Fife Adult Support & Protection
www.fifedirect.org.uk/adultprotection

Inter-Agency Adult Support and Protection Guidance

Revision 4 Published June 2018

Adult Protection Phone Line
01383 602200

www.fifedirect.org.uk/adultprotection

Information to support communication with the adult can be found at: www.fifedirect.org.uk/adultprotectioneasyread

Inter-agency learning and development information and booking details are available at: www.fifedirect.org.uk/adultprotection on the 'Staff Information and Training' page.

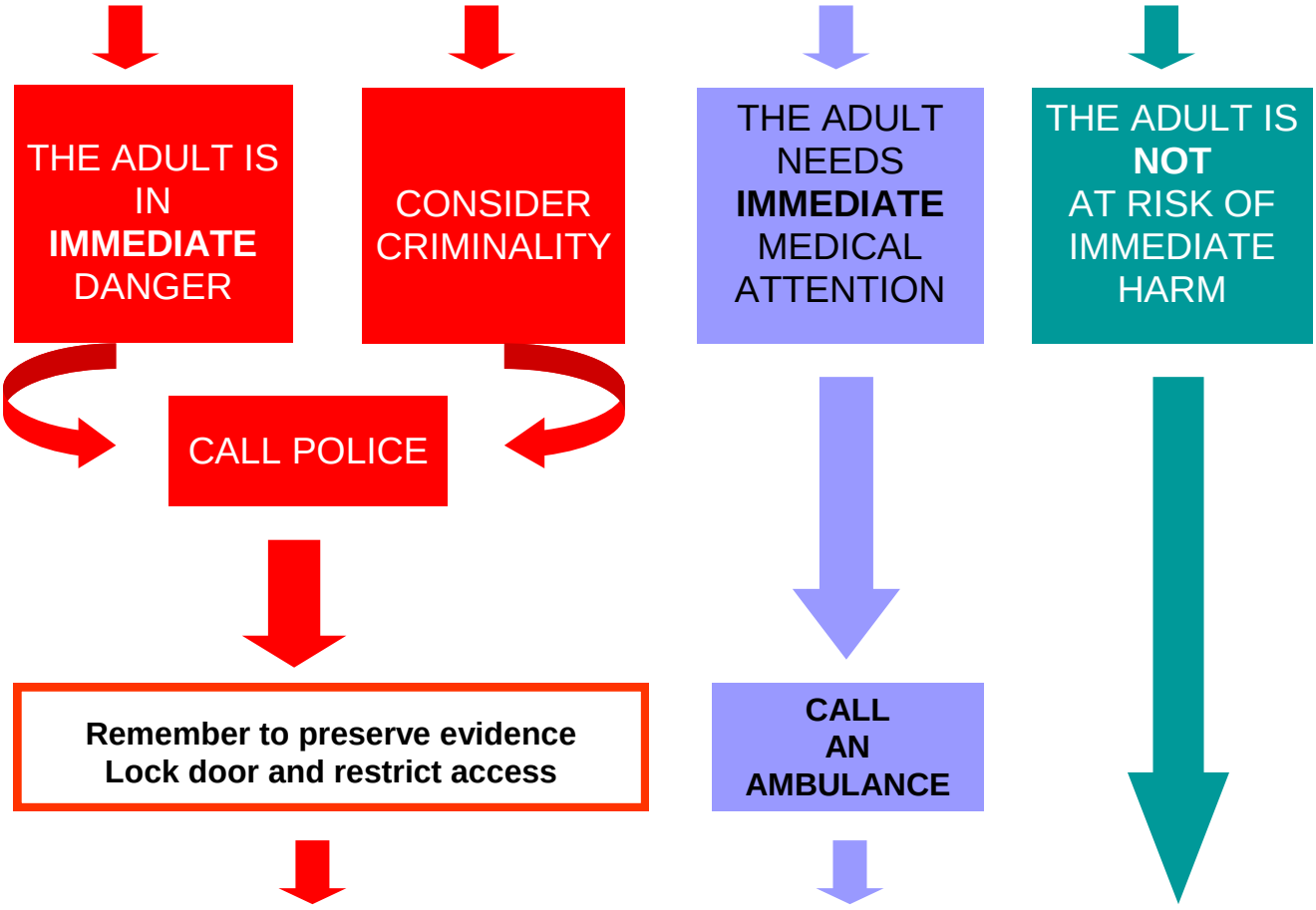
ADULT PROTECTION REPORTING HARM PROTOCOL

Fife Adult Support & Protection
www.fifedirect.org.uk/adultprotection

INFORMATION RECEIVED

You suspect an adult is being harmed
You have seen an adult being harmed
An adult has told you they are being harmed

What is harm? Who is an adult at risk of harm?
See Fife Inter-agency Adult Protection Guidance, page 18



Immediately call Social Work Contact Centre on 01383 602200
Or contact allocated social worker (if known)

IN ALL CASES

You have a duty to report harm, even if the adult does not want you to
It is good practice to inform the adult that you are reporting harm
Inform your line manager and follow your organisation's Adult Protection procedures
Complete a Report of Harm referral form

Police ONLY— Complete a Vulnerable Person Report - Adult at Risk
Fire Service ONLY - Complete AP1 Form Adult at Risk

Fife Inter-agency Report of Harm Referral Form

Fife Adult Support & Protection
www.fifedirect.org.uk/adultprotection

Copies of this form can be located on the 'Staff Information and Training' page at: www.fifedirect.org.uk/adultprotection

Is the adult in immediate danger
or
In need of immediate medical attention?

Call 999 immediately and complete form later

If the adult is NOT in immediate danger:
Call Adult Protection on 01383 602200
AND
Complete and email this form to:

sw.contactctr@fife.gov.uk

This form should be completed by anyone wishing to refer an adult at risk of harm

- Complete as much as you know
- Do not delay reporting harm, even if you do not have access to all information
- The field boxes will expand as required

The Adult Support and Protection (Scotland) Act 2007 defines "adults at risk" as individuals, aged 16 years or over, who:

- **Are unable to safeguard their own wellbeing, property, rights or other interests, and**
- **Are at risk of harm; and**
- **Because they are affected by disability, mental disorder, illness or physical or mental infirmity;**

... are more vulnerable to being harmed than others who are not so affected.

REFERRED BY	
Name and job title: (including any relevant reference no.)	
Agency/Dept:	
Contact details	
Address: **Tel. No:** **E-mail address:** **Where relevant, date line manager notified:** **Date referred to Social Work:**	

Details of Adult at Risk [Complete as much as you know]							
Name & Address	**Tel. No.**	**D.o.B.**	**Gender**	**Ethnicity**	**Known Disability**	**Religion**	**Language**

Do you believe the adult at risk is capable of understanding what has happened to them? (select appropriate answer) [You may need to use your own judgement to answer this]
YES/NO/UNSURE

Have you (or any other person) told the adult at risk that this information will be shared with other relevant agencies? (select appropriate answer) [You should tell the adult that you are making a referral and explain why. If this is not possible, make the referral anyway]
YES/NO

Details of Nearest Relative/Next of Kin [Complete as much as you know]				
Name & Address	**Tel. No.**	**D.o.B.**	**Gender**	**Relationship to adult at risk**

Name and contact details of any other persons involved (where known) [Complete as much as you know]					
GP			**Community Nurse**		
Social Worker			**Housing Support Worker**		
Residential Care Worker			**Police**		
Welfare Attorney/Guardian			**Other**		

Details of why you are making this referral [What are your concerns? Make clear what is first-hand information and what you have been told by others. Identify the source of the information.] **Provide details of the situation where the adult is/was considered to be at risk.** **Include TIME, DATE, LOCATION, plus own observations and information from witnesses. Detail the nature of your report of harm.**

Type of harm you are concerned about [tick relevant box(es)]			
Financial		**Self-injury**	
Neglect		**Self-neglect**	
Physical		**Self-poisoning (including overdose)**	
Psychological/emotional		**Sexual**	
Radicalisation/Extremism			

Details of other adults/children in the setting [There may be others at risk so supply as much information as you can. If you have concerns about others, this will require reporting/action too, e.g. 'Fife Child Concern Notification Form (Multi-Agency)

Full name	**Address**	**D.o.B.**	**Gender**	**Ethnicity**	**Relationship to adult at risk**

Details of person(s) alleged to be causing harm (where known) [Supply as much information as you can]

Name	**Address**	**Tel. No.**	**D.O.B.**	**Gender**	**Ethnicity**	**Nature of relationship to adult**

What action, other than this referral, have you taken to ensure the adult at risk is now safe? [Indicate what you have done to reduce the risk and to safeguard the adult]

Additional information and comments (include any known risks and identified warning markers for information of Partner Agencies etc.) [This is information/intelligence that may be important for Social Work Services to be aware of prior to visit/assessment]

Next steps

You can get further advice about how and when to complete this form from your line manager or on our website at www.fifedirect.org.uk/adultprotection

Acknowledgement will be sent to the referring agency within 5 days of receipt of this form.

An inquiry under the Adult Support and Protection (Scotland) Act 2007 will be undertaken which will establish if further action is required.

Copies of this form can be located on the 'Staff information and Training' page at: www.fifedirect.org.uk/adultprotection

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SECTION A: INTRODUCTION

Adult Support and Protection is everyone's business

This guidance outlines the duties and responsibilities of all agencies concerned with the support and protection of adults, however, it is important to recognise that "*Adult support and protection is everyone's business".* All individuals and services have a contribution to make in supporting and protecting adults at risk of harm in Fife.

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

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

Harm of adults at risk may be caused by anyone; relatives or family members, volunteers, paid carers, friends and acquaintances, other service users, neighbours, and more rarely strangers and those who deliberately exploit adults at risk. Harm may also be caused by the adult at risks own actions; support and protection for adults who self-harm, including self–neglect, self-injury and self-poisoning, where linked to an additional vulnerability as described above, may be the focus of support and protective measures.

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

This guidance is an update of "Fife Inter-agency Adult Protection Guidance" (Revision 3, 2014) and takes account of inter-agency self-evaluation, national and local case reviews, and the introduction of new national Guidance and relevant legislation changes since that date.

The Guidance cannot be a substitute for professional knowledge and judgement and individuals should utilise their own agency adult support and protection procedures as necessary.

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Governance Roles and Responsibilities

Chief Officers' Public Safety Group

The Chief Officers' Public Safety Group (COPS) membership comprises high level Officers (Chief Executive Officers from NHS Fife and Fife Council, the Local Commander, Police Scotland (Fife Division) and Authority Reporter) across all the agencies who are involved in adult protection services. This group provides leadership, direction and accountability and ensures collective responsibility and collaborative working at all levels to ensure improved outcomes for adults at risk.

Adult Support and Protection Committee

The Adult Support and Protection Committee (ASPC) is a statutory body established under section 42 of the Adult Support and Protection (Scotland) Act 2007 (the 2007 Act) within each council area. The committee is chaired by an independent convenor who is neither a member nor an employee of the council.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. To operate effectively all office holders and public bodies collaborate on the exercise of functions which relate to the safeguarding of adults at risk in Fife.

The ASPC is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work to the COPS Group.

The key functions of the ASPC as defined in the 2007 Act are:

- To keep under review the procedures and practices of the public bodies and office holders relating to the safeguarding of adults at risk;
- To give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;
- To make, assist in, or encourage the making of, arrangements for improving the skills and knowledge of officers or employees who have responsibilities relating to the safeguarding of adults at risk; and
- Any other function relating to the safeguarding of adults at risk as the Scottish Ministers may specify.

In performing these functions the ASPC must have particular regard to improving co-operation between and across each of the public bodies and office holders.

In 2016 Committee members added "Support" to the name to emphasise that the support element has equal relevance with protection in any intervention.

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ASPC Working Groups

Under the 2007 Act, Adult Support and Protection Committees are responsible for monitoring and advising on adult support and protection procedures and practice; for ensuring appropriate co-operation between agencies and for improving the skills and knowledge of those with a responsibility for the protection of adults. The practical application of these functions is delegated to the following working groups:

Self-evaluation and Improvement Working Group

The monitoring tasks are led by the Self Evaluation and Improvement Working Group. The group undertakes a series of self-evaluative activities each year to measure inter-agency adult support and protection performance and outcomes. This is done principally through case file audit, interviews with service users, staff focus groups and data analysis.

In order to complete these evaluative activities, information from any service involved in supporting adults who were at risk from harm is examined to consider the outcomes for the adult. All information gathered is analysed and reported to the Adult Support and Protection Committee, where it is reviewed and decisions made on how any identified issues will be addressed.

While the working group undertakes inter-agency evaluations, there is also an expectation that individual agencies will undertake their own adult support and protection evaluations, reporting their findings and service improvement actions to the group.

Learning and Development Working Group

The underpinning principle of the learning and development strategy is that delivery of the ASPC vision and aims is dependent on the professionalism of staff and the willingness of all agencies to work together. The support and protection of adults at risk requires effective co-operation between agencies, with staff confident and competent in recognising and responding to situations and events where adults are at risk of harm.

The responsibility for the implementation and delivery of the strategy has been devolved to the Learning and Development Working Group. The Terms of Reference defines its role and responsibilities as the planning, promotion, provision, and quality assurance of all inter-agency training. Membership comprises representatives from statutory, voluntary and independent sectors.

All agencies across Fife in the public, private and not-for-profit sectors remain responsible for the training and continuous development of their own staff with regular refresh or update learning opportunities. Inter-agency training does not replace that requirement, but complements it, and is evaluated to assess its effectiveness and provide evidence of its impact on practice in relation to adult protection. The information obtained is used to inform the planning, content and delivery of future learning and development.

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Case Review (CR) Working Group
The CR Working Group considers cases referred from partner agencies when circumstances suggest the case might meet the criteria for a Significant Case Review (SCR). This is where either;

- an adult at risk dies and harm or neglect is known or suspected to be a factor in the adult's death or the death is by suicide, accidental death, or the death is by alleged murder, culpable homicide, reckless conduct, or act of violence AND the incident, or accumulation of incidents, gives rise to concerns about professional and/or service involvement or lack of involvement, or,
- when an adult at risk has not died, but sustains serious harm or risk of serious harm under one or more of the categories of harm and neglect, as set out in the 2007 Act, AND the incident, or accumulation of incidents, gives rise to serious concern about professional and/or service involvement or lack of involvement.

The Working Group undertakes an initial case review based on reports and an inter-agency chronology to determine if SCR criteria are met, and whether there are opportunities for inter-agency learning from further scrutiny.

Cases referred which do not meet the criteria for an SCR may, however, generate single or inter-agency learning points which are progressed, and may impact on practice, policy or procedures.

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PRINCIPLES: ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007

The principles underpinning the 2007 Act mean that:

- The intervention must benefit the adult;
- All actions should be supportive and the least restrictive; and
- Any interventions must have regard to:
  - the wishes of the adult and relevant others;
  - providing information and support to enable the adult to participate in the process;
  - the adult's abilities, background and characteristics;

  And
  - Not treat the adult less favourably than any other person in a comparable situation.

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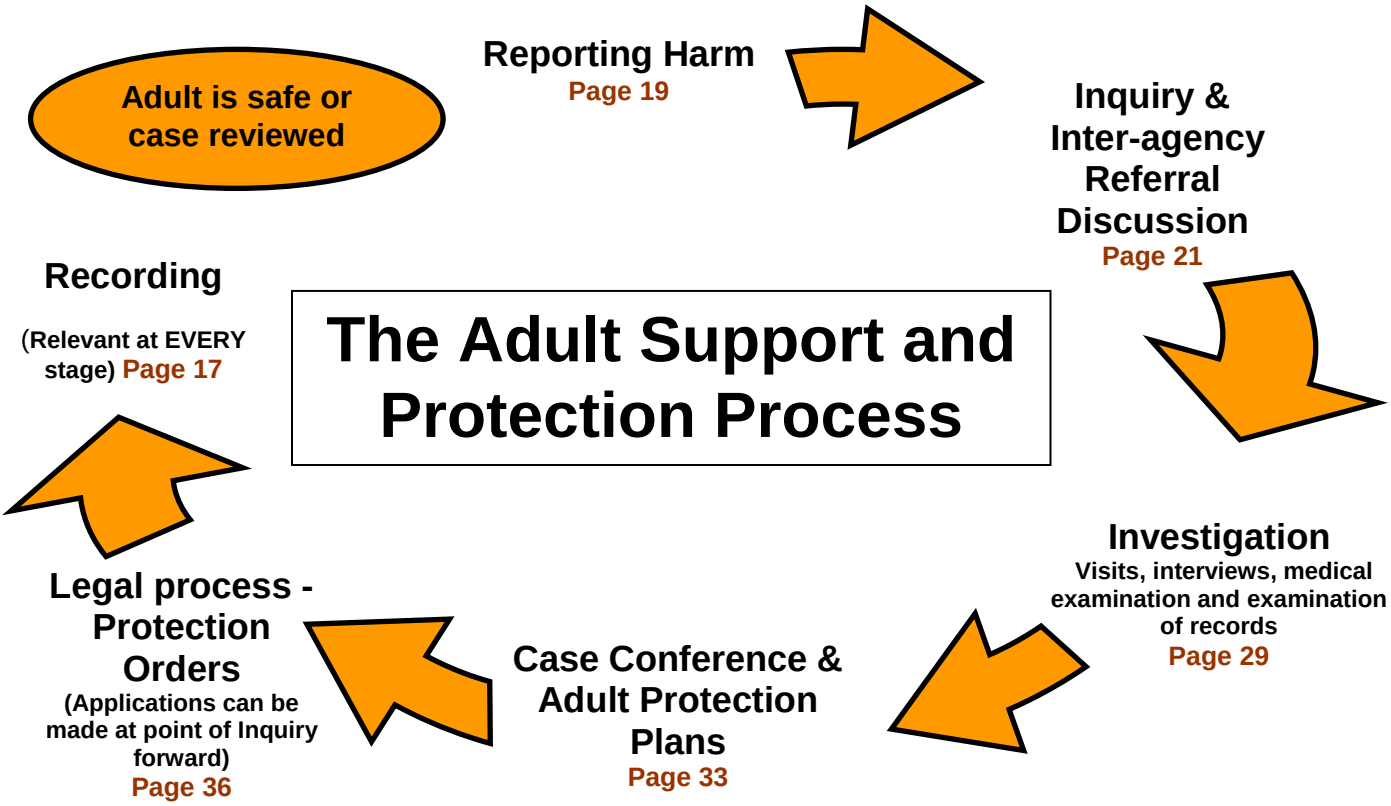
SECTION B: ADULT SUPPORT & PROTECTION PROCESS



Timescales in Adult Protection

The Adult Support and Protection process must be undertaken promptly and without delay, to ensure the adult at risk is assessed and responded to appropriately to avoid harm continuing for longer than necessary. Timely intervention may also safeguard others also at risk of harm.

This Guidance includes reference to specific timescales at different stages of the process. Workers are expected to adhere to these timescales. On rare occasions where circumstances create a delay causing timescales to be breached, the worker will inform their manager who will agree a revised timescale, which will be recorded with the reason for the delay clearly stated.

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Recording

All adult protection recordings must be accurate, up-to-date, comprehensive and evidence based. Accurate recording assists in understanding why a particular decision was taken and evidences good practice.

The recordings may form the basis of any risk assessment and adult protection plan. Adult support and protection recording provides the means of monitoring, reviewing and evaluating services to protect adults at risk and to identify gaps in service delivery. The records may be needed in court.

Recording must demonstrate that the principles of the 2007 Act have been taken into account. For example, having regard to the views of the adult and relevant others; that the intervention benefits the adult; is the least restrictive option; and that participation of the adult has been central to any decisions.

Adult Protection recording may include:

- Report of Harm Referral
- Chronology
- Confirmation of how the three point criteria is or is not met
- Inter-agency Referral Discussion record
- Investigations undertaken
- Risk assessment and risk management plans
- Case Conferences (including those held under the Adults with Incapacity (Scotland) Act 2000) where the adult is at risk of harm and Reviews
- Adult Support and Protection Plan
- Views of adult about process and outcome
- Core Group Meeting records
- Adult Support and Protection Orders (legal)

Individual agencies should consult their own agencies procedures on what to record and where this information will be stored. All adult support and protection recording may be subject to inter-agency self-evaluation audit.

Investigative interview recording

As soon as possible after an investigative interview both the council officer and the supporting officer should check the written record and agree the contents. The record of the interview, including any drawings, should be signed and dated by both officers and the original should be kept in the adult's social work file. All handwritten notes taken during any part of an adult support and protection inquiry/investigation must be kept in line with agency retention policies. There is no requirement for the investigation interview to be recorded verbatim, however best practice guidance on recording should be followed. [1]

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[1] Professional Writing Guidance Booklet for Social Work Practitioners: Aberdeen City Council & Robert Gordon University 2009
Decision making and social work in Scotland: The role of evidence and practice wisdom IRISS 2011
Practice Guide: On the record – getting it right: Effective management of social work recording SWIA 2010

Adult Support and Protection Definitions

Who is an adult at risk of harm? ("3 point criteria")

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

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

All three elements must be met.

What is harm?

An adult is at risk of harm where:

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

Harm includes all harmful conduct and in particular includes:

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

Harm includes ***all*** harmful conduct, whether deliberate or unintentional.[2] Harmful conduct also includes acts of omission, for example neglect or harm as a consequence of the individual's own behaviour (self-harm). The Code of Practice provides useful guidance when considering self-harm linked to alcohol or substance use (see extract below)

…vulnerability or a lack of ability to safeguard, which is due to temporary problematic alcohol or drug use, would not by itself result in an individual being considered an "adult at risk". 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. ***Without any additional vulnerability, such as an illness or disability etc., Adult Protection intervention would not normally be appropriate.***[3]

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[2] See Section C, page 43, for Signs of Harm
[3] Adult Support and Protection Code of Practice (Revised) 2014, Edinburgh: Scottish Government

Serious Harm
The Adult Support and Protection Act references powers to enact three protection orders, with applications to be made through the Sheriff Court.
However a protection order can only be considered where there is evidence that an adult is at risk of **serious harm.**

Protection orders are covered on page 36 of this guidance which should be followed when such action is being considered, along with any single agency procedures.

Serious harm is not defined in the 2007 Act and there are no absolute criteria on which to rely when assessing what might constitute serious harm.

Consideration of the severity of the harm may include:

- The nature, degree and extent of physical harm
- The duration and frequency of the harm and neglect
- The degree of threat and coercion
- The impact on the person and the risk of repeated or increasingly serious acts involving them or other adults at risk
- The impact on the person concerned. Sometimes a single traumatic event may constitute serious harm.

Serious harm can be an accumulation of events, both acute and longstanding, which cause the impairment of, or an avoidable deterioration in, physical and/or mental health; and the impairment of physical, intellectual, emotional, and social wellbeing.

Reporting Harm

There is a legal duty for all agencies named[4] in the 2007 Act to report to the social work service the circumstances where it is known or believed that an adult is at risk of harm.
It is good practice, wherever possible, to inform the adult of the referral, taking care to emphasis why you are concerned and why you need to seek additional support and/or protection.

If you are unable to inform them of the referral, you should note specific issues such as capacity, third party information, increased risk to the adult or whether the perpetrator is present along with other details on the Inter-agency Report of Harm Referral form or your agencies referral paperwork. Record and retain a copy for your agencies records.

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[4] Section 5 of the 2007 Act provides that certain bodies must cooperate with a council making inquiries. These bodies are: the Mental Welfare Commission; the Care Inspectorate; the Public Guardian; all councils; Police Scotland; relevant Health Boards; any other public body specified by the Scottish Ministers.

Emergency response required
Any member of staff who witnesses, suspects or receives information about an adult at risk being subject to harm, mistreatment or neglect, and where the adult is in immediate danger, requires urgent medical attention or crime is suspected, must call the appropriate emergency services (police, ambulance, fire service).

Emergency response *not* required
If the adult does not require urgent medical attention but you suspect or have witnessed harm, mistreatment or neglect, speak to the person about the harm you are concerned about. Record your conversation carefully and try to write down the person's actual words in relation to their description of the event(s) and their feelings about the outcome. Include the time and date that the record was made. Tell the person that you are going to report the details to your line manager[5] and the social work service. The report of harm should be passed without delay to both your manager and the social work service.

Whistle blowing/raising concerns
Organisations should have policies and procedures in place to deal with employee concerns about unprofessional, dangerous or illegal activities which they become aware of through their work. This is often known as "whistle blowing". An essential element of such policies is the underpinning principle that staff who raise concerns reasonably, responsibly and in good faith will not be penalised or victimised in any way. Any agency receiving a whistleblowing report of harm must act on it.
For further information staff should refer to the relevant "Whistle blowing" policy for their own particular organisation.

Inquiry
Inquiry is the first stage of the adult support and protection process undertaken by the local authority social work service, following receipt of information about an adult. Section 4 of the 2007 Act places a duty on the social work service to make inquiries about an adult at risk's wellbeing, property or financial affairs where it is known or believed that intervention may be necessary to protect the adult.

The Report of Harm referral
This information may be received through a report of harm form or a phone call to the Adult Protection Phone Line (01383 602200), but may also be received through information from other sources including elsewhere within the social work service. All information reported about an adult at risk, regardless of source, will be recorded on the social work system.

The social work service will make inquiries to establish whether the three point criteria are met, and to take any immediate actions to support and protect the adult. The inquiry process includes an inter-agency referral discussion (IRD).
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[5] Exceptions to this would occur where your immediate line manager is not available or where the line manager is implicated. In these cases refer to local guidance.

All cases must be considered with an open mind and without assuming that harm has, or has not, occurred. Such referrals should be acted upon as a source of information that may be presented as evidence at a later stage.

Initial Inquiry
The inquiry has the overall function of establishing whether the three-point-criteria have been met and to ensure the adult is safe.

Initially social work services scrutinise all their own records, to determine whether the adult is known to them, or information is held. Other relevant services will be alerted to the report of harm to establish whether they have relevant information to share. This will facilitate information gathering about the adult, which will assist the Inquiry.

Inter-agency Referral Discussion
An Inter-agency Referral Discussion (IRD) is a professional discussion held with relevant representatives from social work, health, police and any other agency with knowledge of the adult at risk of harm. The sharing of information and planning of approaches can be conducted by phone or in person. There can be frequent IRDs throughout the adult protection process and all will be formally recorded. The social work service will manage the IRD process and will be responsible for recording and sharing the agreed decisions and actions.

The purpose of an IRD is to:

- Share relevant information and jointly analyse the risk, including whether the harm is “serious” (page 19)
- Consider whether a crime has been committed (page 51)
- Consider and agree any immediate protective measures
- Establish whether there is a need for an investigation and agree plans for doing so
- Consider whether a Large Scale Investigation is required (page 31)
- Consider access to advocacy and other supportive measures (a duty once three-point criteria confirmed)
- Consider if, when and how a Section 7 Visit and Interview with the adult may be required
- Consider whether a medical examination may be necessary

Fife Council legal services should be part of the IRD where protective legislation requires clarification. Fife Council Contracts service may also be invited to contribute where the adult is in receipt of contracted services. Consideration should be given to involving regulatory bodies, e.g. the Care Inspectorate or Office of the Public Guardian. Trading Standards can assist where financial harm is identified related to bogus callers or doorstep crime.

The outcome of the Inquiry/IRD is a joint agreement on whether/how to progress the report of harm based on all the information gathered. Social

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work services will complete and circulate a form detailing the agreed decisions. On receipt of the form, practitioners who were involved in the IRD have a responsibility to notify social work services if they believe it does not reflect the IRD decisions agreed. See page 24 for IRD template.

An IRD is convened by the council officer or social worker if a council officer has not been appointed, but may be requested by any of the statutory partners. As the IRD is a dynamic part of the information sharing and planning process, it is important this is arranged as quickly as possible by phone or email.

The inquiry/IRD may provide enough information to confirm the adult is at risk of harm as defined by the 2007 Act and whether adult support and protection action is required. It may also provide sufficient information to confirm that the adult does not meet the three point criteria and that there is no need for further adult protection action. In these cases there may be other support or advice which can be offered to the adult. It is also possible that there is insufficient information to establish whether the criteria are, or are not met.

It is essential to record not only whether the criteria is, or is not, met but also on what basis each criterion is or is not met, or not established. The table below indicates some points to consider when applying the criteria.

Adult Support and Protection (Scotland) Act 2007 criteria	Points to consider
Any person aged 16 years or over	An adult aged 16 and 17 years may nevertheless be legally defined as a child. It is essential that these young adults receive appropriate support from both Children's Services and relevant Adult Services.
Is unable to safeguard their own wellbeing, property, rights or other interests	What evidence is there that the adult can or cannot safeguard his/her own wellbeing, property or financial affairs? This is more than "having or not having capacity".
Is at risk of harm	Has harm occurred or is likely to occur? What type/s of harm is the adult at risk from? Is the harm serious?
Because they are affected by disability, mental disorder, illness, physical or mental infirmity[6], are more vulnerable to being harmed than adults who are not so affected.	Is there an additional area of vulnerability that makes the adult more at risk from the harm identified than others who do not have that additional vulnerability? **Remember:** It is not necessary for the adult to have a medical diagnosis to be considered at risk of harm under adult support and protection legislation.

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[6] Some of these terms are not defined in the 2007 Act.

Where there is agreement that the adult is at risk and in need of further support and protection, consideration should be given to wider support needs for the adult, such as advocacy and communication support. All considerations and uptake must be recorded.

A Visit to the adult may be required if it has not been possible to establish if the criteria are met. This should also be undertaken if the information suggests the circumstances are serious and/or complex. This will provide an opportunity to assess the circumstances, including an interview with the adult and others present. This is undertaken under sections 7 and 8 of the 2007 Act. (See Investigations at page 29)

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ADULT PROTECTION: INTER-AGENCY REFERRAL DISCUSSION (IRD)

Section 1

Date of Incident:	**Date of Referral:**	**Referred by: Name and Agency**
Full Name of Adult:		**Date of Birth:**
Address:		
SWIFT ID Number		**CHI Number**

Section 2

Assessment of Risk:	**Met/Not Met/Not established**	**Reason/Evidence** **Identify info received and source**
1 Unable to safeguard own wellbeing, property, rights or other interests		
2 Are at risk of harm (is harm considered serious? - see p17 of ASP Guidance) Indicate harm type/s: • Physical • Sexual • Psychological/Emotional • Financial • Neglect • Self-Harm Indicate sub-category e.g. • self-injury • self-poisoning or • self-neglect Other (please state)		
3 Because they are affected by: • Disability • Mental disorder (mental illness, learning disability, acquired brain injury, personality disorder, autistic spectrum disorder) • Illness • Physical infirmity • Mental Infirmity		

Section 3

IRD Participants: **Name**	**Agency**

Section 4

IRD Decision: **Risk Assessment and Decision-making Rationale**

Box will expand as necessary

Section 5

Agreed Actions including Risk Management Plan:		
What	**By Who**	**By When**

Rows can be added as necessary

CHECK: Confirm all relevant reasons for holding IRD have been considered:

- Share relevant information and jointly analyse the risk, including if the harm is "serious"
- Consider whether a crime has been committed
- Consider and agree any immediate protective measures
- Establish whether there is a need for an investigation and agree plans for doing so
- Consider if a Large Scale Investigation is required
- Consider access to advocacy and other supportive measure

Section 6

This is an accurate and complete record of the IRD.

Signature	Position	Date
	Team Manager	

Send copy to *all* participants for their records:

Police Scotland: Fifeconcernhub@scotland.pnn.police.uk

NHS Fife: Fife-UHB.AdultProtection@nhs.net

Fire Service: e.fifecse@firescotland.gov.uk

For other agencies send direct to involved staff member

Participants should follow their organisations' processes for data management on receipt, ensuring any actions are acted on as detailed.

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Multiple Referrals

Some adults may have successive reports of harm submitted by one or more agencies. No report of harm will be considered in isolation. Where it is evident from records that there have been two or more reports of harm referrals raised within a 6 month period or three or more raised within a 12 month period; regardless of the outcome of the inquiry in previous cases, an IRD will be held and an analysis of the information available will be undertaken, using a chronology. Where the adult remains below the threshold of an adult at risk, consideration of other approaches, including other legislation, which may support the adult will be explored.

Where the individual is identified as an adult at risk but refuses any intervention, then this should be regarded as increasing the risk. Inter-agency decisions about how to proceed are key.

Adult Support and Protection Cross Boundary Cases (summary)

Best Practice Principles, June 2017

Local procedures are largely designed to ensure practitioners apply local processes to support and protect adults at risk of harm. A number of unpublished reviews have identified that local procedures may require augmentation to support an adult at risk of harm when moving between local authority areas. This would clarify the transition arrangements when an adult at risk of harm is moving between areas in either a planned or spontaneous way. The full document therefore articulates the principles which should be considered by both local authority areas when an adult at risk of harm transfers between them.

These principles have been prepared to support permanent changes of residence though they may be useful in guiding the exchange of information in relation to temporary changes in residence. Where an adult moves on a temporary basis and is already known to be at risk of harm, arrangements for managing their care should be in accordance with Section 53 of the Adult Support and Protection (Scotland) Act 2007 in relation to the definition of ‘council’. However where the original council retains the supportive and protective role this should be clarified and agreed between the agencies involved based upon the principles outlined in this document.

The strategic principles document is not of itself a procedure. It has been prepared to promote parity between all areas across Scotland in relation to the exchange of information regarding adults at risk of harm when they relocate to another local authority area. It is hoped that consideration of these principles within local procedures will assist in achieving this aim.

Statutory Requirements

The Adult Support and Protection (Scotland) Act 2007 lays out how individual local authority areas must share information about adults at risk and Section 5(2) (b) makes explicit a duty to cooperate with each other. Section 5 of the Scottish Government Guidance for Adult Protection Committees (2008) states

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that Committees have a significant role in ensuring cooperation and communication within and between agencies to promote appropriate support and protection for adults. Sections 22 to 25 further state they should have regard to the need for communication and cooperation with other Committees. The guidance further states that all staff in all sectors need to understand and accept the absolute necessity of sharing information about adults at risk, and be clear about their roles and responsibilities in supporting those adults. It states that there should be clear guidance about information sharing in procedures for:

- Inter-agency referral discussions
- Inquiry and investigation
- Assessment

Cross Boundary Information Sharing

All Adult Protection Committees (APCs) must articulate within their procedures their model for these circumstances including how information about an Adult at Risk of Harm will be communicated and shared. An example of the types of information that may be required are noted in appendix one of the document.

Where the local authority (or delegated agency) is aware that an Adult at Risk of Harm has moved to another local authority area, they will notify them immediately and confirm the details in writing or via secure email/fax etc. Where the receiving authority becomes aware of any move they will notify and request relevant information from the originating authority.

Each local authority (or delegated agency) must include in their procedure how any reduction or increase in risk the move may present will be considered. This will include consideration of the need for a transfer case conference (or equivalent) and/or the essential information which should be shared.

Practitioners are advised to read and familiarise themselves with the full document which can be accessed at the link above.

Other Local Authority Placements

Social work services will undertake inquiries into any report of harm allegations regarding an adult at risk placed by another authority in Fife, whatever the source of the allegation. Appropriate information sharing and cooperation should be extended to the placing authority.

Feedback on Report of Harm

The social work service will acknowledge all reports of harm within 5 days of receipt of the information.

Where the report of harm has come from an agency with responsibility to report harm under the 2007 Act, feedback will be via the inter-agency referral (IRD) report process. (See page 21).

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Investigation

The Purpose of an Investigation

The purpose of an adult support and protection investigation is to:

- Establish matters of fact: what has actually happened and the nature and extent of the actual harm or risk of harm to the adult;
- Ascertain the adult's views about his or her situation; the 2007 Act places a duty on council officers to consider advocacy and other services;
- Determine whether actions are necessary to protect the adult; and
- Complete the council officer report, the basis of which is an assessment of risk.

Other investigations may be conducted in parallel to the adult support and protection investigation. For example, employee conduct disciplinary proceedings, criminal investigations, NHS or Care Inspectorate inquiries may also be ongoing. These processes do not negate the need for the social work service to investigate and fulfil its duties under the 2007 Act, and the Council remains the lead agency throughout the adult support and protection investigation process.[7] The outcome from any parallel investigation reported to the council officer may impact on and influence any protection plan for the adult/s at risk of harm. Due regard to the duty to cooperate under section 5 of the 2007 Act and data protection considerations will be necessary.

Visits

Visits to an adult may be necessary to

- enable or assist in conducting inquiries under section 4 to decide if the adult is an adult at risk of harm; and
- establish whether any action is required in order to protect the adult at risk from harm

A suitably qualified council officer, with a supporting officer, will carry out visits under the 2007 Act. Identification must be presented indicating the authority to carry out the duties as defined by sections 4-10 of the 2007 Act. If entry is refused and no other reasonable steps can be taken to conduct the visit, further statutory measures may be necessary (See Protection Orders, page 36).

Interviews

Interview of the adult

The Code of Practice (April 2014) provides that the adult is not required to answer any questions, and must be informed of that fact before the interview starts. They can choose to answer any question, but it is important they do not feel compelled to answer any question they prefer not to.

The adult must be assisted to participate as fully as possible. This may require planning on behalf of the council officer (communication aids, location of interview, and personnel involved). The purpose of this support is to aid the

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[7] There may be occasions when a criminal investigation takes precedence however the requirement to safeguard the adult at risk takes primacy; close liaison between Council Officer and Police is crucial.

adult to contribute while protecting the adult's rights.
The adult may wish another person to be present at the interview, for example, a family member, paid carer, or independent advocate. Section 8 of the 2007 Act allows a council officer, and any person accompanying the officer to interview the adult in private. A decision about whether the interview will be undertaken in private will based on how best to achieve the objectives of the investigation.

A private interview may be requested by the council officer and supporting officer where:

- Someone present is thought to have caused harm or poses a risk of harm to the adult
- The adult says they don't want the individual present
- It is believed the adult will communicate more freely if interviewed alone, or
- There is concern of undue pressure from others

Interviews with others present, besides the adult at risk, are allowed under section 8 of the 2007 Act. This can include someone who shares their home with the adult, or in a regulated care setting, a care worker, for example. These individuals are also not required to answer questions, and they must be informed of this before the interview starts.

During the IRD process consideration will have been given to involvement of the police. The police will lead any interview where there is a possibility of a crime having been committed. The police *may* do so jointly with the council officer if this would assist the investigation and avoid repeated interviewing. It is important to recognise that the objectives of a police investigation and a council officer Visit and Interview may be different. In all other cases an investigative interview will be conducted by two people, led by the council officer, with, for example, another social worker or colleague from a relevant partner agency.

Other Investigations:

Medical examinations

These may determine if immediate treatment is necessary; provide evidence to inform criminal prosecutions (conducted under police direction) or assess the adult's mental capacity. Any medical examination must be carried out by a health professional (see Section 8 of the 2007 Act).

Examination of records

The 2007 Act gives council officers the right to seek and obtain records including medical and financial records from any source (NHS, public, voluntary, commercial) where this would assist the investigation. The council officer should provide evidence that they are authorised to access records to the record holder.

The council officer can inspect the records or arrange for someone suitably qualified and experienced to inspect the records, for example, financial records may require assistance from colleagues within the council's finance

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section. Medical records must **only** be examined by a suitably qualified healthcare professional; this will require the council officer to consider a suitable health representative to undertake this aspect of record examination.

Large Scale Investigations
A Large Scale Investigation is an inter-agency response to circumstances where there may be *two or more adults at risk of harm*, within a *managed care setting* (this could include residential care, day care, home based care or a healthcare setting and retirement and very sheltered housing establishments).

Fife Adult Support and Protection Committee has developed a procedure for agencies to follow in the event of the need for a large scale investigation to be conducted. 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 Investigations;
- Ensure that there is adequate overview/coordination where a number of agencies have key roles to play; and
- Clarify partner agencies' responsibilities for overseeing Large Scale Investigations.

The procedure can be found at: Large Scale Investigations

Outcomes following an investigation
Within 10 working days of the start of the investigation the council officer will present a report of the findings using the council officer's report paperwork to his/her team manager. Timings may be extended in exceptional circumstances where agreed by the overseeing team manager, with reasons for delay recorded.

Examples of outcomes from an investigation are detailed below.

The adult at risk criteria are met and harm is established

Where the criteria are met certain options may be appropriate:

- Proceed to a case conference;
- Where the adult is already receiving services, assessment may identify that continuation with care management arrangements following a review of an existing care plan is appropriate. **It is important for records to reflect that the criteria are met and that this is the most proportionate response, to differentiate from * below;**
- Consider adult protection orders under the 2007 Act. If the council officer has been refused entry and no other reasonable steps can be taken to conduct the investigations, statutory measures may be necessary (see Protection Orders); or

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- No further action. This outcome may be reached on the basis that the adult has requested this; there are no consent or capacity issues and there are no concerns regarding undue pressure or risks to others identified. Records should indicate clearly that the adult has met the criteria as an adult at risk and the reasons why no further action is to be taken at this time. This decision should not be reached without inter-agency agreement or an agreement about an escalation of response if this adult is again referred as an adult at risk.

The adult does not meet the criteria as an adult at risk of harm
Despite the fact the criteria are not met there may be other factors that require to be addressed.

The options could include:

- Referral for assessment under care management (subject to eligibility criteria and agreement of the adult);
- Where the adult is already receiving services, it may be appropriate for the adult to continue under care management arrangements following a review of the existing care plan*;
- Referral to another appropriate agency; or
- **No further action** is required.

The council officer completing the adult protection investigation will share the findings and conclusions with the adult and all involved agencies as soon as practicable.

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

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Case Conference

A case conference is a meeting involving the adult and his/her representative (including an advocate) and relevant partner agencies to consider the harm identified and what supportive and/or protective arrangements the adult and the partner agencies agree. Persons involved with decision making may also include carers, family members or a proxy (a welfare attorney or welfare guardian) where appropriate. It is important that the adult is encouraged to participate in this process and steps should be taken to hold a meeting that is meaningful for the adult.

If the adult is unable or unwilling to attend, the reasons must be included along with steps taken to encourage their participation, and their views and wishes communicated by a nominated person and recorded in the minute. The legislation relevant to the adult's circumstances will be taken into account at an initial case conference and can include (Adult Support and Protection (Scotland) Act 2007, Mental Health (Care and Treatment (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000).

The meeting participants will assess the risk the adult is exposed to and agree actions which will form a protection plan. The plan will detail individual and collective responsibilities with appropriate timescales. A lead person or persons will be identified to coordinate the plan.

Note: A meeting between agencies and professionals is **not** a case conference; this is an Inter-agency Referral Discussion (IRD) or a multi-agency strategy meeting in the case of a large scale investigation. The Case Conference minute template must only be used to record a Case Conference.

Triggers for calling a Case Conference

- Where an adult has been harmed or is at risk of harm and requires a coordinated adult protection plan;
- A failure of the adult to engage with, or a breakdown of existing care plan arrangements and services, leading to the adult being harmed or being at risk of harm;
- Where the adult's needs have changed for reasons not understood by any existing agency, leading to an increase in risk to the adult and/or others;
- When new and complex care arrangements need to be established quickly to prevent the adult from being harmed;
- Where there is continuing conflict or lack of coordination between agencies providing the adult with care and support, therefore placing the adult at risk of harm; or
- Where it has been identified that the adult is at risk of serious harm.[8]

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[8] See page 19 for guidance on consideration of serious harm

A **review case conference** will follow within 3 months of the initial case conference and will be necessary in order to review any protection plan to ensure it is working and to consider any changes needed to ensure it is achieving its aims. A date for this will be agreed at the initial case conference.

Timescales
The urgency and complexity of the adult's circumstances will determine how quickly a case conference is required. This should be as soon as practicable and in all cases **within 28 days** from receipt of the report of harm referral.

Organising and chairing case conferences
The council officer undertaking the investigation will be responsible for organising the case conference and ensuring a suitable date and venue to maximise attendance by all relevant parties, in particular, the adult at risk. The council officer will arrange invitations to all participants, including the adult, and will prepare an outline of the reasons for the case conference. This will allow those in attendance to participate more fully during the case conference but it can be withheld if it places the adult at further risk. The adult's invitation should be in a format appropriate to their needs. The chairperson will normally be the council officer's team manager but this can be delegated, by agreement, to another team manager.

Mental Health Officers (MHO) at Case Conferences
If there is evidence that the adult is at risk of harm as a consequence of a mental disorder, consideration should be given to requesting the attendance of a MHO. The specialist training and experience of MHOs can assist in the assessment and risk management of adults at risk with a mental disorder. They can also provide information and assistance in obtaining an assessment of an adult's capacity to make their own welfare decisions.

Where the adult is at risk from harm as the direct result of incapacity a case conference may be required to consider the need for guardianship under the Adults with Incapacity (Scotland) Act 2000. As part of an adult protection plan, an MHO must be invited to attend. Under such circumstances the case conference will also perform the function of a guardianship case conference. Not all case conferences will be treated as guardianship case conferences.

Format of a Case Conference
The format for a case conference involves introductions by the chairperson, explaining the functions of a case conference and the context of adult support and protection guidelines.
Any restricted access or third party information should be discussed at the beginning of the meeting prior to the attendance of the adult and anyone who is accompanying them, including any advocacy worker. This part of the

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meeting will be minuted separately as part of the restricted access section and will not be circulated to the adult or anyone they have invited to attend.

The council officer who undertook the investigation will present the findings from the report based on the gathered facts. These will include:

- Details of the initial Report of Harm;
- The type of harm the adult is subject to or at risk of;
- A brief outline of the adult's current living arrangements;
- Existing supports, both paid and informal arrangements;
- Who the adult resides with, if appropriate;
- Whether the adult has a caring responsibility for any child or young person;
- Any issues of capacity, consent or undue pressure; and
- The skills, attributes and resilience factors the adult holds

There will then be an opportunity for the adult and other attendees to comment on the council officer report and express their view on any measures, if any, they think necessary to protect the adult from harm.

If there are disagreements about any information presented, there should be an attempt to resolve these at the time; however, it may be that some disagreements cannot be resolved and may only be acknowledged.

The Chairperson will summarise the discussions and agreed actions.

Any adult protection plan will be developed based on the decisions reached, identifying the owners of actions and allocating time scales for each action.

Where there are agreed protective actions requiring immediate action, these should be progressed without waiting for the case conference minutes or the protection plan to be circulated. A contingency plan should be included in the adult protection plan where a breakdown of the protective measures is anticipated.

The minute and protection plan should be circulated to all those invited to the case conference and those tasked with any actions **within 10 working days** whether or not they attended.

Comments on the accuracy of the minute and adult protection plan should be addressed with the Chairperson within 10 working days of receipt of the minute.

Where the adult at risk has chosen not to attend, there must be agreement and timescales regarding feeding back to the adult the outcome of the case conference.

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Core Group Membership and Functions
The Core Group, usually led by the social worker, is generally formed from those with actions in the adult protection plan. The Core Group will include the adult to ensure they remain at the centre of the protection plan outcomes.

The Core Group Lead will meet the adult within 10 working days of the case conference to ensure the adult has understood the process and the protection plan.

The Core Group will meet regularly to check progress on actions and confirm the protection plan is working.

There will be a note kept of attendance and progress for each Core Group meeting.

The Core Group may make minor adjustments to the protection plan but must report back to the Case Conference Chair if the plan is failing or requires significant adjustment.

The Core Group lead will report to the review case conference on behalf of the Core Group.

Protection Orders

The 2007 Act allows council officers to apply to the court for a range of orders to undertake their investigation or to provide measures of protection to the adult.

In summary the orders that can be sought are:

- Assessment order
- Removal order
- Banning order (and temporary banning order)

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

Protection orders can only be applied for where it is known, or there is cause to suspect, that the adult is at risk of **serious** harm. What constitutes serious harm varies and is not defined in the 2007 Act.[9]

The granting of any protection order requires the consent of the adult. If the adult does not consent, but there is evidence that the adult has been subject to undue pressure, and there are no other reasonable steps that could be taken with the adult's consent which would protect the adult from the harm the

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[9] See page 19 for consideration of serious harm

order is intended to prevent, it may be appropriate to make an application. Where the adult lacks the capacity to consent, it is important to check whether there is a welfare guardian or attorney appointed who is authorised and is willing to consent on the adult's behalf. Where no guardian or attorney exists, a protection order can still be applied for; however, the sheriff will require evidence of incapacity. Advice from council solicitors should be sought.

Assessment Order

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

- The council has reasonable cause to suspect that an adult at risk is being or is likely to be seriously harmed;
- An assessment order is required to establish whether the adult is being seriously harmed or likely to be seriously harmed; and
- There is a suitable and available place where the adult can be interviewed and/or examined.

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

This order will only be necessary if it is not possible or practical to undertake a section 7 interview and medical examination during a visit. (For example, due to lack of privacy)

An assessment order expires after **seven days**.

The adult can be taken to the place specified in the order but cannot be detained.

Removal Order

A removal order is primarily for protection and not for a council officer interview or medical examination. Only the council can apply for a removal order. Before granting a removal order the sheriff must be satisfied that:

- The adult at risk is likely to be seriously harmed if not moved to another place; and
- There is an available, suitable place where the adult at risk can be moved to.

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

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

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A police officer in attendance can use reasonable force to fulfil the object of the order.

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

In urgent cases an application for a removal order can be made to a justice of the peace. Before granting a removal order the justice of the peace must be satisfied that:

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

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

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

Banning Order/Temporary Banning Order

Council officers and other interested parties**, including the adult at risk** can apply for a banning order. Applications can be made:

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

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

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

- The adult at risk is being, or is likely to be, seriously harmed by another person;
- The adult's wellbeing or property would be better safeguarded by banning the other person from the place occupied by the adult than it would be by moving the adult from that place;

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- The adult at risk is entitled, or permitted to occupy, the place the subject is being banned from (or neither the adult nor the subject is entitled to occupy the place from which the subject is to be banned). If the adult does not have a right to occupy the property then the subject cannot be banned.

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

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

Application for a temporary banning order may be made where it is inadvisable to wait for a full hearing on a banning order application.

A temporary banning order expires on the date a banning order is made, the date on which it is recalled or any specified expiry date.

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

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

Warrant for entry

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

A warrant for entry authorises a council officer, accompanied by a police officer, to visit any place specified in the warrant. The warrant authorises a police officer to open lock-fast premises and to do what is reasonably required to assist the council officer making the visit. If the council officer requires the police officer to open the adult's property by force then the council has a duty

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to take reasonable steps to secure the property and belongings afterwards. Consideration should be given to the services of a joiner if necessary. The safety of any pets should also be considered.

Application for a warrant
An application for a warrant will be made by a council solicitor. It is therefore good practice for a representative from the legal team to be involved as early as possible in the adult support and protection process.

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

Urgent Application for a warrant
There may be occasions when it is impracticable to make an application to the sheriff and a delay is likely to place the adult at ongoing risk of harm. In these circumstances, an application seeking a warrant for entry can be made to a Justice of the Peace (JP).

A warrant for entry by a JP expires **12 hours** after being granted and once executed cannot be re-used.

Undue Pressure
Undue pressure can be applied by any individual and in some circumstances may not be the person suspected of causing the adult harm. The 2007 Act provides examples of undue pressure:

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

A relationship founded on trust and confidence may be with a family member, neighbour, or other person who may provide support in order to exploit or harm, or a person upon whom the adult at risk is very dependent. There may not be a direct threat or harm for undue pressure to have been applied.

Evidence of undue pressure
The likelihood of undue pressure being brought to bear should always be considered when an adult at risk refuses to give consent.

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

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adult has been unduly pressurised to refuse consent to the action; and there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm.

Indicators of undue pressure could be:

- Not being allowed time alone with the worker
- Hesitation in talking when certain individual/s are present
- Lack of eye contact
- Personal presentation (appearing fearful in the presence of particular individual/s)
- Expressing fear of abandonment/loneliness
- Belief that the consequences of giving consent will result in the adult at risk experiencing negative consequences.

In court applications, the burden of proof establishing that there has been undue pressure on an adult at risk lies with the council.

Evidence of undue pressure is not required where the adult at risk does not have capacity or if it has not been possible to ascertain the view of the adult at risk e.g. access has been denied.

Significant Case Review (SCR) summary

The full I&SCR Protocol can be accessed on Fife Direct or within your own agency's sites.

The key purpose of an SCR:

- To establish whether there are lessons to be learned about how better to protect adults at risk and to ensure they get the help they need in the future;
- To make recommendations for action, including changes in practice, policy, or procedures.

Which cases qualify for an SCR?
a) When an adult at risk dies, and:

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

AND the incident, or accumulation of incidents, gives rise to concerns about professional and/or service involvement or lack of involvement.

b) When an adult at risk has not died, but

- Sustains serious harm or risk of serious harm under one or more of the categories of harm and neglect, as set out in the 2007 Act.

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AND the incident, or accumulation of incidents, gives rise to serious concern about professional and/or service involvement or lack of involvement.

This list should not be seen to exclude cases that may not precisely fit the criteria but which nevertheless clearly triggers professional concern.

Exceptions to the above criteria may also include situations where major concerns are identified about a perpetrator. These would include harm in an institutional setting, as part of an abusive culture, and/or has been perpetrated by multiple abusers. The harm may be regarded as intractable or likely to be repeated.

Who can refer?
Referrals can be made by any person, from any agency represented on the Adult Support and Protection Committee. Each agency will agree its own route for referrals but they should usually be made via the agency's senior officer or designated manager.

How to refer?
The Referrer should send an Initial (trigger) Case Review (ICR) referral to the Adult Support and Protection Coordinator using the I/SCR template, within the I/SCR Protocol. The Initial Case Review report should be submitted by email within **one working day** of the case coming to the attention of the agency's senior officer or designated manager. Where it has not been possible to meet this timescale the reason should be noted on the form.

Dissemination of the Report
The circumstances of every case are different and the communication strategy for dissemination of the report or its finding and recommendations will differ.

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SECTION C: PRACTICE GUIDANCE

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

Social isolation: The individual who lives alone or is alone with a carer and is isolated from friends and relatives may be at increased risk. In these circumstances individuals may be particularly at risk of financial harm. However other types of harm can occur in socially isolated settings because there is the opportunity to keep the harm hidden; the presence of others can lead to intervention and sanctions.

Shared living situations: These situations can provide a major risk to individuals because of the increased opportunities for contact. The risk of harm may be increased from staff and other service users in shared settings.

Challenging behaviour: The individual who displays behaviour that challenges others may be at increased risk of harm to themselves and to others. This can be increased where the person has a learning disability and/or communication difficulties.

Carer issues: Where a carer experiences mental illness or misuses alcohol or substances there may be an increased risk of harm to a dependent adult. Additionally, where the carer is heavily dependent on the individual there may be an increased risk of harm.

Undue Pressure: An act of persuasion, coercion or threat that deprives the adult of freewill. The adult may be the victim of undue pressure due to the trust relationship that is required in supportive relationships, and may not be aware that undue pressure is influencing their decisions; see page 40.

Signs of Harm
Harm includes **all** harmful conduct, whether deliberate or unintentional. Harmful conduct also includes acts of omission, e.g. neglect and harm as a consequence of the individual's own behaviour (self-harm). Some sign of harm are described below, but please note, this list is not definitive.

Abrasions: Particularly suspicious are tears to the skin on parts of the body, other than the arms and legs. They may indicate physical harm or neglect.

Bruises: The pattern of the bruise can indicate the cause e.g. finger pattern or fist mark may be retained. "Tramline bruising"; parallel bruises are indicative

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of injury from a stick. Non-accidental injury bruising is more common on the face, neck, stomach, chest and buttocks.

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

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

Finances: Indicators of financial harm/crime may be an unexplained or sudden inability to pay bills, unexplained or sudden withdrawal of money from accounts, disparity between assets and satisfactory living conditions, extraordinary interest by family members and other people in the adult's assets or inappropriate expenditure of no benefit to the adult.

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

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

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

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

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

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

The presence of an indicator alone, does not confirm that harm has occurred

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Self-Harm
The 2007 Act indicates that an adult is considered at risk of harm

- Where another person's conduct is causing or is likely to cause the adult to be harmed; or
- Where the adult is engaged or likely to engage in conduct which causes self-harm.

Self-harm is a complex topic and any intervention requires to be carefully managed. Practitioners should always be aware of the possible impact of an adult's situation (such as that of an adult who self-harms) on the wellbeing of any children or other adult at risk in that adult's care and should be prepared to raise a concern if necessary

Self-harm includes:

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

Self-poisoning: Includes the ingestion of a substance in excess of the prescribed or generally recognised therapeutic dose, or of a recreational or illicit drug in a way that is intended to be self-harmful, rather than in connection with addiction / dependence.

Self-injury: (Also referred to as self-mutilation/self-injurious behaviour/ non-suicidal self-injury) is harm to the body, commonly by cutting with a sharp object, but also by burning/scalding, inserting or swallowing sharp objects, hair-pulling, biting, hitting/punching, banging (head or other body parts), scratching or jumping from height.

Where the three point criteria is met and the definition of harm identified is self-harm, there is a duty to establish whether there is a need to offer support and protection in the same way as when harm is experienced as a consequence of the actions or omissions of another/others.

Self-Harm Resources
Responding to Self-harm, Scottish Government, 2011,
Responding to Self Harm

Self-harm. The Short-Term Physical and Psychological Management and Secondary Prevention of Self-harm in Primary and Secondary Care. National Clinical Practice Guideline Number 16, commissioned by the National Institute for Clinical Excellence 2004
www.nice.org.uk/nicemedia/pdf/CG16FullGuideline.pdf

Self-harm: Longer term Management, NICE Guideline
https://www.nice.org.uk/guidance/CG133

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Self-Neglect
Self-neglect differs from the other forms of harm as it does not involve a perpetrator. Self-neglect is included in the Adult Support and Protection (Scotland) Act 2007 which places a statutory duty to make inquiries if it is suspected that someone may be at risk of harm; in this case, self-harm.

Self-Neglect is the inability (intentional or unintentional) to maintain a socially and culturally accepted standard of self-care with the potential for serious consequences to the health and well-being of the individual and potentially to their community. Extreme self-neglect can be known as Diogenes syndrome.

Diogenes syndrome is a disorder characterized by extreme self-neglect, domestic squalor, social withdrawal, apathy, compulsive hoarding of garbage, and lack of shame. Sufferers may also display symptoms of catatonia.

Hoarding can result in self-neglect.
Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning**.** Pathological or compulsive hoarding is a specific type of behaviour characterised by:

- Acquiring and failing to throw out a large number of items that would appear to hold little or no value and would be considered rubbish by other people.
- Severe cluttering of the person's home so that it is no longer able to function as a viable living space;
- Significant distress or impairment of work or social life (Kelly 2010).

There are 3 Types of Hoarding

- **Inanimate objects -** This is the most common and could consist of one type of object or a collection of a mixture of objects such as old clothes, newspapers, food, containers or papers.
- **Animal Hoarding -** Animal hoarding is on the increase. This is the obsessive collecting of animals, often with an inability to provide minimal standards of care.
- **Data Hoarding** - This could present with the storage of data collection equipment such as computers, electronic storage devices or paper. A need to store copies of emails, and other information in an electronic format.

An individual may be considered as self-neglecting and therefore may be at risk of harm when they are

- either unable, or unwilling to provide adequate care for themselves
- unable to obtain necessary care to meet their needs
- unable to make reasonable or informed decisions because of their state of mental health, or because they have learning disability or acquired brain injury.
- refusing essential support without which their health and safety needs cannot be met and the individual does not have the insight to recognise this.

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Causation/Associated Factors
There is recognition that self-neglect can have complex causes and manifestations. It is seen as predominantly occurring in older people but it may be that older age represents a time when behaviours that earlier had been functional have now become dysfunctional as individuals become less able to manage their consequences.

There is no clear causation but associated factors include;

- Diminished social networks
- Poor physical health
- Poor mental health
- Impaired physical functioning
- Impaired cognitive functioning
- Lack of access to social or health services
- The economic resources available
- Living in grossly unsanitary conditions
- Suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired.

Perception of people who self-neglect
Research (Braye, Orr, Preston-Shoot 2011) show emerging themes of people who self-neglect which are:

- pride in self sufficiency
- sense of connectedness to place and possessions
- exhibit behaviour that attempts to preserve the continuity of identity and control

Professional response
Professional responses are challenging as there is no certainty in research of the understanding how the range of factors involved might lead to particular behaviours or be amenable to intervention. Professional response can be based on varying factors.

- Differentiation between the inability to care for oneself and the perceived capacity to understand the consequences of one's action.
- Professional tolerance is higher when seen as a lifestyle choice rather than arising from physical and mental health impairment
- Mental competence, in that people are unwilling to meet basic daily living needs
- Executive dysfunction which is
    - the inability to perform activities of daily living even though the need for them may be understood
    - not only having the ability to understand the consequences of a decision but also the ability to execute the decision and adapt plans.
- Inability of the person to recognise unsafe living conditions including increased risk from fire

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In situations of self-neglect there is little evidence of effective interventions but some clear signposts do emerge.

Assessment
A comprehensive assessment is essential to assist practitioners in identifying capabilities and risk. Equally, relationships and professional judgement remain valued as effective means of conducting assessment that includes interviewing technique, cultural expectations and individual personality characteristics.
The guiding principles in cases of self-neglect should be:

- An assessment of capacity does not negate the duty to act for an individual's well being
- The value of kindness in contributing to dignity highlights the principle of doing least harm
- Strike a balance between respect for autonomy and perceived duty to preserve health and wellbeing

Intervention
Absence of capacity opens up various legal options. However when a person has decision making capacity, practitioners have to rely on negotiation and relationship building skills.
Consensus and persuasion respects a person's autonomy and seeks to avoid counterproductive alienation when intrusion is likely to be resented.
Intervention should address self-neglect specifically but deal with those concerns expressed by the individual themselves which might include health issues, lack of support networks or various activities of daily living. This approach may assist people to manage risk in their lives and might address practitioner concerns about avoiding paternalism and promoting choice and Human Rights.

Multi-agency framework
Because of the complex issues involved multi-agency involvement, collaboration and shared responsibility is essential. Consideration should be given to holding a network meeting when self-neglect has been identified to explore options for intervention that will improve outcomes.

Law
Knowledge of legal frameworks for intervention, either when the individual lacks capacity or where expressed wishes are overridden because grounds for lawful removal are met is important. The legal rules on intervention, involving mental health and mental capacity, human rights and information sharing, public health and social care legislation can be complex and may require consultation with legal department.

Legislation that may apply
Adult Support and Protection (Scotland) Act 2007
Mental Health (Care and Treatment) (Scotland) Act 2003
Adults with Incapacity (Scotland) Act 2000
Public Health etc. (Scotland) 2000 Act
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Information Sources
Sussex Multi-agency Procedures to Support People who Self-Neglect
Conceptualising and responding to self-neglect: the challenges for adult safeguarding (Suzy Braye, David Orr and Michael Preston-Shoot 2011)

Harm Settings

Harm in care homes and other residential settings

The Scottish Government has included harm in care settings as one of their key themes to focus on following the introduction of the Adult Support and Protection (Scotland) Act 2007.

The Adult Support and Protection Committee recommends one approach to both prevention and identification of harm in care settings. It utilises the research based guidance "Early Indicators of Concern in Residential Settings"[10] which has been adapted for use both in settings for adults with a learning disability and for older people. The indicators are very similar for both settings and can help identify early indicators and patterns of concern in advance of harm occurring. They can be used by health and social care practitioners and those with monitoring responsibilities in those settings, who can "log" their concerns against a grid of six indicator areas. The research has established that where concerns are logged across a range of indicators there is an association with harm, abuse or neglect.

This approach does not prove that harm has occurred, and harm can occur without any indicators being apparent. But any pattern of indicators of concern suggests that improvement/changes to service delivery will lower the risk that harm or neglect will happen.

The six indicator areas are:

- Concerns about management and leadership
- Concerns about staff skills, knowledge and practice
- Concerns about residents' behaviours and well being
- Concerns about services resisting the involvement of external people and isolating individuals
- Concerns about the way services are planned and delivered
- Concerns about the quality of basic care and the environment

The indicator grid can be used in three ways:

- An individual can use the grid to record and structure concerns
- A group of people, including families and professionals, can use the grid to collect their concerns about a service from different sources; or
- A team from a service can use the grid to review and reflect on their own service

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[10] http://www.gov.scot/Publications/2014/02/4761/1

However used, once your concerns are recorded, share them with a line manager and take action following your agency procedure, including reporting harm, when necessary, to social work.

Resident or user of a regulated service or patient in NHS facility
If the adult at risk is a resident of a care home, group home, etc. or a patient in an NHS facility, consideration should always be given to others who may be at risk of harm. The report of harm should include reference to others who are, or may be, at risk. Social work services may initiate the Large Scale Investigation[11] process where several adults may be collectively at risk.

Unregulated Care
Self-directed support (SDS) empowers individuals to consider, from a range of options, how their assessed needs will be met. Positive risk taking and adult support and protection are an integral part of the SDS process, including assessing and managing risk, support planning and review and decision-making on how best to manage a personal budget. Promoting independence, choice and control and enabling positive risk taking, balanced with a duty of care and ensuring people stay safe, is a challenge. Nevertheless, social work skills and relationship-based working with adults promotes risk enablement as part of SDS, and detects and prevents harm.

Personal budgets are sometimes misunderstood, leading to the idea that people will be left unsupported and will have to take full responsibility for managing risk alone. This is an inaccurate perception, however, where an adult is in receipt of a personal budget and proposes, or is, employing the services of someone who is not connected to any professionally regulated workforce this may present additional risks to the adult which will require careful monitoring with the adult.

Allegations against staff members
Where an allegation of harm is made against a member of staff, it is essential that organisations treat this seriously and report this to the appropriate manager and the social work service as in the ‘Reporting Harm’ section at page 19. The organisation will follow its own employee conduct procedures and this will be in addition to any parallel investigation into the alleged harm led by a council officer on behalf of the social work service. It is expected that there will be cooperation with the social work service to confirm the outcome of any conduct proceedings, for example, as this may impact any safeguarding measures proposed or taken.

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Crime and Adult Support and Protection

Where employees of any agency identify an adult at risk of harm, they must consider whether the behaviour may also constitute a crime. Where it is known or believed that an adult is an adult at risk, the police will determine whether a crime has been committed and therefore reporting to the police **as well as** to social work will ensure the adult has appropriate access to the criminal justice process.

Where a crime has been committed or is suspected, consideration must be given to other potential victims. It is necessary for the alleged crime to be reported to the Police in order for a full investigation to be carried out.

Some adults are more at risk of becoming victims of crime where they have increased vulnerability either: because they have a mental disorder, have a physical or mental infirmity, are ill, or have a disability. Those persons may not have the same access to the criminal justice system as others for a number of reasons:

- They may not report what has happened because of fear, pressure from others, a lack of confidence in the judicial system, or lack of awareness that what is happening is wrong
- They may be regarded as less credible or less reliable witnesses
- Overprotective responses to the adult's vulnerability may deny them equal access to the criminal justice system, or
- Some harm is not recognised as being criminal in nature and therefore is not referred to the police.

Similarly, as part of the police process, and to ensure that victims or alleged perpetrators of crime, all have access to appropriate support and protection, consideration should be given to whether they also meet the criteria for an adult at risk.

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The table below links types of harm and examples of the possible corresponding crimes.
This is illustrative and not an exhaustive list.

Type of Harm	Examples of Potential Related Crime
Physical	*Assault*: An attack on a person with intent to cause personal injury. *Murder* Causing the death of another human being; *Culpable homicide* Causing death by any unlawful act where the act was intentional but the intent to cause death was not.
Sexual	*Rape; sexual assault*; etc.: Acts of a sexual nature carried out without free consent of the victim
Financial	*Theft*: Appropriation of property belonging to another person, without consent and with the intent to deprive the person of the property *Embezzlement*: Misappropriation of goods to which the accused had been entrusted *Fraud*: Where a person uses a falsehood with the intention to deceive and defraud another, for example, internet and banking scams or bogus callers.
Psychological	*Threatening or Abusive Behaviour:* Behaviour which is threatening or abusive and is likely or intended to cause a reasonable person to suffer fear or alarm.

Hate Incidents
A hate incident is one that may or may not be a criminal offence, which is perceived by the victim or any other person to be motivated by prejudice or hate on the basis of:

- Age
- Disability
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race or ethnicity
- Religion or faith
- Sex
- Sexual orientation

If the alleged harm may have been motivated by hate, include this in your Report of Harm Referral Form.

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Other Relevant Offences

- Ill-treatment and wilful neglect of mentally disordered persons: section 315, Mental Health (Care and Treatment) (Scotland) Act 2003 applies to individuals employed, contracted to or managing the provision of services in a hospital or care setting, who ill-treats or wilfully neglects a patient
- Ill-Treatment and wilful neglect: Part 3 of Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 is broadly similar in terms of who it applies to, except that it is not limited to patients or service users with a mental disorder

Where other people may also be at risk of harm

Pregnancy of adult at risk

If the adult at risk is, or suspected to be, pregnant and there are concerns about potential risks to the unborn baby, **report this at the same time as you report harm about the adult.** Social work and health services will arrange for a pre-birth risk assessment to be undertaken.

Child concerns

Where a child may be at risk of harm, communication must be made with the Social Work Contact Centre (03451 55 15 03) and a referral made on an (inter-agency) Notification of Child Concern Form.

If the child is in immediate danger, requires urgent medical attention, or a crime is suspected, the appropriate emergency services must be called (police, ambulance, or fire service). Any action taken in respect of the child is in addition to action taken for the adult at risk of harm. Note: a young person aged 16 or 17 may be considered both a child and adult when at risk of harm. The most appropriate legislation to support and protect the young person will be followed.

16-17 year olds considered to be at risk of harm.

There is a legal basis underpinned by national policy which needs to be taken account of by personnel in child and families services and across adult services in order to provide the most appropriate response to any young person aged 16 and 17. These individuals are legally both children **and** adults. Therefore staff who come in contact with young adults must be confident and competent in the law and local procedures for both adult and child services. Accessing relevant learning and development will be essential.
While there are local processes and protocols in place across both child services and adult services, the very nature of risk and vulnerability in this age group requires that professionals discuss and are agreed on the most appropriate course of action.
There is no definitive guide, and professionals are encouraged to utilise this and Child Protection and Adult Support and Protection local guidance where appropriate while also applying their collective professional judgement.

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Indicative areas where need may arise (this is not an exhaustive list):

- Child sexual exploitation
- Trafficked young person
- Internet safety and internet-enabled offending
- Young adult at risk of harm: all harmful conduct, including physical, sexual, psychological, financial, neglect, self-harm
- CAMHS (Child & Adolescent Mental Health Service) and Adult Mental Health Services
- Young People in transition from child to adult services
- Young adult at risk of harm and who are also a parent
- Young adult harming another adult at risk
- Both young adult and older adult at risk of harm from a third party
- Young adult at risk of harm from an older adult at risk
- Forced Marriage of young adult at risk
- Radicalisation
- Young adult exposed to Domestic Violence where parent has an additional vulnerability
- Female Genital Mutilation

Where the circumstances are indicative that adult or child protection measures may be relevant then local procedures (Adult Support and Protection or Child Protection Procedures) should be followed taking account of best practice regarding information sharing and inter- and intra-agency collaborative working.

Other harmful situations which may require an adult support and protection response

Missing Persons

Definitions of a missing person:

- Anyone whose whereabouts are unknown and:
- Where the circumstances are out of character; or
- The context suggests the person may be subject to a crime;
- The person is at risk of harm to themselves or others

In May 2017 the Scottish Government launched a National Missing Persons Framework for Scotland. http://www.gov.scot/Publications/2017/05/1901
The aim is to build on existing good work and principally to;

- Prevent people from going missing in the first place: and
- Limit the harm associated with people going missing.

It has four closely interconnected objectives:

- To introduce **preventative** measures to reduce the number of episodes of people going missing.
- To **respond** consistently and appropriately to missing persons episodes.
- To provide the best possible **support** to missing people and their families.
- To **protect** vulnerable people to reduce the risk of harm.

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There is a clear interface with adult support and protection as there are times when individuals already identified as an adult at risk go missing, and some individuals will become adults at risk at the point where they go missing because of an additional vulnerability which may impact on their ability to keep themselves safe.

Key aspects of the response, building on current best practice, is dynamic assessment of risk both before (where this risk has already been identified) and after an individual goes missing.

The national strategy recommends return interviews, which are:

- available to all
- conducted, where possible, by a trained professional/practitioner[12]
- when appropriate, conducted by an interviewer who is trusted and who may have a relationship with the person who has been missing
- able to sensitively address confidentiality and what information may need to be passed on

One aim of a return interview is to try to establish any reason for the adult to have gone missing so that where possible, any cause can be addressed. Clearly some individuals may be unable to express the reasons because of a cognitive or communication difficulty. It will still be important to undertake a review of the circumstances with the adult and other individuals who may be able to contribute to the possible motivations and make plans to change or adapt support arrangements to take account of both the risks to the adult but also their aspirations.

The Mental Welfare Commission have produced several guidance resources which should be taken into consideration when developing and implementing any missing person risk assessment.

- Rights Risks and Limits to Freedom http://www.mwcscot.org.uk/media/125247/rights_risks_2013_edition_web_version.pdf
- Decisions about Technology http://www.mwcscot.org.uk/media/241012/decisions_about_technology.pdf

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[12] This training is being rolled out nationally from January 2018.

Human Trafficking[13]

The Human Trafficking and Exploitation (Scotland) Act 2015 Guide provides a useful overview of the 2007 Act. Some individuals who have been trafficked or subject to exploitation may meet the criteria of an adult at risk.

Human trafficking is a form of modern day slavery. People may be taken from their communities by force, fraud or coercion mainly for:

a) Slavery, servitude and forced or compulsory labour;
b) Prostitution or sexual exploitation;
c) Removal of organs;
d) Securing services and benefits.

Travel from one place to another is not a required action for there to be an offence of human trafficking in Scotland.

There are no definitive ways to identify victims of trafficking and not all victims are illegal immigrants. Some are trafficked from the EU and other countries, and others are victims of domestic trafficking within the UK. Potential signs commonly associated with trafficking are:

- Trauma symptoms
- Injuries associated with harm
- Injuries or illnesses associated with unprotected labour and poor exploitative working or living conditions.

Other indicators of trafficking may be the presence of a minder, or an adult who is fearful and distrustful and who may not speak English.

Contact with someone in the health service may be the first and only chance for the adult to tell their story or ask for help.

You can:

- Prioritise their safety
- Notify the police if you suspect they are in immediate danger
- Try to see the adult alone, even if they have a minder
- Record as much information as possible, and additionally,
- Inform social work where the adult appears to meet the criteria of an adult at risk under the 2007 Act

Domestic Abuse/Gender-based Violence

While women and children are most commonly the victims, men can also experience a range of harmful behaviours linked to their relationships. Domestic abuse or abuse by a relative in a family home is not specifically covered in this guidance. It is, however, recognised that the use of the guidance may be appropriate in certain cases of domestic abuse. It will be particularly relevant when one of the partners meets the definition of an 'adult at risk'.

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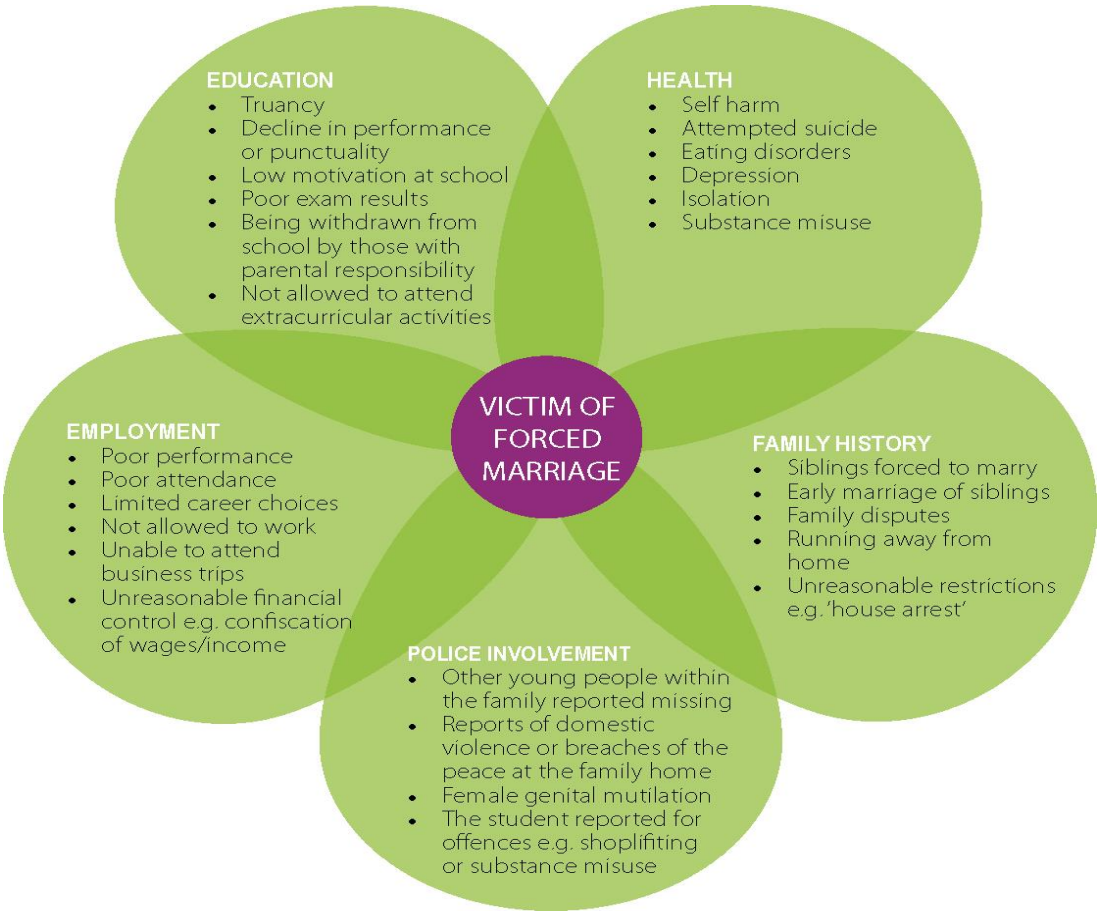
13 Human trafficking: adapted from 'What health workers need to know about human trafficking 2012'

Forced Marriage

A forced marriage is a marriage in which one or both spouses do not (or, in the case of children and some adults at risk, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure, threatening conduct, harassment, threat of blackmail, use of deception and other means. Duress may be caused by parents, other family members and the wider community. It is also 'force' to knowingly take advantage of a person's incapacity to consent to, or understand the nature of, the marriage.

The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so. Always remember the ***one chance rule***: you may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life.



For more information see link below

Publications - Practitioner Guide - Supporting Those at Risk of Forced Marriage

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Radicalisation and Extremism

The Scottish Government has produced national PREVENT Guidance for public bodies in relation to the Counter-Terrorism and Security Act 2015 with the aim of preventing people from being drawn into terrorism.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445978/3799_Revised_Prevent_Duty_Guidance__Scotland_V2.pdf

Individuals at risk of being radicalised may fit a similar picture to individuals that frontline health and social care staff may encounter as "vulnerable" in the course of their work. In the context of extremism the term vulnerable is used to describe factors and characteristics associated with being susceptible to radicalisation.

Susceptibility factors:

In terms of personal vulnerability, the following factors may make individuals susceptible to radicalisation. None of these are conclusive themselves and therefore should not be considered in isolation but in conjunction with the particular circumstances and any other signs of radicalisation.

- Identity crisis: Young adults exploring issues of identity can feel distanced from their parents/family, cultural and religious heritage and uncomfortable with their place in society. Radicalisers exploit this by providing a sense of purpose or feelings of belonging. Where this occurs, it can often manifest itself in a change in a person's behaviour, their circle of friends, the way they interact with others and the way they spend their time.
- Personal crisis: This may for example, include significant tensions within the family that produce a sense of isolation in the vulnerable individual from the traditional certainties of family life.
- Personal circumstances: The experience of migration, local tensions or events affecting families in countries of origin may contribute to alienation from UK values and a decision to cause harm to symbols of the community or state.
- Adults at risk: Adults who may be at risk, as defined by the Adult Support and Protection (Scotland) Act 2007 who are:
    - unable to safeguard their own wellbeing, property, rights or other interests,
    - at risk of harm, and 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.

There is an expectation that where the staff member knows or believes that an individual may be at risk of radicalisation that this will be reported so that support can be provided to those individuals identified to be at risk of exploitation. The important relationship of trust and confidence between patient or client and staff member should be balanced against the staff member's professional duty of care and their responsibility to protect wider public safety.

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Therefore, it is important that agencies

- recognise when vulnerable individuals may be exploited
- are aware of how to escalate their concerns
- know where to access advice and support
- are aware of who their PREVENT contact is within their organisation.

Early intervention can prevent a vulnerable individual from engaging in criminal acts of terrorism. By working closely with statutory partners, as happens in relation to adult and child protection, there is an opportunity to improve effectiveness in protecting vulnerable individuals from harm, or from causing harm to themselves or the wider community.

Reporting mechanism: If you know or believe an adult is at risk of harm from radicalisation then use the Adult Support and Protection Reporting Harm process. Use the Adult Support and Protection phone line: 01383 602200 and complete the Inter-agency Report of Harm Referral Form. The form has been amended to include radicalisation/extremism as a category of harm.

Photography and Adult Support and Protection

This guidance advises on considerations which should be taken before taking photographs of adults who may fit the criteria of an adult at risk of harm. This guidance relates to all types of photography, including mobile phone, video, film and digital imaging.

Non-medical photography

The use of photography in staffed, shared living settings is common. It has a wide range of applications: in communication passports for those with communication difficulties; picture exchange communication tools; photographic signifiers; individual activity planners; to assist confirmation of identity for medication administration; etc. Photographs are also commonly used within individual personal plans to augment the written word and make the document more person-centred.

The general use of photography for these purposes is regarded positively and best practice suggests that speech and language specialists and, where appropriate, psychology and physiotherapy services would be involved and consulted on the introduction of these communication aids.

In addition, photographs of special occasions and friends and family are frequently displayed in both communal and private areas in shared living settings and serve as points of reference, as reminiscence aids and to make the environment homely.

The vast majority of occasions when people take and display photos of adults supported in shared living settings are valid and do not raise privacy or safety concerns. Unfortunately there are some occasions when this is not the case and which do represent potential risks, for example:

- The identification of individual adults to facilitate harm;
- The identification of adults in vulnerable circumstances; or
- The collection, circulation and misuse of images.

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This guidance is intended to raise awareness of these potential risks and how to reduce or remove them.

Clinical Photography
Within NHS clinical settings photography has specific applications in treating and assessing conditions. Photography is also used for education, research, publication and auditing purposes. All photography, video or audio recording related to these specific clinical purposes are strictly controlled.

Images would only be taken by members of the Department of Medical Illustration in ensure that digital images are controlled and safeguarded. It is unlikely that any other setting would have an appropriate clinical requirement or responsibility to use photography for treating or assessing conditions.

Medical Photography in Regulated Care Settings
Any medical photography undertaken out-with NHS Fife (i.e. within regulated services) must follow the same rigorous clinical standards, and adhere to the legislation and best practice outlined in this guidance. Photography undertaken to support medical intervention or treatment must be agreed with the overseeing or responsible clinician and may be considered by the Care Inspectorate as part of its inspection and regulatory activities, It may also be subject to monitoring by Contract Services monitoring.

The Mental Welfare Commission has advised that using body drawings, descriptions and measurements are safer and less intrusive than photography, because of the significant risks of duplication and distribution and the invasion of privacy.

Privacy Issues
The photographing of adults at risk of harm may, depending on the context, be subject to data protection legislation, including the General Data Protection Regulation, and the Human Rights Act 1998. Data protection safeguards the rights of individuals to have information of a personal nature treated in an appropriate manner, and human rights legislation protects the privacy of individuals and families. In addition, restrictions on photography may arise from issues of adult protection as outlined above, and in relation to capacity.

When the adult agrees to accept the care service (or, where there are capacity issues, this is agreed on their behalf) this agreement will usually include an expectation that the provision of this service will include the necessary collection and sharing (where appropriate) of personal information. This may include taking photographs to aid assessment and treatment.

It is good practice to only collect the minimum information necessary. In a photography context this could equate to:

- Only taking photographs where this type of information is required / necessary for the care of the individual.
- Ensuring that identifiable information is kept to a minimum.

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- Using appropriate file naming – for example using an identifier to name the image rather than the name of the person.
- Restricting access to authorised users only, and ensuring the images are taken and stored securely.
- Applying an appropriate retention schedule. For example, there may be different timescales or outcomes for images of different conditions. In general, this would be five years after the last action on the case or three years after death of the adult. However you should check where any exemptions apply to these records
- Restricting the number of images collected – for example retain one image of the condition, rather than multiple images of the same condition. In some scenarios repeat images will be required to evidence changes in condition.

Reason and Purpose
Photos must only be taken by an authorised person, who has a specific, agreed and ethical reason to take them. Agencies should consider who the most appropriate person is to have this responsibility and must follow their organisations' policies and procedures on photography. Responsibilities will include a duty to keep the photo images safe, secure and to prevent any unauthorised use or access. Staff personal devices must not be used to take photographs, and uploading of images to web sites like Facebook must not be undertaken.

Identification of subjects
In general, photographs should not identify the adult or allow their location to be discovered. This is particularly important where an adult is subject to support and protection under the 2007 Act or other protective legislation. Further guidance on making and using visual and audio recordings of patients is available on the General Medical Council website.

Video surveillance
The Mental Welfare Commission Good Practice Guide: Rights, risks and limits to freedom includes a section on points to consider if planning to use surveillance equipment in a care setting (3.6).

Where good practice in this regard is not followed the individuals involved may be considered to be at risk of harm from intrusive surveillance techniques

Further information
If you are unsure whether taking photographs of adults in a particular setting is appropriate, or you are aware of practices which cause concerns, please contact your line manager for advice.

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Chronology Guidance

Using the information below, agencies should use their professional judgement to determine when a chronology is required.
Inter-agency chronologies must be undertaken for individuals:

- With complex needs, or
- Who are at risk of harm or abuse, including self-harm, particularly where the multiple referral protocol is triggered (2 report of harm referrals in six months or 3 in 12 months regardless of outcome of previous inquiry), or
- Where others are at risk of serious harm or abuse from the individual

For adults known or believed to be at risk of harm, particularly if there have been previous reports of harm, consideration of commencing a chronology at the IRD stage would be advised. Where the circumstances suggest progression to an investigation then a chronology must be initiated if not already commenced at IRD stage.
The template at end of this section should be used to record the relevant significant events and actions/outcomes.

Practice guidance on chronologies outlines ten core features:

- They are a useful tool in assessment and practice
- They are not an assessment - but may form part of an assessment
- They are not an end in itself – a working tool which promotes engagement with people who use services
- They must be accurate – and rely on good, up-to-date case recording
- They must contain sufficient detail but are not a substitute for recording in the file
- They need to be flexible - detail collected may be increased if risk increases
- They must be reviewed and analysed – a chronology which is not reviewed regularly is of limited relevance
- The reason for chronology development may change the construction e.g. current “real time” work and examining historical events (Significant Case Review)
- Single agency and multi-agency chronologies set different demands and expectations
- Record what was done at the time. Many chronologies list events, dates etc., but do not have a column which sets out the action which was taken at the time. The column should also include a note when there was no action.

Key elements in compiling chronologies:

- Deciding on the purpose of compiling a chronology in the context of the assessment of the adult – using professional judgement
- Identifying the key events to be recorded
- Making sure that what is recorded is accurate and in date order
- Recording facts, events in the person’s life
- Taking account of the perspective of the adult at the centre of the significant event

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Purpose of Chronology
A chronology should make key information easily accessible and as part of a professionally skilled approach be an essential part of on-going assessment and care management by:

- Presenting a range of issues coherently (identified either on a single agency or a multi-agency basis)
- Providing an overview of factual and precise information which can assist practitioners to identify patterns of behaviour
- Enabling the significance of individual issues to be better understood and links made between the past and the present
- Being used on a routine basis by the practitioner for regular review and analysis of the individual's situation
- Strengthening partnership working with individuals through the sharing and reviewing of information within the chronology
- Highlighting risks, concerns, patterns, and themes, areas of weakness, strengths, resilience and supportive factors

Assessment and care management team chronologies
Intervention under the following legislation should be included in any chronology:

- Mental Health Care and Treatment Act – Compulsory Treatment Orders – Dates and Outcomes
- Adults with Incapacity Act – Welfare and Financial Guardian Case Discussions and Outcomes
- Adult Support and Protection activity, including referrals – details and decisions made and action taken (with reference, as necessary, to the multiple referral protocol)
- Adult Support and Protection Meetings (including reviews) and completion date of the Adult Support Protection Plan
- When a case is being considered under Significant Case Review Guidance

Chronologies should be discussed with and shared with the service user; this ensures accuracy and enhances engagement
Source: Drawn extensively from Social Work Inspection Agency; Chronologies Practice Guide, 2010
Please also refer to the Care Inspectorate Practice Guide to Chronologies (2017)
http://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf

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Multi-agency Chronology

Name		**SWIFT NO.**	
Date of Birth		**CHI No.**	

Date of Event	Significant Event	Action Taken	Agency / Individual

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Adult Support and Protection Committee Competency Framework

(The full document is available at: www.fifedirect.org.uk/adultprotection on the 'Staff Information and Training' page.)

Introduction

Inter-agency learning and development information and booking details are available at: www.fifedirect.org.uk/adultprotection on the 'Staff Information and Training' page.

The Framework can be used:

- To identify learning and development needs
- To plan personal and professional development
- To support the personal development planning and review process.

Each worksheet is easily downloadable for completion in consultation with the supervisor/line manager. This will serve to identify strengths and/or gaps in knowledge and skills which may need developmental attention, and maintains a record for evidential purposes.

A**ll** workers who (as part of their role) have contact with adults who are, or could be adults at risk, as part of their role should have the core competencies and key knowledge and skills required by the general contact workforce as a minimum standard. Those in the specific contact workforce will require additional competencies, knowledge and skills; whilst those in the intensive contact workforce will require all of those needed by the general and specific contact workforces, as well as additional competencies, knowledge and skills relating to their role.

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The General Contact Workforce
The general contact workforce is defined in this Framework as those who, as part of their job are likely to come into contact with adults at risk. The frequency of the contact will vary, but these workers will not usually be involved in any in-depth personal work with them. However, these workers need to have the confidence and awareness to recognise when an adult may be in need of protection, and how to respond.

Examples of such workers might include: health workers in accident & emergency services, NHS 24 workers; hospital porters; community pharmacists; dentists; police patrol officers; housing maintenance workers/tradespersons; council domiciliary staff; workers in sport and leisure services etc.

Fife Adult Support & Protection
www.fifedirect.org.uk/adultprotection

	The General Contact Workforce Competency Framework				
	The general contact workforce is defined in this Framework as those who, as part of their job **are likely to come into contact with adults at risk**. The frequency of the contact will vary, but these workers will **not usually** be involved in any **in-depth** personal work with them. However, these workers need to have the confidence and awareness to recognise when an adult may be in need of protection, and how to respond and record information.				
Name	Position	Date Completed	Manager		
Core competencies • Recognise: when someone is at risk of harm • Respond: how to respond to a situation • Record: all information, actions and where **no** action was taken			**NHS only** **KSF dimensions** **C1 C3** **C5 C6** **HWB**		
Key skills			**Date Met**	**Date Updated**	**Relevant page in Guidance**
1. I recognise that all individuals should be supported and protected wherever possible from harm, irrespective of age, culture, religion, race, disability, gender or sexual orientation					
2. I treat all persons with dignity and respect					
3. I recognise concerns about adults at risk and identify possible risks and signs of harm and neglect					
4. I recognise my own role and responsibility within the Adult Support and Protection process					

5. I clarify concerns with the relevant person in own agency			
6. I take immediate action following the procedures in my agency			
7. I understand to whom I report concerns about adults at risk both internally and externally			
8. I accurately report internally and externally concerns about an adult at risk			
9. I act in accordance with local policies, Inter-agency AP Guidance and the Adult Support and Protection (Scotland) Act 2007			
10. I alert the relevant people when policies and/or procedures are not being carried out			
11. I share information as per the ASPC ISP and local policies			
12. I record all information according to my agency requirements			
Key Knowledge	**Date Met**	**Date Updated**	**Relevant page in Guidance**
1. I understand the basic principles of human rights			
2. I understand the importance of Adult Support and Protection in the wider context of public protection			
3. I understand and recognise the general nature and signs of harm and neglect			
4. I know what to do if concerned about an adult at risk			
5. I know when to seek appropriate help/supervision/support and where to look for this			
6. I understand how the service/profession/discipline I represent can contribute to keeping adults at risk safe			
7. I know it is good practice to share information (including issues of consent and confidentiality)			
8. I have some awareness of the implications of the internet in relation to keeping adults at risk safe			
9. I am aware of the role of the Adult Support and Protection Committee (ASPC)			

10. I understand what constitutes a crime			
11. I have some awareness of the role and general requirements of advocacy in relation to adults at risk			
12. I understand and comply with my own agency recording system			
13. I recognise what is significant and essential to record			
14. I have some awareness of how child protection and domestic abuse interconnect with Adult Support and Protection			

Agreed action/development plan			Review Date	Completion date
Employees signature		Initial Discussion Date		
Managers signature		Date		

The Specific Contact Workforce
The specific contact workforce is defined in this Framework as those who carry out direct work with adults at risk; and/or form more in-depth relationships with them; and/or provide specific services to them. These workers may carry out regular work with adults at risk (although this will not always be the case). Contact may take place in the home or another setting e.g. an office, hospital, community facility etc. It may involve one to one work, or work in a group. These workers may be asked to contribute to the risk assessment and risk management process and may be involved in providing ongoing support to some adults at risk. These workers require the competencies, knowledge and skills associated with the general contact workforce, and some additional competencies, knowledge and skills to reflect the nature of their greater involvement with adults at risk.

Examples of such workers would include health and mental health workers e.g. GPs, workers in a range of adult health services, counsellors, adult support workers, criminal justice workers, drug and alcohol workers, domestic abuse workers, housing support workers; community police officers etc.

Fife Adult Support & Protection
www.fifedirect.org.uk/adultprotection

	The Specific Contact Workforce Competency Framework The specific contact workforce is defined in this Framework as those who carry out direct work with adults at risk and/or form more in-depth relationships with them; and/or provide specific services to them. These workers may carry out regular work with adults at risk (although this will not always be the case). Contact may take place in the home or another setting e.g. an office, school, community facility etc. It may involve one to one work, in a group etc. These workers may be asked to contribute to the risk assessment and risk management process and may be involved in providing ongoing support to some adults at risk. These workers require the competencies, knowledge and skills associated with the general contact workforce, and some additional competencies, knowledge and skills to reflect the nature of their involvement with adults at risk.			
Name	Position	Date Completed	Manager	
Core competencies • Protect, promote and support the well-being of adults at risk • Utilise all local and national Adult Support and Protection procedures and allied legislation • Evidence effective inter-agency working			**NHS only** **KSF dimensions** **C1 C5 C3 C6 C4** **HWB**	
Key Skills		**Date Met**	**Date Updated**	
1. I apply relevant Adult Support and Protection legislation and guidance to my practice				

2. I carry out person-centred work; respond appropriately to disclosure of harm; seek and identify the views of the adult and promote their rights			
3. I engage, communicate, observe and work effectively with the adult, their family and any significant others where appropriate			
4. I recognise and respond to the potential for advocacy and/or communication support			
5. I distinguish between observation, facts, information and opinion gained from others			
6. I identify what to do to protect and promote the wellbeing and safety of adults at risk including risk of serious harm			
7. I undertake assessment of my own role and practice in relation to Adult Support and Protection			
8. I have the ability to empathise, actively listen and manage conflict			
9. I record the necessary and appropriate data using the correct recording systems			
10. I carry out all aspects of my role in Adult Support and Protection including: • compiling a chronology • keeping records • contributing to an investigation • providing and communicating appropriate information from my work with the adult to inform the Adult Support and Protection process			
11. I make appropriate onward referrals, including using specialist agencies			
12. I contribute to the development of the 'Adult Support and Protection Plan' and attend any relevant meetings			
13. I can carry out particular types of work to enable adults at risk to safeguard themselves via: • My therapeutic skills • Enabling adults at risk to develop resilience and good relationships • The use of risk management plans, and			

• Personal development plans			
14. I contribute to the evaluation of inter-agency interventions			
15. I engage, communicate and work effectively with other workers (including providing support and supervision where relevant)			
16. I contribute to appropriate assessments (including the assessment of risk of harm)			
17. I contribute to Adult Support and Protection inquiries by cooperating, through appropriate information sharing as relevant to my role			
18. I am able to provide evidence in formal Adult Support and Protection procedures			
19. I identify support agencies available for individuals and families affected by harm and neglect, and enable access to these			
Key Knowledge	**Date Met**	**Date Updated**	
1. I understand the nature and prevalence of harm and neglect; factors associated with harm and neglect e.g. power and oppression, issues of consent, specific forms of harm, sexual exploitation, trafficking, forced marriage, institutional harm, discriminatory harm, and the implications of particular issues e.g. the internet			
2. I know the potential impact of specific issues on Adult Support and Protection Disability Ethnic group Gender Religion/faith Misuse of alcohol and drugs Age Domestic abuse Mental ill-health Bullying Complex needs Experience of particular forms of harm			
3. I understand individual attitudes and values towards harm/neglect and how these shape actions			

4. I understand the role and responsibilities of the council officer			
5. I know my own agency's role, responsibilities, accountabilities, procedure, protocols and guidance and those of other workers/agencies			
6. I know and understand the inter-agency Adult Support and Protection Guidance, protocols and guidance and my responsibility to remain updated on any changes to these			
7. I know and understand the legislative context of adult protection i.e. Adults with Incapacity (Scotland) Act 2000 and Mental Health Care and Treatment (Scotland) Act 2003			
8. I keep up to date with any current changes to legislation, including changes to the benefit system			
9. I recognise and promote the importance of a protective environment and other protective factors			
10. I recognise and understand the effects and adverse factors associated with different types of harm			
11. I know the range of interventions available from my own and other agencies			
12. I understand the way in which adults at risk and their family will be involved in Adult Support and Protection processes			
13. I understand the issues/implications of working with challenging and/or difficult to engage and evasive adults			
14. I understand the roles of the Care Inspectorate, Mental Welfare Commission, Office of the Public Guardian and the Healthcare Improvement Scotland			
15. I know the legal requirements and local procedures for recording			
16. I understand the factors relevant to personal capacity and impaired decision making			
17. I know how personal capacity/mental disorder is formally assessed for statutory purposes and the			

contribution I can make to this process			
18. I understand the complex ethical issues and conflicts regarding confidentiality and information sharing			
19. I know the specific responsibilities of other agencies and professionals e.g. police responsibility to investigate crime			

Agreed action/development plan			Review Date	Completion date
Employees signature		Initial Discussion Date		
Managers signature		Date		

The Intensive Contact Workforce
The intensive contact workforce is defined in this Framework as those who have specific designated responsibility for Adult Support and Protection issues as part of their role, where this is linked to their post and/or those who will be involved in undertaking Adult Support and Protection investigations, or working with complex cases e.g. providing particular forms of support relating directly to Adult Support and Protection. These workers require the competencies, knowledge and skills associated with the general and specific contact workforces, but need additional competencies, knowledge and skills to carry out their tasks in keeping with the complexities of their role/s.

Examples of such workers might include specialised health workers, police officers in the Public Protection Unit, some social care workers as determined by role, adult and older people services workers, some criminal justice workers, some of those involved in the legal decision making process relating to Adult Support and Protection e.g. Sheriffs and Justice of the Peace etc.

Fife Adult Support & Protection
www.fifedirect.org.uk/adultprotection

	The Intensive Contact Workforce Competency Framework		
	The intensive contact workforce is defined in this Framework as those who have specific designated responsibility for Adult Support and Protection issues as part of their role e.g. where this is linked to their post and/or those who will be involved in undertaking Adult Support and Protection investigations, or working with complex cases e.g. providing particular forms of support relating directly to Adult Support and Protection. These workers require the competencies, knowledge and skills associated with the general and specific contact workforces, but need additional competencies, knowledge and skills to carry out their tasks		
Name	Position	Date Completed	Manager
Core Competencies • Engage in the Adult Support and Protection process at a senior level within their service • Undertake work with complex cases on a single and inter-agency basis • Discuss and consider Adult Support and Protection issues with other relevant workers continually utilising risk assessment and risk management.		**NHS only** **KSF dimensions** **C1 C2** **C3 C5 C6** **HWB**	

Key Skills	**Date met**	**Date Updated**	
1. I confidently challenge oppression and discrimination			
2. I undertake, manage, plan, coordinate and support single agency investigative work appropriate to my role, including inquiring into alleged harm or neglect by workers or carers			

3. I analyse and critically appraise information in relation to the collation of chronologies and the assessment of risk, needs and the role of others in the Adult Support and Protection process			
4. I select and use appropriate assessment tools and produce needs led assessment, including the assessment of risk			
5. I collect and ensure the representation of the views of the adult at risk			
6. I help prepare, develop, record, maintain, communicate and drive the implementation of an Adult Support and Protection plan, linking risks with tasks, including review of case conferences			
7. I collect/collate evidence to monitor and review an adult at risk's plan and evaluate interventions			
8. I supervise and/or support workers/colleagues involved in Adult Support and Protection work			
9. I identify and respond to personal boundary issues/conflicts of interest			
10. I work effectively with other agencies to ensure that transparency of service and the safety of the adult is paramount			
11. I actively promote Adult Support and Protection throughout the service			
12. I conduct/contribute to significant case reviews/critical incident analysis and to developing and implementing recommendations			

13. I fulfil any specialist role in regard to specific vulnerabilities/circumstances in supporting adult at risk witnesses			
14. I promote, commission and assure the quality and delivery of inter-agency Adult Support and Protection learning and development for all relevant workers			
15. I contribute to auditing and scrutiny of services and outcomes against relevant National Standards and quality indicators, as well as new recommendations from reports/inquiries			
16. I contribute to the overall development of Adult Support and Protection provision and/or strategies, audits and scrutiny, policies and procedures and contribute to implementing recommendations			
Key Knowledge	**Date Met**	**Date Updated**	
1. I understand the local strategic and operational approach to Adult Support and Protection, procedures, protocols and the overall pattern of provision			
2. I understand and value the role, functions and skills required for the Council Officer			
3. I understand and utilise the relevant statutory powers, duties and legal issues (including changes)			
4. I understand when an Adult Support and Protection Plan is needed, the components that make up the Plan and the way it will be implemented			
5. I realise what other agencies roles are in meeting the needs of an adult at risk			

6. I recognise and utilise the importance of relevance, proportionality and appropriateness in terms of recording and data sharing				
7. I am up to date with the standards, quality indicators and new recommendations				
8. I understand how to implement immediate intervention/emergency protection measures relevant to my own agency (e.g. ASPA, MHC&TA)				
9. I understand the role and need for medical examination/assessment				
10. I comprehend specific legal issues e.g. consent/capacity and changes to such legislation				
11. I understand the functions of specific behaviours such as self-harm; suicide ideation and suicidal intent				
12. I understand the relevance and contribution of my own agency and that of the ASPC to wider Community Planning agenda				
Agreed action/development plan		Review Date	Completion date	
Employees signature		Initial Discussion Date		
Managers signature		Date		

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18th January 2018

Dear Colleague

INFORMATION SHARING

The protection of children, young people and adults at risk, is ***"everyone's responsibility and everyone's job"*** This cuts across all aspects of private life and professional business. We all have a duty, individually and collectively, to protect vulnerable people in our communities.

On many occasions, this will require staff to seek and exchange personal information about individuals. We are however aware that questions of privacy and confidentiality can and sometimes do get in the way of ensuring the safety of children, young people and adults at risk. We wish to clarify the position and reinforce the importance of sharing and exchanging information where the protection of these client groups are concerned.

Children, young people and adults at risk have a right to privacy and the utmost care should be taken when handling personal information. We endorse the need for a sensitive and legal approach when working in partnership with children, young people and adults at risk, together with their families and carers.

Where you have a concern about a child, young person or adult at risk of harm or you are made aware of such a concern you have a responsibility to share and exchange relevant information with other professionals. You should do so without delay and with confidence, following your own agency/service procedures.

All staff should be aware that their own agency will support them if they have shared personal information in these circumstances using their professional judgment.

Recent reviews have highlighted misconceptions about information sharing. We remind you that existing legislation does not prevent you from sharing and/or exchanging relevant information where you believe there are concerns about the protection of children, young people and adults at risk. In addition, you are lawfully able to share confidential information where disclosure is necessary to protect the individual or another third party. This extends to all practitioners working with adults who may be self-harming or neglecting themselves.

We would draw your attention to the Scottish Government's *Sharing Information About Children at Risk: A Guide to Good Practice (2003)* which states:-

"If there is reasonable concern that a child may be at risk of harm this will always override a professional or agency requirement to keep information confidential. All professionals and service providers have a responsibility to act to make sure that a child whose safety or welfare may be at risk is protected from harm."

And the National Guidance for Child Protection 2014 which states:

*"**Harm**" means the ill treatment or the impairment of the health or development of the child, including, for example, impairment suffered as a result of seeing or hearing the ill treatment of another. In this context, "development" can mean physical, intellectual, emotional, social or behavioural development and "health" can mean physical or mental health."*

The Adult Support and Protection (Scotland) Act 2007 places a duty on those agencies named in the Act to:
co-operate with the council making inquiries about adults thought to be at risk of harm and each other. This may include the examination of records.

Harm – Section 53 states harm includes all harmful conduct and, in particular, includes:

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

Risk of harm – Section 3(2) makes clear that an adult is at risk of harm if:

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

It is important that we are open and transparent and make people aware that we will share information when we suspect a child or an adult is at risk of harm. It is also important that you record any decision to share or not to share information and your reasons for doing so.

We hope this will support your confidence and decision making in sharing relevant information. In doing so, you will add to the protection of children, young people and adults at risk in Fife and improve the quality of life for the most vulnerable in our community.

For further advice and guidance we would encourage you to speak directly with your supervisor manager or your organisation's Data Protection expert as follows:
Fife Council: dataprotection@fife.gov.uk.
NHS Fife: Fife-UHB.DataProtection@nhs.net
Police Scotland: Information.Assurance@scotland.pnn.police.uk.

Steve Grimmond Chief Executive Fife Council	Colin Gall Divisional Commander 'P' Division Police Scotland	Paul Hawkins Chief Executive NHS Fife

Letter of Chief Officers Public Safety Group

Statutory Agencies

Social Work

Social Work Team Manager

- Lead the investigation from the point the Report of Harm referral has been received
- Fully discuss the report of harm referral with the social worker conducting the inquiry
- Agree the most appropriate partner agency with which to conduct any joint investigation, e.g. the Care Inspectorate, police, health, etc.
- Agree the level of harm for the adult at risk at the point of inquiry and the reasons for a particular timescale
- Provide professional advice, guidance and supervision on carrying out an investigation for the council officer appointed to conduct the investigation
- Consider independent advocacy to represent or support the views of the adult at risk
- Assure the quality of investigation work of the team, including recording, completion of paperwork and timescales.
- Chair case conferences and ensure minutes are accurate and include all relevant information.

Council Officer

- Council officer refers to a registered social worker with at least 12 months post qualifying experience (section 53(1), 2007 Act), appointed by Fife social work service, and who has undertaken relevant training in adult support and protection

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- Can also be an individual appointed by a council under section 64 of the Local Government (Scotland) Act 1973
- Conduct an investigation to establish if an adult is at risk of harm and to decide what measure/s should be put in place to provide protection, but should **not** be the officer who acts as welfare guardian on behalf of the chief social work officer
- Carry out investigations through visits and interviews and through examination of financial or other records (except health records)
- Can require health records to be produced in respect of an adult at risk, but these records can **only** be examined by a health professional such as a doctor or nurse
- Have a duty to consider the importance of the provision of appropriate services to the adult, including, in particular, independent advocacy and communication support if relevant.

Social Work Service Contracts

- To report to the social work contact centre any potential or suspected harm which may arise from the monitoring of contracts or complaint investigations
- To monitor whether provider agencies are working in accordance with the Fife inter-agency adult protection processes
- To investigate any breach of contract/service level agreement
- To ensure adequate monitoring based on any concerns raised through an adult protection investigation; this may include the development of a robust action plan to improve the service
- When appropriate, collaborate with the Care Inspectorate (or other relevant regulator) to ensure a joint approach to monitoring and investigation
- Follow up any contractual issues and actions agreed at the Adult Support and Protection Committee or sub-committees
- Support the adult support and protection process where there are recommendations of suspension or reinstatement of service provider contracts
- Pass on any information to other local authority contract departments where appropriate, when an adult placed in Fife is subject to a report of harm referral.
- Monitor the recruitment and selection process followed by provider agencies
- Produce reports, as requested by the Adult Support and Protection Committee, contributing towards any serious case review.

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Police Scotland

- Officers will ensure that a Vulnerable Persons Database (VPD) entry is created accurately and timeously
- The Public Protection Unit (PPU) Concern Hub will ensure that adult VPDs are assessed and shared with partner agencies.
- Participate in Inter-Agency Referral Discussions to identify if there is a requirement for a joint adult protection investigation and if a criminal investigation is necessary
- Discuss and agree strategies with the relevant social work team, regarding best practice for interviewing an adult at risk, witnesses and perpetrators, involved in any adult support and protection investigation. Consideration should always be given to the use of an appropriate adult in accordance with guidance.
- Ensure that criminal investigations are conducted in a professional manner and that all relevant evidence in the investigation is obtained
- Officers will submit crime reports, Scottish Intelligence Database (SID) entries and Standard Prosecution Reports (SPR) when appropriate and in accordance with the prescribed timescales
- The PPU Concern Hub will assess attendance at inter-agency case discussions and conferences and facilitate the sharing of information held on police systems about the adult at risk, perpetrator or other significant person(s)
- The PPU Concern Hub will provide a single point of contact for information sharing in line with legislative requirements and provide assistance to Local Policing Divisions
- Police will ensure feedback is provided to the relevant social work team regarding the outcome of any Police investigation or criminal proceedings
- Police will provide any files for inspection or audit purposes as directed to do so by the Adult Support and Protection Committee
- Police will produce reports as requested by the Adult Support and Protection Committee which contribute towards any serious case review

GPs and the NHS

GPs and healthcare professionals have key roles to play in adult support and protection. They may be the first professionals to notice signs of potential harm, and are crucial in helping to develop effective inter-agency responses. As part of inter-agency adult support and protection arrangements it is expected that they will consider favourably requests to carry out examinations and other activity under the 2007 Act.

Overview of responsibilities

There are several main ways in which GPs and healthcare professionals are most likely to be involved in adult support and protection:

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- Reporting all cases where they identify possible adult support and protection concerns;
- Carrying out medical examinations (see section below);
- Providing relevant information from healthcare records (see section below);
- Participating in case conferences, either by attendance or through the provision of reports. GP reports are key factors in comprehensive decision making, particularly in complex cases involving both health and welfare protection concerns.
- There is also the possibility of attending court as professional witnesses if criminal proceedings are brought. Fees may be payable, please consult the Primary Care Manager for details.

Medical Examinations

The 2007 Act creates powers for councils to ask health professionals[14] to undertake medical examinations to establish whether an adult is at risk and whether any further action is required. In most cases, the adult's GP may be the most appropriate health professional to carry out a medical examination. Two parts of the 2007 Act address medical examinations:

- Section 7: Where a council officer visits a person who is, or may be, an adult at risk of harm, and considers that a medical examination is necessary. The council officer must be accompanied by a health professional and the adult must be informed of his/her right to refuse before any examination is carried out.
- Section 11: Allows a medical examination in private to be carried out where there is an application for an assessment order.

Best practice:

- Councils should ask GPs or other health professionals who know the adult and GPs should be involved from the outset of a case where possible.
- A GP will not be compelled to perform an examination if there is a valid reason for not doing so; e.g. the adult is unwilling to agree to a medical examination, or if doing so would damage the doctor-patient relationship.
- GPs (and other health professionals) should be given sufficient notice that s/he may be asked to carry out a medical examination. This allows preparation and arranging locum cover where necessary, although it may not always be possible to give advance notice.
- Where a GP carries out an initial medical examination and indicates that a further examination is required to identify the specific cause of harm, it will be necessary to involve a specialist medical professional.

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[14] In the context of the 2007 Act, “health professional” means a doctor or a nurse.

- If the police are involved in a case, it is likely that a Forensic Physician will carry out a medical examination of the adult. In such cases, the GP may still have a role to play, particularly where the adult is well-known to them.

Inspection of Health Records

In order for a council officer to carry out inquiries and investigations, s/he may request health records of an adult known, or believed, to be an adult at risk of harm. This can help to ascertain whether the individual is an adult at risk, as well as potentially indicating the nature and extent of any harm which has been experienced. It can allow appropriate support and protection to be offered to the adult, and may lead to action being taken against the person who caused the harm.

- Health records must be disclosed to a council officer carrying out an adult support and protection inquiry or investigation (section 10, 2007 Act).
- It is an offence for a person to refuse or otherwise fail to comply with a request made under section 10, without reasonable excuse (section 49(2)).
- The council officer should provide the GP with context as to why the records are being requested and to discuss the nature of the case.
- The council officer will decide jointly with the GP what medical information is required for this purpose.
- Only a health professional may physically inspect health records[15] and they must be passed to a health professional for examination.
- Only information relevant to the assessment of risk and whether any further action is required to safeguard the adult is needed.
- There is not necessarily a need for entire healthcare records to be provided, only such information as is relevant to the case.
- It is not necessary for the information to be in writing; however, if a council officer receives information verbally, a note of any relevant information might be prepared and agreed with the healthcare professional for accuracy and to provide an audit trail of actions.

Best practice:

- GPs considering a request for information must take account of the confidentiality of the patient.
- The request should be discussed with the adult to ensure they understand the reasons for it and the likely benefits.

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[15] The Adult Support and Protection (Scotland) Act 2007 (Restriction on the Authorisation of Council Officers) Order 2008 allows a council to authorise a person to carry out the council officer functions under the 2007 Act if they are a nurse and have at least 12 months' post qualifying experience of identifying, assessing and managing adults at risk.

- Even where consent to share information has not been granted, GPs and other health professionals are under a legal obligation to provide relevant records (section 10, 2007 Act).
- Close joint working between GPs, NHS professionals and council officers may help overcome any obstacles.
- GPs and healthcare professionals should ensure that all actions carried out by them, including records of any conversations and meetings with public bodies, and decisions made by them, are documented fully in the patient's healthcare records.

Other Agencies

Care Inspectorate

The Care Inspectorate has various responsibilities under the 2007 Act:

- To submit a report of harm to the social work contact centre where an adult at risk has been identified in a regulated service.
- To participate in an inter-agency referral discussion where there is a regulated service or individual involved.
- To monitor whether regulated establishments and agencies are working in accordance with the relevant National Care Standards and regulations.
- To investigate any breach of regulations established by the Public Reform Act 2011 and take action accordingly.
- To produce reports as requested by the Adult Support and Protection Committee to contribute towards any serious case review.

Healthcare Improvement Scotland (HIS)

HIS inspects and regulates Health Care Services across Scotland. It also has responsibilities to:

- Submit a report of harm referral to the social work contact centre where an adult at risk has been identified in a regulated service.
- Participate in an inter-agency referral discussion where there is a regulated service or individual involved.
- Monitor whether regulated establishments and agencies are working in accordance with the established standards.
- Investigate any breach of regulations established by the Public Reform Act (Joint Inspections) (Scotland) 2011 and take action accordingly.
- Produce reports as requested by the Adult Support and Protection Committee to contribute towards any serious case review

Housing and Neighbourhood Services

Housing and Neighbourhood Services provide a range of housing, accommodation and related support services to respond to the needs of

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individuals. The Service engages with individuals to provide advice and assistance, including addressing housing needs, homelessness, resettlement, debt management, estates management and general tenancy issues.

In adult support and protection situations, the following roles may be required:

- Take all reasonable steps to protect adults at risk of harm, and respect their rights at all times.
- Take all suspicions and allegations of harm seriously and take action in accordance with service procedures and Reporting Harm Protocol to ensure the safety of an adult at risk of harm.
- Work cooperatively with relevant agencies, treating information as confidential, and sharing information in accordance with the principles set out in the Information Sharing Protocol
- Participate fully at appropriate meetings or adult support and protection case conferences providing relevant reports.
- Contribute to the adult support and protection planning process if appropriate.
- Contribute to inter-agency self-evaluation processes
- Produce reports as requested by the Adult Support and Protection Committee which contributes to any significant case review.

Independent Advocacy

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates support people to gain access to information and explore and understand the options available to them.

- Included in the 2007 Act is the principle that the adult should participate as fully as possible in the adult support and protection process and that the adult should be given information and support to enable them to do so.
- Section 6 places a duty on the council to consider the provision of appropriate services, including independent advocacy service, if it considers that it needs to intervene in order to protect an adult at risk of harm after making inquiries under section 4 of the 2007 Act.
- Independent advocacy should be considered even where the legal protective measures being considered are under the Adults with Incapacity (Scotland) Act 2000.
- Adults who are being protected using Mental Health (Care and Treatment) (Scotland) Act 2003 **must** be offered independent advocacy.
- The advocate will produce reports as requested by the social work contracts section as related to adult support and protection advocacy provision, on behalf of the ASPC.

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Mental Welfare Commission (MWC) for Scotland
The Mental Welfare Commission aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disability and related conditions.

Their statutory duties focus on five main areas of work:

- Visiting
- Monitoring the Acts
- Investigations
- Information and advice
- Influencing and challenging

The Mental Welfare Commission provides assistance to individuals in the NHS/local authority/independent sector services in determining whether an incident or issue should be notified to the MWC and the form that notification should take. This information can be found on their website.

Office of the Public Guardian (OPG) Scotland
The function of the OPG is to supervise appointed individuals who manage the financial and/or property affairs of adults who lack the capacity to do so themselves. In terms of adult support and protection, the OPG has a responsibility to ensure good information sharing and collaborative working.

Trading Standards Scotland
Trading Standards enforces a wide range of consumer legislation. As part of this, Officers carry out inspections of trade premises and take action against individuals or businesses who disregard the laws. In relation to adult protection, Trading Standards have a role in prevention and investigation of doorstep crime, these are:

- To submit a Report of Harm to the social work contact centre where an adult at risk has been identified in doorstep crime;
- To participate in inter-agency referral discussion; and
- To produce reports as requested by the Adult Support and Protection Committee to contribute towards any serious case review.

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SECTION D: RESOURCES

Legislation and Codes of Practice

Adults with Incapacity (Scotland) Act 2000
http://www.legislation.gov.uk/asp/2000/4/contents

Adults with Incapacity (Scotland) Act 2000 Code of Practice
http://www.scotland.gov.uk/Publications/2008/03/18094148/0

Adult Support and Protection (Scotland) Act 2007
http://www.legislation.gov.uk/asp/2007/10/contents

Adult Support and Protection (Scotland) Act 2007 Code of Practice
http://www.gov.scot/Publications/2009/01/30112831/0

Communication Toolkit related to Adult Support and Protection
AP Communication Toolkit

Competency Framework
https://www.fifedirect.org.uk/publications/index.cfm?fuseaction=publication.pop&pubid=A8B43877-09DB-887E-BCDD46395043C196

FGM Multi-agency Guidance
http://www.gov.scot/Resource/0052/00528145.pdf

Financial Harm Guidance
http://publications.fifedirect.org.uk/c64_FinancialHarmGuidance2017.pdf

Forced Marriage Statutory Guidance
http://www.scotland.gov.uk/Publications/2011/11/25115331/0

Fife Practitioner Guidance on Forced Marriage
https://www.fifedirect.org.uk/publications/index.cfm?fuseaction=publication.pop&pubid=A3ED72FC-C896-E9D4-CC1D99673AE21E75

Human Trafficking: What health workers need to know about human trafficking 2012
http://www.gbv.scot.nhs.uk/wp-content/uploads/2012/07/Human-Trafficking-document-final.pdf

Human Rights Act 1998
http://www.legislation.gov.uk/ukpga/1998/42/contents

Mental Health (Care and Treatment) (Scotland) Act 2003
http://www.legislation.gov.uk/asp/2003/13/contents

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Mental Health (Care and Treatment) (Scotland) Act 2003 Code of Practice
http://www.scotland.gov.uk/Publications/2005/08/29100428/04289

Nursing and Midwifery Council Code
http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/

Protection of Vulnerable Groups (Scotland) Act 2007
http://www.legislation.gov.uk/asp/2007/14/contents

National Care Standards
http://www.newcarestandards.scot/

Protection of Vulnerable Groups (Scotland) Act 2007 draft Guidance
http://www.scotland.gov.uk/Publications/2009/11/05140540/10

Protection of Vulnerable Groups Scheme
https://www.mygov.scot/pvg-scheme/?via=https://www.disclosurescotland.co.uk/disclosureinformation/pvgscheme.htm

National Missing Persons Framework for Scotland
http://www.gov.scot/Resource/0051/00517676.pdf

Responding to Forced Marriage: Multi-agency Practice Guidelines
http://www.scotland.gov.uk/Publications/2013/01/4056

Respect For All: The National Approach to Anti-Bullying for Scotland's Children and Young People
http://www.gov.scot/Resource/0052/00527674.pdf

Scottish Accord on the Sharing of Personal Information (SASPI) Guidance: Information Sharing Protocol for Fife Adult Protection Committee
SASPI Guidance

Scottish Social Services Council Codes of Practice
http://www.sssc.uk.com/about-the-sssc/codes-of-practice/what-are-the-codes-of-practice

Sexual Offences (Scotland) Act 2009
http://www.legislation.gov.uk/asp/2009/9/contents

Vulnerable Witness (Scotland) Act 2004 (as amended)
http://www.legislation.gov.uk/asp/2004/3/contents

Vulnerable Witness Information Guide
Vulnerable Witness Information Guide

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Reporting Forms

Inter-agency Report of Harm Referral Form
https://www.fifedirect.org.uk/publications/index.cfm?fuseaction=publication.pop&pubid=A43B905C-9D4F-DD1F-A1A16BE0757755EA

Notification of Child Concern Form
Notification of Child Concern Form

Various Agencies and Organisations (in alphabetical order)

Action On Elder Abuse
https://www.elderabuse.org.uk/in-scotland

Action Fraud: Details of scams can be passed on to 0300 123 2040
https://www.actionfraud.police.uk/

Advocacy Forum
https://fifeadvocacyforum.org.uk/

Breathing Space: a free, confidential telephone advice and signposting service for people who are feeling down or stressed (0800 83 85 87).
www.breathingspacescotland.co.uk

Choose Life: a national strategy and action plan to prevent suicide in Scotland
www.chooselife.net

Citizens' Advice Consumer Helpline: Non urgent advice or information 03454 040506.
https://www.cas.org.uk/

Cruse Bereavement Care Scotland: a registered charity which offers free bereavement care and support to people who have experienced the loss of someone close
www.crusescotland.org.uk

General Medical Council: advice making and using visual and audio recordings of patients
Making and using visual and audio recordings of patients

Healthcare Improvement Scotland: improving the quality of the care and experience of every person in Scotland every time they access healthcare
www.healthcareimprovementscotland.org

In Care Survivors Service Scotland: a support service for adults who suffered childhood abuse in care and for their families. Call: 0800 121 6027
http://edspace.org.uk/service/in-care-survivors-service-scotland/

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Living Life to the Full: a free online life skills resource aiming to help users change the ways in which they think, and to respond in new ways to the challenges faced in life
https://llttf.com/

Mental Health Foundation: outlines the charity's work in research, policy, service development and service user involvement
www.mentalhealth.org.uk

Mental Welfare Commission for Scotland: aims to ensure that care, treatment and support are lawful and respects the rights and promotes the welfare of individuals with mental illness, learning disability and related conditions
http://www.mwcscot.org.uk

Respectme: Scottish anti-bullying: training, information, advice and other resources to help tackle bullying
www.respectme.org.uk

Respond: works with children and adults with learning disabilities who have experienced abuse or trauma, as well as those who have abused others
http://respond.org.uk/

Samaritans: 24-hour support for people in distress or despair, including those feeling suicidal (116 123)
https://www.samaritans.org/your-community/samaritans-ireland-scotland-and-wales/samaritans-scotland

Scottish Association for Mental Health (SAMH): provides local community support services offering practical and emotional support, social activities, advice on employment and education and help with health issues
www.samh.org.uk

Seasons for Growth: a loss and grief education programme catering for young people aged 6-18 years
http://www.seasonsforgrowth.org.uk/

Survivor Scotland: National Strategy for survivors of childhood abuse
http://www.gov.scot/Resource/0048/00486712.pdf

Trading Standards: www.fifedirect.org.uk/tradingstandards

Victim Support
https://www.victimsupportsco.org.uk/

Fife Violence Against Women Partnership (FVAWP) Tel: 01592 583690
www.fifedirect.org.uk/domesticabuse

Review and Comments Feedback

The Adult Support and Protection Committee is keen to ensure that any future reviews of its policies and procedures are informed by those who will be either using or affected by these procedures therefore your comments, ideas and suggestions are welcomed.

Please send your feedback to: Helen.king@fife.gov.uk

Thank you for taking the time to respond

Acknowledgements

- ELBEG, Adult Support and Protection: Ensuring Rights and Preventing Harm 2009
- Grampian Adult Protection Multi-agency Guidance
- Perth and Kinross Multi-agency Guidelines
- Dundee City Multi-agency Procedural Guidance on Adult Support and Protection
- Shropshire Multi-agency Adult Protection Procedures

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Fife Adult Support & Protection Committee

Adult Protection Phone Line
01383 602200

www.fifedirect.org.uk/adultprotection

Information to support communication with the adult can be found at:
www.fifedirect.org.uk/adultprotectioneasyread