thirst, constipation, malnutrition.*
5	Adult at Risk does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance such as changing incontinence pads on one occasion.	Recurring event, or is happening to more than one Adult at Risk Type of harm: *neglect* Examples of harm: *pain, constipation, loss of dignity and self-confidence, skin problems.*
6	Adult at Risk who is potentially at risk of pressure ulcers has not been formally assessed with respect to pressure area management but no discernible harm has arisen yet.	Adult at Risk has developed or is developing pressure ulcers which could have been avoided and/or have not been formally assessed/treated Type of harm: *neglect* Examples of harm: *pain, avoidable pressure damage occurs.*
7	Adult at Risk does not receive recommended assistance to maintain mobility on one occasion but no harm occurs.	Adult at Risk does not receive recommended assistance resulting in harm occurring. Recurring event, or is happening to more than one Adult at Risk resulting in harm. Type of harm: *neglect* Examples of harm: *loss of mobility, loss of confidence, loss of independence*
8	Appropriate moving and handling procedures not followed on one occasion but Adult at Risk does not experience harm.	Adult at Risk experiences harm, or recurring moving and handling procedures are disregarded, which significantly increases risk of harm. Type of harm: *neglect; physical* Examples of harm: *injuries, fractures, skin damage, lack of dignity.*

9	Adult at Risk has been left for a long period of time in an unsupported situation e.g. sitting on a toilet/commode, in a wheelchair or suspended in a hoist on one occasion but no harm occurs.	Adult at Risk has been left for a long period of time in an unsupported situation resulting in harm. Recurring event, or is happening to more than one Adult at Risk. Type of harm: *neglect, physical* Examples of harm: *pain, injuries, skin damage, lack of dignity.*
10	Adult at Risk is spoken to in a disrespectful way by anyone on one occasion but is not distressed or frightened by the incident.	Recurring event, or is happening to more than one Adult at Risk, or if the Adult at risk is spoken to in disrespectful manner e.g. an aggressive, threatening or intimidating manner. Type of harm: *psychological* Examples of harm: *fear and alarm, distress, demoralization.*
11	An Adult at Risk finds someone over bearing or intrusive on one occasion but no harm occurs.	Adult at risk is intimidated, bullied, frightened or distressed by someone's behavior. Type of harm: *psychological* Example of harm: *distress*
12	Adult at Risk does not receive scheduled care and no other contact is made to check on their well-being on one occasion but no harm occurs.	Adult at Risk does not receive scheduled domiciliary care visit(s) as per care plan and no other contact is made to check on their well-being and harm occurs. Type of harm: *neglect, physical* Examples of harm: *no food, fluid, care, treatment or medication received*
13	Item/s belonging to the Adult at Risk goes missing. They cannot be located but no harm occurs and no crime is alleged or suspected.	Item/s belonging to the Adult at Risk goes missing; crime is alleged or suspected and/or harm occurs. Type of harm: *financial, psychological* Example of harm: *theft, distress, anxiety*
14	Adult at Risk sustains an unexplained minor injury which may require treatment but there is no indication that malicious harm or neglect were causal factors.	Adult at Risk sustains injury/injuries which are incompatible with the explanation given. Type of harm: *physical* Examples of harm: *bruises, cuts, fractures*

15	One Adult at Risk lightly 'taps', pushes, kicks, pinches or slaps another Adult at Risk on one occasion but has left no mark or bruise and victim is not intimidated or distressed and significant harm has not occurred	Incident between two Adults at Risk where bruising, abrasions or other injury has been sustained or distress has been caused. Incident was predictable and preventable (by staff) or a pattern of recurring incidents. Type of harm: *physical* Examples of harm: *fear and alarm, distress, injury.*

4. Reporting to Adult Protection

For any professionals and organisations that are considering reporting adult protection concerns, the clearest guidance **is to report if you are in any doubt**. Advice and support is always available directly from adult protection staff.

ASP is everyone's responsibility and staff in statutory organisations have a legal duty to report.

ASP concerns should be referred using the Grampian ASP reporting form to the local adult protection unit/network, where the adult at risk is resident. The contact telephone numbers and secure email addresses are listed below.

	Please return the form by **secure** email to:	To discuss, please call:
Aberdeen City	adultprotection@aberdeencity.gcsx.gov.uk	0800 731 5520
Aberdeenshire	adultprotectionnetwork@aberdeenshire.gov.uk	01467 533100
Moray	accesscareteam@moray.gov.uk	01343 563999

With thanks and acknowledgement this guidance has been influenced by the Forth Valley "Thresholds Good Practice Guidelines" (October 2012) that is used by staff working in Adult Protection Units to determine whether an adult protection response is required to concerns raised.

3.



GRAMPIAN ADULT SUPPORT AND PROTECTION REPORTING FORM

	Please return this form by **secure** email to:	To discuss, please call:
Aberdeen City	AdultProtection@aberdeencity.gcsx.gov.uk.	0800 731 5520
Aberdeenshire	adultprotectionnetwork@aberdeenshire.gov.uk	01467 533100
Moray	accesscareteam@moray.gov.uk	01343 563999

If there is a need for immediate action to protect the adult, this should be addressed prior to completing this form.

If required, contact the appropriate emergency services - telephone 999.

If a crime is known or suspected to have been committed, this should be reported to Police Scotland – telephone 101.

If the incident involves a child, consideration should be given to contacting the appropriate child protection services.

RISK				
Is the adult at immediate risk of harm?	Yes	☐	No	☐
If yes, please specify what has been done to support and protect the adult from harm prior to submitting this form				
Please summarise any residual risk at the time of submitting this form				

DETAILS OF PERSON COMPLETING THIS FORM			
Your Name		Date	
Your Job Title /Role		Organisation /Department	
Contact Details			

DETAILS OF ADULT AT RISK OF HARM			
Name		Address	
Date of Birth			
If known, CHI or CareFirst Number			
Ethnicity		Telephone Number	

PRIMARY USER GROUP/CLASSIFICATION	
Acquired brain injury	☐
Dementia	☐
Learning disability	☐
Mental health	☐
Older People	☐
Physical Disability	☐
Substance Misuse	☐
If other, please specify:	☐

CAPACITY / COMMUNICATION / CONSENT				
Do you have concerns about the adult's capacity?	Yes	☐	No	☐
If yes, please provide details				

Has consent to share information been given?	Yes	☐	No	☐
Please provide name and role if consent to share has been given by someone other than the adult at risk	Name		Role	
If no consent to share has been obtained, please provide brief explanation				
Do you have concerns about the adult's ability to communicate?	Yes	☐	No	☐
If yes, please provide details				

MAIN PRESENTING HARM	
Financial /material	☐
Neglect	☐
Physical	☐
Psychological	☐
Self harm	☐
Sexual	☐
If other, please specify:	☐

DETAILS OF CONCERN	
Date and time of concern/incident	
Location of concern/incident	
Description of concern/incident	

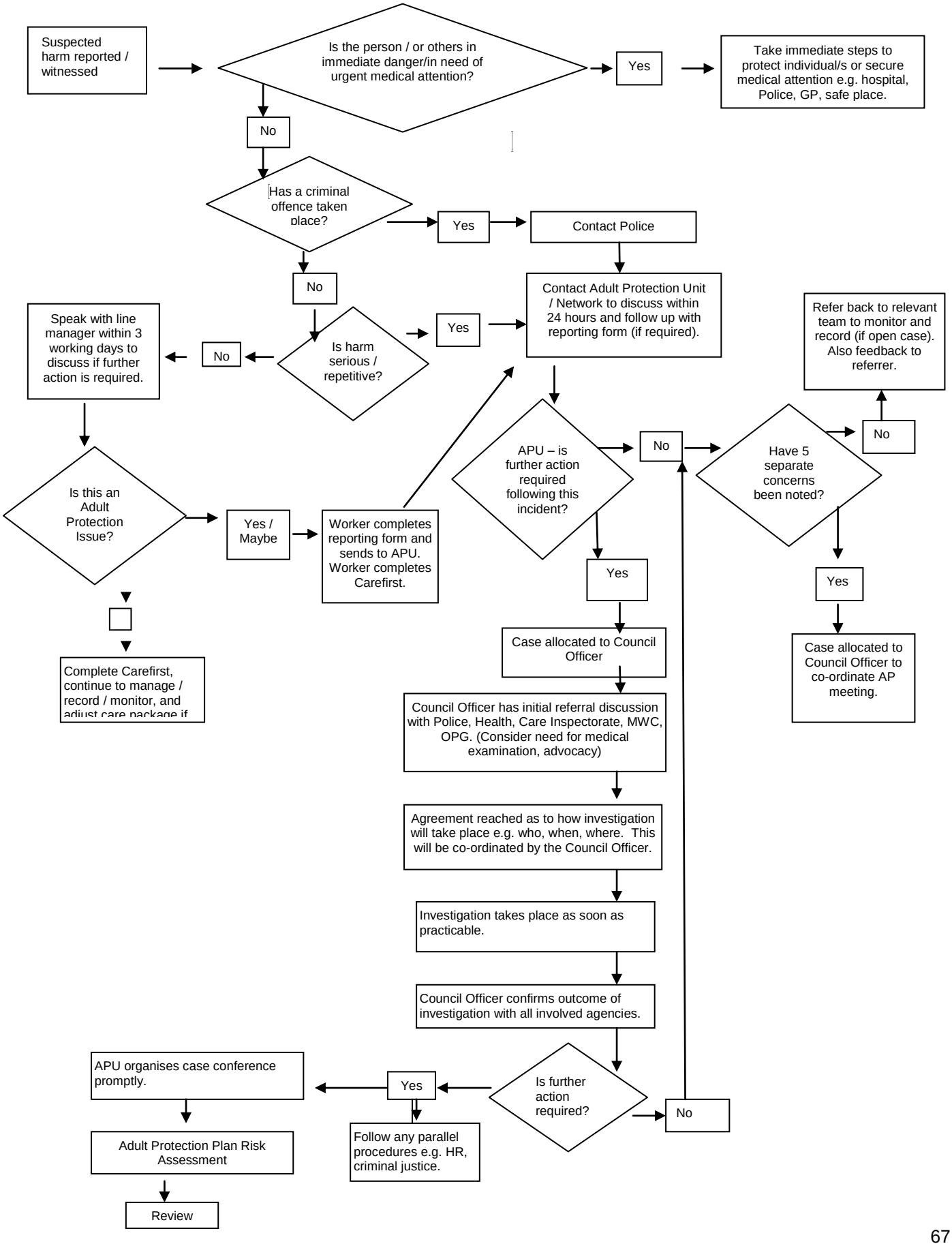
Has Police Scotland been contacted?	Yes	☐	No	☐
If yes, please provide Crime Reference Number				
Other action and outcomes to date				
Additional action planned				

SIGNIFICANT RELATIONSHIPS			
Name	Relationship	Contact Details	Age (if known)

DETAILS OF DISCUSSIONS **(Please detail discussions to date about the incident – including discussion with your line manager wherever possible prior to submitting this form)**			
Name	Contact Details	Role in incident/concern	Date

4. Adult Support and Protection Flowchart

Procedure following alleged or suspected harm to an adult under the Grampian Support and Protection of Adults at Risk of Harm Policy



5 Information Sharing Protocol

ADULTS AT RISK OF HARM

**INFORMATION SHARING PROTOCOL BETWEEN
ABERDEEN CITY COUNCIL, ABERDEENSHIRE COUNCIL, MORAY COUNCIL, NHS GRAMPIAN, POLICE SCOTLAND, OFFICE OF THE PUBLIC GUARDIAN (SCOTLAND), SCOTTISH AMBULANCE SERVICE AND SCOTTISH FIRE AND RESCUE SERVICE.**

ISP Version	Date Amendments Made	Authorisation
VO.1	17/11/2010	Inga Heyman
VO.2	28/02/11	J Anderson
VO.3	28/04/11	J Anderson
V0.4	23/06/11	Iain Gray
V0.5	02/09/11	J Anderson
V0.6	25/01/12	J Anderson
V0.7	10/01/17	Alan Thomson

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8.0 PROCESS FOR SHARING

9.0 RETENTION AND DISPOSAL

10.0 INDEMINITY

11.0 WITHDRAWAL FROM THE PROTOCOL.

12.0 COUNTERPARTS

13.0 SIGNATORIES

1. PARTNERS

1.1 This protocol is between the following organisations:

ABERDEEN CITY COUNCIL, a local authority constituted under the Local Government etc. (Scotland) Act 1994 and having its principal place of business at the Town House, Broad Street, Aberdeen, AB10 1AQ (hereinafter referred to as "ACC")

ABERDEENSHIRE COUNCIL, a local authority constituted under the Local Government etc (Scotland) Act 1994 and having its principal place of business at Woodhill House, Westburn Road, Aberdeen, AB16 5GB (hereinafter referred to as "Aberdeenshire");

MORAY COUNCIL, a local authority constituted under the Local Government etc (Scotland) Act 1994 and having its principal place of business at the Council Offices, High Street Elgin, Moray, IV30 1BX (hereinafter referred to as "Moray");

GRAMPIAN HEALTH BOARD (also known as NHS Grampian) a body corporate established under the National Health Service (Scotland) Act 1978 (as amended) and having its principal place of business at Summerfield House, Eday Road, Aberdeen, AB15 6RE (hereinafter referred to as NHSG).

POLICE SCOTLAND, a police force constituted by the Police and Fire reform (Scotland) Act 2012, and having its principal place of business at Police Scotland Headquarters, PO Box 21184, Alloa, FK10 9DE (hereinafter referred to as Police)

OFFICE OF THE PUBLIC GUARDIAN (SCOTLAND), headed by the Public Guardian an official constituted under the Adults with Incapacity (Scotland) Act 2000 and having its place of business at Hadrian House, Callendar Business Park, Callendar Road, Falkirk, FK1 1XR (hereinafter referred to OPG).

SCOTTISH AMBULANCE SERVICE, a Special Health Board established under the National Health Service (Scotland) Act 1978 (as amended by the Scottish Ambulance Service Board Order 1999) and having its principal place of business at Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB (hereinafter referred to as SAS).

SCOTTISH FIRE AND RESCUE SERVICE, a body corporate constituted under the Fire (Scotland) Act 2005 (as amended) and having its principal place of business at, Westburn Drive, Cambuslang, G72 7NA (hereinafter referred to as SFRS)

The above organisations will be hereafter referred to as *'the partnership organisations'.*

2. PURPOSE AND SCOPE

2.1 This protocol sets out the procedure for sharing information between the partnership organisations in respect of adults who are known, or suspected to be, at risk of harm, otherwise known as “Adults at Risk”.

For the purposes of this protocol, an “Adult at Risk” is defined as an adult Aged 16 years or older who meets the criteria below:

- is unable to safeguard their 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[2].

For the purposes of this protocol the definition of “harm” is that defined in section 53 of the Adult Support and Protection (Scotland) Act 2007 (“the 2007 Act”), namely;
“All harmful conduct and, in particular, includes-

(a) conduct which causes physical harm
(b) conduct which causes psychological harm (for example: causing fear, alarm or distress),
(c) unlawful conduct which appropriates or adversely effects property, rights or interests (for example: theft, fraud, embezzlement or extortion),
(d) conduct which causes self-harm”.

2.2 The protocol shall be read in conjunction with the Grampian Data Sharing Partnership Memorandum of Understanding for the Sharing of Information (hereinafter referred to as "the Memorandum of Understanding") and the Grampian Interagency Policy and Procedures for the Support and Protection of Adults at Risk of Harm (hereinafter referred to as “the guidelines”).

2.3 The 2007 Act places a number of duties on the Councils to:

I. make enquiries to establish whether action is required, where it is known or believed that an adult is at risk of harm and that intervention may be necessary;
II. co-operate with other councils and other bodies (including but not limited to the other partners to this protocol);
III. inform the adult that they may refuse to answer any question put to them or may refuse to consent to a medical examination;
IV. request examination of health, financial or other records relating to the individual;
V. visit the adult at risk at reasonable times;
VI. have regard to the importance of the provision of appropriate services, where the Council considers that it needs to intervene in order to protect an adult at risk of harm;
VII. protect property owned or controlled by an adult who is removed from a place under a removal order;
VIII. set up an Adult Protection Committee to carry out various functions in relation to adult protection in its area.

2.4 If more than one person is involved with an adult, because the adult lives in a different place from their home address, the Council in whose area the adult lives shall lead any investigation. In terms of the duties in 2.3 above, it may be necessary for the lead Council to work with the Council in whose area the home address is.

2.5 Section 5 of the 2007 Act places a duty on other bodies (including the Police, NHS (including the Scottish Ambulance Service), Office of the Public Guardian and other public bodies) to co-operate with a Council making inquiries to establish whether action is required where it is

[2] Section 1(3) of the Adult Support and Protection (Scotland) Act 2007

known or believed that an adult may be at risk.

2.6 The Scottish Government has recommended in the Adult Support and Protection Code of Practice that all relevant stakeholders participate and although not specifically named by section 5, the Scottish Fire and Rescue Service can legitimately share information under the Data Protection Act 1998 Schedule 2(5) and Schedule 2(7). The Scottish Fire and Rescue Service may become involved with adults, whom they know or believe as being at risk, and may therefore have cause to refer people to the lead Council, and as such have a direct part to play in protecting people from risk of harm.

3 THE LEGAL BASIS FOR SHARING INFORMATION

3.1 Information about adults at risk may be shared between the partner organisations under the following provisions:

- The Adult Support and Protection (Scotland) Act 2007 ("the 2007 Act"), specifically section 5.
- The Data Protection Act 1998 ("the DPA"), specifically Schedule 2(5) and Schedule 3(7)
- Common Law of Confidentiality
- The Human Rights Act 1998

4. WHAT TO SHARE?

4.1 Partner organisations should contact the lead Council if the organisation has concerns and/or believes that the adult is known, or is suspected, to be at risk of harm. As a minimum, the partner organisation should disclose the information contained within the form attached in Part 1 of the Schedule to this protocol.

4.2 Where a Council Officer has determined that a person is, or is suspected to be, an adult at risk of harm, the officer may request information from any partner organisation(s), or other organisations not party to this protocol in accordance with sections 4 and 10 of the 2007 Act. When making such a request, the Council Officer should consider what information will be reasonably required for the support and protection of that adult.

4.3 In the event of uncertainty as to the relevance of information the person holding the information should seek advice from their line manager before deciding whether or not to share information.

4.4 The decision about what information to share with a partnership organisation will often depend on the particular inquiries the Council makes or the involvement of other partner organisations with an adult. However, any information which is to be shared should be lawful, proportionate, adequate and necessary for the purpose of this protocol.

Sharing information, in the context of adults at risk may be required for any one of the following purposes:

- An initial alert;
- an initial referral discussion;
- an adult protection meeting;
- an investigation being conducted;
- a case conference;
- ongoing support as defined in an Adult Protection Plan or review/ learning and debriefing.

5. RESTRICTIONS ON THE USE OF INFORMATION

5.1 By signing this Protocol, Partner organisations confirm that their use and disclosure of personal information is in accordance with the Data Protection Act 1998 and the Memorandum of Understanding.

5.2 ANY PERSONAL DATA DISCLOSED UNDER THIS PROTOCOL MUST NOT BE DISCLOSED BY ANY PARTNER TO ANY THIRD PARTY OR USED FOR ANY SECONDARY PURPOSE WITHOUT THE WRITTEN CONSENT OF THE PARTNER THAT PROVIDED THE INFORMATION.

5.3 Information disclosed under this protocol may be disclosed, or a secondary use made of that data by third parties, where any partner to this protocol is obliged to disclose such information as a result of Court Order or because the recipient of such data has a statutory duty obliging such disclosure. Each partner organisation shall notify the originator of the information of any third party disclosure it is required to make in terms of this paragraph.

5.4 Where an individual makes a request to access information about themselves, the partner organisation receiving that request shall seek the permission of all relevant partner organisations before disclosing the personal data to the data subject. If a partner organisation refuses "permission" it may still be appropriate to provide the information if it is deemed "reasonable in all the circumstances" to do so. Refusal of consent by a partner organisation will be considered but information may still need to be provided. Permission regarding disclosure shall be given by the Point of Contact in each partner organisation.

6. ROLES AND RESPONSIBILITIES

6.1 Each partner organisation should identify a point of contact who will have responsibility for compliance with this protocol within their organisation. This should also be the person to participate in annual review of the protocol and act as a contact if there are any issues with the same.

6.2 Aberdeen City Council shall have responsibility for reviewing the protocol and making any amendments to the protocol which are deemed necessary by the partner organisations. The review will take place annually and shall be led by an officer in Aberdeen City Health and Social Care Partnership.

6.3 The following individuals are the Point of Contacts in relation to this protocol:

POST	PARTNER	TELEPHONE NUMBER	EMAIL ADDRESS
Detective Inspector, NE Concern Hub	Police Scotland	01224 306901	NorthEastConcernHub@scotland.pnn.police.uk
Chief Officer, Health and Social Care Partnership	Aberdeen City Council	01224 264085	AdultProtection@aberdeencity.gcsx.gov.uk
Chief Officer, Health and Social Care Partnership	Aberdeenshire Council	01467 533100	adultprotectionnetwork@aberdeenshire.gov.uk
Head of Adult Health and Social Care	Moray Council	01343 567127	Jane.Mackie@moray.gov.uk

Adult Support & Protection Lead	NHS Grampian	01467 672780	susan.carr2@nhs.net
Business Support Manager	Office of the Public Guardian (Scotland)	01324 677131	opg@scotcourts.gov.uk
Area service Manager, North Grampian	Scottish Ambulance Service	013398 87578	bryanjamesmilne@nhs.net
Prevention and Protection Manager	Scottish Fire and Rescue Service	01224 728600	N.ABMPreventionandProtection@firescotland.gov.uk

7. CONSENT

7.1 Consent means “any freely given, specific, informed and unambiguous indication of the data subjects wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her”

7.2 In accordance with the guidelines, an adult’s explicit consent should be sought and recorded by the organisation having contact with the adult. Where officers are reasonably of the view that the adult is unable to consent due to he/she being incapable of understanding what it is they are being asked to consent to, or the consent has been obtained as a result of the adult being subject to undue pressure, then the officer should consult the guidelines for further information.

7.3 Whilst consent is preferred and is good practice if it is not obtained or is refused this does not provide a barrier against sharing information about the adult for the purposes of this protocol. The relevant conditions legitimising information sharing under the DPA are Schedule 2 (5)(b) and Schedule 3 (7)(1)(b), namely that the 2007 Act provides a Council with the power to request information and imposes a duty on partner organisations to co-operate and disclose information about an adult at risk to a Council as in section 2.3.

8. Process For Sharing INFORMATION

8.1 Referrals to Councils can be made by telephone, secure email, in person or by recorded first class post.

8.2 Where information is to be shared via telephone, steps must be taken to verify the caller’s identity e.g. establish Police rank/ or role in agency and obtain a contact telephone number. Where it is appropriate to share information, the call should be returned and the relevant information disclosed. Concerns may also be brought to a partner organisations attention from members of the public. Where possible officers should follow the steps above, noting that there may be circumstances where a caller wishes to remain anonymous.

8.3 Email correspondence is permitted from a secure email to a receiving secure email. If you are unsure the email is secure, please check with the organisation you are transferring the information to.

8.4 Sometimes it may be appropriate to hand deliver information in person. Where the intention is to hand deliver information, the covering envelope should be addressed to a named officer in the partner organisation. The name and role of the person the envelope has been handed to must be

obtained, if it is not the recipient.

8.5 If the information is to be sent by post, this should be by way of first class Special Delivery post so that it is traceable. The covering envelope should be addressed to a named officer in the partner organisation.

Note: Fax must not be used in any circumstances as security cannot be guaranteed.

8.6 Information may also be shared by officers or professionals from partner organisations at multi agency meetings such as an adult protection meeting or case conference.

8.7 Where a Council makes a request for information to partner organisations, it should refer to the guidelines for information on how to make such a request. All requests must comply with the principles of the Data Protection Act 1998.

8.8 When a decision has been made by a partner organisation to share information, a record of the disclosure will be kept by that organisation, which shall include

- the information disclosed;
- person to whom the disclosure was made;
- date of the disclosure;
- reason for the disclosure;
- signature of person making the disclosure, where appropriate; and
- whether disclosure was made with or without consent.

8.9 Partner organisations will also keep a record of all requests for information that are refused for no longer than is necessary in terms of the Data Protection Act 1998. The record shall include

- the information requested;
- the reason for refusal; and
- the person who took the decision to refuse the request.

8.10 The process for sharing information is summarised in the chart in Part 2 of the Schedule to this protocol.

9. RETENTION AND DISPOSAL

9.1 Partner organisations undertake to store information securely, having regard to their respective records management policies.

9.2 The recipient of the information is required to keep it securely for as long as necessary, having regard to their involvement with the adult and the partner organisation's records management policy.

9.3 Information disclosed or shared under this protocol shall be disposed of securely for example, by secure shredding, once the partner organisation holding it, determines it is no longer necessary to retain it.

10. INDEMNITY

10.1 In the event that the third party who has suffered harm as a result of such breach seeks damages (whether at common law, under Section 13 of the DPA 1998 or otherwise) from a partner

which was not in breach of its obligations, that partner shall be entitled to be indemnified by the partner in breach of its duties hereunder in accordance with the provisions of clause 12.4 of the MOU.

11. WITHDRAWAL FROM THE PROTOCOL

11.1 Any partner organisation may withdraw from this protocol on giving six months' written notice to the others of their intention to do so.

11.2 This protocol may be varied only by the written agreement of all of the partners.

11.3 This protocol shall terminate on the execution by the partners (or their successors) and coming into force of another Protocol on sharing personal data which is expressly stated to supersede this protocol or the MOU.

12. COUNTERPARTS

12.1 This Agreement may be executed in any number of counterparts and by each of the parties on separate counterparts, all as permitted by The Legal Writings (Counterparts and Delivery) (Scotland) Act 2015.

12.2 If executed in counterparts:

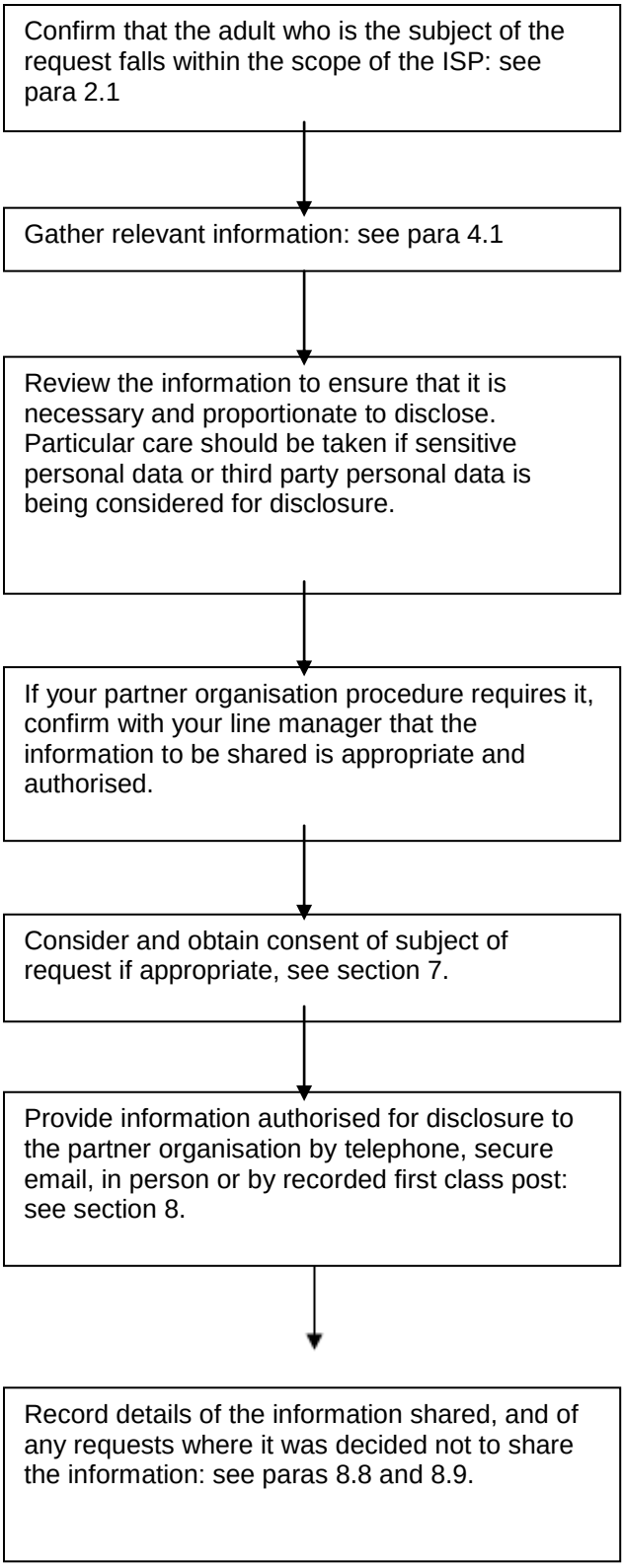
12.2.1 this Agreement will not take effect until each of the counterparts had been delivered; and

12.2.2 each counterpart will be held as undelivered until the parties agree a date on which the counterparts are to be treated as delivered; and

12.2.3 the date of delivery of this Agreement will be inserted in the testing clause in the blank provided for the delivery date.

Part 2

Process Map for Sharing Adult Support and Protection Information



6. Large Scale Investigation Protocol

Grampian

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



First Issued: **JANUARY 2014**
Date of Review: **FEBRUARY 2017**

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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 Grampian.

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 Grampian area.

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:

- Grampian Interagency Policy and Procedure 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 Aberdeen City Council, Aberdeenshire Council, Moray Council, NHS Grampian 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.

Due to its statutory responsibilities for regulated care services, the Care Inspectorate participated in the development of this procedure. Whilst not directly involved in the creation of this procedure, Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission have also been consulted in relation to the content herein.

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 Grampian Interagency Policy and Procedure 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 one of the three local authority partners, 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 units/network 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 The Initial Referral Discussion (IRD) may take place in a variety of formats depending on the specifics of the situation, including priority and availability. It may be a meeting, conference call or a series of communications between the relevant agencies.

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

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 Team
- The Office of the Public Guardian
- Local authority Communications Team/Press officer
- Relevant senior managers/board members of the relevant Health and Social Care Partnership
- Elected Councillors

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 Grampian Interagency Policy and Procedure 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

3.8 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.

3.9 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 Grampian Interagency 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 are ongoing adult protection concerns AND those concerns are felt to impact upon multiple adults who are involved with the managed care setting.

3.10 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.

In some circumstances it may be possible to complete an action plan as part of the Initial Referral Discussion. However, this may also be undertaken during a subsequent full Large Scale Investigation Planning Meeting if more appropriate, for example, if there are other agencies not involved in the Initial Referral

Discussion but which should be involved in the planning discussion or if agencies need to consult internally prior to more detailed planning.

3.11 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 [please note this is not an exhaustive list]:

- Local authority Adult Protection Unit/Network
- Local authority Communications Manager
- NHS Grampian, for example:
  - GP Practice linked to the managed care setting
  - Other Medical Practitioners linked to the managed care setting, such as Geriatrician, Psychiatric Consultant etc.
- Police Scotland Representative – via the North East Concern Hub based in Aberdeen
- Care Inspectorate (if the managed care setting/provider is or should be registered)
- Senior Manager of the managed care setting involved (though see point 4.4 below)
- Local authority Contracts/Commissioning Team Manager
- Local Authority Legal Team
- Representative/s from any other local authorities funding placements within the managed care setting

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 set the agenda and a suggested framework is included in this procedure (see Appendix A).

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, in particular ensure that appropriate interagency sharing of information is discussed and agreed.

- 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).

- Consider scheduling further Large Scale Investigation Planning meetings to review progress, findings and next steps if the investigation is complex, covers systemic issues or is likely to be lengthy.

- 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, as per the Grampian Policy, in all investigatory work, the following points should be considered:

- It is essential that staff leading interviews 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.

- Consideration should be given to minimising any negative impact of the investigation on service provision wherever possible but without compromising the robustness of this process.

- 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.

5.7 A template for recording the investigation is available (see Appendix C) and all communication should be collated in chronological order.

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 set the agenda and a suggested framework is included in this procedure (see Appendix A).

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 set the agenda and a suggested framework is included in this procedure (see Appendix A).

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 existing action plan.

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 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.*

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.

10. APPENDIX C: TEMPLATE FOR RECORD OF INVESTIGATION

Adult Health & Social Care Partnership
Record Of Large Scale Investigation

CARE ESTABLISHMENT :			
Phone Number:			
Date Investigation Started:		**Date Investigation Concluded:**	

LEAD COUNCIL OFFICER(S) DETAILS			
Name:		**Designation:**	
Work Address:		**Email Address:**	
Phone Number:		**Team:**	
LEAD COUNCIL OFFICER(S) DETAILS			
Name:		**Designation:**	
Work Address:		**Email Address:**	
Phone Number:		**Team:**	

SAFETY CONSIDERATIONS	
Are there any known safety risks to staff when conducting an investigation? *[Consider risks from the adult (e.g. aggressive behaviour); risks from others; and environmental risks (e.g. unsanitary environment, dangerous animals etc.).* If **YES**, what action is being taken to reduce risk to an acceptable level (detail below)?	Choose an item. <SELECT>

NATURE OF ADULT PROTECTION CONCERNS

What behaviour, allegation, complaint, circumstances or event has prompted this investigation?
[Detail the nature of the behaviour or incidents which put the person(s) at risk, e.g. the nature and extent of sexual/physical/financial harm; the specific areas of self-neglect (eating, medication, wandering etc.)].

Who is the source of the concerns/allegations?
[List clearly who has reported the concerns, when, and in what capacity]

When have these concerns/allegations occurred – and how often?
[Clearly state whether the concerns/allegations raised pertain to an isolated incident or ongoing/repeating instances. If there is a known pattern to the concerns/allegation (i.e. every morning, every week, and every pension day) – state this.]

Themes or circumstances that have been identified
(In order to gain a greater overview of the care establishment functioning & their ability to meet resident's needs)
Consideration should be given to (this is not an exhaustive list) : Physical environment,staffing,communication,personal care,hydration,weight / nutrition, oral care, keyworker / named nurse, handling, continence management, staff training, resident activities, laundry, medication management , positional changes, case recording, wound management.

CHRONOLOGY OF SIGNIFICANT EVENTS

Please list below a chronology of significant events OR attach a separately completed chronology document.

*[Council Officers should note that specific guidance is available on the conduct of ASP chronologies via the Adult Protection pages on 'the Zone'. Council Officers are also reminded that a chronology captures **key life events**, rather than simply documenting the history of current concerns alone.]*

Date of Event	Brief Factual Detail of Event	Agencies/People Involved	Outcomes/Consequences

DETAILS OF INVESTIGATION

(How the investigation was undertaken)
Consideration should be given to (this is not an exhaustive list): Reviews, meetings, interviews, records.

OTHER PROFESSIONALS INVOLVEMENT

POLICE INVOVLEMENT IN THE REFERRAL/INVESTIGATION

Police Officer Contacted * or referring * (delete as appropriate)

Name		**Rank**		**No**	
Office		**Date of Contact**		**Time of Contact**	
Telephone No.					
Information provided by Police Scotland to date:					
Action taken by Police Scotland to date:					

MEDICAL INVESTIGATION

Please list all relevant medical assessments and/or clinical diagnoses of mental or physical illness that may be relevant to this investigation.
[The Council Officer should always do a full CareFirst record search and liaise with NHS multidisciplinary colleagues when completing this section].

ADULT SUPPORT AND PROTECTION

(any concerns raised during the investigation)

CARE INSPECTORATE

(notified / involvement / report)

MENTAL WELFARE COMMISSION

(notified / involvement / report)

OTHER LOCAL AUTHORITIES

(notified / involvement / report)

OTHER THIRD SECTOR

(notified / involvement / report)

CONTRACTS AND COMMISSIONING

(notified / involvement / report)

RECORD OF INTERVIEW

This section should record the information gained during an Adult Protection interview with relevant professionals

Council Officers are reminded that for all interviews:

1. *The purpose of the interview must be explained clearly to the adult.*
2. *There must be TWO professionals in attendance for all interviews – the Council Officer and an additional person from a statutory agency.*

A separate record should be completed for each interview conducted.

INTERVIEW DETAILS			
Person Interviewed:		**Designation:**	
Date of Interview:		**Location of Interview:**	
Present at Interview:	**Name**	**Designation**	

INFORMATION GATHERED
Record what was discussed during the interview. Remember to clearly differentiate between factual statements related to what was said and impressions/observations. Where possible, try to record using the adult's own words.

SIGNED AS TRUE RECORD OF THE VISIT/INTERVIEW		
Council Officer Name [Block Caps]:	_____	
Council Officer Signature:	_____	**Date:** _____
2nd Professional Name [Block Caps]:	_____	
2nd Professional Signature:	_____	**Date:** _____

RECORD OF INTERVIEW

This section should record the information gained during an Adult Protection interview with relevant professionals

Council Officers are reminded that for all interviews:

1. *The purpose of the interview must be explained clearly to the adult.*
2. *There must be TWO professionals in attendance for all interviews – the Council Officer and an additional person from a statutory agency.*

A separate record should be completed for each interview conducted.

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This section should record the information gained during an Adult Protection interview with relevant professionals

Council Officers are reminded that for all interviews:

3. *The purpose of the interview must be explained clearly to the adult.*
4. *There must be TWO professionals in attendance for all interviews – the Council Officer and an additional person from a statutory agency.*

A separate record should be completed for each interview conducted.

INTERVIEW DETAILS

Person Interviewed:		**Designation:**	
Date of Interview:		**Location of Interview:**	

Present at Interview:

Name	**Designation**

INFORMATION GATHERED

Record what was discussed during the interview. Remember to clearly differentiate between factual statements related to what was said and impressions/observations. Where possible, try to record using the adult's own words.

SIGNED AS TRUE RECORD OF THE VISIT/INTERVIEW			
Council Officer Name [Block Caps]:	_____		
Council Officer Signature:	_____	**Date:**	_____
2nd Professional Name [Block Caps]:	_____		
2nd Professional Signature:	_____	**Date:**	_____

INTERVIEW DETAILS			
Person Interviewed:		**Designation:**	
Date of Interview:		**Location of Interview:**	
Present at Interview:	**Name**	**Designation**	

INFORMATION GATHERED
Record what was discussed during the interview. Remember to clearly differentiate between factual statements related to what was said and impressions/observations. Where possible, try to record using the adult's own words.

SIGNED AS TRUE RECORD OF THE VISIT/INTERVIEW

Council Officer Name [Block Caps]: _____

Council Officer Signature: _____ **Date:** _____

2nd Professional Name [Block Caps]: _____

2nd Professional Signature: _____ **Date:** _____

ADDITIONAL INFORMATION GATHERED

Record all additional information obtained through means OTHER than a direct interview
[Record in this section information that has been obtained, for example, via a request for financial records.

PROTECTIVE FACTORS ALREADY IN PLACE

Document all protective factors that are currently in place
[Record in this section all services and/or supports that are in place already which protect and assist the adult(s) in relation to the harm that is present. This can include formal service provision; support from the voluntary sector; informal/family support; and/or any other factor that reduces/mitigates the risk of harm and its subsequent consequences].

INVESTIGATION OUTCOME : (PLEASE SELECT FROM OPTIONS GIVEN)

[When selecting an outcome, you should take into account the entire circumstances of the situation.

<SELECT>.

REASON FOR RECOMMENDATION:
[Use this section to give evidence which justifies the outcome which you have selected above. If you have selected the 'Continue option' you should show why the risks remain. If you have selected the 'NFA' option, you should show why the risks have already been removed / managed.]

ACTION PLAN FOR IMPROVEMENT

SIGNATURE OF THE LEAD COUNCIL OFFICER(S) AND LINE MANAGER
Lead Council Officer Name [Block Caps]: _____ **Lead Council Officer Signature:** _____ **Date :** _____
Line Manager Name [Block Caps]: _____ **Line Manager Signature:** _____ **Date:** _____

SIGNATURE OF THE LEAD COUNCIL OFFICER(S) AND LINE MANAGER
Lead Council Officer Name [Block Caps]: _____ **Lead Council Officer Signature:** _____ **Date :** _____
Line Manager Name [Block Caps]: _____ **Line Manager Signature:** _____ **Date:** _____

REMINDERS FOR ALL STAFF:

- Once the Record of Large Scale Investigation Form is completed and signed – a COPY should be sent to the Adult Protection Unit for logging.

- All 'standard' case paperwork **must** be updated to reflect the outcome of the investigation process. [I.e. generic risk assessments care and support plans etc.]

7. Legislation Framework

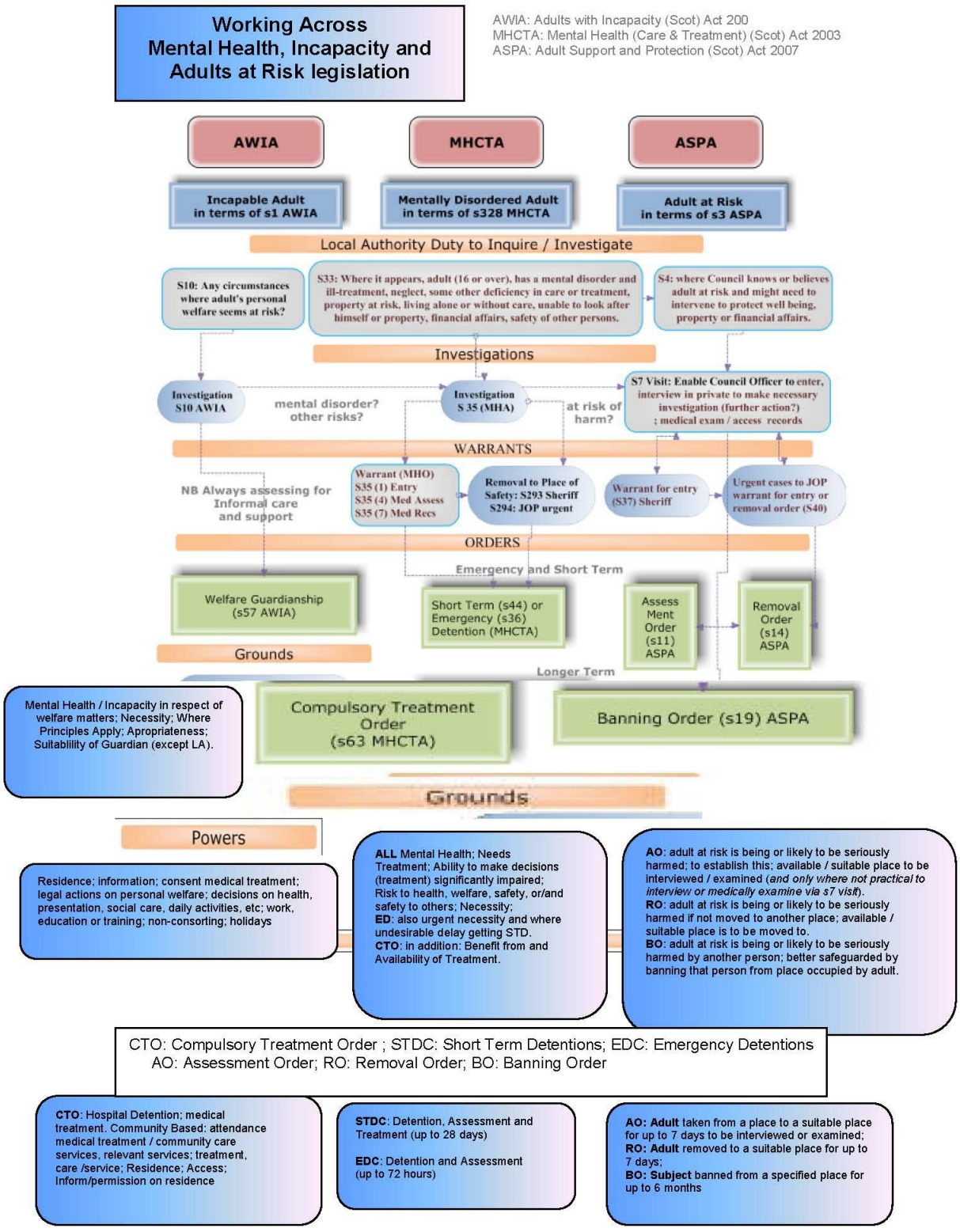
	ASP	AWI	MHCT
	Adults at Risk of Harm	**Adults with Incapacity**	**Mentally Disordered Adults**
Subject	**Adults, aged 16 years or over, who are:** • Unable to safeguard their own well-being; • At risk of harm (whether from another person or self harm); • Because affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.	**Adults, aged 16 years or over,** **Incapable of:** • Acting; • Making decisions; • Communicating decisions; • Understanding decisions; or • Retaining the memory of decisions; • Because affected by mental disorder or inability to communicate because of physical disability (this physical disability is incapable of being made good through human or mechanical aid).	**Adults and children, with a mental disorder.** The term mental disorder covers mental illness, personality disorder or learning disability.
Principles	**Intervention must:** • Benefit the adult; • Be the least restrictive option; • **Any body or person performing a function** must,	**Intervention:** • Will benefit the adult • Be the least restrictive option; • Take account of the	**Intervention must:** • Provide maximum benefit to the person; • Be least restrictive option • Take account of the adult's

	ASP	AWI	MHCT
	Adults at Risk of Harm	**Adults with Incapacity**	**Mentally Disordered Adults**
	if relevant, have regard to: • Take account of the adult's wishes and feelings (past and present); • Take account of views of the adult's nearest relative, primary carer, guardian or attorney and any other person with interest in the adult's well-being or property; • Do not treat the adult less favourably; • Ensure adult participate as fully as possible, and provide information to facilitate this; • The adult's abilities, background and characteristics.	adult's wishes and feelings (past and present:; • Take account of views of the adult's nearest relative, primary carer, guardian or attorney, person (s) identified by Sheriff and any other person with interest in the adult's welfare or the intervention; • Adults should be encouraged to use existing skills or develop new skills.	wishes and feelings (past and present); • Take account of views of the adult's named person, carer, guardian and welfare attorney; • Do not treat the adult less favourably than a non-mentally disordered adult would be; • Ensure the adult participates as fully as possible, and provide information and support to facilitate this; • Have regard to the adult's abilities, background, and characteristics; • Reciprocity; • Have regard to other options available. **Under 18 –** welfare of the child
Duty to Inquire and Investigate	**Councils have a duty to make inquiries:** • If they know or believe that a person is an adult at risk; and • That the Council might need to intervene in order to protect	**Local authorities have a duty to investigate:** • Any circumstances made known to them in which the personal welfare of an adult seems to them to be at	**Local authorities should cause inquiries to be made:** • When it appears that a person with a mental disorder aged 16 or over is in their area as and certain circumstances apply;

	ASP	AWI	MHCT
	Adults at Risk of Harm	**Adults with Incapacity**	**Mentally Disordered Adults**
	the person's well being property or financial affairs.	risk; and • Any complaints with respect to the exercise of functions relating to the personal welfare of an adult in relation to welfare attorneys, guardians or persons authorised under intervention orders. Office of Public Guardian has a duty to investigate financial concerns. Mental Welfare Commission has duties to investigate under the Act.	• These circumstances include, amongst others, that the person has been subject to ill treatment, neglect, some other deficiency in care or the safety of some other person may be at risk.
Inquiry or Investigation Actions	**In order to decide if further action is required to protect an adult at risk from harm, a council officer may:** • Visit any place; • Interview anyone at the place visited; • When accompanied by a health professional, the health professional may conduct a medical examination of the	Not specified in the Act other than the duty to investigate welfare matters	Not specified in the Act other than the duty to investigate. (Medical examinations not an MHO role)

	ASP	AWI	MHCT
	Adults at Risk of Harm	**Adults with Incapacity**	**Mentally Disordered Adults**
	person known or believed to be an adult at risk; • The council officer may request and examine any records relating to the individual believed to be an adult at risk of harm (except health records which can only be examined by a health professional.		
Further Actions	• **Warrant for entry** • **Assessment order** • **Removal order** • **Banning order** • **Temporary banning order**	• **Access to funds** • **Management of a resident's finances** • **Intervention order** • **Guardianship order**	• **Warrant for entry** • **Warrant for detention to allow medical assessment by doctor** • **Warrant for access to medical records by doctor** • **Removal order** • **Warrant to enter premises for purposes of retaking patient** • **Emergency detention certificate** • **Short-term detention certificate** • **Compulsory treatment order**

8 Working Across Legislation Flowchart



9 Plan for Adult Protection Interview by Social Work/Police/Health Professional/Care Inspectorate

Name of Adult:	**Date of Birth:**
	Carefirst Ref No.:
Address:	

Has referral information been fully shared amongst workers undertaking interview?	Yes/No
Have relevant agency checks been undertaken and information fully shared?	Yes/No
Are there grounds for immediate protection – if so, give brief details on how care will be arranged (eg; where, legal measures, contact, day-to-day arrangements, etc).	
Is the adult aware of referral?	Yes/No
If yes, what are their views?	
If no, how will they be made aware - who by and when?	
Does the Adult have capacity? (formal assessment)	Yes/No
If no, has permission been sought from the adults Legal Guardian	
Please note any known informal concerns about the adult's capacity?	
Has independent advocacy been considered?	
Are there any ethnic, religious or cultural issues that need to be taken into account?	
Is interviewing the adult the most appropriate next step or are other investigations more helpful eg: interview witnesses?	

Interview Details

1	Location & Timing:
2	Who will lead? Who else will be present?
3	Special requirements (communication needs) – how will these be addressed?
4	Is a medical examination required (consider e.g., when, where, who consent, etc)?
6	Information sharing decisions? (How will the recorded information during the interview be shared between the interviewers, the adult and other agencies)
6	Who and how is it going to be recorded?

Further Investigation

1	Who will interview potential witnesses and when?
2	Actions relating to the alleged perpetrator.
3	Arrangements for review of this plan/decision-making from investigation:

Other Information/Considerations

Signed: _____

10 MEDICAL EXAMINATION REQUEST FORM

Adult Support and Protection (Scotland) Act 2007 – Section 9 Medical Examination

Patient Details TO BE COMPLETED BY COUNCIL OFFICER REQUESTING MEDICAL EXAMINATION WHEN A CRIME IS NOT SUSPECTED

CHI Number _____ Carefirst No _____

Title _____ First Name(s) _____ Surname _____

DOB _____ Gender M ☐ F ☐

Patients Home Address _____

_____

_____

Post Code _____

Ethnicity _____ Language _____ Disability Y ☐ N ☐

Health Professional's details

Title _____ First Name(s) _____ Surname _____

Work Address _____

_____

_____

Post Code _____

Employer (if applicable) _____

Circumstances and concerns resulting in request for medical examination including key questions to be addressed at examination TO BE COMPLETED BY COUNCIL OFFICER REQUESTING MEDICAL EXAMINATION

Please give details to confirm consent has been obtained

Client **Guardian (name)** **Attorney (name)**

Council Officer's Name _____ Designation _____

Local Authority Area _____

Address _____

Findings on Examination including response to key questions (please attach a further sheet if necessary)

Are there any further steps required following this examination, of so what e.g. referral to specialist service or police for forensic medical examination (please state)?

- I confirm that I am a registered **medical practitioner / nurse / midwife** (delete as appropriate)

- I confirm that I have examined the patient who is an adult at risk of harm

  on (date) _____ at (address) _____

- I obtained/did not obtain the patient's consent to the examination (delete as appropriate)

  If no consent received state reason why _____

- I **have / have not** attached a summary of my findings following examination (delete as appropriate)

Date

Signed _____ _____

11 FORENSIC MEDICAL EXAMINATION REQUEST FORM

Adult Support and Protection

Victim Details TO BE COMPLETED BY POLICE OFFICER REQUESTING MEDICAL EXAMINATION WHEN A CRIME IS SUSPECTED

Crime File Number _____

Title _____ First Names(s) _____ Surname _____

Date and Place of Birth _____ Gender M ☐ F ☐

Victim's Home Address _____

_____

Post Code _____

Ethnicity _____ Language _____ Disability Y ☐ N ☐

Police Forensic Physician or other Professional's details

Title _____ First Name(s) _____ Surname _____

Business Address _____

_____

Post Code _____

Circumstance of suspected crime resulting in request for medical examination including key questions to be addressed at examination TO BE COMPLETED BY POLICE OFFICER REQUESTING MEDICAL EXAMINATION

Police Officer's Name _____ Shoulder Number

Police Division _____

Station

Are there any further steps required following this examination that the Police Officer should be aware of, if so what e.g. referral to specialist service (please state)?

- I confirm that I am a Police Forensic Physician or Registered Medical Practitioner **(delete as appropriate)**

- I confirm that I have examined the patient who is an adult at risk of harm
  on (date) _____ at (location) _____

- I obtained/did not obtain the patient's consent to the examination **(delete as appropriate)**
  If no consent received state reason why (i.e. capacity)

- I have submitted/ will be submitting/no requirement to submit/ a Soul and Conscience following examination **(delete as appropriate)**

Forensic Physician's Name: _____

Signed _____ Date _____

12 Requesting Information from Health Records

The Adult Support and Protection Information Sharing Protocol (ASP ISP) sets out the procedure for sharing information between the partnership organisations in respect of adults who are known, or suspected to be at risk of harm, otherwise known as "Adults at Risk of Harm".

An "Adult at Risk" is defined as an adult who meets the criteria below:

- is unable to safeguard their 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[3].

The definition of "harm" is that defined in section 53 of the 2007 Act, namely;
"All harmful conduct and, in particular, includes-

(a) conduct which causes physical harm
(b) conduct which causes psychological harm (for example: causing fear, alarm or distress),
(c) unlawful conduct which appropriates or adversely effects property, rights or interests (for example: theft, fraud, embezzlement or extortion),
(d) conduct which causes self-harm".

The ASP ISP operates in conjunction with the Grampian Data Sharing Partnership Memorandum of Understanding for the Sharing of Information and the Grampian Interagency Policy and Procedures for the Support and Protection of Adults at Risk of Harm.

As part of their legal duty, health staff will be sharing information in a range of ways as detailed in the ASP ISP, including when attending Adult Protection Meetings and/or Adult Protection Case Conferences.

Appropriate proactive involvement of health staff supporting Adults at Risk of Harm will minimise the need for Council Officers to request access to information held in health records.

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

Health records may only be inspected by a registered health professional for example a doctor, nurse or midwife. Health records are any record made by or on behalf of a health professional relating to an individual's physical or mental health. Records include notes written by GPs, Nurses, and Allied Health Professionals either written or electronic. Section 49 of the Act states it is an offence of obstruction for a person to fail to comply with a requirement to provide information under Section 10. Reasonable efforts should be made to resolve disagreements through informal means before considering any legal action. Any concerns regarding access to NHS Grampian's Health Records should be directed to the Information Governance Department or the Medical Director / Caldicott Guardian.

Prior to requesting access to information held in a health record under the 2007 Act the Council Officer should seek authorisation from:

Aberdeen City Council	Adult Protection Unit Coordinator	AdultProtection@aberdeencity.gcsx.gov.uk
Aberdeenshire Council	Adult Protection Team Manager	adultprotectionnetwork@aberdeenshire.gov.uk
Moray Council	Adult Protection Consultant Practitioner	accesscareteam@moray.gov.uk

An adult's consent should be sought and recorded.

Consent is preferred and is good practice but if it is not obtained, or is refused, this does not provide a barrier against sharing information about the adult.

Where Council Officers are of the view that the adult is unable to consent due to the adult being incapable of understanding what it is they are being asked to consent to, or the consent has been obtained as a result of the adult being subject to undue pressure, the 2007 ASP Act provides a Council with the power to request information and imposes a duty on partner organisations to co-operate and disclose information about an adult at risk to a Council.

The Council Officer will complete the attached form.
This form should be signed by the Team Leader / Manager and the Council Officer and sent to the relevant health professional(s) with this guidance sheet attached for information.

A copy of the form should be placed in the client's file.

When a Council Officer requests access to information in health records he or she should explain:

- *what information they need;*
- *why they need it;*
- *what they will do with the information;*
- *who the information will be shared with;*

Information should only be shared with those who need to know and only if it is relevant to the particular concern identified. The amount of information shared should be proportionate to addressing that concern.

Accessing Information in NHS Grampian Health Records

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

If requesting information from any NHS Grampian health records please contact the relevant Associate Director of Nursing or Lead/Chief Nurse. If there are records by a large number of different health professionals that span more than one area, for example Primary Care; Acute and/or Mental Health – please request that the Health and Social Care Lead Nurse be the one point of contact to facilitate collation of all relevant information.

Accessing information from General Practitioner (GP) Health Records

Please direct request to the GP.

13. Adult Support and Protection (Scotland) Act 2007 Form

Request to Access Information from Health Records.

Health professional name(s)	
Address	
Adult subject to ASP concern	Name Address Date of Birth Consent given *(please circle)* Yes No Signature of Adult / Power of Attorney / Guardian
Information Required	
Reason for Request	
Who the information will be shared with.	

Signature of requesting SW Council Officer: _____

Tel No: _____ Date: _____

Signature of Manager _____

Tel No: _____ Date: _____

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

Dear

Re: Request for Information from Financial Institution
Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA)

Following contact with your (name, title, phone number and location of financial institution staff) by telephone and having confirmed the correct legal entity to make this request to. I, (name), in my role as Council Officer for [insert relevant organisation name and where the power is delegated from the local authority state 'with delegated authority and powers in relation to this request from [ENTER LOCAL AUTHORITY NAME] formally request disclosure of information from (company name and address). The request is made under Sections 4 (Inquiry) and 10 (Examination of Records) of the Adult Support and Protection (Scotland) Act 2007 (the Act) on the basis that we know or believe the below named to be at risk as defined by the Act.

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

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

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

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

Yours faithfully

Information Sheet

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

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

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

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

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

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

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

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

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

The attached request is countersigned by the Council Officer's line manager to ensure probity, assuring the record holder that the request is being made in accordance with the requesting agencies procedures and powers. Should you be unfamiliar with the Adult Support and Protection (Scotland) Act 2007, you can view a copy of it at: http://www.legislation.gov.uk/asp/2007/10/contents

Council Officer Guidance Notes

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

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

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

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

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

Name of Customer	Full name and any known pseudonyms listed separately e.g. Mary McTavish May McTavish
Date of Birth (if available)	Please state in full e.g. 22nd July 1952
Address (if available)	
Account Names, Numbers and Sort Codes (if available)	
Brief Description of the ASPA Inquiry	Basic information only to demonstrate that there is a risk or potential risk which has triggered an ASPA inquiry. This may assist the financial institution in locating the type of information required.
Financial Information that is required (please include any third party mandates relating to the accounts located):	The information requested must be specific as opposed to generic. Ensure you emphasise the need to provide any information about third party mandates. Requests for 'all statements' will not be accepted. Consider the issues the service user is facing and what material over what period may support your inquiry. Where you are unclear about the types of information the financial institution may hold use the 'verbal' option to seek advice as to what may be available to support your inquiry. Examples include: • *the balance of Ms XXXX' account(s)* • *any current Standing Orders or Direct Debits (including to whom payable, regularity and amounts)* • *Statements covering the period …….* • *We should also wish to request similar information for any other account in her name of which we are unaware."* • *Whether ……holds a Bank or Building Society account with your bank?* • *If so, whether any other persons are signatories to his/her account(s)?* • *Please provide copy statements in relation to any accounts held by ……..either jointly or solely for the last ……..months* • *Similar information regarding any other account held in this name.* • *Any known liabilities/debts/mortgages etc.* • *Any relevant financial information held in wills* • *Any accounts in other names e.g. joint accounts*

Information Format required	It is likely that most institutions will only provide information in hard copy due to potential security issues with electronic transmission of personal information.
Information required by	In some circumstances this will be urgent and it may be useful to state the reasons the information is required quickly and facilitate a verbal information exchange. In other circumstances please indicate in your request the required time frame e.g. 7, 14 or 21 calendar days.
Council Officer's Details and Signature	Name, position, organisation, address, email address, telephone number and signature. Please DO NOT provide a direct dial contact in the first instance. All applications should be accompanied by a copy of both sides of the Council Officers ID badge or other form of authorisation which either directly states or intimates through professional title that the person making the request is a Council Officer in terms of ASPA.
Counter Signatory's Details and Signature	This should be your line manager or the delegated counter signatory for your agency. Please provide; Name, position, organisation, address, email address, telephone number and signature. Please Do NOT provide direct dial contact in the first instance. ***The counter signatory is confirming the applicant's status as a Council Officer and that the request is required by the named agency in the performance of its duties under the Act.***

14 Adult Protection Meeting

Agenda

1. Introductions and apologies.

2. Recording arrangements.

3. Information from each agency and reports received.

4. Any capacity or communication issues.

5. Summary of concerns and current situation.

6. Decision if service user is an adult at risk of harm.

   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.*

7. Consideration use of other legislation.

8. Is a full investigation required?

9. Action Plan
   - Immediate action to protect the adult; who will take responsibility for actions; timescales
   - Risk Assessment
   - Investigation Plan (if required)
   - Case conference arrangements (if required).

10. Summary of outcome of the meeting.

15 Adult Protection Case Conference

Agenda

1. Pre-Meeting

    - Introduction and apologies
    - Recording arrangements
    - Purpose of pre-meeting

2. Full Meeting

    - Introduction and apologies
    - All informed of potential to adjourn the meeting
    - Purpose of case conference
    - Allocate person to inform adult of outcome (if required)
    - Discussion of findings from the investigation plus reports received.
    - Adult/Carer contribution
    - Clarify if the adult is 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.*

    - Consideration of actions required to protect the adult including application for adult protection orders or other legislation - note any dissenting views.
    - Adults support and protection plan agreed (include timescales and responsible officers)
        1. Risk assessment
        2. Contingency Plan
        3. Review arrangements

16 Risk Assessment

Adult Protection Risk Assessment Guidance Notes

Introduction

Risk is the possibility of harm occurring and the severity of that harm. Risk assessment is the process of identifying risk and enabling decisions to be taken about whether new or improved risk controls, or protective measures, are required. Effective person-focused risk assessment relies on the active participation of all agencies/teams involved. Legislation requires that risk assessment be "suitable and sufficient". This means that the degree of effort put into risk assessment needs to be proportionate to the risk involved

Informal risk assessments are those drawing on professional and personal experience, enabling risk to be recognised and necessary precautions to be taken. These everyday judgements and decisions are an individual's responsibility and a core professional competence which underpins everything we do. Formal risk assessments are a documented evaluation of risk including potential severity of consequences and the likelihood of such an occurrence along with the preventative and protective measures in place to control the risk. The aim is to weigh up whether existing support is adequate or whether more should be done to reduce the risk to an acceptable level through improved protective measures or contingency plans.

Risk assessments must be shared between all agencies/ teams involved to ensure the consistency of response and of care provided. A multi-agency risk assessment enables commitment of all involved to implement and comply with any protective measures agreed as essential to ensure the Health & Safety of the adult, staff, and any other persons who could be affected. In respect of environmental or low level personal risks the risk assessment forms may be completed by one member of staff. The multi disciplinary Adult Protection risk assessment must be completed by a multi-disciplinary group.

The Risk Assessment form should be used to identify and evaluate all significant risks associated with the adult, and to record all agreed protective measures necessary.

It is recognised that it can be a challenge to balance the positive benefits of taking risks with protection. The principles of the Adult Support and Protection (Scotland) Act 2007 must be adhered to.

The Adult Protection Risk Assessment incorporates 3 main categories of risk:

1. **Environmental Risks, e.g. those associated with the person's physical environment**.

2. **Low Level Individual/Personal Risks[1] e.g. those associated with the adult, her/his activities or wellbeing but managed by a single care agency/provider.**

   The above categories should be reordered in the case file using preliminary risk identification form or a risk screening tool specific to your agency/service.

3. **High Level/Multi-disciplinary Risks, e.g. those associated with concerns of harm or where a multi-disciplinary/agency approach is required to reduce/ manage/ share the risks.**

   The identification of these risks should take place in a multi-disciplinary/agency meeting facilitated by a professional experienced in such risk assessments. They should be recorded on the Joint Risk Assessment Form and use the Action Plan (see below)

Preliminary Risk Identification Form

This optional form is a tool to identify and prioritise all the specific issues under consideration. An individual member of staff can complete it. A single or a number of risks can be assessed. You should note if the potential risk exists or not. If the adult is identified as an adult at risk of harm then any risk identified on this form should be discussed at a multi-agency meeting and the adult protection risk assessment form and action plan should be completed.

Adult Protection Risk Assessment Form

This risk assessment form should be completed either prior to an adult protection case conference, if requested by the chair of the adult protection case conference, or may be an action arising from an adult protection case conference.

It is important that those who are aware of the risks are part of the risk assessment process. This may include professionals, hands-on carers, the police, legal advisers, family members, the adult her/ himself. The person organising the risk assessment should take time to consider who should be invited to ensure that an open and honest discussion takes place. They should carefully consider the pros and cons of having family members and the adult themselves present as this may impede full discussion or may cause the adult undue distress.

It is essential that an experienced facilitator lead the process. It is not vital that the facilitator is independent but this can be helpful.

It might be helpful to use flip chart paper with a copy of the forms, displayed on the walls, to record the views as they are discussed. This information can then be transferred to the forms for storage and distribution.

This joint Risk Assessment is a generic process which facilitates the sharing of concerns, the agreement of how risk can be managed and the acceptability or not of the presenting risks. It is possible, as part of this process, that the need for other specialist risk assessments may be identified.

Where a risk has been identified on the preliminary risk identification form this should then be transferred to the Risk Assessment Form using the same issue number. Alternatively the potential risk can be identified within the assessment team. In the “risk present box” where a risk is present, you should tick the box and identify who is at risk using the following keys -

S = staff member; C = client; O = other.

The details of the risk should be noted. The existing control measures which are currently in place should then be recorded in the “existing control measures” column. In this column you should also evaluate the effectiveness of these existing measures – are the measures: effective, partially effective or not effective at all. Using the Risk Assessment Matrix identify the most predictable severity of the consequences of the event in question and note this. Similarly note the level of likelihood of the event occurring. You will then be able to identify the risk rating by finding where the “likelihood” column and the “consequences” row cross over. For example, an event which is **likely** to occur which has a **moderate** level of severity of consequences has a risk rating of **high.**

Additional measures required to minimise risk should then be identified. It is perhaps helpful to think about what can you eliminate, reduce or further control the risk. Are there ways of improving monitoring, procedures, recording, communication, training, systems of work or organisational management. This will, along with existing controls, define how you will reduce and maintain the risk to a minimum.

The final risk rating completed using the same method as above.

The Risk Assessment Action Plan can then be completed. This details the actions to be carried out to ensure the additional control measures are put in place, by whom, the target date for completion and the actual date completed. Some actions may be required on an on going basis.

Where the risk rating is **medium or above** the action plan should be referred to your line manager for discussion and approval.

The action plan should also include who is responsible for reviewing the risk assessment and the target date for this.

Where the action plan has been referred to your line manager the outcome of this referral should be noted, for example, “discussed and agreed”. The line manager should sign and date the form. In doing this the line manager is agreeing with the content of the action plan and thereby accepting responsibility for managing the risk.

The Assessor should also sign and date the form.

Where the line manager cannot agree to the implementation of the Action Plan e.g. due to limited resources, it should be passed to an appropriate senior manager for a decision regarding the outcome of the action plan e.g. to stop the activity, committee additional resources.

When reviews are carried out, the date it was due to happen, the date it was actually carried out and by whom should be noted in the review table. The Action Plan should be updated to take account of any changes necessary following the review. The Risk Assessment can be shared with other professionals/staff involved in an individual’s care if appropriate e.g. a risk assessment regarding swimming at an agreed facility should be shared with all those who support the individual in that activity.

PRELIMINARY RISK IDENTIFICATION FORM (OPTIONAL)

Department/Team:		**Date:**		
Situation Assessed:		**Ref:**		
Assessors:				
Issue No	**SPECIFIC ISSUE FOR CONSIDERATION**	**Do potential risks exist?**		
		Yes	**Unsure**	**No**
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

If "YES" or "UNSURE" to any of the above, consideration must be given to completing the Joint Risk Assessment Form

JOINT RISK ASSESSMENT FORM

In the "Risk Present" box, the person at risk is defined by : (S) = Staff, (C) = Client, (O) = Others

Job / Area Assessed: ..... **Date:** ..... **Ref:** .....

ISSUE NO.	RISK PRESENT PERSONS AT RISK	DETAILS OF RISK	EXISTING CONTROL MEASURES ***Evaluate Effectiveness*** Effective, Partially Effective, Not Effective	LIK	CONS	RR	ADDITIONAL MEASURES REQUIRED TO MINIMISE RISK	FRR

KEY: LIK = Likelihood CONS = Consequences RR = Risk Rating FRR = Final Risk Rating

Associated Assessments:

N.B. Where Final Risk Rating is "Moderate" or above, must be referred to Line Manager to agree what further action is required.

RISK ASSESSMENT MATRIX – ADULT PROTECTION
(NHS Quality Improvement Scotland 2005)

CONSEQUENCES

Likelihood	**Negligible** e.g. minor injury, not requiring first aid. Reduced quality of patient/client experience.	**Minor** e.g. minor injury requiring first aid. Unsatisfactory patient/client experience but readily resolvable.	**Moderate** **e.g. Reportable incident (police). Significant injury requiring medical treatment/counselling** Unsatisfactory patient /client experience with effects lasting less than 1 week.	**Major** e.g. Major incident, long term incapacity requiring medical treatment /counselling. Unsatisfactory patient /client experience with effects lasting more than 1 week.	**Extreme** **e.g. Major permanent incapacity / death.** Continuing long term effects.
Almost Certain **Expected to occur frequently / in most circumstances – more likely to occur than not.**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**	**VERY HIGH**
Likely **Strong possibility that likely to occur – likely to occur.**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**	**VERY HIGH**
Possible **May occur occasionally, has happened before on occasions – reasonable chance of occurring.**	**LOW**	**MEDIUM**	**MEDIUM**	**HIGH**	**HIGH**
Unlikely **Not expected to happen, but definite possibility exists – unlikely to occur.**	**LOW**	**MEDIUM**	**MEDIUM**	**MEDIUM**	**HIGH**
Rare Can't believe this event would happen – will only happen in exceptional circumstances.	**LOW**	**LOW**	**LOW**	**MEDIUM**	**MEDIUM**

NB – See Adult Support and Protection examples overleaf

Adult Support and Protection Risk Assessment Matrix
EXAMPLES OF POSSIBLE RISK

Negligible	Minor	Moderate	Major	Extreme
Minor injury or incident with no notable injury.	Notable injury requiring first aid/medical attention.	Significant but not permanent injury.	Penetrative sexual abuse.	Death, major permanent incapacity.
Verbally insults but not threatening behaviour.	Inappropriate touching.	None penetrative sexual abuse with psychological impact.	Financial abuse leading to loss of home, significant property.	
Neglect	Financial harm with minimal impact on personal welfare.	Financial harm significantly impacting on personal welfare.		
	Repeated expressions of wish to self harm.	Significant psychological harm eg. degrading/humiliating treatment.		
	Verbally abusive and threatening behaviour	Significant and long-lasting/permanent injury.		
	Risk to other vulnerable members of the community.			

Context

The above are meant as examples only. As part of the assessment, consideration should be given to whether the harm:

- is historical or current.
- is repetitive.
- has been the result of a power imbalance.
- has been carried out by a member of staff.

Consideration should also be given to the impact on the adult and how they perceive it.

RISK ASSESSMENT ACTION PLAN

Situation Assessed: .....

Assessment Ref: .....

Issue	Action/Additional Control Measures	Implementation/ Responsibility/ By whom	Target Date	Completion Date
	Referral to Line Manger for any risks assessed as moderate or above			
	Organise review of Risk Assessment			

ASSESSOR

Name: .....

Signature: .....

Date: .....

Outcome of referral to Line Manager: .....

Signed by Line Manager: .....

Date: .....

REVIEW

Date Due	Date C/out	Name	Signature

N.B. If follow up actions are identified as part of review of Risk Assessment a new Action Plan should be completed.

17. Serious Case Review/Case Review Protocol

GRAMPIAN ADULT PROTECTION COMMITTEES
SERIOUS CASE REVIEW
AND CASE REVIEW PROTOCOL

Introduction and Definitions

Introduction

Paragraph 18 of the Scottish Government document, '**Guidance for Adult Protection Committees**', which was produced subsequently to the implementation of the Adult Support and Protection (Scotland) Act 2007, states:

'The Act does not require Adult Protection Committees (APCs) to become involved in individual case reviews. APCs have a strategic and monitoring function rather than an operational role and therefore routine case reviews may well be seen as inappropriate. However, joint consideration of individual cases may help APC members to develop greater joint understanding of service user concerns and professional practice. While there is no duty to do so, APCs are encouraged to evaluate and learn from critical incidents.'

Paragraph 49 of the Act adds:

'APCs may decide to audit particular aspects of support and protection activity, to commission or engage in occasional case reviews (particularly when there have been critical incidents) or to commission research on particular aspects of protection work.

In response to this, the three APCs in Grampian have agreed to the development of a Serious Case Review (SCR) Protocol to:

- clarify the referral process;
- define how reviews will be managed;
- decide how completed reviews are communicated; and
- decide how recommendations are actioned.

This document sets out how the SCR process will be implemented by the Chief Officers' Public Protection Groups (PPG) and Aberdeen City, Aberdeenshire and Moray Adult Protection Committees (APCs). The APCs have specific responsibility for the oversight of SCRs. The shared Independent Convener reports to the PPG. Each APC reports to the Scottish Government, on a biennial basis. The Grampian Adult Support and ProtectionWorking Group will review this Protocol on behalf of the PPG and APCs.

The key messages from SCRs for each APC area will be included within the biennial report for each APC. The agreed recommendations will be incorporated into the Action Plan for each APC.

A SCR protocol was initially produced by the Grampian Adult Protection Working Group in June 2009 to enable the APC's in Grampian to undertake SCRs. This document is the first revision of the protocol which was undertaken in Aug 2015. The protocol was reviewed to take account of growing experience and knowledge and to enable different levels of case review to be considered by the APC's in Grampian.

Objectives of a Case Review

The overarching objectives of Case Reviews are to:

- Establish whether there are lessons to be learned about how better to support and protect adults at risk of harm, and help ensure they get the help they need when they need it;
- Learn and improve services as well as recognise good practice;
- Make recommendations for actions, if and when appropriate (Note - immediate action to improve service or professional shortcomings should not await the outcome of a formal review);
- Consider how any findings, recommended actions and learning will be implemented;
- Address the requirement to be accountable, both at the level of the responsible agencies/authorities and the professional groups involved;
- Increase public confidence in public services, providing a level of assurance about how those services acted in relation to a significant case about an adult at risk;

Reviews should be viewed as a process for learning and improving public protection.

This guidance supports the achievement of these objectives by helping those responsible for reviews to:

- Undertake them at a level which is necessary, reasonable and proportionate;
- Adopt a consistent, transparent and structured approach;
- Identify the skills, experience and knowledge that are needed for the review process and consider how these might be obtained;
- Address the needs of the many different people and agencies who may have a legitimate interest in the process and its outcome; and
- Take account of the evidence.

This guidance sets out:

- The different levels of case reviews that can be undertaken:
- The criteria for identifying whether a case is serious;
- The procedure for undertaking an initial case review (ICR);
- The process for conducting a case review including reporting mechanisms and dissemination of learning; and
- Tools to support the process of conducting a case review including ICR's and SCR's.

The assumption throughout this guidance is that the APC should proceed as speedily as feasible at all stages of a case review, and that agencies should do the same. This is important in reducing stress on the adult (if they are still living), their family, their carers and on the staff involved. However the complexity or circumstances of certain cases may result in preferred timescales not being met.

Levels of Review

The purpose of a case review is to establish whether there are lessons to be learned about how better to support and protect adults at risk of harm – reviews should be viewed as a process for learning and improving public protection.

Reviews should be undertaken at a level which is necessary, reasonable and proportionate and should not be escalated to what is beyond proportionate.

Type	**Threshold**	**Review Team**	**Process**	**Guidance Timescales**
SCR Internal	• Meets SCR criteria (page 9) • The case is extremely complex, with the involvement of several agencies, and/or the family/carers or significant adults may have already expressed concerns about the actions of the agencies. • Local recommendations are likely to be interagency rather than for a single agency.	Identified by APC.	Term of reference for review and review team to be agreed by APC in consultation with COG Improvement plan to be developed and put through governance structures	The SCR should be undertaken as speedily as feasible. APC's are required to agree timescales for when reports should be produced in light of the circumstances and context of that particular case.

SCR external	• Fulfils the threshold for an internal SCR and meets at least one of the following: • There are likely to be national as well as local recommendations. • The case is already high profile, or is potentially likely to attract a lot of media attention. • Councillors or MSPs or other elected members have voiced their concerns about services locally.	Identified by APC.	Term of reference for review and review team to be agreed by APC in consultation with COG Improvement plan to be developed and put through governance structures	The SCR should be undertaken as speedily as feasible. APC's are required to agree timescales for when reports should be produced in light of the circumstances and context of that particular case.
Multi-agency Review (MAR)	• Does not meet the SCR Criteria but harm has occurred and it is felt that the case review would lead to significant learning. • The case is complex, with the involvement of several agencies, and/or the family/carers or significant adults may have already expressed concerns about the actions of the agencies. • Local recommendations are likely to be interagency rather than for a single agency.	Identified by APC.	Term of reference for review and review team to be agreed by APC. Improvement plan to be developed and put through governance structures	The MAR should be undertaken as speedily as feasible. APC's are required to agree timescales in which reports should be produced taking account of the circumstances and context of that particular case.

Single Agency Review (SAR)	• Does not meet the SCR Criteria but harm has occurred and it is felt that the case review would lead to significant learning. • The case is complex, and/or the family/carers or significant adults may have already expressed concerns about the actions of a single agency. • Local recommendations are likely to be for a single agency rather than interagency.	Approved by APC	Terms of reference developed by single agency. Noted by APC.	Completed within 8 weeks.
Multi-agency case review meeting	• Does not meet the SCR Criteria but it is felt that a case review would lead to multi-agency learning. • The case is complex, with the involvement of several agencies, and/or the family/carers or significant adults may have already expressed concerns about the actions of agencies. • Local recommendations are likely to be interagency rather than for a single agency.	Professionals involved in the case, chaired by the lead agency in the case.	Meeting (see agenda Annex 1)	Completed within 8 weeks.

Definitions and Criteria

Adult at Risk of Harm

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

- is unable to safeguard her/his own wellbeing, 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.

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. An adult may have a disability but be able to safeguard their wellbeing etc**.**

It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances that can combine to make them more vulnerable to harm than others.

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**
- she/he is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Serious Case Review

A SCR need not be about just one significant incident. In some cases, for example, neglect, concerns may be cumulative.

The criteria for referral are as follows:

When an adult at risk of harm dies and the incident or accumulation of incidents gives rise to serious concerns about professional and/or service involvement or lack of involvement, **and one or more of the following apply**:

- harm is known or suspected to be a significant factor in the adult's death; or
- the death is by suicide or accidental death; or
- the death is by alleged murder, culpable homicide, reckless conduct, wilful neglect or an act of violence;

A referral may also be made where an adult at risk of harm has not died but has sustained serious harm or is at risk of serious harm and in addition to this the incident or accumulation of incidents gives rise to serious concerns about professionals and or service involvement or lack of involvement.

The Adult Protection Case Review Process in Grampian

Who can refer?

Any agency can ask for a case to be considered for review by an APC. Referrals should be made via the agency's lead representative on the APC. A family cannot ask for a review, any concerns raised by families should be addressed through relevant agencies' normal complaints procedures.

How to refer

If the case is high profile or is likely to attract media attention the agency's lead representative and the APC Independent Convener must be informed immediately.

The Referrer, following discussion with their line manager, should send the referral to the agency's lead representative on the APC using the Initial Case Review template (Annex 2). The agency lead will forward the Initial Case Review Template to the local administrator and the co-ordinator.

Initial Case Review (ICR)

An Initial Case Review (ICR) should always be undertaken and is an opportunity for the APC to consider relevant information, determine the course of action and decide whether an SCR or other response is required. The ICR process is summarised below. An ICR should not be escalated beyond what is proportionate, taking account of the severity and complexity of the case and the process and its timescales should not detract from agencies taking whatever urgent action is required to protect any others who may be at risk.

Where time limits are referred to it is important that they are adhered to. If there is good reason for delay, the report should record the reason for that delay.

Step 1: Potential case notified to APC as soon as practicable after the event or when a series of events suggests a case review may be appropriate. The initial case review notification form should be used (Annex 2)

When complete, the initial case review notification form should be passed to the local SCR Administrator who will:

- log the notification, which will be given a unique numbered identifier;
- inform SCR co-ordinator;
- notify and request information from all agencies or individuals involved with the adult using the ICR report template (Annex 3); and
- send an acknowledgement to the referrer that the notification has been received.

The above actions should be completed within 7 days of the notification being received.

Step 2: Agencies gather information and submit a report(s) to the APC mandated sub group. This group will comprise of members from Social Work, Health and Police. Reports will be submitted as soon as possible but no longer than 28 calendar days using the ICR Report template (Annex 3, Part B).

If agencies cannot reasonably complete the ICR Report for the APC within the suggested times, the reasons for this should be recorded as per organisational procedures.

Step 3: The mandated sub group meets to consider the information as soon as possible. Within 14 days of the ICR information being provided, the mandated sub group, convenes to consider agency/service information. Having a considered chronology and a timeline for this stage can help with decision making and identifying information gaps. The output of the meeting will be either:

- Further information required to enable a recommendation – set timescale for completion and supplementary meeting;
- sufficient information available to enable recommendation to progress to case review;
- no further action.

Where a recommendation is made to progress to a case review this decision and a terms of reference will be submitted to the APC (Annex 4)

Decisions and reasons will be recorded on the ICR Report (Annex 3, Part C)

Step 4: The mandated sub group make a recommendation to the APC whether or not to proceed to a significant case review (SCR):
An SCR should only be undertaken when the criteria are met; where there is potential for significant corporate learning; and where an SCR is in the public interest and in the best interests of the adult and their family. If there is no clear consensus within the APC as to whether or not to progress to an SCR, the final decision rests with the APC Convener.

The APC may decide that no SCR is needed but follow-up action by one or more agencies is required. This may be the case if, for example, there has been a misunderstanding of guidance, or if local protocols need to be reinforced. The APC may want to draw appropriate guidance to staff's attention or review training or protocols on a particular theme. They may also decide to initiate local action to rectify an immediate issue or to undertake single agency action. Follow-up action should be agreed and scheduled into the APC's action plan.

Where the APC is satisfied there are no concerns and there is no scope for significant corporate/multi-agency learning or it is clear that appropriate

action has already been taken they may decide to take no further action. Decisions and reasons will be recorded on the ICR Report (Annex 3, Part D)
Step 5: Ratification of decision The APC should inform the Chief Officers Group of the outcome of an ICR. Discussion/comments of the Chief Officers should be recorded in ICR Report (Annex 3, Part E)
Step 6: Notification and recording of decisions The APC should maintain a register of all potentially significant cases referred to it. This allows for evidencing the decisions made; monitoring the progress of the reviews; monitoring and reviewing the implementation of recommendations; and identifying contextual trends (such as prevalence of substance misuse). A written record of the decision (Annex 3, part B) should be sent to all agencies directly involved with the Adult and recorded in the Adult's case files. If a decision is made to proceed to a Case Review, the APC should advise the Adult, if appropriate their family/carers of the APC's intentions. (see page 16)

Considerations to be made by APC following a decision that an Case Review is appropriate

Criminal Investigation

Once the SCR has been presented, if there is an element of criminality Police Scotland will progress the investigation accordingly. The SCR will normally be suspended until Police Scotland has completed their investigation.

Methodology

APCs should always consider and agree the methodology to be used in undertaking case reviews. Evidence-based methodologies should be used, for example root cause analysis.

Root Cause Analysis (RCA) techniques are used to understand the underlying causes of incidents rather than identifying individual failure. The RCA model has been adapted for use in health and social care settings. It takes into account the active failures of frontline staff to follow a prescribed course of action and also considers latent failures, well-intentioned but, in hindsight, faulty management decisions by senior management, and other contributory factors such as staff shortages, poor communication, busy work environment, emotional state of staff member, education and training. As such, this is a system-based approach which

seeks not only to clarify the direct actions leading to the incident but the contribution made by the wider organisational context.

Identify who undertakes the review

The APC will need to consider whether an SCR should be led internally, internally with some external overview or externally. APCs need to ensure that the lead reviewer and the review team, between them, have the necessary skills and competencies to undertake the review. These skills will differ according to the circumstances of each case and the agreed role of the review team. Annex 5 provides a 'person specification' list for a lead reviewer.

External Reviews

Where an external review is commissioned, the SCR continues to be owned by the APC. The Chief Officers Group/APC should agree any formal contractual arrangements that may be required, along with appropriate legal advice. They should consider which agencies will enter into the contract and ensure that individuals have professional indemnity cover. Consideration should be given to involving legal services in drawing up formal contracts covering areas like timescales, fees and confidentiality.

Any contract should also include explicit instructions on the access to, storage, transport, transmission, and disposal of sensitive personal information as required by the Data Protection Act. For the purpose of the SCR, the lead reviewer is a data processor, not a data controller and will not need to be registered with the Information Commissioner's Office (ICO). This is because they are acting on the instructions of the APC, representing the Chief Office Group. There is further information on the role and responsibilities of a Data Processor in ICO guidance.

The ICO Data Sharing Code of Practice details the circumstances where a data sharing agreement or contract may be required. This will be of particular relevance where there are a number of agencies inputting to the SCR.

Regardless of whether the lead reviewer is internal or external, the APC will wish to set out clear expectations in respect of timescales, milestones in the process and deadlines for completion of reports.

Information Sharing

All information shared must be relevant and proportionate to the individual concerned. Information about adults at risk may be shared by organisation under the following provisions:

- Adult Support and Protection (Scotland) Act 2007
- The Data Protection Act 1998
- Common Law of Confidentiality
- The Human Rights Act 1998

For further information sharing please refer to the Grampian Adult at Risk of Harm Information Sharing Protocol.

Terms of Reference

Depending on the comprehensiveness of the information gathered at the ICR stage it may be possible for the mandated subgroup to recommend the terms of reference of the full Case Review for the APC for approval. If there are areas that need further clarification the APC may ask agencies to undertake particular tasks and report back within an agreed timeframe.

The Terms of Reference will:

- be agreed by the APC. This can be reviewed throughout the SCR process but any changes should be agreed by the APC and documented;
- clarify roles and responsibilities across agencies;
- set the time frame the review will cover; and
- be clear and deliverable.

Annex 4 gives an example of a term of reference. It can be adapted to fit with local arrangements and the specific case being considered.

Review team

It is important to establish a team to support the lead reviewer so that agencies feel confident their specialist issues are understood. The APC should ensure there is sufficient multi-agency representation on the review team in order to reflect the particular case. A review team's different perspectives can add to the depth of enquiry. Training or information requirements for the team should be considered.

The team should be agreed at the outset and agreement reached as to roles and responsibilities, who should undertake tasks such as file reading and interviews, and how disputes will be resolved. **No one should be involved in a review team if they were directly involved in the case in a professional capacity.**

For any review team, it is important to establish whom the key contacts are in all the agencies involved. These could be designated case review contacts that can also advise on, and broker access to, relevant practitioners and information. Additionally, they should be able to provide any relevant agency information (such as protocols/guidance) and generally act as a liaison point. In addition, consideration should be given as to who will make links with relevant interests outside the main statutory agencies. The team will also need to gather evidence from a wide variety of sources and be prepared to negotiate if information is not forthcoming.

Consideration should be given to the skills required in the review team. This will vary according to the case and agreed responsibilities of the team, but APCs, or mandated sub groups, will wish to ensure that the review team has the following skills:

- A knowledge of adult services;
- A knowledge of relevant legislation and policy;
- Investigation skills;

- Analytical and evaluation skills;
- Ability to make sound judgements on information collected;
- Ability to critically analyse all factors that contributed to the significant case and the wider impacts for practice and service delivery where appropriate;
- Ability to liaise with others and establish a good working relationship;
- Ability to demonstrate sensitivity to national and local level issues; and
- An appreciation of the need to be clear about the difference between an case review's remit and tasks as opposed to other ongoing proceedings relating to the case (for example, a criminal investigation).

A review may reveal staff actions or inactions which are of sufficient seriousness that they need to be brought to the attention of the employer. The review team has a duty to do this, irrespective of the case review process.

Resources

Chief Officers have a collective responsibility to ensure their APC's have the resources, including staff time, to fulfil its role and responsibilities when conducting a case review. Chief Officers should, therefore, agree how the review team will be financed and how its expenditure will be managed.

Administrative support should also be agreed, as should practicalities such as accommodation, secure storage of any records shared, and secure access to electronic records.

The Report

It is important that there is a degree of consistency in the structure and content of reports to make it easier for people to identify and use the findings, and for read-across to other reports to be made. The report should, therefore, include the areas outlined in Annex 6.

APCs will consider arrangements for correcting factual errors or misunderstandings in drafts of the report.

If appropriate the lead reviewer will present the final report (and executive summary) to the review team before it is sent to the APC chair for consideration by the APC. This includes both internally- and externally-commissioned reports. The APC should deliver the report to the Chief Officers Group. The APC may ask the lead reviewer to present the report at the Chief Officers/APC meetings.

Freedom of information and Data Protection

The APC should ensure that the review team and lead reviewer take account of the requirements of the Freedom of Information (Scotland) Act 2002 and the Data Protection Act 1998 in both the conduct and reporting of the review.

Annex 7 contains an extract from an SCR which may be helpful in considering the report structure and content in respect of the Data Protection Act 1998. However, the circumstances of each case will be different and particular consideration should be given to the requirements of the Data Protection Act 1998 on each

occasion. Arrangements should be put in place for secure storage and filing of confidential information and files.

These arrangements should also include retention schedules and processes for the destruction of the information when it is no longer needed. These details can be included in data sharing agreements. NHS will wish to seek Caldicott approval in respect of access to any patient files where this is required by the lead reviewer as part of the review process.

Involvement of the adult/family/carers

The adult/family/carers should be kept informed of the various stages of the review as well as the outcomes where appropriate. There will be occasions where the adult/family/carers could be subject to criminal investigation. In these cases, information may need to be restricted. Close collaboration with Police Scotland and the Procurator Fiscal will be vital.

Every effort should be made to involve the adult/families/carers. Case review reports should say whether or not the adult and families/carers were informed and involved. If not, they should record a reason. If they were involved, reports should record the nature of the involvement and document how their views have been represented. Diversity issues should be considered and adequate support should be provided to ensure that the adult, family/carers are able to participate.

Care should be taken about where and when the adult, or their family/carers are interviewed, and ensure any special measures needed are provided, particularly for those who have additional communication needs, (for example, the use of advocacy or interpreter services). If there are, or are likely to be, criminal proceedings or if there is, or likely to be a fatal accident inquiry, the review team must consult with the local COPFS and police prior to any interviews.

A single point of contact for the adult/family/carer should be appointed throughout the review. It is not necessary for this person to be part of the review team.

The person carrying out this liaison role should be fully aware of the sensitivities and background of the case. This person's role could include advising the family of the intention to carry out a case review and making arrangements to interview the adult/family/carers or other significant adults involved.

Depending on the particular case and sensitivities, consideration should be given to arrangements for feedback to the adult/family/carer. This may also include their input to check the accuracy of what is recorded in the interim and/or final report.

Support for staff involved in a review

During the review process staff who have been involved in the case should feel informed and supported by their managers. There may be parallel processes running (such as disciplinary proceedings) as well as the SCR so sensitive handling is important.

Each organisation should have its own procedures in place for supporting staff, but the following should always be considered:

- The health and wellbeing of staff involved;
- Provision of welfare or counselling support;
- Communication with staff and keeping people informed of the process in an open and transparent way;
- Access to legal/professional guidance and support; and
- Time to prepare for interviews and for follow up.

Staff involved in a review should be given this guidance. The lead reviewer should consider what mechanism will be used to enable contributors to check the accuracy of what is recorded as it is drafted for the interim and/or final report. When the review is complete, staff involved in the case should be debriefed before the report and findings are published.

Dissemination and publication

For each individual case review, the APC – in conjunction with the Chief Officers – should consider how to disseminate and publish the report that best serves the public interest and the purpose of improving service delivery.

Media handling

Any protocols/media handling issues should be developed in conjunction with the communications officers for the agency. Before the report is made public, the review team will agree a link with the media on behalf of Chief Officers/APC; brief the relevant communications officer(s); and approve the wording of any quotes.

No information about a case review should be released to the media unless it has been approved by Chief Officers/APC.

The serious case review and the learning cycle

The APC should consider how the analysis and recommendations from a case review can best inform learning and practice.

Any recommendations should be noted and if appropriate monitored by the APC.

Cross-authority Case Reviews

In the case of a potential cross-authority case reviews the relevant APCs should agree a way of joint working and, if required, joint commissioning of a lead reviewer. It may be worth considering a lead reviewer who is independent of the APC areas involved.

Annex 1

	**Adult Protection Multi-agency Case Review Agenda**

1. **Introduction and Apologies**

2. **Purpose of Case Review (**as outlined at APC**)**

3. **Background facts**

   This should include the family background and circumstances, including agency involvement. A chronology of significant events should also be discussed.

4. **Analysis**

   Critically assess the key circumstances of the case, the interventions offered, decisions made etc. It should always be remembered that the review is taking place with the benefit of hindsight and the analysis should consider the actions of services within the context of the circumstances of the time.

5. **Key Issues**

   Following on from the analysis and depending on the circumstances of the case, the review should clearly identify the key areas that impacted on the adult and agency responses and then explore these further to understand how they came about. The review should discuss the 'why' of what happened and a level of root cause analysis should be applied. It would be helpful to explore key areas within a framework of cause and effect factors – for example, resourcing, organisational culture, training, policies etc.

6. **Learning Points**

   Highlight the key learning points from the review – again the focus here should not be on 'what happened', but the reasons why it happened as it will be these areas that services and organisations can actively take forward and address. Discussion should also actively promote strengths and good practice identified as well as the learning that has taken place since the incident, any changes in practice and policy that have been implemented and the outcome of changes.

7. **Recommended Action**

   Recommended actions should be recorded indicating who is responsible for the action and a timeframe for completion.

Annex 2

	**Grampian Adult Protection Committees Initial Case Review Notification Form**

The designated person within any agency should complete this initial case review notification and send it electronically by email to the SCR Administrator for the local area as soon as possible and in any case within 7 days of first informing the SCR co-ordinator.

Name of Referrer:

Contact details:

Agency:

Local Authority: **Moray ☐** **Aberdeenshire ☐** **Aberdeen City ☐**

Date of Referral:

Adult's Name/Identifier:

Date of Birth:

Address:

Basis for referral (the reasons that meet the SCR referral criteria- refer to page 5):

Brief description of case:

Are there any immediate concerns? If is so, what are these and have they been passed to the relevant agency for consideration/action?

Name of service/agency/professionals involved with the adult (include email address if known):

To be completed by Administrator:	
Referral acknowledged date	
Unique identifier No.	
Date all agencies notified	

Annex 3

	**Grampian Adult Protection Committees Initial Case Review Report**

A referral under the Grampian APCs Significant Case Review Protocol has been made regarding the adult identified below. The first part of the process is to collate information in order that an interagency decision is made as how the referral should be progressed.

Your agency is asked to provide the local APC with the relevant information by completing this initial case review report and send it electronically by email to the SCR Administrator **as soon as possible and in any case within 28 calendar days.**

This report should contain information relevant to the agency/service contact/ interaction with the adult. Each agency/service will submit details of their own involvement with the adult.

All initial case review reports reviewed will be acknowledged by the SCR Administrator.

Part A – For completion by SCR Administrator

Date sent:

Date to be completed:

Service/agency:

APC area:

Adult's Name:

Unique Identifier for Case Review:

Date of Birth:

Address:

Basis for referral:

PART B – For completion by Service/agency

Please summarise your involvement with the adult

- What was you involvement
- What was your intervention
- What was the outcome of the intervention

Outline of key issues

- AP concerns regarding the adult
- Vulnerabilities of the adult
- Were there strategies and actions to minimise harm/risks?
- Did agencies work in partnership?
- Was there recognition and assessment of risk?
- Was timely and effective action taken?
- Was there evidence of planning and review?
- How good was record keeping?
- Were legal measures considered and used appropriately?

Any other proceeding relating to this adult occurring within your agency/service (service reviews, disciplinary action, PF decisions)

Please highlight any areas which may require further considerations

PART C – For completion by APC mandated sub-group

Options Considered:

- SCR External
- SCR Internal
- Multi-agency Review
- Single Agency Review
- Multi-agency Case Review Meeting
- No Further Action

Recommendation made:

Reason:

Date:

PART D – For completion by APC

Date notified of above decision:

Note of discussion at APC:

Actions made:

PART E– For completion by Chief Officers Group

Date notified of above decision:

Note any comments/discussion by Chief Officers:

Actions made:

Annex 4

	**Case Review Terms of Reference Template Example**

The following example provides a framework for APCs in the development of a terms of reference for use during a Case Review. It includes suggested references to the key areas covered in the section **Objectives Of The Serious Case Review** and can be adapted to fit with local arrangements and the specific case being considered.

Terms of Reference

Introduction

In accordance with the Grampian Adult Protection Committees Serious Case Review and Case Review Protocol the [APC name] has decided to conduct a serious case review following [details of incident].

Decision to hold a serious case review
[Insert full information regarding the reasoning behind decision to hold SCR including both first and second test/criteria for SCR. Also consider inserting text related to commitment to learning and interest from for example media, Scottish Government,
Care Inspectorate, local communities]

Purpose of the review
This is an example of suggested wording and should be adapted to reflect your APC position and purpose

The purpose of the review is to establish whether there are corporate lessons to be learned about how better to protect Adults. To that end, the review is a process for learning and improving services and is a means of recognising good practice.
The review will assess the agency and inter-agency decision making and involvement with the family and others relevant to the case.

Time period to be covered
The period to be covered by the review will be from [Insert timeframes]

Methodology
This section should cover the practices being used, for example RCA methodology.
The suggested wording below refers to traditional methods.

Established practices for conducting an SCR should be used, including reviewing case files and records, development of a multi-agency chronology and timeline of what information was known to whom and when, and considering policies and guidance available to staff during the timescales the review will cover.

Any significant risks/needs identified by the lead reviewer during the review process will be reported immediately to the relevant chief officer [The reporting lines may differ and should be agreed on following internal discussions] from the agency concerned.

The lead reviewer will have unrestricted access to policies, protocols, procedures, case records and, at a date to be set, relevant staff. All necessary arrangements will be put in place to facilitate this.

General practitioners and practice staff are independent contractors. Their cooperation will be facilitated by [this should be discussed and agreed internally], as required. This is an example and inclusion will depend on situation.

Administrative support for the lead reviewer will be provided by [This crucial area requires internal discussion and agreement]

Specific issues to be considered in the review
[Insert specifics regarding the key areas to be considered by Lead Reviewer – bullet points may be helpful]

Involvement of family members
Consideration to be given to involvement of family members and carers taking into account any ongoing criminal proceeding and direction from the COPFS.

If appropriate, the lead reviewer will inform the family and identify a liaison person who will provide a link between the family and the review team.

For this matter the family will include [Insert specific info related to your case]

Staff welfare
Full consideration must be given to staff welfare and support throughout the review, particularly for those who had direct involvement in the case and may be interviewed as part of the review process. This will be the responsibility of each service/agency. Consideration should be given to a single point of support for staff. Regular updates to staff should be agreed by the Review Team.

Ethnicity, religion, diversity, gender, disability, language and equalities
The review will take account of any learning in respect of ethnicity, religion, diversity, gender, disability, language and equalities. [This is broad so may need specifics]

Organisations involved in the review
Example wording - the case and local arrangements will inform wording
The following representation should make up the review team as single points of contact from each of the relevant agencies to support the lead reviewer. The lead reviewer will chair this group as appropriate and report to the case review group.
The list will depend on your specific case

Administrative support will be provided to the review team through the [requires internal discussion and agreement]

The review team will act as single points of contact for any information required and will assist in setting up any interviews related to their particular service/agency. The chair of the review team will be the lead reviewer who will report to the case review group.

If any other agencies are known to have had involvement with the family during the period under review, the review team will ask them to provide relevant information as required.

Chief Officers from all partner agencies expect all relevant services to assist in the review process. Any difficulties will be addressed by the lead reviewer through the case review group and if necessary with the relevant chief officer of the agency concerned.

Support to lead reviewer
Example wording- you may have a critical friend(s) arrangement which differs to this
The partners will arrange to provide a critical friend(s) if needed to assist the lead reviewer in their role, as required.

Reporting arrangements
Example wording the case and local arrangements will inform wording
The lead reviewer should complete the agreed template for the review report as shown in Annex 5. Along with the main review, the reviewer will be expected to provide an executive summary. The lead reviewer should ensure that the summary is fully anonymised and written so as to avoid the need for future redactions.

The draft report should be submitted to the case review group for consideration and thereafter to the chair of the APC.

Expert opinion
Wording may differ depending on local arrangements
Although not considered necessary from the outset, the use of expert opinion in a consultative capacity will be kept under review.

Criminal investigations
May or may not apply to your case
Police Scotland is investigating the circumstances of the case and will report to the Procurator Fiscal.

COPFS
May or may not apply to your case
There will be ongoing liaison with COPFS through [named contact who is part of Review Group/Team useful but this will require internal discussion and agreement]

Other parallel reviews
Include whether any parallel reviews are ongoing.

Consideration should be given regarding a joint case review. For example, in the case of 16/17 year olds who are being considered under adult support and

Protection, Child Protection Committees will want to liaise closely with APCs to determine if the criteria for an SCR have been met under this guidance, and whether a joint SCR is required.

Media coverage/enquiries

The case and local arrangements will inform wording here

There is high level media interest in the case, locally and nationally. APC have agreed a broad media statement, if this is required. There will be key points as the criminal case proceeds where the media may become involved and ask for information/statements.

There should be no proactive engagement with the media; rather due process should be followed, however, the Review Team and APC should be prepared at key milestones for media requests, in particular any subsequent trial, sentence and the publication of any review.

A single point of contact for media enquiries is to be agreed. [insert person responsible following internal discussion and agreement] will be responsible for the media strategy on behalf of all partners in respect of any queries regarding the SCR and dissemination/publication, following the conclusion of the SCR.

Family members will be informed of the findings of the SCR in advance of publication of the executive summary.

Process and timescales

The case and local arrangements will inform wording here

Appointment of lead reviewer and review team by [insert agreed date]

The first meeting of the review team to take place once the lead reviewer is confirmed. The first meeting with the lead reviewer will scope and agree the process of the review and agree an outline of the work plan and timeline. This will take into account the two distinct phases of the review as outlined earlier.

The review team will submit a written progress report on the SCR regularly to the [insert local reporting arrangements as discussed and agreed]

Any anticipated delays in the review process must be highlighted by the lead reviewer and agreed by the chair of case review group [insert local arrangement as discussed and agreed]

The final draft report and will be submitted to the chair of the case review group [insert timescale as discussed and agreed] for consideration and the development of an agreed action plan in response to identified areas of learning and recommendations. The lead reviewer will also prepare an executive summary, which will be fully anonymised for publication. In the first instance, the Review Team will correct factual errors or misunderstandings in drafts of the report. Any unresolved matters should be referred to the case review group and ultimately to the APC if required. Local reporting arrangement may differ.

The final report, executive summary and action plan will be submitted to the
Case Review Group and thereafter to the [insert local reporting arrangements as discussed and agreed]

The final report will be owned by the APC. The decision regarding what should be published will rest with them. [Insert local arrangements as discussed and agreed internally]

Dissemination and publication

The case and local arrangements will inform wording

The APC will agree a local dissemination approach which ensures the spread of any identified good practice as well as learning, particularly to front line staff.

In order to promote national learning, the findings and recommendations from the SCR will be shared nationally with WithScotland or by specially convened meetings or seminars. This will be taken forward by the Chair of the APC.

Publication

The case and local arrangements will inform wording

The APC has decided that an anonymised executive summary will be published. The APC will arrange to give the identified family members a copy of the executive summary, and will discuss the findings of the review with them before publication.
The APC will decide who should get a copy of the full report or the executive summary based on recommendations by the case review group.

The APC will give full consideration to the adult's right to privacy and the adult's right to be protected.

Publication of the report/executive summary will be discussed with COPFS.

The APC will consider whether an oral briefing for relevant parties in advance of publication is required.

The APC will ensure that they have considered the integrity of staff and the duty of care.

Annex 5

Grampian Adult Protection Committees Person Specification for Lead Reviewer

The skills and qualities required for the lead reviewer, include:

Leading and directing

- Consider practice experience required for person chairing review – this may differ depending on the particular circumstances of the case
- Responsible for ensuring the required skills and experiences of the Review Team are made available
- Role of body/person setting terms of reference and providing progress reports
- Should have no preconceived views of the case/outcome
- Quality – ability to set out ground rules

Knowledge

- Should have a broad knowledge of protecting adults at risk in line with the Adult Support and Protection (Scotland) Act 2007.
- Knowledge of other relevant legislation (AWI 2000, MHCT 2003)
- RCA or appropriate alternative trained

Analytical skills

- Those chairing/leading reviews must have the ability to interpret and analyse complex multi-agency processes and information.
- Know where, and from whom, to get specific information or expertise
- Logical thinking and ability to map out review process
- Need to understand the context in which services are delivered
- Ability to identify and manage competing interests in a Case Review (for example, professional; political, organisation; public, media)

Person qualities

- Those conducting reviews need to be open minded, fair, a good listener and a logical thinker.
- Experience of practice at various levels across an organisation
- A blend of confidence and humility (to be prepared to learn)
- Need to understand professional backgrounds of those involved and be a multi-agency team player
- Approachable
- Risk assessment/management
- Ability to challenge constructively
- Emotional intelligence

Annex 6

	Grampian Adult Protection Case Review Template

Exemplar SCR Report

Adult's Name:	
Unique Identifier for Case Review:	
Date of Birth:	
Gender:	
Basis for referral: (Include vulnerability and harm as it relates to adult at risk of harm criteria)	
Introduction This should include the circumstances that led to the review, the purpose and focus of the review, the periods considered and agencies involved, the extent of the family's/carers' involvement. Note how long the report has taken and reasons for any delays.	

The facts

This should include the family background and circumstances, including agency involvement. A chronology of significant events, (which should also include when the adult was seen and by whom and whether the adult's views were sought) should also be included. Where appropriate, the chronology may be presented in a number of distinct phases and should be supplemented by a written account of what happened during each phase. In the reviewing of the case, a full chronology will be required but for the purpose of the report, the primary aim at this stage is to highlight areas of practice or events that are considered by the review to be particularly relevant, not to provide an overly detailed account of events. As such the full chronology should not be included within the body of the report. Details of all significant people in the adult's life should also be included.

Analysis

This section should critically assess the key circumstances of the case, the interventions offered, decisions made etc. For example, were the responses appropriate, were key decisions justifiable, was the relevant information sought or considered, were there early, effective and appropriate interventions? Were any concerns about safety and/or wellbeing recognised? Was there a timely and appropriate response? Were the adult's circumstances sufficiently assessed? Were compulsory/legal measures properly considered? If so, when? It should always be remembered that the review is taking place with the benefit of hindsight and the analysis should consider the actions of services within the context of the circumstances of the time.

Key issues Following on from the analysis and depending on the circumstances of the case, the review should clearly identify the key areas that impacted on the adult and agency responses and then explore these further to understand how they came about. This section should assist readers to understand the 'why' of what happened and a level of root cause analysis should be applied. It would be helpful to explore key areas within a framework of cause and effect factors – for example, resourcing, organisational culture, training, policies etc.
Learning points This section should highlight the key learning points from the review – again the focus here should not be on 'what happened', but the reasons why it happened as it will be these areas that services and organisations can actively take forward and address. This section should also actively address strengths and good practice identified as well as the learning that has taken place since the case, any changes in practice and policy that have been implemented and the outcome of changes.

Recommendations These should be SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imed

Annex 7

Data protection and reports

The following is an extract from a Child Protection SCR completed in September 2013 and may be useful in considering the report structure and content.

'This document contains the conclusions and recommendations of the Significant Case Review relating to D. In the interests of transparency, every effort has been made to disclose as much of the SCR as is lawfully possible. The only editing prior to disclosure is the redaction of personal data, disclosure of which cannot be justified under the Data Protection Act 1998 ('the DPA'). Although there has been a criminal trial and extensive media coverage of this case, and a significant amount of both personal data and sensitive personal data is, as a result of this, publicly available, disclosure of the personal data contained in this report must still comply with the DPA. This means that even though some of the redacted information may already be publicly available, or it may be considered to be in the public interest to disclose, it cannot automatically be disclosed, as the DPA contains certain conditions which must first be met. The process of redacting the SCR has involved careful consideration of:

- The need for transparency and the overall purpose of the SCR in the identification of any lessons learned.
- The public interest in disclosure.

Considering whether information is sensitive personal data, (for example, because it is information about a person's physical or mental health or condition, his/her sexual life, or the commission or alleged commission of an offence) and whether its inclusion in the SCR complies with the Data Protection Act 1998.

Balancing interests in terms of the right to respect for private and family life in terms of Article 8 of the European Convention on Human Rights, meaning that any information contained in the report relating to D himself and other people whose history was closely linked to D can only be released if it is lawful, necessary and proportionate to do so.

Following this, and on taking specialist legal advice, the review panel concluded that in the unique circumstances of this case, it would not be appropriate to release the main body of the report. The narrative of the report could not be redacted so as to remove all information carrying an identification risk or the possibility of causing harm to third parties, and it was felt that removing all such information would lead to the report being at best meaningless and at worst misleading.

The conclusions and recommendations have been included but with certain text (generally containing biographical details) redacted for the reasons set out above.
Any redactions are clearly marked with the word '[Redacted]'. Some minor grammatical changes have been made (unflagged) to maintain consistency of language following some redactions.

Glossary of Terms

AP	Adult Protection
APC	Adult protection committee
COG	Chief Officers Group
COPFS	Crown Office Procurator fiscal service
ICO	Information commissioner's office
ICR	Initial case review
MAR	Multi agency review
MSP	Member of Scottish parliament
PF	Procurator fiscal
PPG	Public protection group
RCA	Root cause analysis
SAR	Single agency review
SCR	Serious case review