

The Adult Support and Protection
(Scotland) Act 2007

East Ayrshire Adult Protection Committee

**Acting
against
harm**

Protecting People Through Zero Tolerance of Harm



Supporting and Protecting People in East Ayrshire

Interagency Practitioner Guidance

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Message from the East Ayrshire Adult Protection Committee

“We have a right to live our lives free from preventable harm and/or neglect...To do nothing when we see harm happening is not an option...” (EAAPC Chairs Biennial Report 2010 – 2012)

[The East Ayrshire Adult Protection Committee](#) (EAAPC) and partners have a vision of “Protecting People” which means we believe that all citizens, organisations and services have a responsibility to support and protect those who may find themselves at risk of, or experiencing harm.

We are committed to zero tolerance of harm which means that we all must take action to recognise harm in all its many forms and report it.

This Guidance has been informed by [The Adult Support and Protection \(Scotland\) Act 2007](#) (the Act) which addressed Adult Support and Protection through introducing seven key elements which are, establishing legal principles, defining an adult at risk and harm, placing statutory duties on Councils to inquire and investigate, ensuring a duty of co-operation for key statutory partners, introducing offences, protection orders and a duty to establish Adult Protection Committees. The [Code of Practice](#) (COP) provides further in depth explanation of the legal definitions and principles all local authorities, agencies and practitioners must be guided by. For further detail of measures, definitions and links to other safeguarding laws refer to the [Adults with Incapacity \(Scotland\) Act 2000](#) (AWIA) and the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) (MHC&T)

The [West of Scotland Interagency Adult Support and Protection Practice Guidance](#) is the other overarching reference document for guidance approved for use within East Ayrshire and must be read in conjunction with this Supporting and Protecting People in East Ayrshire: Interagency Practitioner Guidance (The Guidance). The Guidance has been developed to ensure that any concerns about an adult at risk are responded to quickly and proportionately, in a way that is transparent to all.

The Guidance is the key to the systems, referral process and actions that must be taken when adults who may be at risk of harm are identified.

Our aspiration is that all people will be able to keep themselves safe from harm without the need for professionals becoming involved in their lives; however until this is a reality we will continue to work together to provide the right support at the right time.



Richard Stevens
Independent Chair of the EAAPC



Eddie Fraser
Vice Chair of the EAAPC
Director of Health and Social Care
Partnership

1. Multi Agency Definitions and Roles

1.1 Definitions

1.1.1 Adult at Risk

Adult at risk – the Act, Section 3(1) defines adults at risk as adults who:-

- are unable to safeguard their own well-being, property, rights or other interests;
- 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 adults who are not so affected.

The presence of a particular condition does not automatically mean an adult is an adult at risk. Someone could have a disability but be able to safeguard their property or well-being. It is important to stress that all three elements of this definition **must** be met, or that there are grounds for believing all three points may be met, for an adult to be an adult at risk and for interventions to take place under the 2007 Act. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Practice Note:

The key element of the three point test relates to whether the adult is **unable** to safeguard their wellbeing, property, rights or other interests. Practitioners should be guided by the Oxford Dictionary definition of unable which is “...*lacking the skill, means or opportunity to do something...*” It will be important to distinguish between whether the adult lacks the skills necessary therefore is unable and an adult who has the skill, means or opportunity to keep themselves safe, but chooses not to. The latter would mean that they would not be considered as meeting the criteria qualifying them as an adult at risk in terms of the Act.

1.1.2 Definition of Harm – 2007 Act - Section 53

Harm includes all harmful conduct and in particular:

- Conduct which causes physical harm;
- Conduct which causes psychological harm (e.g. fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects property, rights or interests (e.g. theft, fraud, embezzlement, extortion); **and/or**
- Conduct which causes self harm.

The COP reinforces that harm can be accidental or intentional. Types of harm can be sexual harm or as a result of self-neglect or neglect by a carer or caused by self-harm and/or attempted suicide. Just because a type of harm is not specified in the Act it does not mean it is excluded by the legislation.

The COP reinforces that harm can happen anywhere; in the home, wider community, or through services for example NHS, Day Care, Residential or Nursing Care or Self Directed Support.

1.1.3 Principles of the Act – 2007 Act – Part 1, Sections 1 & 2

A public body or office holder must be satisfied that any intervention will provide:

- **Benefit** to the adult which could not reasonably be provided without intervening in the adults affairs; **and**
- Is, of the range of options likely to fulfil the object of the intervention, whilst being the **least restrictive** to the adult's freedom.

In addition, when considering a decision or course of action, the public bodies or office holders must also have regard to the following:

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

Practice Note:

The adult, primary carers, nearest relative, legal guardian(s) or attorney(s) are not bound by the principles of the Act unlike the Mental Health (Care and Treatment) (Scotland) Act 2003 whose legal principles do apply to the aforementioned group. Similarly, it should be noted that the statutory roles of Guardian or Attorney have separate legal duties and principles under Adults with Incapacity legislation which require to be adhered to.

1.1.4 People with associated Problematic Alcohol/Substance Use

Definition: A person with problematic alcohol/substance use is defined as any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her own use of drugs or other chemical substances (Advisory Council on the Misuse of Drugs (ACMD),1982)

People have the right to make choices and decisions about their lives, including the use of alcohol and drugs, even if it means choosing to remain in situations or indulge in behaviours which others consider inappropriate.

A person who has temporary problematic alcohol or substance use (including intoxication) with no additional vulnerability such as illness or disability would not be considered an adult at risk in terms of the Act.

Adults affected by problematic alcohol/substance use should only be considered under Adult Protection when they have additional co-existing illness, disability or frailty that means they would meet the criteria of an adult at risk of harm.

Practice Note:

Examples of a person with problematic alcohol/substance use, who may be considered an adult at risk under the Act, may include someone with acquired alcohol related brain damage, cognitive impairment or physical deterioration. These conditions may impact on the adult's usual ability to safeguard their health, welfare, property or finances, which may leave them open to undue influence or exploitation from others or result in serious neglect, (including self neglect) negatively affecting their health, finances or property which may include security of their tenancy.

Where an adult perhaps has co-existing mental illness or physical conditions, these can continue to deteriorate or be exacerbated with or due to ongoing alcohol or drug use. It is important therefore, to make fresh inquiries when a referral is made as circumstances may be subject to rapid change.

1.1.5 People experiencing Gender Based Violence

The East Ayrshire Violence Against Women Partnership (EAVAWP) gives examples of violence which include, but are not limited to physical, sexual and psychological violence occurring in the family, within the general community or in institutions, including domestic abuse, rape, incest and child sexual abuse.

Practice Note:

Situations of domestic violence, human trafficking or stalking do not automatically make a person an adult at risk under the Act. The key consideration for practitioners will be whether the adult's safeguarding ability is impaired. An example of this may be where the sustained impact of the situation the adult is experiencing may have contributed to them being diagnosed with a mental disorder, such as clinical depression or anxiety. In this case their usual ability to make decisions or to take action to safeguard them may be temporarily impaired; therefore it may be appropriate to make at least initial inquiries under the Act to consider whether they are an adult at risk.

In cases of serious harm, Protection Orders, such as a Banning Order, have been found to be effective in these situations as they can prevent the person causing harm having contact with the adult at risk while supports can enable them to build their safeguarding capability.

1.1.6 People experiencing Forced Marriage

The Scottish Parliament passed the [Forced Marriage etc...\(Protection and Jurisdiction\) \(Scotland\) Act 2011](#) on 29 September 2010. The Act states that relevant persons, including those who protect and promote the welfare of children and those who protect adults at risk from abuse, must have regard to it when exercising public functions.

“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”

Other behaviours may include threatening conduct, harassment, threat of blackmail, use of deception and other means. It is also ‘force’ to knowingly take advantage of a person’s incapacity to consent to, or understand the nature of marriage. Duress may be from parents, other family members and/or the wider community.

Any adult concern that appears to relate to Forced Marriage should be discussed immediately with a Team Manager and Police Scotland contacted to ensure a co-ordinated approach to any further decisions regarding intervention as this is a criminal offence.

Practice Note:

Always remember the One Chance Rule - You may only have one chance to speak to a potential victim of forced marriage and therefore only have one chance to protect someone. Appendix 1 provides the One Chance Checklist which should be used by any Council Officer preparing to undertake any inquiries under Adult Support and Protection where Forced Marriage is a potential consideration or risk. The Council Officer should also familiarise themselves with a Forced Marriage Order as this may be an appropriate intervention in these situations.

1.1.7 Young People at risk of Harm

The Act defines an adult as being sixteen years and over. There are a number of ways in which an adult support and protection concern may be identified across Children’s Services. In relation to local operational practice, where a young person is already in receipt of Social Work Services it is expected that any issues relating to harm or protection would ordinarily be addressed within the young person’s care/support plan. If however the young person has reached the age of sixteen and is not subject to current formal Child Protection arrangements, it may be more appropriate to address any harm under Adult Support and Protection legislation.

The COP stresses that young people aged sixteen to eighteen can be particularly easily influenced. Legislation places limits on children in regard to alcohol use not in place for adults, such as access to alcohol which may need to be considered.

Young persons aged sixteen to eighteen years who offend and are already being dealt with by the Courts would be the responsibility of the Criminal Justice Service in liaison with the

Children and Families Service. Young people who offend and remain within the Children's Hearing System are dealt with by the Children and Families Service.

It may already be known or it may come to light that the young person lacks capacity to make decisions to protect their welfare, property and/or financial affairs. In such cases intervention may be required under the Adults with Incapacity (Scotland) Act 2000 and as such the Policy, Procedures and Practice Guidance: Adults with Incapacity (Scotland) Act 2000 should be followed.

Practice Note:

Young people subject to Child Protection registration would not automatically become adults at risk of harm. It would be expected that the protection plan already in place takes precedence and any harmful concerns or need for support are addressed within that.

It would however be best practice that Children and Families Services liaise with Community Care Services to ensure consideration can be given to arrangements for transition from Child to Adult Protection if necessary or applicable. In particular ensuring arrangements for sharing information, risk management and support across services and ensuring the lead professional for the young person is clear at all times in regard to this.

1.1.8 Hate Crime

Hate crimes and incidents are taken to mean any crime or incident where the perpetrator's hostility or prejudice against an identifiable group of people is a factor in determining who is victimised. However, a victim does not have to be a member of the group; anyone can be a victim of hate crime.

Hate crime involves any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic. Hate crime can be motivated by disability, gender identity, race, religion or faith and sexual orientation. Hate crime can include threatening behaviour, assault, robbery, damage to property and inciting others to commit hate crimes and harassment. It can be committed against a person or property.

Any adult at risk referral which could constitute a Hate Crime should be discussed with the Police. People with a learning disability often experience what they would call "Mate Crime" where a person who befriends them exploits them. This constitutes harm under the Act and should be considered as such.

1.2 Reporting and Recording Concerns

1.2.1 Responsibilities

All agencies must recognise adult at risk concerns and report them to social services, who have the responsibility under the Act to lead and co-ordinate the response to these referrals.

Each organisation/service is expected to have their own internal policies and/or procedures to ensure their staff and those using that service are clear in regard as to how to report adult support and protection concerns.

The following guidance summarises the general expectations about how agencies referred to throughout this guidance should respond, and be responded to within East Ayrshire.

The flowchart summarising the local East Ayrshire referral process to Social Work is contained within Appendix 8 and should be followed in all instances. There are additional arrangements for some agencies which are detailed in Section 1.3 of this Guidance.

1.2.2 Recording a Referral

All referrals should be factual, accurate, legible, signed and dated at all stages. There are a number of key areas practitioners should consider including:

- The nature and substance of the concern;
- Details of the referrer (unless anonymous);
- Initial assessment of the incident or concern;
- Information on the person's circumstances;
- Any external referrals or consultations that have been made;
- Any issues of incapacity and/or consent that are known;
- The wishes and views of the adult;
- The decision and the actions taken and the reasons for these;
- Roles and responsibilities of any other person involved;
- The framework for monitoring and reviewing any ongoing involvement;
- Any issues of restriction and confidentiality in relation to information sharing.

1.2.3 Consent of the Adult

Information will not generally be shared by agencies without the consent of the person who is known or believed to be at risk of harm. The disclosure of personal information without consent is only justifiable on one of the following statutory grounds:

1. When professionals judge that it is necessary to act immediately in order to protect someone from serious harm or to report a suspected crime. Anyone proceeding on this basis must record and justify their actions. Advice can be sought from the relevant agencies legal or professional advisors.
2. When the Council is carrying out its statutory duty to investigate under the Adult Support and Protection (Scotland) Act 2007 and the adult has refused consent.
3. Other bodies who are signatories to this Guidance having a duty to report under Section 5(3) of the Act may disclose information regarding an individual's circumstances to the Council where they believe an adult is at risk and where the adult has refused to consent insofar as the disclosure is consistent with the proper exercise of their functions.

Obtaining Consent

How to get Consent

In order for the adult's consent to be valid, it must be informed consent. This means that they have to understand fully what they are consenting to and the implications of both consent and withholding of consent. The adult must be made aware that they are being asked to consent to the sharing of information and that a referral, inquiry and/or investigation may follow. The adult will be asked separately for their informed consent to any protection plan developed at an Adult Protection Case Conference.

Capacity

According to the COP it is important to be clear about the adult's capacity in all cases. All adults who have capacity have the right to make their own choices about their lives and these choices should be respected if they are made freely. The adult may be capable of giving consent. With regards to this, being incapable means by reason of mental disorder or due to inability to communicate because of physical disability with respect to:

- a) Acting; or
- b) Making decisions; or
- c) Understanding decisions; or
- d) Retaining the memory of decisions.

Advice on capacity can be sought from the Council's Mental Health Officers or any appropriate health professional.

Who obtains consent?

If the person who has the initial worry or concern has an appropriate professional relationship with the adult, then they should obtain the adult's consent to the sharing of information in terms of making a referral. Alternatively, if this is not possible, a referral can be made to Duty Social Work or an appropriate professional in their agency and they will obtain the necessary consent to proceed.

There are times when the adult may be unable to give consent for example they may be unconscious. In these circumstances it would be appropriate for information to be shared however, as soon as practicably possible the person sharing the information should make the adult aware of this.

What if the adult refuses to consent?

If an adult refuses to give consent to a referral and inquiry or investigation into their circumstances and does not wish to accept any help or support to provide protection, then their wishes must be given due regard and recorded as part of the referral process within the AP1.

The legal circumstances set out at the start of this section justify further information sharing without consent, however additional factors below should also be considered by the Team Manager in conjunction with any relevant multi agency partners which may influence the decision on whether to proceed with any further intervention or not, ensuring that the legal

principles of the legislation have been applied and there is a balance of considering the rights of the adults with professional duties and powers:

- If they believe there are other steps that could reasonably be taken to safeguard the adult without the need for further intervention;
- If it is not clear whether the person has capacity to make decisions regarding their safety and it is reasonable to consider their capacity may be in doubt from the information shared;
- If he/she or others are at risk of harm as a result the reported concerns e.g. harm identified in a care home/hospital/support service;
- If it is suspected that the adult may be under undue pressure to refuse consent.

Definition: In Section 35 (4) of the Act, Undue Pressure is defined as:

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

If the decision is that it is justifiable to continue to make a referral, share information and undertake inquiries and/or investigation the adult as far as practically possible must be informed of the decision to proceed.

Practice Note:

To do nothing or to promise confidentiality and then report the concern is not acceptable therefore staff should openly and honestly discuss with the adult the intention to report the information given and advise them of the action that will be taken next. The only exceptions are where this may place the adult at risk of further serious harm or undue pressure.

Where undue pressure is to be evidenced the practitioner should include in their recording how the development of the relationship has given rise to the person suspected of exerting undue pressure being in a position of confidence and trust.

Chapters 12-14 of the Code of Practice for the Act contain further information on undue pressure.

1.2.4 Date Protection and Information Sharing

The Data Protection Act 1998 governs the protection and use of personal information. All agencies acting under this Guidance accept the duty of confidentiality and will not disclose personal information about an adult at risk to any other person or organisation except in accordance with the terms of this Guidance or any other statutory duty or code of conduct.

The current [Ayrshire and Arran Protocol for Sharing Information](#) between the three Ayrshire Councils, NHS Ayrshire and Arran, Police Scotland and Scottish Fire and Rescue Services

provides a formal multi agency agreement between these agencies at this time for information sharing which includes adults who may be at risk of harm.

Information sharing also relates to reports generated within the procedures including the AP1 Referral and Inquiry (Appendix 2), AP2 Risk Assessment (Appendix 3), AP3 Protection Plan (Appendix 4) and AP4 Minutes of Adult Protection Meetings (Appendix 5).

These reports are confidential to Social Services and should be stored and considered in line with current management of confidential information procedures. A decision whether to circulate all or parts of any of these reports to any parties is the decision of the Team Manager in conjunction with the Service Manager and must be recorded in the appropriate SWIFT notes for the adult at risk and within the documentation as part of a circulation list.

1.2.5 Co-operation

The duty of all public bodies to co-operate with reporting and inquiries is in Section 5 of the Act and Chapter 4 of the COP. Line managers from all agencies should ensure practitioners participate in interviews and visits, where requested by Social Services. Co-operation also includes the role of services in providing support for the adult and/or their carers.

In terms of good practice, all relevant stakeholders should co-operate with assisting inquiries and investigations.

In relation to co-operation between professionals, line managers from all agencies should ensure that multi agency staff are given and have sufficient time to attend adult support and protection planning meetings and/or conferences and core groups. Where invited members of any of the afore-mentioned meetings are unable to attend, it should be noted that co-operation includes submission of any relevant reports.

Refer to Section 3.1.3 with respect to the Offence of Obstruction which may be applicable where an agency fails to co-operate without reasonable explanation.

1.2.6 Multi Agency Public Protection Arrangements (MAPPA)

Where an adult at risk is believed to have been subjected to harm by an individual subject to MAPPA arrangements the circumstances should be reported to the Criminal Justice Service Manager, MAPPA Co-ordinator and the Detective Inspector of the Offender Management Unit and a referral should still be made regarding the adult at risk using reporting procedures. The Team Manager receiving the referral will contact the relevant Criminal Justice Service Manager to liaise with the MAPPA Co-ordinator in relation to decision making regarding how to proceed. For further information refer to Section 5.2.1.

1.2.7 Advocacy and Safeguarders

Advocacy that is independent of services helps safeguard the rights of people who are vulnerable or discriminated against or whom services find difficult to serve. Independent advocacy involvement is a crucial element for all at risk groups in ensuring that people

understand their right to be free from abuse and also that they have information and support available to them to exercise their rights within the adult protection process.

The Act places a duty on public bodies to consider advocacy where there is a need to intervene after making inquiries under Section 4 of the Act to protect the adult at risk. Where an independent advocacy service is refused, deemed inappropriate or is unavailable this should be clearly recorded.

In relation to applications for Protection Orders under Section 41 (6) of the Act the Sheriff has discretion to appoint a person to safeguard the interests of the adult at risk in any proceeding. This means the Sheriff may instruct a Safeguarder to report on the issue of the adult's consent to the application. In the context of criminal investigations, an advocacy worker would not be allowed to be present as an Appropriate Adult should be available.

1.2.8 Carers

In East Ayrshire a Carer is defined by: ***“Carers look after family; partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.”*** (East Ayrshire Carers and Young Carers Action Plan 2011 – 2015)

If the risk of harm is thought to arise from a Carer it is crucial any investigation should gain an accurate picture of the Carer's situation. It is well evidenced that caring, particularly without appropriate support, can have a significant impact on a Carer's health, wellbeing and quality of life. It will therefore be important to recognise and acknowledge this through exploring with the Carer what support could be provided to them or to the adult which may alleviate the circumstances of the harmful situation.

The COP highlights that some Carers may have their own needs for support with communication and/or may benefit from independent advocacy provision. The Carer's advocacy worker should be independent of the advocate for the cared for person and will represent the Carer as a distinct voice from that of the person being cared for. The advocacy workers for both the Carer and adult may assist in considering and assessing any conflict of interest for example the cared for person may attempt to influence the views they wish the Carer to express, and vice versa.

1.2.9 Negotiation

The complexity of situations where harm can be experienced means that an element of negotiation is inevitable in determining what action is required and what role each agency will have. The need to share information regarding the adult is crucial as what one person or agency knows or believes may only be part of a more concerning picture.

Partner agencies, particularly those with a statutory duty to co-operate will also require to be responsive to requests for secondary workers whose role is detailed further in Section 3.2. In the event of any disagreement the matter must be deferred to the relevant agency Service Managers who will determine an appropriate solution.

1.2.10 Dispute Resolution and Complaints

It is important that there are clear distinctions made between complaints about a service, a difference of opinion or dissent and an appeal against a decision of an adult protection case conference, as these are dealt with differently.

Complaint

A complaint may be made by an adult, carer or legal proxy when they are unhappy with an aspect of a service provided to them, for example, the quality or reliability of a service, the decisions an agency has made about service provision, or the conduct of staff. Every agency involved in the adult protection process has their own complaints procedure and all staff should be aware of this and be able to advise how to access this.

When an adult, carer or legal proxy has a complaint during the course of the adult protection inquiry/investigation which may include information sharing or the management of a particular case or the process around and during the Adult Protection Case Conference they must be advised of the Council's formal complaints procedures by the appropriate Council Officer, Team Manager or Case Conference Chair and provision of this should be recorded.

For further details on differences of opinion, dissent and appeals within Adult Protection Case Conferences refer to Section 6.11.

1.3 **Specific Agency Roles**

1.3.1 East Ayrshire Council

The Act places a number of mandatory duties and optional powers on the Council to intervene in order to allow them to support and protect an adult from harm. As such they have the lead responsibility in co-ordinating any responses to adults who may be at risk of harm, including ensuring they are aware of their rights in relation to intervention to protect them and the provision of appropriate services including independent advocacy. The duties focus on establishing whether or not an adult is being harmed and what can be done to prevent further harm. The powers are used to protect the adult from further harm such as powers to visit the adult, interview them, arrange for a medical examination, access health, financial or other records or apply for a Protection Order.

Local Authorities also have duties under the Social Care (Self Directed Support) (Scotland) Act 2013 and the guidance for this Act provides further details of the link between Adult Protection and Social Care Assessment arrangements. The COP reinforces that choices made by an adult may increase risk but provide the benefit of greater control in terms of making informed decisions. The use of Self Directed Supports can improve the adult's ability to protect themselves which the Council will consider when intervening.

1.3.2 Police Scotland

The responsibility for investigating crime in Scotland rests with the Police Scotland. Where a referring agency knows or believes that a crime may have been committed that would require an immediate response e.g. physical or sexual assault, fraud or theft they should encourage the adult to report the matter to the Police through telephoning **999** or do so themselves via the local police office. This ensures the risk of contaminating any evidence is prevented.

For non-emergency situations where a potential crime may be suspected and no contact has been made to the local Police by the referring agency or individual the Social Work Team Manager receiving the referral will be responsible for considering police involvement and taking appropriate action through contacting the Police on **101**.

Practice Note:

The Police have responsibility for ensuring that any person with a mental illness, learning disability, personality disorder or acquired brain injury has access to an Appropriate Adult whether they are an actual or potential victim/witness and/or the person suspected of an actual or potential crime. The Police have their own contact number to arrange this. This is crucial as an advocacy worker would not be present during criminal investigations.

If a child is the subject of a Banning Order with an attached Power of Arrest, where practical the Police must make this known to anyone with parental responsibilities and rights in relation to the child and should also refer the matter to the Children's Reporter.

1.3.3 Scottish Fire and Rescue Services (SF&R)

While not specified in the Act, SF&R are recognised in the COP as contributing to the protection of adults at risk. There are many circumstances where SF&R will become aware of an adult or child in need of support and/or protection. The current SF&R Service Prevention and Protection Community Safety and Engagement Safeguarding Policy and Procedures for the protection of Children and Adults at Risk of Harm provides clear guidance on the role and responsibilities of SF&R to recognise, report and co-operate with Social Services and partners.

All multi agency frontline staff should be aware of the potential risk of fire in homes they may visit and should actively encourage people they are working with to access Home Fire Safety Visits. Any worker who wishes to access this on behalf of an individual should contact the SF&R Prevention and Protection Officer.

1.3.4 NHS Ayrshire and Arran

Over and above the role to recognise and report adults at risk of harm to the Local Authority, relevant health professionals are required to access information relating to an

adult at risk of harm at the request of a Council Officer. This can be verbally at the time of an inquiry or investigation, or in writing (Appendix 6) as a request under Section 10 of the Act at any other time.

There is also a clear role for health professionals in terms of secondary workers (Refer to Section 3.2 for further information on the role of the Secondary Worker) and/or providing health or capacity assessments where this is relevant to the adult at risk.

The Local Authority does not make any payments in relation to any of the aforementioned activities.

1.3.5 Care Inspectorate

The Care Inspectorate has a key regulatory role and function in considering the safety of all service users in any registered care service and can take enforcement action under the Public Services Reform (Scotland) Act 2010. The Care Inspectorate have a duty to recognise and report adults at risk to the Local Authority, and to co-operate with any inquiries about adults at risk of harm and may be asked to assist in providing information for those inquiries. The Care Inspectorate may investigate complaints or inspect a service in parallel to other Adult Support and Protection Investigations being carried out either individually or as part of a Large Scale Investigation.

1.3.6 Independent and Third Sector and Registered Establishments

Over and above the role to recognise and report adults at risk and respond to requests for examination of records from the Local Authority, the manager of a registered establishment must also notify the Care Inspectorate. Further guidance relating to this is contained within the [Pan Ayrshire Adult Protection Guidance and Procedures reporting Adult Support and Protection Concerns within Independent Care Homes](#).

The range of venues in which it is possible to perpetrate harm makes it impossible for guidelines to be prescriptive in every situation. Public Bodies as well as Independent and Third Sector providers have internal disciplinary investigation procedures that can be activated when an allegation is made against a member of staff. It is not the intention of these guidelines to replace any of these procedures, but rather to work in tandem with them to ensure that adults at risk are protected.

Practice Note:

It should be noted that in terms of the disciplinary process, this is focused on supporting the employee and ensuring that the organisational policies and procedures have been and are followed. It does not assess the risk of harm to the adult or others which remain part of adult support and protection inquiries. Therefore, even though the disciplinary process may have been initiated, there is still a requirement to assess harm that may have occurred to the adult in order to support and protect them and adult protection processes should be initiated/explored.

1.3.7 Department for Work and Pensions (DWP)

At this time the Adult Support and Protection (Scotland) Act 2007 is not recognised as an enactment by the Social Security Administration Act 1992 which has resulted in many local authorities experiencing difficulties when requesting information from the DWP under Section 10(i) when Council Officers are making investigative inquiries in relation to adults at risk of harm.

The Scottish Government Mental Health Legislation and Policy Team have agreed to consider this when a future review of legislation and policy is undertaken. However, in the meantime they have agreed a protocol and template for use with the DWP when Council Officers make a request for access to information (Appendix 7).

This template has been circulated to all DWP district managers in Scotland with a covering note to explain its use.

The Department for Work and Pension (DWP) data sharing and access management team have agreed to be a point of contact to resolve any issues which may arise for Council Officers when using this template or if there are difficulties with accessing information through the aforementioned route.

1.3.8 Prisons (Scottish Prison Service and Private)

The Adult Support and Protection (Scotland) Act 2007 does not currently apply to prisoners in custody as the Crown is not currently bound to the Act. East Ayrshire Council Department of Educational and Social Services, NHS Ayrshire and Arran and HMP Kilmarnock have agreed an interim Communication and Information Sharing Protocol which should be referred to when Adult Protection concerns have been identified for any adult being sent to, or in prison or by any worker planning the liberation of a vulnerable prisoner.

1.3.9 Office of the Public Guardian (Scotland)

The Office of the Public Guardian (OPG) fully comply with the requirements of Section 5 (3) of the Act and as such are legally required to report any adult at risk concerns to the relevant Local Authority.

The role of the OPG is to investigate matters in relation to the property and financial affairs of an adult who is subject to adults with incapacity legislation as they have no locus for any other investigations such as welfare issues or any other forms of harm, such as physical or psychological harm or unlawful conduct.

The OPG will commence an investigation at the request of a Local Authority upon receipt of a medical assessment confirming incapacity. Any investigating officer of the OPG will ensure they inform the relevant Local Authority they are pursuing an investigation and that there is no requirement for the local authority to pursue a similar investigation. However it may be necessary in some situations where there are multiple types of harm to consider and agree a joint approach to investigation.

2 Multi Agency Service Reporting Arrangements

2.1 East Ayrshire Council

All East Ayrshire Council staff should follow Section 5 of this guidance when reporting an adult at risk of harm.

2.2 Police Scotland

Adult at Risk Referrals will be received electronically from the Police via a Police Scotland Concern Report which will be sent to: swcustomerfirst@east-ayrshire.gsx.gov.uk.

Customer First Admin Staff will acknowledge receipt of the Police Scotland Concern Report and advise who the Adult at Risk Concern has been directed to.

On a monthly basis the local Police Scotland Adult at Risk Co-ordinator (AARC) provides the Adult Protection Legislative Assistant with a list of the current police referrals which is then returned with details of the outcomes recorded.

The AARC receives all requests for attendance at social work meetings relating to adults at risk and makes all necessary arrangements to ensure appropriate information and/or attendance is provided.

2.3 Scottish Fire and Rescue Services (SF&R)

Adult at Risk Referrals will be received electronically from SF&R through swcustomerfirst@east-ayrshire.gsx.gov.uk

All SF&R referrals will be co-ordinated by the local SF&R Prevention and Protection Officer (PPO).

The PPO receives all requests for attendance at social work meetings relating to adults at risk and makes all the necessary arrangements to ensure appropriate information and/or attendance is provided.

An Adult at risk will automatically be prioritised as a high risk of fire and will be responded to as such. SF&R will carry out a fire risk assessment in line with SF&R's [Home Fire Safety Visit](#) Policy.

The responsible Social Work Team Manager receiving the SF&R referral will liaise with the SF&R nominated contact. The purpose of this is to ensure arrangements are in place to consider how the follow up visit by SF&R to evaluate the level of fire risk since the incident can be supported within the process of any Social Work ASP inquiry or follow up.

2.4 NHS Ayrshire and Arran & NHS Contracted Services

All Health Staff are expected to be familiar with and follow the [Act against Harm Adult Support and Protection Guidance for Health Staff](#) produced by NHS Ayrshire and Arran.

The Scottish Government also reissued guidance on the [Involvement of GP's in Multi Agency Protection Arrangements](#) to provide clarity relating to their roles and responsibilities.

Any adult protection concerns regarding hospital in patients should be raised with the Social Work Team based in the Hospital who will follow the reporting procedures.

For individuals in Community based health settings, adult protection concerns should be made verbally to the local Social Work office covering the area in which the individual normally resides or if known to Social Services to the relevant Social Work, Team Manager (Refer to Appendix 9 – Contact List for referral locations) and followed up by the agreed referral form.

All referrals will be made verbally in the first instance and followed up by the agreed referral form. The form will be sent to a dedicated secure e-mail address within NHS Ayrshire and Arran and transferred to swcustomerfirst@east-ayrshire.gsx.gov.uk

2.5 Care Inspectorate

If the Care Inspectorate identifies or receives a referral about a person who may be considered as an adult at risk, (whether they are receiving care from a registered care service, or support from social work services), the Care Inspectorate Officer will refer the matter to East Ayrshire Council Social Work Senior Manager(s), Community Care as the representatives of the responsible body for undertaking an assessment of risk and deciding whether it is necessary to implement adult support and protection procedures. Should any referrer also wish to make a complaint against a registered care service, the Care Inspectorate will consider this, and the investigations of both the Council and the Care Inspectorate may run concurrently.

In cases requiring further inquiry/investigation under Adult Support and Protection procedures the Senior Manager (Community Care) will pass the information to Customer First admin via swcustomerfirst@east-ayrshire.gsx.gov.uk where it will be processed.

2.6 East Ayrshire Adult Protection Unit

The Mental Welfare Commission for Scotland (MWC) requires to be notified of all situations where an adult at risk with a mental disorder has become the subject of a Protection Order under the Act. The Adult Protection Unit (APU) will automatically send notification to the MWC when this occurs.

The APU also has a key role in the development, monitoring and review of these procedures. As part of the overall Self Evaluation Framework a system is in place to

independently survey practitioners in order to ensure these procedures remain fit for purpose. The APU are not involved in responding to individual adult protection concerns, however are available for advice, guidance and assistance by any agency, service or member of the public.

The APU offers training relating to Adult Support and Protection and public information to all agencies and members of the public free of charge. For further information about how to contact the APU, the Adult Protection Committee or their website refer to section 9.

3 Social Work Definitions and Roles

3.1 Requirements, Authorisation and Supervision of Council Officers

3.1.1 Requirements/Authorisation of Council Officer

In East Ayrshire formal investigations under adult support and protection must be undertaken by Council Officers. For the purpose of this legislation Council Officers are defined as:

- Registered Social Workers within Community Care, Criminal Justice Adult Teams or Social Work Out of Hours Services, with a minimum of 12 months experience in the risk assessment and management of adults at risk

They **must** have also undertaken the following mandatory additional training:

- Adult Support and Protection Council Officer Training
- Specialist training on Investigative Interview skills

And **must** also hold:

- An East Ayrshire Council approved Identification Badge (ID) which has been updated to reflect their Council Officer status.

The Manager who authorises the [ID request](#) is also endorsing that they are satisfied that the Social Worker has reached the level of practice competence necessary to undertake the role of a Council Officer. The ID is a statutory requirement that is considered proof of the Council Officers legal authority to act and must be used when identifying themselves to any person during the course of any inquiry or investigation.

Practice Note:

Children and Families Social Workers do not undertake the role of Council Officer within East Ayrshire with the exception of Out of Hours Social Workers who are authorised to undertake this role for this specific service. This does not exclude them from the role of Secondary Worker as detailed within Section 3.2

The Team Manager can also withdraw the authority of a Council Officer if they no longer meet the requirements. In these cases they should ensure the Council Officer is informed of this, for example during supervision, and their ID is amended accordingly. The Team Manager should also inform the Learning and Development Practitioner of the APU.

3.1.2 Supervision of Council Officers

Council Officers are entitled to supervision in respect of their adult support and protection duties. Where the line manager of a Council Officer is not a registered Social Worker, the line manager will require ensuring that additional arrangements are made to support the Council Officer, as part of their continued professional development. This arrangement will ensure that the East Ayrshire Council's Supervision Policy in respect of the statutory Council Officer role is met.

3.1.3 Offence of Obstruction

Section 49 of the Act provides it is an offence to prevent or obstruct any person (including a Council Officer) from doing anything they are authorised or entitled to do. It is an offence to refuse, without reasonable excuse, to comply with a request, to provide information under Section 10 of the Act or undertake any of the associated duties.

Practice Note:

Any Council Officer who believes an offence may have been committed should raise this immediately with their line manager in consultation with legal services to agree a decision on how to proceed.

3.1.4 Council Officer Role in Risk Assessment

The first risk assessment responsibility of a Council Officer is the completion of the AP1. Further to this, where a more detailed multi agency risk assessment is required they will be expected to complete an AP2. In the course of completing the AP2 Part 2, Section 2 (Chronology of Significant Events), the Council Officer should contact the relevant agencies involved to request their single agency chronology of contact as appropriate to the investigation and collate these into a multi agency chronology on the AP2.

The AP2 provides a format for bringing together comprehensive relevant information however the Council Officer must use their professional judgement in relation to the level of risk and any protective action which may be required. The main benefits of the AP2 are that it:

- Focuses on the person and their involvement in the assessment and decision making;
- Requires assessors to determine whether the person has particular communication, support or advocacy needs;
- Ensures individuals rights and capacity is considered;
- Emphasises the importance of the views of the person;
- Provides a balanced view between risk and protective factors.

Practice Note:

We know from public inquiries and significant case reviews that a failure to make comprehensive risk assessments often results in an adult being inadequately protected or being subject to further harm.

Where adults are at risk of harm all forms of intervention must follow the principles of the Act using multi agency co-operation to maximise support to the adult.

Where there is regular multi agency involvement, a pattern of repeat referrals or continued high risk of serious harm; the AP2 can promote effective communication across agencies and ensure clarity for all in regard to risk management, roles and responsibilities.

The Working Together to Improve Adult Protection – Risk Assessment and Protection Plan 2007 provides guidance on the completion of risk assessments/protection plans which ensures they are rigorous and comprehensive.

3.1.5 Use of Protection Orders

Definition: Protection Orders can only be applied for where there is evidence of **serious Harm** to the adult; where the adult has capacity for decision making a protection order cannot be granted by the Sheriff without the adult's consent unless it is proved that the adult has been subject to undue pressure to refuse consent. There are 3 types of Order that can be applied for to the Sheriff Court which are:

Assessment Order (s11)

This authorises the Council, if necessary to take the adult from a place being visited under the Order to allow:

- An interview to be conducted in private; and/or
- A private medical examination by a medical professional

The Order is **primarily to facilitate an interview or further assessment** does not contain powers of detention. It can be enacted for up to seven days after the date specified in the Order. The adult can refuse to be interviewed, examined, or accompany the Council Officer despite the Order.

Removal Order (s14)

This allows a Sheriff or Justice of the Peace (in an emergency situation) to authorise the removal of the adult to another place primarily for the **purpose of protection**. The Order must be effected within 72 hours of being granted and can then last for a maximum of seven days although it does not contain a power of detention and the adult can refuse to remain within the place that they have been taken to.

Banning Order/Temporary Banning Order (s19)

These Orders ban the person or persons likely to cause harm from being in a specified place. An application for a Banning Order can be made by any person including the adult at risk. A banned person can be an adult or a child. Where consideration is being given to applying for an Order which bans a child, this should include prior consideration of making a referral to the Children's Reporter where it is believed there would be an effective case to answer. If the circumstances are such that there is a need to act urgently, then a referral to the Children's Reporter should be made at the same time as the application for an Order.

Conditions can be placed on Banning Orders by the Sheriff, including the length of the Order (up to six months), conditions of/to contact, or attaching a power of arrest. These can be appealed against by the person being banned.

It should be noted that in situations where adults perpetrating harm are subject to statutory criminal justice disposals this supersedes the Adult Support and Protection Act in terms of protection orders which should not be used.

Representation of the Adult

The adult is entitled to be represented within the Court process where the adult concerned has indicated they do not wish to have legal representation, or it appears they do not understand the process; this should be recorded and indicated to the Court by the Council. The Court retains a common law power to appoint a Curator ad Litem where a person is party to a case but does not have full mental capacity. The Sheriff has discretion to appoint a Safeguarder before deciding on an Order. The role of the Safeguarder is to safeguard the interests of the adult at risk in any proceedings relating to applications and the Sheriff may instruct the safeguarder to report on the issue of consent.

Should the Council Officer become aware that the person suspected of harming the adult may also attend proceedings e.g. where the adult wishes to be accompanied by that person, the Council Officer should instruct Legal Services to inform the Sheriff prior to the Hearing being held. This will allow the Sheriff to decide whether to apply the provisions available under the Vulnerable Witnesses (Scotland) Act 2004.

Serving of the Order

The Council Officer will ensure that Legal Services are made aware of any arrangements that may need to be made when the Order is served on the adult. Legal Services will make initial contact with relevant persons such as Sheriff Officers and the Police in order to organise the service of papers.

Breach of an Order with Power of Arrest

The Power of Arrest becomes effective only when served on the subject of the Order. Under Section 28 of the Act where a Banning Order or Temporary Banning Order has a Power of Arrest attached a constable can arrest the subject of an order if the constable reasonably suspects the subject to be breaching or have breached the Order and considers

if they were not arrested they would be likely to breach the Order again. This simply means the constable cannot arrest the subject for having breached the Order alone.

The police must pass the facts and circumstances regarding the incidents which gave rise to the arrest for breach of the banning order to the Procurator Fiscal who will determine if there is sufficient evidence to take any further criminal proceedings, for example assault or harassment of the adult at risk.

Practice Note:

An Adult must consent to the application for a Protection Order and these must not be applied for without consent unless the Council Officer can evidence Undue Pressure by another or has a formal medical opinion of incapacity. This evidence must be provided to the Sheriff.

The decision to apply for a Protection Order must be authorised by the Team Manager of the Investigating Council Officer in consultation with the relevant Service Manager. They must believe there are no steps that could be reasonably taken with the adult's consent before proceeding with an application for order.

It is also good practice to ensure that carers providing care and support are kept up to date with the proceedings, where appropriate. This is also important where a Carer is a guardian or a power of attorney.

3.1.6 Warrants for Entry including Council Officer Role

Definition: A Warrant authorises a Council Officer, accompanied by a Police Constable, to visit any place specified in the warrant for the purposes of conducting an investigation.

If any Protection Orders or Warrants are being sought the Council Officer must at the earliest opportunity contact or involve the Team Leader, Legal Services who will allocate a Solicitor to prepare and make the application.

The Council Officer must:

- Make contact with the local police office if police assistance is required
- Contact the Council if there may be a need for a joiner to secure premises i.e. if a door requires to be forced open by Police as a last resort to gain entry.
- Ensure the Protection of property (s18) if a Protection Order is enforced; that may mean making arrangements to protect the moveable property or goods belonging to the adult are at risk if no other arrangements can be made.
- Take an inventory of the moveable items and as far as possible ask the subject of the banning order to sign that this is correct with a copy being provided to the adult and the original retained for the file.

Practice Note:

If a Council Officer is unable to access the adult a Warrant for entry (s37) may need to be applied for at the same time as the Protection Order. Evidence would be required to substantiate that it is reasonable to conclude that entry could not be gained without the Order. It should be noted that the adult at risk cannot be financially charged for any protective action taken under a Protection Order.

It should be noted that only the Police are authorised to use reasonable force or to restrain any person if required.

Legal services are responsible for formally notifying the subject of a Protection Order and any other relevant person that the application has been made.

The APU is responsible for formally notifying the Mental Welfare Commission of those adults with a mental disorder who are subject to a Protection Order.

3.1.7 Other Civil and Criminal Law Routes

The COP provides a number of examples of alternative legislative routes that could be considered to protect an adult at risk of harm. These are not exhaustive and may not apply in all cases, however they include:

- Where a crime has been committed and the Crown Office and Procurator Fiscal Service intends to prosecute, multi agency partners could consider asking the Sheriff to consider bail conditions to protect the adult at risk from further harm;
- Section 17 of the Sexual Offences (Scotland) Act 2009 in relation to mental disorder;
- Guardianship under Adults with Incapacity (Scotland) Act 2000 where there is a task or issue specific capacity concern regarding the person's ability to protect themselves from those placing them at risk;
- Anti Social Behaviour Order;
- Breach of the Peace;
- Non Harassment Order;
- Forced Marriage Protection Order;
- Common Law Crime of Threats;
- Use of Mental Health (Care and Treatment) Scotland Act 2003 where adults with a mental disorder are neglected by others.

For further detail in relation to these measures refer to the Protecting People Legislative Information Booklet detailed in Section 9.2.

3.2 **Accompanying/Secondary Worker**

All statutory visits and interviews for the purpose of investigating allegations of harm under the legislation will require two workers. The Act allows for any person the Team Manager in conjunction with the Council Officer deems appropriate to be a

secondary worker. It would be best practice to ensure that secondary workers have undergone appropriate specified Adult Support and Protection training, including training on the role of the second interviewer.

The Team Manager/Council Officer should be clear about the role and function of the secondary worker and differentiate this from any additional person that may be needed for support (which may also include advocacy or communication support) which would be separate from the investigative role.

The secondary worker's role is not solely to record the investigative interview. They perform a crucial support role to the lead investigator. They may already be known to the adult at risk of harm and/or their family and provide a way of facilitating initial access or rapport with the adult and/or their family. The secondary worker role includes:

- Recording a "detailed summary" of the content of the interview (this does not require to be verbatim recording)
- Recording non verbal communication observed during the interview
- Ensuring all agreed areas/topics discussed during planning with the lead investigator are covered during the interview
- Asking for time (to record) or clarification (about issues/facts) if needed
- At an agreed stage, with the lead investigator, may ask questions to clarify information provided or where the secondary worker has identified an area relating to the harm which the lead investigator may not have explored in full.

3.3 Chairs of Case Conferences

A Chair must meet the Council Officer requirement as detailed in Section 1.2

They must also have the following:

- Undertaken Chairing of Case Conference Training
- Experience of Risk assessment and protection planning
- Either have a working knowledge of the Adults with Incapacity (Scotland) Act 2000 **and** the Mental Health (Care and Treatment) (Scotland) Act 2003 **or** if they do not have this, they must ensure the presence of a Mental Health Officer at the Case Conference where there are mental health concerns.

Within East Ayrshire, ASP Case Conferences are chaired by Service Managers however they can delegate this function to a Team Manager as part of their continued professional development. They must ensure the Team Manager has the appropriate level of training, support and supervision during this process and also countersign the case conference minute which endorses that they have overseen this process. In addition, to ensure that there is a degree of independent scrutiny, recommended best practice is to ensure the Chair of the Case Conference is not the direct line manager for any lead Council Officer/Care Manager or Team Manager involved in the case. The Case Conference Chair must not be the Investigating Council Officer

Practice Note:

Chairs should be aware that they can consider dual legislation within the case conference process. Where they do this for example initiating an Adult Protection Case Conference but also covering Adults with Incapacity, they must ensure invites and introductions to meetings make this explicit. This will ensure everyone in attendance is clear that the criteria and principles of each legislation will be discussed within this single meeting.

4. Social Work Interdepartmental Responsibilities

4.1 Children and Families Services

4.1.1 Identifying a Concern

The identifying worker from Children and Families requires to complete section A of an AP1 and advise their Team Manager who in turn will negotiate with the relevant Community Care Team Manager about the best way to proceed with the referral and any subsequent inquiry and/or investigation.

In the event that a young adult has an allocated Social Worker and the parent or guardian of a young adult has been identified (after any inquiry under the Act) as requiring ongoing support e.g. carers assessment, practical support, referral to other agencies this will be followed up by the children and families worker. It should also be noted that other legislation and provisions exist which include support to young person's up to the age of eighteen and sometimes up to age twenty five, dependent on circumstances.

4.1.2 Secondary Working

The Council Officer, Community Care will lead on any inquiry and/or investigation for the adult however may request that Children and Families or Criminal Justice workers act as the secondary worker which will also ensure they have a relevant named person with whom to coordinate the inquiry and/or investigation.

4.1.3 Protection Order

Where a Protection Order has been granted in respect of a child or an associated family member for example a Banning Order and there is no requirement for the banned person to have further adult service involvement, Children and Families services will be responsible for the monitoring and review of the appropriateness of the order and to arrange multi-disciplinary meetings to ensure any decisions regarding either the revocation or further application of an Order is given consideration within appropriate timescales and is formally recorded in line with these procedures.

4.1.4 Early Intervention

The Multi Agency Resource Group (MARG) considers all referrals where children may be exposed to harm via domestic abuse. Where MARG referrals have identified an adult at risk the group should ensure the process in Section 5 is followed.

4.1.5 High Risk Pregnancy

High risk pregnancy services are more appropriate where one or more of the following circumstances exist within the household: problematic alcohol and/or substance use, learning disability, domestic abuse, serious mental health issues, previous history of child abuse or neglect or any other adversity which may impact negatively on the

maternal/paternal parent's capacity to care and prepare for a new-born baby. Any worker becoming aware of a high risk pregnancy should liaise with children and families services to identify if the circumstances have been referred and/or assessed and how adult services are to be included in any subsequent intervention to support the adult.

4.2 Criminal Justice Services

Within East Ayrshire Council, Social Workers within Criminal Justice Services are able to undertake the role of Council Officer within their service. This means that all adult at risk referrals for adults who are in receipt of Criminal Justice Services, including Throughcare Services, will be passed to the relevant Criminal Justice Team Manager (North: The Johnnie Walker Bond or South: Rothesay House).

The Council Officer, Criminal Justice Services will lead on any inquiry and/or investigation for the adult however may request that Community Care or Children and Families workers be a secondary worker.

If a concern is identified the worker from Criminal Justice requires to complete section A of an AP1 and advise their Team Manager who in turn will negotiate with the relevant Community Care Team Manager about the best way to proceed with the referral and any subsequent inquiry and or investigation.

4.3 Ayrshire Wide out of Hours Social Work Response Service

All Adult Protection Concerns that arise out of normal business hours should be reported to Ayrshire Wide out of Hours Social Work Response Service on 0800 328 7758 or via e-mail: AyrshireOutOfHours@east-ayrshire.gsx.gov.uk who have lead responsibility to assess whether immediate action is required and co-ordinate the response by the relevant Out of Hours Council Officers.

Where Adult Protection inquiries commence within normal business hours and there is an ongoing need for the Ayrshire Wide out of Hours Social Work Response Service to be notified of any on-going concerns/risk then the Social Worker initiating requirements is required to do this. They must complete an *Ayrshire Out of Hours Alert to Ayrshire Wide Social Work Out of Hours Response Service Form* which is located in the front desk of SWIFT. They should also attach any relevant information such as a completed AP1 and/or risk assessment management plan. The worker must be specific in their recording in respect of any further action/intervention that may be required from the Out of Hours Service.

4.4 Community Care Services

4.4.1 Self Directed Support

The Social Care (Self Directed Support) (Scotland) Act 2013 establishes a duty on Local Authorities to provide adults, children and families with choice over their care and support arrangements through the general principles of involvement, informed choice, collaboration,

participation and dignity. The powers and duties of the ASP Act remain the same regardless of whether a person chooses self directed supports or elects for the Council to arrange support on their behalf. Adults who choose greater control and responsibility do not lose or compromise their entitlement to protection under legislation.

4.4.2 Protection within Care Management

Within the course of routine care management there may be occasions where concerns are raised in relation to the welfare of an adult. Consideration should always be given to escalating concerns, using Adult at risk procedures where appropriate, to ensure the rights of the adult are protected and the appropriate legislative framework is in place. The worker should review the SWIFT Profile Notes and Chronology for any previous concerns/risk of harm to inform further decision making.

Where a worker, in conjunction with their Team Manager decides that escalation is not required, the minimum intervention and recording should be as follows:

- Nature of concern recorded on SWIFT using Adult Protection Case Note;
- Narrative should give a narrative of the concern and action taken to manage the risks identified within the current care plan;
- Worker should ensure that the Significant Event Box is ticked to ensure the concern will be included in any electronic chronology;
- The worker should also ensure they undertake the Community Care Risk Screening Tool to evidence the need or not for any further specialist risk assessment.

4.4.3 Secondary Working

All Team Managers within Community Care will be expected to respond to requests from Criminal Justice Services for secondary workers to support Council Officer Inquiries/Investigations and vice versa.

5 Social Work Procedure – Following a Report of Harm

5.1 Referral Process

5.1.1 Report of Harm (Adult Support and Protection (Scotland) Act 2007, S5 (3))

Social Work Service Teams will accept and record all telephone and written referrals from all sources, ensuring that all information is transferred onto the electronic version of the AP1 located on SWIFT, including the details of the person being harmed. Anonymous referrals will be taken seriously and if the referrer makes a report and wishes to remain anonymous this must be noted on the AP1 within the referrer section A.

All admin staff receiving referrals will ensure that **all** AP1 Reports are immediately hand delivered to the relevant Team Manager along with the required acknowledgement letters for sign off and distribution as per the [Adult Protection Admin Guidance](#) .

5.1.2 Screening of Referrals

The Team Manager receiving the referral must ensure that no staff member is placed at risk and should screen the referral for the following:

- If any immediate medical assistance or police involvement is needed and arrange this if required;
- Fire Risk and any action required to address this;
- Any involvement of children, if confirmed they must report this immediately to the appropriate children and families' duty team manager or relevant team manager;
- If a registered service is identified then consideration must be given to whether to proceed with an individual inquiry or to initiate a Large Scale Investigation;
- The appropriateness of alternative legislation for example AWI/MH(C&T) and if alternative is deemed appropriate, ensure that the outcome of the referral is recorded within the AP1, Section B and passed to the Service Manager for sign off.

Where the Team Manager decides to progress to an Adult Protection Planning Meeting or Case Conference at this stage, then the Team Manager should contact Protection Admin to arrange this.

Practice Note:

In the event that 3 or more reports are made anytime within a rolling three month period involving the same adult, an Adult Support and Protection Planning Meeting **must** be triggered if no meeting has already taken place that involves a discussion in relation to any of the current three events.

If a crime is suspected, for example sexual or physical or financial remember the requirement to preserve evidence and ensure advice is given to other agencies involved in relation to this. Further information is contained in the Practitioners Guidance.

5.2 Initial Action/Inquiries (Adult Support and Protection (Scotland) Act 2007 (s4))

Definition: For the purposes of these procedures, inquiries are any action taken by social services following a report of alleged harm to establish whether there is cause for concern or intervention in order to protect the person's wellbeing, property or other affairs which includes:

- Gathering information from either the referrer, or through consultation with other agencies or services (telephone calls, face to face contact or further planning meeting);
- Requesting a familiar person such as a District Nurse, Home Care Manager who the adult knows and has previous or pre-existing contact to provide information or support;
- Arrange a discussion with the adult to establish facts, offer advice, guidance and assistance during an initial inquiry visit under Section 4 of the Adult Support and Protection (Scotland) Act 2007
- Consideration of appropriate services/supports such as advocacy, communication supports and any other practical supports necessary.

Adult Protection is not a linear process, and any action would relate to the level of risk of harm dependent on the circumstances however, where there are serious or immediate concerns an investigation in terms of a visit under Section 8 of the Adult Support and Protection (Scotland) Act 2007 to the adult at risk should not be delayed and must be carried out within 1 working day.

There will be situations where an adult refuses intervention (Refer to Section 1.2 on Consent) or where there are conflicting opinions about the benefits of intervention. The COP recognises the success of any intervention where an adult does not wish to co-operate may, by its nature, be limited in scope and effectiveness. In line with the Code of Practice, where these situations arise, any decision making should be on a multi agency basis to enable full and complete discussions regarding potential protective actions that can be made available to make the adult safer while applying the principles of the legislation.

5.2.1 Multi Agency Public Protection Arrangements (MAPPA)

If during an adult protection inquiry it becomes known that an adult is subject to MAPPA the circumstances should be reported to the Criminal Justice Service Manager (alongside other relevant service managers) the MAPPA Co-ordinator and the Detective Inspector of the Offender Management Unit and any further action should be agreed.

It should be noted that an individual subject to MAPPA Level 1 or 2 may not have Criminal Justice Social Work involvement therefore it is crucial to ensure the lead agency for co-ordinating the MAPPA process should be identified, informed and be part of any decision making process about how to proceed.

Practice Note:

It should be noted at this point that there may be no protection issues and therefore no need for the matter to progress any further under Adult Protection Procedures. A decision to take no further action under Adult Protection Procedures may be indicated if any aspect of the three point legal criteria is not met.

Where it is decided that the adult should be visited under Section 4 all parties should be clear that this is a visit to check their safety and to make them aware the information has been received, clarify any initial information and/or offer any advice, guidance or assistance under the Social Work (Scotland) Act 1968. They should be clear that it is not an investigative interview and must ensure that the adult is made aware of this.

If the Social Worker identifies during the course of their visit information that may require further consideration and/or investigation they should stop the visit and advise the adult they are going to seek advice and a further visit may be made under formal adult protection.

5.2.2 Inquiry Checklist

The Team Manager will ensure that Section 4 inquiries are undertaken by a registered Social Worker who may or may not be an approved Council Officer.

Inquiries should commence within 24 hours following receipt of a report where it is known or believed that an adult may be at imminent risk of harm. It is the responsibility of the Social Work Manager in consultation with relevant others to ascertain the risk to the adult or to assess whether the AP Referral meets the three point test and/or whether further investigation under adult protection is required.

Following any initial inquiry discussions with police personnel, the Social Worker undertaking inquiries should ensure that they record the name, designation and outcome of any discussion within the AP1, Section B and/or SWIFT Profile note as appropriate.

The Team Manager will ensure the outcome of these inquiries is recorded on the AP1, Section B under the inquiry/investigation section and also recorded as a Significant Event within Profile Notes on SWIFT.

All external statutory agencies (NHS Ayrshire and Arran, Police Scotland, Scottish Fire and Rescue Services) who have made a referral will receive an automatic notification of the outcome. Where the referrer is a member of the public or is not one of the external statutory agencies consent must be sought and given by the adult or their legal representative to providing notification of the outcome to the referrer.

A final check will also be undertaken by the Team Manager or Social Worker undertaking inquiries, of all written referrals to ensure that all relevant information required for Section A has been completed as fully as possible. Where this is incomplete, Social Work Service Teams responsible for progressing referrals should endeavour to source any missing

information required for Section A. They should then ensure that the electronic version of the AP1 on SWIFT is updated accordingly.

5.3 Decision Making

A Team Manager can make a number of key decisions during the course of receiving a referral or making inquiries.

Inappropriate Referral

If the Team Manager considers and decides the referral is inappropriate, for example it does not meet the legal criteria of the three point test and the circumstances would make continuing under adult protection procedures disproportionate, the Team Manager can decide to close the referral and record this on the AP1 before passing to the Service Manager for final sign off.

Planning Meeting

There are times when multi agency involvement and/or multiple categories of harm necessitate clear information sharing between relevant agencies.

In these circumstances the Team Manager in conjunction with the Social Worker, can also decide whether an Adult Support and Protection Planning Meeting is required to gather additional information. If it is they will inform Protection Admin staff of the date and agencies requiring invitation within **3** working days of the referral being received.

Definition: An Adult Support and Protection Planning Meeting is a **workers** multi disciplinary/multi agency meeting that is co-ordinated and held no later than **5** working days of the referral being received by the team. The Planning Meeting will:

- Share information (inquiries) and identify risks;
- Consider if further inquiries are necessary under ASAP(S4) or alternatively AWI (S10), or MH(C&T) (S33);
- Decide if an investigation under Adult Protection Procedures is required and plan for this;
- Clarify which agency should lead any investigation, allocate Council Officer if required and agree secondary worker;
- Consider what action is required at that point which could include actions that may be under ASAP, AWIA or MHC&T. It should be noted that an adult may be accessing interventions and supports using the criteria of any of the aforementioned legislations;
- Decide whether a Case Conference should be arranged and whether this will be an Adult Support and Protection or Adults with Incapacity Case Conference or both. It should be noted that support and intervention under ASAP can still be considered as options to reduce harm during AWIA Case Conferences particularly if someone is seriously harming the adult and a Banning Order for example may be required to reduce risks caused by their contact (Refer to Appendix 10 for meetings definitions).

The Team Manager must chair the planning meeting and ensure that the outcomes of the meeting are recorded on the minute by protection admin who will update the review tab on SWIFT with the date of the meeting and actions agreed.

An Adult Support and Protection Planning Meeting or information exchange may take place by telephone where the logistics of bringing representatives from all agencies together in one room would **seriously** delay an informed decision being made and the adult is considered as being at imminent risk of harm.

Practice Note:

An Adult Support and Protection Planning meeting **must** be held if 3 adult protection referrals have been received within a rolling three month period. An Adult Support and Protection Planning meeting may be indicated if there are urgent concerns, there are issues regarding consent, the case is complex, there are serious risks identified, several agencies are involved and sharing of information is necessary and a meeting will facilitate this.

Care Management

The Team Manager can also decide to make referrals to other relevant agencies or to progress under ordinary care management arrangements even if the adult meets the criteria of an adult at risk if it is considered this is the least restrictive option to support and protect the adult.

As part of this decision making the Team Manager should consider the following checklist:

- The extent of the alleged harmful act(s);
- Whether harm was a one off event or part of a long standing relationship pattern;
- The impact of the alleged harm on the adult;
- The impact of the harm on others;
- The intent of the person allegedly responsible for the harm;
- The legality of the actions involved;
- The risk of harm being repeated against the adult;
- The risk of the harm being repeated against other adults who may be at risk;
- The view of the person against whom the harm has allegedly been against (where known);
- Whether the adult has been able to initiate or could initiate action to protect themselves from further harm.

Adult Protection Case Conference

Team Managers should also consider the need for an Adult Support and Protection Case Conference (as detailed in section 6.7) at this time and if circumstances merit this, a list of invites and a date agreed with the proposed Chair should be passed to the relevant

Protection Support Officer to arrange invites to be sent **within 5 working days** of notification. All Adult Support and Protection Initial Case Conferences should take place **no later than 28 days** following receipt of referral.

Practice Note:

It is good practice to fully engage adults at risk of harm in terms of preparing for and holding meetings. In order to do this the Working Together in Adult Support and Protection – Views and Tools of People who Access Support provides advice on preparing for and holding meetings with an adult potentially at risk. A link to this document is contained within Section 9: Resources – Publications (9.2).

It would also be important for arrangements to be made to offer to visit the adult and carer where it would be in their best interests after any meeting to reflect on what happened, ascertain whether they understood the process and outcomes of the meeting, and to ascertain whether any issues remain unaddressed or new issues have arisen.

6. Social Work Procedure - Investigations

6.1 Adult Protection Visits (S7) and Investigative Interviews (S8) Adult Support and Protection (Scotland) Act 2007

Definition: For the purpose of these procedures an Adult Protection Inquiry moves to an Investigation when a Council Officer has been allocated to undertake a visit under Section 7 of the Act for the purpose of an interview under Section 8 with the adult deemed to be at risk or any other persons present during the visit. Other investigative interventions include where a Council Officer arranges a medical examination under Section 9, examination of health, financial or any other records under Section 10 or the application for any protection orders including assessment and removal as part of the investigative process under Sections 11 – 19.

Practice Note:

The Council Officer will ensure statutory Visits and Interviews under Section 7 of the ASAP Act are carried out in accordance with the legislation, Code of Practice and the WoS Guidance, ensuring the rights of the adult and relevant others are safeguarded. Refer to the practice guidance contained within: The Adult Support and Protection Practitioners Handbook.

6.1.1 Investigative Interview Checklist

The purpose of an Investigative Interview is to:

- Check the accuracy of allegations;
- Protect the person from serious harm;
- Establish and record the facts about the circumstances which have given rise for concern;
- Establish with the adult whether they feel that their personal safety is at risk and whether they wish professional intervention to occur;
- What the adult's views are on sharing information about the incident with staff and other agencies who need to know;
- Decide whether or not actual or suspected harm has taken place and record the reasons for these conclusions;
- Identify any sources and levels of risk;
- Decide if any protective or other action is needed for the adult or any others;
- Ensure that appropriate action is taken in respect of any person who may be causing intentional or unintentional harm to an adult at risk;
- Involve the adult or their legal proxy (POA, Guardian) as fully as possible in line with S6 of the Act within the investigative process. This may involve the use of an advocate, translation or sensory impairment service or someone of the adult's choice to support them.
- Ensure any Informal Carer who meets the criteria will be informed of their right to a Carers Support Plan and offered any immediate support required.

6.1.2 Investigation Planning/Checklist

The Team Manager will ensure the Investigation is planned with the designated Council Officer and concluded (completion of the AP1) **within 21 working days** of receiving the initial referral. The investigation must be a planned process with the roles and remits of the investigation team agreed beforehand as to:

- Identification of an appropriate and relevant Secondary Worker;
- The time and place of the visit – (the visit must be made at reasonable times);
- Who will ask the questions and what they should include;
- Who will record the interview;
- Timescales for completion of each task;
- The benefit of involving advocacy services;
- Support for the adult's carer;
- Communication Requirements;
- The need, or not, to access other agency records;
- Involvement of medical staff in the investigation;
- Involvement of an MHO in the process, especially at Case Conferences to ensure their specialist training, experience and skills are utilised for adults with a mental disorder;
- The potential need for a warrant for entry to gain access to the adult and associated Police presence.

6.1.3 Adult Protection Case Conference

The Team Manager should also consider the need for a Case Conference (as detailed in section 6.7) at this time. If circumstances merit a Case Conference then a date should be agreed with the proposed Chair and a list of invites should be passed to the relevant Protection Support Officer who will arrange invites to be sent **within 5 working days** of receiving the notification. All Case Conferences should take place **no later than 28 days** following receipt of referral and due consideration given to possible advocacy, communication or practical support needs for the adult.

Practice Note:

All Case Conferences require to be informed by an assessment of the risk of harm from the Council Officer. Where it has been agreed to complete a multi-agency adult protection risk assessment (AP2), the AP2 must be available for dissemination, where possible, **no later than 3 days** prior to the Case Conference taking place. Where this is not available the Council Officers report must clearly identify risks that require to be considered by all agencies.

6.2 Requests to Access Records (S10(1))

6.2.1 Where there is a legal requirement for the Council Officer to access existing records in order to inform the investigation, they can request health, financial or other relevant records in relation to an individual that the Officer knows or believes to be an adult at risk from any relevant body/organisation under S10 of the Act.

All copies of original records must be given directly to the Council Officer with the exception of health records which must be inspected in the first instance by the appropriate health professional identified by the Council Officer who will provide a summary and access for the Council Officer. This could be for example a GP, Practice Manager, Specialist Nurse, Allied Health Professional, or Consultant who has had relevant involvement with the adult.

These requirements conform with the Caldicott Principles stating that NHS staff must understand and comply with the law. The other Caldicott Principles are that staff must understand their responsibilities; justify the purpose(s) for using confidential information; only use when absolutely necessary; use the minimum that is required; and provide access on a strict “need to know” basis. Therefore only relevant information should be provided to the Council Officer.

Any request for records can be made verbally to the relevant person as part of an investigative visit however, if made at any other time outwith this; the Council Officer must submit the request in writing as per S10.

The Council Officer should ensure that they record that they have requested additional information under Section 10(1) of the Adult Support and Protection (Scotland) Act 2007 in Section B of the AP1.

Practice Note:

In line with the principles of the Act the adult’s consent should be sought to access records relating to them. If this is not possible the adult should be informed that information is being sought and from whom. For example when:

- The adult lacks the mental capacity to consent;
- The person acting as proxy with the relevant powers for the adult is unavailable or unwilling to give consent;
- The situation is so urgent that attempting to obtain consent would cause undue delay;
- The consent would put someone at risk of serious harm;
- The purpose of the disclosure would be undermined, for example by prejudicing the prevention or detection of a crime.

Best practice would be that records provided would be copies rather than original documentation. Clear arrangements for retention timescales and destruction of records should be agreed with those providing the information.

6.3 Communication Support

Where an adult has a learning disability and meets the criteria for services from the NHS Community Learning Disability Team (CLDT) in East Ayrshire, and communication support is required, the Speech and Language Therapy Service will accept a telephone referral to their Head Office on 01292 513872. The Council Officer should be specific regarding the type of support sought to ensure they are signposted to the correct part of the service. Requests for speech and language support for anyone with physical disabilities can also be made using the same number and for hospital in patients the In Patient Service should be accessed.

Practice Note:

The NHS CLDT also offer other support services including access to psychological and psychiatric assessment, nursing, physiotherapy and occupational therapy and in situations where an adult at risk is identified, the CLDT will classify these referrals as urgent and accept a telephone referral.

6.4 Requests for Medical Examination (S9)

Any medical examination under the Act may only be carried out by a health professional which the Act defines as a Doctor, Nurse or Midwife. Medical examination may be required as part of an investigation for a number of reasons including, but not limited to the need to:

- Assess the adult's need for immediate medical treatment;
- Provide evidence of harm to inform a criminal prosecution under police direction or application for an order to safeguard the adult;
- Assess the adult's ongoing physical or mental health and support needs;
- Assess the adult's mental capacity to safeguard themselves;

Should during the investigation the Council Officer believe a medical examination and/or treatment by a health professional is required, wherever possible this must be discussed and agreed with the adult. In situations of extreme risk or urgency, the Council Officer may need to take immediate action by contacting emergency services without the adult's consent if necessary to save life or avoid significant deterioration.

If the adult has been subjected to sexual harm, medical examinations should be arranged between the responsible Social Work manager in consultation with Police Scotland remembering the need to ensure any potential forensic evidence is not compromised.

An adult must give consent to any medical examination unless he/she lacks capacity. This may require the Council Officer to consider other appropriate legislation for example, Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care and Treatment) (Scotland) Act 2003.

Practice Note:

The Council Officer should be clear with the medical practitioner the legal status of the request, whether the examination is to be carried out as part of a joint visit and whether this is being enacted through the use of a Protection Order. The use of an Order will require planning and a degree of negotiation with third parties.

6.5 Conclusion of Investigation and completion of AP1 – Part B (within 21 days of receipt of the referral)

Following the investigation the Council Officer will complete an Adult Protection Case Note Summary on SWIFT which should include analysis of any interviews/visits/information with recommendations for action. This should be copied and pasted onto the AP1 – Part B to ensure a full analysis of the investigation is recorded on the AP1. The report should focus on the areas highlighted in section 6.1 of these guidelines.

The Team Manager will screen, agree and sign off the AP1 and follow the same process as detailed in section 5.3.

Where the Team Manager and Service Manager agree there is no need for a case conference and therefore no further action under adult protection procedures the AP1 will be completed, signed off and passed to Locality Admin who will close to Adult Protection on SWIFT and send an Outcome of Investigation letter to the adult (or their legal representative) and the relevant statutory referring partner within 5 days of the investigation being completed.

6.6 Care Management Review Following an Adult Protection Investigation

Where the outcome of an Adult Protection Investigation has been no further action under Adult Protection Legislation, it is important to ensure that where the adult receives social work services, this decision is subject to further review.

This review should be held within 3 months and should be carried out in line with current My Life, My Plan Assessment Framework and recorded using a current My Life, My Review. Where ongoing risk of harm is identified, arrangements for the assessment and management of those risks should be explicit within any support plan or anticipatory care plan.

Where it is identified during the review that further harm has occurred or risk can no longer be managed under the aforementioned My Life, My Plan Assessment Framework then Adult Protection Procedures should be initiated by the lead worker, in line with existing procedures and a new AP1 should be completed.

6.7 Adult Protection Initial Case Conference

Definition: An Adult Protection Case Conference is a **multi agency, multi disciplinary** meeting following inquiry and investigation that should be held within **28** working days of receipt of referral (or sooner if there has been an application of a Protection Order) to:

- Ensure that the principles of the Adult Support and Protection (Scotland) Act 2007 are met at all times;
- Meet with the adult at risk, appropriate members of the family/carers and relevant agencies to share information collated during the adult at risk investigation including the AP1, and to consider the risks and concerns identified within the Council Officer's risk assessment (AP2);
- Enable multi agency information sharing of cumulative concerns and permit joint assessment of the risk of harm;
- Consider other relevant background information and clarify agency roles and responsibilities;
- Confirm whether based on all information harm has happened, and the nature of said harm;
- Make a decision on the level of risk and harm and the likelihood of recurrence;
- Decide if the adult meets and/or will continue to meet the adult at risk criteria and the interventions or supports to be provided to reduce or eliminate the risk of harm to the adult or others including children in the household;
- Decide whether or not to continue monitoring under formal Adult Protection procedures.

Practice Note:

An Adult Protection Case Conference **must** be held if information from inquiries/investigation indicates a level of serious harm and/or multi agency involvement which may require consideration of more restrictive legal measures i.e. ASP Protection Orders, or consideration of other statutory intervention. If other legislation is to be considered for example Adults with Incapacity (Scotland) Act 2000 remember a single Case Conference that covers both legislations can be arranged. Other factors that may warrant the need for an Adult Protection Case Conference are where there are difficulties accessing the adult, there is a risk of harm being repeated against the adult, other adults at risk and/or the public which cannot be managed within the care management arrangements.

6.7.1 Adult's Participation and Representation

The adult at risk should always be invited to a Case Conference, however they may choose not to attend, or the Chair may choose not to invite them in exceptional circumstances, for example it may be considered by a health professional that it is detrimental to their health or where they lack capacity and may have difficulty understanding or participating without distress, even with communication or other support being available. It should be noted that

any person excluded from a Case Conference should be recorded on the minute with justification provided as to the reasoning.

Professionals in the key agencies are normally familiar with a case conference format; the same cannot normally be said of the adult at risk and their carers. Consideration should always be given to helping the adult and/or carers to fully participate in this important decision making process. An invitation to attend is not in itself sufficient, consideration should be given to ensuring that:

- The venue for the case conference is not intimidating to the adult or carers and any access or cultural needs have been considered;
- Ensuring that the number of professionals involved is not overwhelming for the adult which causes them not to attend e.g. reports provided by external agencies where their attendance is not essential;
- The appropriate communication aids, translation/sensory impairment services are provided which may include talking mats;
- Individuals from minority ethnic communities have access to any relevant communication support where required;
- The purpose and process of the meeting has been fully explained both before and during the meeting including the use of accessible information;
- Attendance for part of the meeting is possible if there are areas which an individual finds too distressing and there is an appropriate facility to support this. Video case conferencing could also be considered.
- When someone is unable to attend or contribute through lack of capacity or illness, advocacy and representation are facilitated;
- Adults at risk should not be required to confront those alleged to have caused harm in any meetings and arrangements should consider this;
- Where the person alleged to have caused harm may also be considered an adult at risk, a separate case conference should be held.

6.7.2 Agencies Participation and Attendance

Core Members – Members of staff from all relevant agencies who have a duty to attend all Case Conferences and Core Groups under these procedures, and if not in attendance have a responsibility to have a substitute attend on their behalf; or if not possible to do so, to send a full report to the lead professional and chair which will be shared at the meeting.

Invited Members – Members who are invited as and when required e.g. Children and Families workers where they are working with any of the adults involved or high risk pregnancies, Criminal Justice Workers who have had previous involvement with an adult and/or person causing harm, a General Practitioner, Specialist Nurse or Allied Health Professional who has ongoing involvement with the adult.

6.7.3 Decision Making

During the course of the meeting a number of key considerations and decisions require to be made by the Chair, as summarised below:

- Whether there are enough agencies/services represented to make an informed decision; for example there should be at least two statutory agencies represented and all services with relevant involvement should be in attendance or provide reports
- If the decision of the meeting is **to cease** monitoring under formal adult protection procedures then make clear arrangements for alternative risk assessment and management, for example via Care Programme Approach (CPA), Multi Agency Public Protection Arrangements (MAPPA), My Life, My Safety
- If the decision of the meeting is **to continue** monitoring under formal adult protection procedures, then to make arrangements for the completion, implementation and reviewing of a Protection Plan (AP3) including identification of lead roles and responsibilities;
- Where serious harm is identified, consider appropriateness of and the need for Protection Orders;
- Consider the appropriateness of any alternative legislation i.e. AWIA or MHC&T and make clear arrangements for this to be undertaken;
- Consideration of a referral to the Police if information relating to a possible crime has come to light;
- Confirm whether any other professional bodies require to be notified or have a further role i.e. Mental Welfare Commission, Office of the Public Guardian, Care Inspectorate;
- Agree where required, the membership of an Adult Protection Core Group meeting and who will be the co-ordinating Lead Team Manager;
- Agree a time (within 1 week) when the allocated worker should visit the adult, and carer to ascertain whether they understood the process and outcomes of the meeting and whether any items remain unaddressed or whether any new concerns have arisen.

6.7.4 Protection Plan (AP3)

The minute agreements and actions form the basis of the AP3. This must be completed when an Adult Protection case conference has decided that due to the level of risk, the adult requires to continue to be monitored under formal Adult Protection procedures i.e. a Review Case Conference is required. This could include ongoing consideration of a Protection Order or other alternative legislation that continues to require multi agency information and support to safeguard the adult.

An AP3 should be completed and distributed within two weeks of an Initial or Review Adult Protection Case Conference. Following the meeting the minute taker will transfer the meeting agreements and actions onto an AP3 template and pass to the Chair for approval in advance of circulation.

Practice Note:

All Adult Protection Meetings will be recorded by a minute taker from protection admin teams who has appropriate training and experience.

The minute (AP4) and protection plan (AP3) should be available to the Chair to check for accuracy within 5 working days and distributed within 10 working days of the meeting.

6.8 Adult Protection Core Group Meeting

Definition: An Adult Protection Core Group Meeting is a **multi agency, multi disciplinary** meeting following the Initial and/or Review Case Conference who have the lead responsibility for ensuring the ongoing risk, ongoing support, risk assessment and management in relation to the adult is in place. They ensure that the AP3 and any Protection Order is implemented, monitored and updated as required. It should be held within **14** working days of the case conference and a minimum of monthly thereafter:

- The co-ordinating Team Manager will ensure arrangements are in place to communicate core group meeting arrangements to the multi agency, multi disciplinary core group;
- The co-ordinating Team Manager will ensure arrangements are in place for the adult to be visited on a weekly basis for the duration of the core group meetings;
- The Core Group must ensure and arrange for the full engagement of the adult and his or her formal and unpaid carers where appropriate and the ongoing implementation and review of the protection plan;
- The core group should be minuted by an experienced minute taker from locality admin teams;
- The minutes should be checked for accuracy and distributed to the core group members within 5 working days of the core group meeting.

Practice Note:

An Adult Protection Core Group meeting must be held where the decision of an Initial or Review Case Conference is that the adult is at continued risk of serious harm and that this requires to be managed within a formal Adult Support and Protection Plan (AP3). Further factors that may be present may be whether there is multi agency/multi-disciplinary involvement which involves further assessment and/or involvement of those agencies that require higher levels of communication and monitoring than care management procedures would provide.

6.9 Adult Protection Review Case Conference

Definition: An Adult Protection Review Case Conference is a **multi agency, multi disciplinary** meeting following an Initial Case Conference where the decision has been to continue monitoring the adult under formal adult protection procedures, and should be held no later than **three months** following the Initial Case Conference.

The updated Protection Plan from the Core Group should be available to the Chair of the Review Case Conference 3 days prior to the meeting.

6.10 Review Arrangements Following Conclusion of Adult Support and Protection Procedures

Following an Adult Protection initial or review case conference where the outcome has been there will be no further action under Adult Protection Legislation, it is important to ensure that where the adult receives social work services, this decision is subject to further review.

This review should be held within 3 months of the Adult Protection Case Conference, should be carried out using My Life, My Plan Assessment Framework and recorded using a current My Life, My Review Template. Where ongoing risk of harm is identified, arrangements for the assessment and management of those risks should be explicit in any support plan or anticipatory care plan.

Where it is identified within the review that further harm has occurred or risk can no longer be managed under the aforementioned My Life, My Plan Assessment Framework then Adult Protection Procedures should be initiated, in line with existing procedures and a new AP1 should be completed.

6.11 Differences of Opinion, Dissent and Appeals against Adult Protection Case Conferences

Differences of Opinion and Dissent

The Chair of an Adult Protection Case Conference should ensure all views are sought and heard, and has the responsibility to identify underlying conflicts of information or opinion, to highlight them and ensure they are discussed and resolved where possible.

Within the context of adult protection case conferences, dissent means disagreement with the decision about whether to continue under formal adult protection procedures or not. Any participant can voice dissent with any decision in relation to further adult protection intervention. This should be carefully recorded along with any reasons for the same. For all other decisions made at an adult protection case conference, dissent is not an option for those bound by the legislation.

All case conference participants are expected to contribute to decisions about whether the adult meets the criteria of an adult at risk and/or whether further formal adult protection

procedures are required. If they fail to do so, this is not viewed as dissent, but rather as abstaining. Where a professional abstains from participating in these decisions, this should be recorded then brought to the attention of the Head of Service, Community Care immediately after the meeting.

If disagreement, differences in opinion or dissent persist, after full multi agency discussion, this must not be allowed to prejudice any adult's safety and/or welfare, which must remain the paramount consideration. The Chair must ensure that the precise nature of the disagreement/difference in opinion/dissent is recorded.

Differences in opinion or disagreement over judgements shall not normally require any further response. They will be recorded in the minute and if any professional remains dissatisfied following the meeting, they should raise the matter with their own line manager.

If any professional has abstained from a decision as to whether the adult meets the criteria of an adult at risk and/or whether further formal adult protection procedures are required, this should be brought to the attention of the Senior Manager who will discuss this with the Head of Community Care immediately and agree a course of action. This will typically involve the Head of Service or Senior Manager advising the relevant Senior Manager of the agency/service which failed to contribute to the decision.

The Senior Manager must bring all instances of dissent to the attention of the Head of Community Care immediately and agree a course of action.

The Head of Community Care should respond to the dissenting person in writing within 28 days.

Appeal

Only an adult, carer or legal proxy has the right to appeal against a decision to determine and record whether an adult is at risk of harm/serious harm and/or to further monitoring under formal adult protection procedures

An adult, carer or legal proxy may wish to challenge this decision on the basis that they believe any of the following:

1. The adult protection conference has not been run in accordance with the local adult protection procedures; (e.g. conference has not received reports from all key professionals, the process is unfair or not impartial, etc...);
2. The facts of the case on which the decision is based are incorrect,
3. The decision is not justified by an analysis of the facts of the case (the criteria of an adult at risk was not met – the risks/likelihood of serious harm or undue influence is not demonstrated)

The Chair should ensure that the adult, their carer or legal proxy are aware of their right to appeal decisions about any of the above matters. Whilst an appeal is being considered, the decision made by the conference will continue to hold as valid.

The Appeal Process

Adults, Carers or their legal proxy may appeal a case conference decision by contacting the Head of Community Care in writing within 5 working days of the meeting at which the decision was made. The Social Worker can assist or support them with this if necessary.

On receipt of an appeal against a case conference decision, the Head of Community Care should review the decision and respond in writing to the person who made the appeal within 28 days.

The Head of Service Community Care will consider the following when reviewing the decision:

- Whether adult protection procedures were correctly followed;
- Whether any key information on which the decision is based is in doubt;
- Whether the conclusion that an adult is (or is no longer) at risk of serious harm is not justified by the information available to the adult protection case conference

The Head of Service's decision is final.

The decision of the appeal will be communicated in writing to the appellant within 28 days of receipt of appeal letter, and to all members of the relevant conference.

Appeal upheld

If the appeal is upheld, a review adult protection case conference should be reconvened under extraordinary circumstances. The review or reconvened case conference should be chaired by a different person than the original conference. The Head of Service will provide the reconvened conference with full details of the issues resulting in the appeal being upheld.

The Chair of the reconvened adult protection case conference must ensure that all those present are briefed at the conference about the decisions reached regarding the appeal, which are viewed as final on this matter. This means, for example, that when an appeal against the need for continuation under formal adult protection procedures is upheld, the reconvened conference must take as a starting point that the adult will not be subject to formal adult protection procedures, and the focus of the meeting should be in relation to alternative support that can be offered on an informal basis.

Clear distinction must be made by the Chair between the need to discuss the conclusions of the appeal and the task of this adult protection case conference, which is to consider the adult's current circumstances. This can allow for such exceptional circumstances as a conference reconvening with the starting point of confirming the intention not to proceed under formal adult protection procedures per the outcome of the appeal, and new information emerging during the reconvened case conference that provides evidence of risk of serious harm now.

The reconvened case conference should cover the following:

- Conclusion of the appeal and associated circumstances;
- Any new information or changes in adult's circumstances since original case conference which may have a bearing on current/future risk of significant harm;
- Adult's Care/Protection Plan and role/responsibilities of those involved in delivering the plan;
- Any changes to a lead professional.

All agencies involved with the adult, whether present at the reconvened case conference or not, will be issued with an amended record by Protection Admin in light of the appeal being upheld. Records should not be destroyed merely amended to reflect the outcome of the appeal and the decisions of the reconvened case conference.

Appeal not upheld

If the Head of Service concludes that the procedures and decisions relating to the case conference were followed in line with this Guidance and that the reasons for any recommendations and actions are justified in line with Adult Protection legislation (inclusive of the Principles) they must conclude that the recommendations and actions of the original case conference stand and that these will be routinely reviewed when the next case conference is held.

Further challenge

No further processes for appeal exist in cases where it is concluded that all relevant processes were followed and that the decisions made were reasonable, proportionate and appropriate.

7 Miscellaneous

7.1 Large Scale Investigation

The COP states that a Large Scale Investigation may be required where an adult who is resident of a care home, supported accommodation, NHS Hospital Ward or other facility, or receives services in their own home has been referred as at risk of harm and where the investigation indicates that the risk of harm could be due to another resident, a member of staff, some failing or deficiencies in the management regime or environment of the establishment or service.

When a Large Scale Investigation may be indicated the following parties should be involved:

- Care Managers and Senior Managers for the Local Authority in which the establishment is sited or the service is delivered;
- Care Inspectorate or Health Improvement Scotland Staff;
- Contracting and Commissioning Staff within purchasing authorities;
- Police Scotland, where there is a possibility that a crime may have been committed.

Key considerations where a Large Scale Investigation has been identified will be:

- Clarifying who should lead any investigation;
- The responsibilities of partner agencies;
- Which statutes are the basis for effective, proportionate and timely, protective action.

7.1 Cross Boundary Working

The Adult Support and Protection (Scotland) Act 2007 requires that the Local Authority where the adult at risk resides takes lead responsibility for accepting and co-ordinating any responses or intervention for that adult. This means that where an adult who is care managed and/or funded by another local authority receives a care service or resides in a registered establishment where the harm occurs this must be reported to the host authority.

The Team Manager receiving the referral will ensure they make arrangements to contact the funding authority to inform them of the nature of the concern and any further action that may be required by either the funding or host authority.

7.2 Transfer of Information when an Adult at Risk moves to another Local Authority

- 7.2.1 When an adult at risk who is the subject of on-going formal ASP Procedures moves or is moved by family or other person(s) from East Ayrshire and their whereabouts are unknown the key worker should immediately inform their Team Manager who should alert the relevant Service Manager.

- 7.2.2 If the adult is believed to be in danger, the Police and Ayrshire Out of Hours Service should be notified immediately of the nature of the risks and a lead contact for further communication.
- 7.2.3 An Adult Protection Planning Meeting involving relevant agencies should be convened within two working days to share information and agree any further action required.
- 7.2.4 Where the adult at risk who is subject to formal ASP Procedures moves (or is moved by family or other person(s)) to a known address in another area the Team Manager should contact the receiving Social Work office to pass on essential information about the adult and indicate services that the adult might require. They should decide which authority will be responsible for monitoring the case until an Adult Protection Transfer under care management can be arranged. Any dispute around who should assume responsibility should be passed to the relevant Service Manager.
- 7.2.5 The Team Manager should confirm the referral and/or transfer to the other local authority by letter, enclosing relevant reports, including the most recent Adult Protection Review Case Conference Minute. Even where East Ayrshire retains interim responsibility for monitoring the adult, a copy of all relevant information must be forwarded in a manner ensuring confidentiality and security.
- 7.2.6 If the key worker from East Ayrshire is continuing to hold responsibility until the transfer case discussion, he or she should obtain all relevant information about appropriate services within the new area and ensure that the adult is registered with a general practitioner in the new area who is made aware of the risks.

The vital role of GPs when a vulnerable patient moves from their practice is underlined in a letter to GPs from the Chief Medical Officer (dated 3 May 2005) headed Key Messages for GPs in Dealing with People with Learning Disabilities which states that:

“...When vulnerable families affected by learning disability move between primary care services make sure information about them and the risks they face travels with them. Alert the service taking the family on by telephone and in writing...”

- 7.2.7 The relevant Service Manager should convene an Adult Protection Case Conference within **15** working days of the adult's move to the new area involving appropriate attendance from relevant agencies from both originating and receiving areas. It may be appropriate for the conference to take place prior to the adult moving if this is practicable.
- 7.2.8 The Adult Protection Case Conference will decide on and minute whether responsibility for managing the case remains with East Ayrshire or is assumed by the receiving area. Any dispute which cannot be resolved by the Team Manager or Service Manager should be passed to a Senior Manager for resolution.
- 7.2.9 The adult at risk (and carer/relatives as appropriate) and relevant agencies should be notified of our intention to transfer responsibility for the adult to another authority and contact details provided for the new keyworker and social work office.

7.2.10 The adult at risk may also receive support and care from a different provider organisation in the new area and it is the responsibility of the key worker in East Ayrshire to ensure that new service providers are given relevant information on a 'need to know' basis about the risks to the adult, contact details for the new key worker and any delegated responsibility they may need to assume under monitoring arrangements contained within any protection plan.

7.3 Notification of an Adult at Risk Transferring from another Local Authority

7.3.1 When notification is received from another authority of the move of an adult at risk of harm to East Ayrshire, the Team Manager should communicate our expectation to the originating authority that:

- Relevant papers are sent to the Service Manager within East Ayrshire as detailed in previous section;
- The originating authority will be expected to convene an AP Case Conference within an agreed timescale which facilitates the attendance of the adult, relatives and agencies from East Ayrshire;
- The case file, including relative reports will be expected to be provided to East Ayrshire at the point of transfer.

8 Quality Assurance

8.1 East Ayrshire Social Work Managers Case File Audit

At an operational level, the East Ayrshire Council Supervision Policy and Procedures supports a process of case file audit by managers. The self evaluation tool used for this purpose is the Social Work Inspection Agency (SWIA) Case File Audit Checklist which prompts the auditor to consider adult protection as part of this audit. The outcomes of these management checks are recorded on SWIFT and collated by the Performance and Planning section of the Council.

8.2 Multi Agency Self Evaluation

At a strategic level the East Ayrshire Adult Protection Committee has made a commitment to the proportionate quality assurance and self evaluation of multi agency operational delivery of Adult Support and Protection activity and improved outcomes ensuring adults at risk are safer as a result of our activity. The main reference document for conducting this self evaluation process is the Multi Agency Self Evaluation Guidance and Case File Audit Protocol: Adult Support and Protection. This incorporates use of a Multi Agency Case File Audit Tool that evidences how well East Ayrshire policy and procedures relating to Adult Support and Protection are implemented. An audit is undertaken by the Adult Protection Unit on a biennial basis and includes multi agency participation from:

- Police Scotland;
- Scottish Fire and Rescue;
- NHS Ayrshire and Arran;
- East Ayrshire Council;
- Any other Service/Agency as required dependent on audit remit.

The Audit provides evidence that these procedures are adhered to and any improvement action required is reported to the Social Work Management Team for implementation.

8.3 Pan Ayrshire Significant Case Review (SCR) Procedures

It is crucial that where incidents occur from which lessons can be learned in order to better protect adults who may be at risk of harm, systems to facilitate this are in place. This may come to light following a case file audit, staff supervision or operational practice.

All Public Bodies and organisations will have their own internal mechanisms for the reporting of a Significant Occurrence, Adverse Event, Critical Incident or Near Miss.

The East Ayrshire Adult Protection Committee has a clear responsibility to ensure a transparent and systematic approach to identifying, reviewing and where appropriate making recommendations to improve operational practice. As such, the EAAPC has approved and reviewed the Pan Ayrshire Guidance for conducting a Significant Case Review in Relation to Adult Support and Protection as the procedure for all agencies to

follow if there is a need to consider an independent multi agency review. The link for this is contained within Section 9 of this guidance.

Any requests by any agency (inclusive of Social Work) to initiate such a review are made by completing an Initial Case Review (ICR) form A which should be passed to the Adult Protection Co-ordinator via maps@east-ayrshire.gov.uk within 1 working day of the relevant managers decision to initiate this request.

Practice Note:

All Senior Managers from all agencies who are managing such situations should ensure they are familiar with and follow the Guidance for an SCR in order to identify where these should be reported to The Adult Protection Committee for independent consideration.

Not all initial case reviews require to progress to a full SCR however the initial case review process as the formal request, can help identify areas to improve future practice through an initial screening of the multi agency chronological information at this stage which allows a multi agency panel to decide whether an SCR is required and/or provide feedback to partners in relation to any recommended improvement action.

The COP strongly recommends that the National Framework for Significant Case Reviews is used when it is published. The aforementioned Pan Ayrshire Guidance will be reviewed once the National Framework is received.

8.4 Reviewing these Procedures and Guidance

The EAAPC have a priority outcome of early intervention and as such ensures up to date policies, procedures and practice that are good for people at risk of harm are in place.

With this outcome in mind this Guidance has been produced by the East Ayrshire Adult Protection Unit and has been approved for use by the statutory agencies of the East Ayrshire Adult Protection Committee. This Guidance replaces the East Ayrshire Interagency Operational Policy and Procedure: Support and Protection of Adults at Risk of Harm, December 2010 – copies of which should be destroyed.

In order to ensure these current procedures remain fit for purpose please direct any comments/suggestions for improvement to maps@east-ayrshire.gov.uk

Should any of the contents of this document be reproduced for use or reference by any other party, East Ayrshire Adult Protection Unit should be acknowledged as the source.

9 Resources

9.1 Websites

Partner Agencies

East Ayrshire Council

<http://www.east-ayrshire.gov.uk/Home.aspx>

[AthenA NHS Website](http://athena/ices/opvats/asp/Pages/DocumentLibrary.aspx)

<http://athena/ices/opvats/asp/Pages/DocumentLibrary.aspx>

[Scottish Fire and Rescue](http://www.firescotland.gov.uk/)

<http://www.firescotland.gov.uk/>

[Police Scotland](http://www.scotland.police.uk/)

<http://www.scotland.police.uk/>

For Information on the Care Inspectorate:

<http://www.scswis.com/>

For Information on the Office of the Public Guardian:

<http://www.publicguardian-scotland.gov.uk/>

For Information on the Mental Welfare Commission:

<http://www.mwscot.org.uk/>

Committees & Partnerships

For Information on Adult Protection Committee:

<http://www.east-ayrshire.gov.uk/SocialCareAndHealth/ServicesAndAdviceForOlderPeople/ProtectionOfVulnerableAdults/AdultProtectionCommittee.aspx>

For Information on Child Protection Committee:

<http://www.east-ayrshire.gov.uk/SocialCareAndHealth/CareAndCarers/ChildrenAndYoungPeople-ChildProtection/ChildProtectionCommittee.aspx>

For Information on Violence against Women:

<http://www.east-ayrshire.gov.uk/CommunityLifeAndLeisure/CrimePreventionAndCommunitySafety/Harassment-HelpAndSupport/EastAyrshireViolenceAgainstWomenPartnership.aspx>

For Information on Alcohol and Drugs Partnership:

Under Development

For Information on Choose Life:

<http://www.chooselife.net/>

For Information on MAPPA:

<http://www.scotland.gov.uk/Topics/Justice/public-safety/protection>

Protection & Care Management

For Information on Children and Young People:

Child Protection

<http://www.scotland.gov.uk/Publications/2010/12/09134441/6>

For Information on Self Directed Supports:

<http://www.selfdirectedsupportscotland.org.uk/>

My East Ayrshire Community Information Portal (CIP)

www.my-east-ayrshire.co.uk.

For Information on Forced Marriage Legislation:

[Foreign and Commonwealth Office Website.](#)

For Information on Financial Harm:

<http://www.actionfraud.police.uk/>

For Information on Disability Hate Crime:

[Hidden in Plain Sight](#)

9.2 Legislative Resources

Adult Support and Protection (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/10/contents>

Self Directed Support (Scotland) Act 2013

<http://www.selfdirectedsupportscotland.org.uk/sds-act/>

Adults with Incapacity (Scotland) Act 2000

<http://www.legislation.gov.uk/asp/2000/4/contents>

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

<http://www.legislation.gov.uk/asp/2003/13/contents>

Social Work (Scotland) Act 1968

<http://www.legislation.gov.uk/ukpga/1968/49/contents>

NHS & Community Care Act 1990

<http://www.legislation.gov.uk/ukpga/1990/19/contents>

Forced Marriage etc...(Protection and Jurisdiction) (Scotland) Act 2011:

<http://www.legislation.gov.uk/asp/2011/15/contents/enacted>

Children and Young People (Scotland) Act 2014:

<http://www.scotland.gov.uk/Topics/People/Young-People>

Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

Protection of Vulnerable Groups (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/14/contents>

Criminal Justice (Scotland) Act 2003

<http://www.legislation.gov.uk/asp/2003/7/contents>

Anti Social Behaviour, Crime and Policing Act 2014

<http://www.legislation.gov.uk/ukpga/2014/12/contents/enacted>

Vulnerable Witnesses (Scotland) Act 2004

<http://www.legislation.gov.uk/asp/2004/3/contents>

For further information and detail regarding the use of these legislations and others refer to East Ayrshire Adult Protection Committee Legislative Information Booklet (*Currently under review*)

9.3 Publications

- The Adult Support and Protection Practitioners Handbook
Under Review
- The [East Ayrshire Council Policy, Procedures and Practice Guidance: Adults with Incapacity \(Scotland\) Act 2000](#)
- West of Scotland Large Scale Investigation Guidance
Under Development
- Pan Ayrshire Guidance for conducting a Significant Case Review in relation to Adult Support and Protection
Under Review
- [Multi Agency Self Evaluation Guidance and Case File Audit Protocol: Adult Support and Protection.](#)
- East Ayrshire Protecting People Communication Strategy Feb 2014
<http://www.east-ayrshire.gov.uk/Resources/PDF/A/Protecting-People-Communication-Strategy-2014-15--28-02-14.pdf>
- Ayrshire and Arran Information Sharing Protocol between EAC, NAC, SAC, NHS Ayrshire and Arran and Strathclyde Police (Police Scotland) 2012

<http://www.east-ayrshire.gov.uk/Resources/PDF/A/InformationSharingProtocolv8.pdf>

- East Ayrshire Communication and Information Sharing Protocol: Adults at Risk of Harm and Prisoners who may be Vulnerable
Under Review as a Pan Ayrshire Document
- Self Directed Support Practitioners Guidance:
<http://eacintranet/Resources/pdf/m/Making-it-happen-in-East-Ayrshire---Practitioner-Guidance-for-SDS.pdf>
- The main reference document for staff in East Ayrshire dealing with instances of forced marriage is: [Responding to Forced Marriage Multi Agency Practice Guidelines: A Summary](#)
- Additional information about how this law interfaces with children’s legislation and laws aimed at protecting adults at risk is available within the [Forced Marriage Guidance Statutory Guidance](#).
- Further information on the management of High Risk Pregnancy Procedures: [High Risk Pregnancy Protocol](#)
- [Child Protection Procedures](#)
- Three steps to chairing an Adult Protection Case Conference
Under Development
- [The Working Together to Improve Adult Protection – Risk Assessment and Protection Plan 2007](#)
- [Working Together in Adult Support and Protection – Views and Tools of People who Access Support](#)
- [Disability Hate Crime](#)

9.4 Learning and Development Resources

- The East Ayrshire [Protecting People in East Ayrshire Training Framework](#)
- [East Ayrshire Adult Support and Protection Training Calendar](#)
- Care Inspectorate [Knowledge Hub](#)

9.5 Practitioner Support

- Communication support is available via [Communications Toolkit](#)

- Adult Services operate The Legislative Solutions Forum (LSF) where practitioners and their partners across all services and agencies can seek advice when they are considering there may be the need for legal intervention of any kind. LSF appointments can be made through the Adult Protection Legislative Assistant –Tel; 01563 554820 or e-mail maps@east-ayrshire.gov.uk for further information on the LSF and referral forms. Go to [Referral Form](#)

Appendix 1

Forced Marriage One Chance Checklist

You may only have **one chance** to speak to a potential victim of forced marriage and, therefore, only **one chance** to save a life

- See the Victim¹ on her own – even if she is accompanied by others
- See her immediately in a secure and private place where you will not be overheard
- Reassure her about confidentiality (in line with your organisation’s policy) and explain that you will not give information to her family/friends or community
- Accept what she says
- Explain all the options to her and their possible outcomes
- Recognise and respect her wishes
- Assess the risk she faces by conducting an appropriate and thorough risk assessment
- Contact, as soon as possible, the lead worker responsible for forced marriage (if she is under 16, refer to Child Protection inter-agency guidance; if she is an adult at risk, discuss with your adult support and protection lead and refer to inter-agency guidance)
- Agree a way to contact her safely (for example agree a code word)
- Obtain full details to pass on to the lead worker and record these safely
- Give her (or help her memorise) your contact details and/or those of a support agency such as Women’s Aid
- Consider the need for immediate police involvement, protection and placement away from the family and arrange this if necessary; this includes any action to stop her from being removed from the UK
- Do everything you can to keep her safe
- Get immediate advice if you are not sure what to do

DO NOT

- Send her away or let her leave without a safety plan and follow up arrangements
- Approach her friends/family or community unless she asks you to do so
- Approach community leaders for advice
- Share information with anyone without her express consent (unless there is a risk of immediate harm to her or any children or she lacks capacity to give consent or she is unable to give informed consent)
- Attempt to mediate with the family

See more at www.scotland.gov.uk/ForcedMarriagePractice

Further advice available from the UK Forced Marriage Unit:
www.fco.gov.uk/forcedmarriage

¹ Victims can be male or female, but are most likely to be the latter.

Appendix 2a

API ELECTRONIC TEMPLATE



FORM AP1

**Adult Protection Referral Form & Actions (AP1)
ALL AGENCIES**

You must immediately report suspected or actual harm to your line manager and you have a legal duty to report any concerns to East Ayrshire Health and Social Care Partnership using the referral routes identified in the Supporting and Protection People in East Ayrshire Interagency Practitioner Guidance if it is known or believed that a person is an adult at risk and that protective action is needed.

All sections of PART A of the Referral Form require to be completed within 1 Normal Working Day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.

NB If you do not have all the information required in PART A please do not delay and send the Referral Information you have. East Ayrshire Health and Social Care Partnership will follow up on your referral and add any additional relevant and required information.

SECTION A – TO BE COMPLETED BY REFERRER

Hazard/Risk to Worker:

ADULT AT RISK DETAILS:

Name:		Date of Birth:	
Gender:		SWIFT ID:	
Religion:		Ethnic Origin:	

Home Address:		Current Address:	
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Living Situation e.g. Lives Alone, with Spouse etc..., type of accommodation, any known supports, caregivers (include caregivers details):

<input type="checkbox"/> Lives Alone No Support <input type="checkbox"/> Lives Alone – Informal Support from Family/Friend <input type="checkbox"/> Lives with Parent/Carer	<input type="checkbox"/> Lives with Formal/Carers Supports <input type="checkbox"/> Lives with Spouse <input type="checkbox"/> Registered Care Establishment <input type="checkbox"/> Other Adults/Children
---	--

Insert Names & DOB of all other Adults/Children within the home or who have contact with the adult:

Client Category:	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Dementia <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Mental Frailty <input type="checkbox"/> Physical Frailty <input type="checkbox"/> Head Injuries <input type="checkbox"/> Mentally Disordered Offender
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Any known communication difficulties:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sensory Impairment – Deaf/Uses BSL:			
Sensory Impairment – Blind:			
Learning Disability:			
Mental Health Needs:			
Acquired Brain Injury:			
Language Interpreter Needed/Specify:			
Other - Specify			
REFERRAL DETAILS:			
Date of Referral:		Date of Incident:	
Category of Referral:	<input type="checkbox"/> Psychological Harm <input type="checkbox"/> Financial or Material Harm <input type="checkbox"/> Neglect & Acts of Omission by others charged with adult at risks care <input type="checkbox"/> Physical Harm <input type="checkbox"/> Self Harm <input type="checkbox"/> Self Neglect <input type="checkbox"/> Sexual Harm <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Forced Marriage		
Name of Referrer:		Job Title of Referrer:	
Category of Referrer:	<input type="checkbox"/> Clinical Psychologist/Psychiatrist <input type="checkbox"/> CMHT/Nurses/Doctors/MHO <input type="checkbox"/> GP/Member of Primary Care Team <input type="checkbox"/> Home Carer <input type="checkbox"/> Hospital Medical Staff/Registrar/Consultant/Nurse <input type="checkbox"/> Housing <input type="checkbox"/> Neighbour/Friend <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Parent/Carer/Guardian <input type="checkbox"/> Police <input type="checkbox"/> Self <input type="checkbox"/> Social Work Statutory Staff in Council <input type="checkbox"/> Scottish Fire and Rescue Services <input type="checkbox"/> Staff at Day Care Establishment <input type="checkbox"/> Staff at Residential Establishment <input type="checkbox"/> Substance Misuse Team (Addiction Services)		
Contact Tel No of Referrer:			
Address of Referrer:			

In what capacity do you know the adult at risk you are referring?
Do you suspect a crime has been committed and have you informed the Police? (date and time and any actions taken by the Police)
Who else have you informed of this referral to Social Work Services? (date and time and any actions taken)
What are the details and nature of the situation leading to this referral? (Include details of any specific incidents – dates/times/injuries, witnesses & evidence such as bruising or signs of harm)
Do you believe the adult at risk is capable of understanding what has happened to them?
<input type="checkbox"/> Adult doesn't have the capacity to understand <input type="checkbox"/> Adult has the capacity to understand <input type="checkbox"/> Unsure if Adult has the capacity to understand
Have you obtained the adult at risk consent to make this referral? (If not please give the reason for referring without consent)
<input type="checkbox"/> Consent not obtained <i>Insert reason why</i> <input type="checkbox"/> Consent obtained from Guardian or POA <input type="checkbox"/> Consent obtained from Adult

What action, other than this referral, have you taken to ensure the adult at risk is now safe?

--

GENERAL PRACTITIONER:

Name:		Tel Number:	
Address:			

OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED (Include name and contact details):

<input type="checkbox"/> CLDN	<i>Insert contact details</i>
<input type="checkbox"/> DN	<i>Insert contact details</i>
<input type="checkbox"/> PSYCHOLOGIST	<i>Insert contact details</i>
<input type="checkbox"/> SALT	<i>Insert contact details</i>
<input type="checkbox"/> COUNSELLOR	<i>Insert contact details</i>
<input type="checkbox"/> CMHT – CPN	<i>Insert contact details</i>
<input type="checkbox"/> PSYCHIATRIST	<i>Insert contact details</i>
<input type="checkbox"/> OT	<i>Insert contact details</i>
<input type="checkbox"/> OTHER (PLEASE DETAIL):	<i>Insert contact details</i>

Details of person’s physical and mental health as known by Health Professional:

Confidentiality is important but for the purposes of allowing Councils to undertake the required inquiries and investigations information to protect an adult at risk of harm relevant information should be shared. Please refer to your agencies procedures under Adult Protection Law.

--

DETAILS OF THE ALLEGED PERSON CAUSING HARM – WHERE KNOWN

Name of Alleged Person:	
Relationship to Person: <i>(If person selected is also recognised as a carer then please indicate this by writing carer in comment box)</i>	<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Other – Specify <input type="checkbox"/> POA or Legal Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Registered Care Provider <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse

Address:	
DETAIL OF ANY PREVIOUS SIGNIFICANT INCIDENT: (To include dates, times, actions taken and outcomes)	
Name and Designation of Worker Completing Referral:	
Team/Locality of Worker Completing Referral:	
Contact Telephone Number of Worker Completing Referral:	
Date Referral Completed:	

SECTION B	
ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL	
Within 5 days of receiving a written referral on Form AP1 the following actions MUST be completed by Social Work as the Lead Agency	
Letter of Acknowledgement to be sent within 2 days to referrer/organisation:	
Form AP1 Received (Date):	
Letter of Acknowledgement Sent (Date):	
Inquiring Officer:	
How many Adult Protection Referrals has the client received to date:	
Has the client had a previous AP Planning Meeting/Case Conference Held (Date):	
Is this the 3rd Adult Protection Referral with no previous AP Planning Meeting/Case Conference Held (If so an AP Planning Meeting must be held)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult at Risk Legal Status at time of Referral:	
Name of POA/Nominated Guardian/Named Person & Contact Details (if known):	
Does the Adult at Risk have an advance statement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial Inquiry Discussion/Planning Meeting/Inquiry: (gather all available initial information i.e. areas of concern/supports to inform a decision at this point to include risk(s) identified, how managed (or not) and why (or not) decision has been reached to intervene under S4: Adult Support and Protection (Scotland) Act 2007)	
Are there harmful Conduct/Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Action if No Harmful Conduct/Concerns:	
<input type="checkbox"/> Cancellation of AP Referral by Social Work following Initial Inquiry Discussion* <input type="checkbox"/> Cancel AP Referral – Progress to CC Duty Referral* <input type="checkbox"/> NFA by Social Work – No Adult Protection Concerns following Inquiry* <input type="checkbox"/> NFA Adult able to safeguard themselves* <input type="checkbox"/> NFA by Social Work – Refer to another agency (date and specify)*	

- NFA under Adult Protection – Possible Person in Need - Arrange Duty Visit under Section 12 Social Work (Scotland) Act 1968
- Currently Allocated to Social Work – Increase monitoring
- Currently Allocated to Social Work – Increase Supports
- Currently Allocated to Social Work – Urgent My Life My Review
- Currently Allocated to Social Work – refer for Carers Support Plan
- Known to Social Work – Unallocated, refer for My Life My Plan
- Known to Social Work – Unallocated, refer for Carers Support Plan
- Other – Please Specify
- Refer for SMART Supports

***Explanation for Cancellation of AP Referral i.e. reasons for no AP Concerns, for adult being able to safeguard them self, for referral to another agency or does not meet criteria for Adult at Risk or Social Work Intervention.**

Actions if Harmful Conducts/Concerns (ensure that referrer organisation is invited to any subsequent adult protection meetings held by Social Work):

Council Officer:

Have any Child Protection Concerns been identified? Yes No

If there are Child Protection Concerns please advise who these have been passed onto: (Name of Social Worker/Team Manager and date referral made)

ASP Visit (Date & Location):

- Clients Home
- Social Work Office
- GP Surgery
- Day Centre
- Other (Specify)

ASP Interview (Date, Name & designation of workers):

ASP Interview (insert record of ASP Interview)

Advocacy Services Contacted:	<input type="checkbox"/> Advocacy Services in Place (insert name of Advocate) <input type="checkbox"/> Advocacy Referral Declined <input type="checkbox"/> Advocacy Referral Accepted (insert date requested/date provided) <input type="checkbox"/> Does not meet the Criteria for EAAS <input type="checkbox"/> Other Independent Support Requested (Specify) <input type="checkbox"/> Referral to SALT <input type="checkbox"/> Referral to Sensory Impairment Team <input type="checkbox"/> Referral to Interpreting Service
Adult able to Support Themselves (Specify How):	
Refer to Carers Centre for Carers Support Plan:	
ASP Planning Meeting (Date & Outcome):	
Refer for AWI Case Conference (Due Date):	
Request to Access Records (Date requested/Type of Record/Requested From/Date Received):	
Warrant to Enter (S37) (Date Applied/Granted/Enacted):	
Removal Order (S14) (Date Applied/Date Granted/Date Enacted/Details of where removed to):	
Assessment Order (S11) (Date Applied, Date Granted, Date Enacted):	
Medical Examination (S9) No PO (Date requested/to whom/date completed):	
Medical Examination with PO:	
Protection of Property (S18) Specify Action:	
Interim Banning Order (S19) (Date applied/granted/enacted/expires):	
Banning Order (Date applied/granted/enacted/expires):	
Forced Marriage Protection Order (Date applied/granted/enacted/expires):	
S10 Adults with Incapacity:	
S33 Mental Health (Care & Treatment):	
AP2 Completed (Date and by whom):	

ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL	
Team Manager Name:	
Team Manager Signature:	
Team Manager Comments:	
Date Team Manager Signed:	
Service Manager Name:	
Service Manager Signature:	
Service Manager Comments:	
Date Service Manager Signed:	
ASP Case Conference (Due Date):	
Referral Organisation to be advised in writing of the initial outcome of their referral	
Referral Outcome Letter sent to Subject of Adult Protection Referral (Date):	
Consent Received from Adult to Send Referral Outcome Letter to Referral Organisation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Outcome Letter Sent to Referral Organisation (Date):	
Consent Received from Adult to Send Referral Outcome Letter to Member of Public who Made Referral:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Outcome Letter Sent to Member of Public (Date):	

All information from AP1 Form to be transferred to Health & Social Care's Assessment & Care Management IT Screens or held in Health & Social Care Case Files.

Information gained from Police Referral Form also to be recorded.

Any future actions and any future relevant information gathered should also be recorded using Health & Social Care's Assessment & Care Management IT Screens or held in Health & Social Care's Case Files

ALSO

Information collated on Forms AP2 (Risk) or AP3 (Protection Plan) when relevant.

Appendix 2b

API GUIDANCE TEMPLATE

FORM AP1



**Adult Protection Referral Form & Actions (AP1)
ALL AGENCIES**

You must immediately report suspected or actual harm to your line manager and you have a legal duty to report any concerns to East Ayrshire Health and Social Care Partnership using the referral routes identified in the Supporting and Protection People in East Ayrshire Interagency Practitioner Guidance if it is known or believed that a person is an adult at risk and that protective action is needed.

All sections of PART A of the Referral Form require to be completed within 1 Normal Working Day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.

NB If you do not have all the information required in PART A please do not delay and send the Referral Information you have. East Ayrshire Health and Social Care Partnership will follow up on your referral and add any additional relevant and required information.

Practice Note:

Ensure that the Hazard/Risk to the Worker has been completed and updated on SWIFT and all relevant parties currently involved with the adult are made aware of any risks/hazards.

Where a child or young person is believed to reside in the same household as an adult at risk of harm; or with a person causing harm; or exposed to the same harmful acts any referral **must** record any known details of the child and any siblings (e.g. DOB, Name) on the AP1 Section A in the section on Living Situation.

Client Category should be reviewed when referral is received; if this is different to SWIFT, then liaise with admin to update (if required).

SECTION A – TO BE COMPLETED BY REFERRER

Hazard/Risk to Worker:		SWIFT / REFERRER	
ADULT AT RISK DETAILS:			
Name:	SWIFT	Date of Birth:	SWIFT
Gender:	SWIFT	SWIFT ID:	SWIFT
Religion:	SWIFT	Ethnic Origin:	SWIFT
Home Address:	SWIFT	Current Address:	SWIFT/CUSTOMER FIRST ADMIN
Living Situation e.g. Lives Alone, with Spouse etc..., type of accommodation, any known supports, caregivers (include caregivers details): REFERRER			
<input type="checkbox"/> Lives Alone No Support <input type="checkbox"/> Lives Alone – Informal Support from Family/Friend <input type="checkbox"/> Lives with Parent/Carer		<input type="checkbox"/> Lives with Formal/Carers Supports <input type="checkbox"/> Lives with Spouse <input type="checkbox"/> Registered Care Establishment <input type="checkbox"/> Other Adults/Children	
Insert Names & DOB of all other Adults/Children within the home or		REFERRER	

who have contact with the adult:			
Client Category: REFERRER SWIFT	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Dementia <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Mental Frailty <input type="checkbox"/> Physical Frailty <input type="checkbox"/> Head Injuries <input type="checkbox"/> Mentally Disordered Offender		
<p>Practice Note: Where there is a checkbox on the Form, this is a pick list on SWIFT. Beside the pick list is a separate area for text to allow for any additional information to be recorded.</p> <p>Where the Form indicates that the referrer will be responsible for completing the information, it is also recognised that the referrer may not be aware of all information. Team Manager/Council Officer/Inquiring Officer should ensure that the missing information is reviewed and completed where known at each stage of intervention.</p>			
Any known communication difficulties:		<input type="checkbox"/> Yes	<input type="checkbox"/> No REFERRER
Sensory Impairment – Deaf/Uses BSL:	REFERRER		
Sensory Impairment – Blind:	REFERRER		
Learning Disability:	REFERRER		
Mental Health Needs:	REFERRER		
Acquired Brain Injury:	REFERRER		
Language Interpreter Needed/Specify:	REFERRER		
Other - Specify	REFERRER		
REFERRAL DETAILS:			
Date of Referral:	REFERRER	Date of Incident:	REFERRER
Category of Referral: REFERRER	<input type="checkbox"/> Psychological Harm <input type="checkbox"/> Financial or Material Harm <input type="checkbox"/> Neglect & Acts of Omission by others charged with adult at risks care <input type="checkbox"/> Physical Harm <input type="checkbox"/> Self Harm <input type="checkbox"/> Self Neglect <input type="checkbox"/> Sexual Harm <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Forced Marriage		
Name of Referrer:	REFERRER	Job Title of Referrer:	REFERRER
Category of Referrer: REFERRER	<input type="checkbox"/> Clinical Psychologist/Psychiatrist <input type="checkbox"/> CMHT/Nurses/Doctors/MHO		

CUSTOMER FIRST ADMIN	<input type="checkbox"/> GP/Member of Primary Care Team <input type="checkbox"/> Home Carer <input type="checkbox"/> Hospital Medical Staff/Registrar/Consultant/Nurse <input type="checkbox"/> Housing <input type="checkbox"/> Neighbour/Friend <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Parent/Carer/Guardian <input type="checkbox"/> Police <input type="checkbox"/> Self <input type="checkbox"/> Social Work Statutory Staff in Council <input type="checkbox"/> Scottish Fire and Rescue Services <input type="checkbox"/> Staff at Day Care Establishment <input type="checkbox"/> Staff at Residential Establishment <input type="checkbox"/> Substance Misuse Team (Addiction Services)
<p>Practice Note: The section relating to whether a crime has been committed can be completed at any stage in the referral/initial action/inquiries or investigation.</p> <p>The details and nature of the situation should relay the facts of the nature of concern/risk.</p>	
Contact Tel No of Referrer:	REFERRER
Address of Referrer:	REFERRER
In what capacity do you know the adult at risk you are referring?	
REFERRER	
Do you suspect a crime has been committed and have you informed the Police? (date and time and any actions taken by the Police)	
REFERRER/INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER	
Who else have you informed of this referral to Social Work Services? (date and time and any actions taken)	
REFERRER	
What are the details and nature of the situation leading to this referral? (Include details of any specific incidents – dates/times/injuries, witnesses & evidence such as bruising or signs of harm)	
REFERRER	

Practice Note:

The referrer may not be aware of whether the adult has capacity or not, this can be completed at any stage in the referral/initial action/inquiries or investigation.

Action other than this referral that has been taken to ensure the adult at risk is now safe should be completed by the referrer – this could include seeking medical assistance, contacting the police etc...

Where possible the GP details will pull directly from SWIFT, however if the information is not contained within SWIFT but has been provided by the referrer then SWIFT should be updated accordingly as this will impact on how referrals are allocated.

Do you believe the adult at risk is capable of understanding what has happened to them? REFERRER/INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER

- Adult doesn't have the capacity to understand
- Adult has the capacity to understand
- Unsure if Adult has the capacity to understand

Have you obtained the adult at risk consent to make this referral? (If not please give the reason for referring without consent) REFERRER

- Consent not obtained
Insert reason why

- Consent obtained from Guardian or POA
- Consent obtained from Adult

What action, other than this referral, have you taken to ensure the adult at risk is now safe?

REFERRER

GENERAL PRACTITIONER:

Name: SWIFT/ REFERRER **Tel Number:** SWIFT/ REFERRER

Address: SWIFT/ REFERRER

Practice Note:

CLDN – Community Learning Disability Nurse

DN – District Nurse

SALT – Speech and Language Therapist

CMHT – CPN – Community Mental Health Team – Community Psychiatric Nurse

OT – Occupational Therapist.

Details of person's physical and mental health as known by Health Professional: This section will only be completed at time of referral if the referral is made by a Health Professional. If further information is sourced during the course of inquiries/investigation the caveat "Refer to Section B for full details" should be stated.

OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED (Include name and contact details): REFERRER

<input type="checkbox"/> CLDN	<i>Insert contact details</i>
<input type="checkbox"/> DN	<i>Insert contact details</i>
<input type="checkbox"/> PSYCHOLOGIST	<i>Insert contact details</i>
<input type="checkbox"/> SALT	<i>Insert contact details</i>
<input type="checkbox"/> COUNSELLOR	<i>Insert contact details</i>
<input type="checkbox"/> CMHT – CPN	<i>Insert contact details</i>
<input type="checkbox"/> PSYCHIATRIST	<i>Insert contact details</i>
<input type="checkbox"/> OT	<i>Insert contact details</i>
<input type="checkbox"/> OTHER (PLEASE DETAIL):	<i>Insert contact details</i>

Details of person's physical and mental health as known by Health Professional:

Confidentiality is important but for the purposes of allowing Councils to undertake the required inquiries and investigations information to protect an adult at risk of harm relevant information should be shared. Please refer to your agencies procedures under Adult Protection Law.

REFERRER

DETAILS OF THE ALLEGED PERSON CAUSING HARM – WHERE KNOWN

Name of Alleged Person:	REFERRER
Relationship to Person: <i>(If person selected is also recognised as a carer then please indicate this by writing carer in comment box)</i> REFERRER	<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Other – Specify <input type="checkbox"/> POA or Legal Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Registered Care Provider <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse
Address:	REFERRER

Practice Note:

Significant Incident details – this will pull through from SWIFT, but the referrer can also input any significant incidents that they feel relevant to the referral.

Details of Worker completing referral – this is the Inquiring Officer/Council Officer or Team Manager who is responsible for initial inquiries. The details of the actual referrer are contained earlier on in Section A.

DETAIL OF ANY PREVIOUS SIGNIFICANT INCIDENT: (To include dates, times, actions taken and outcomes)

REFERRER/SWIFT

Name and Designation of Worker Completing Referral:

INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER

Team/Locality of Worker Completing Referral:

INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER

Contact Telephone Number of Worker Completing Referral:

INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER

Date Referral Completed:

INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER

SECTION B	
ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL	
Within 5 days of receiving a written referral on Form AP1 the following actions MUST be completed by Social Work as the Lead Agency	
Practice Note: Where the Form indicates that SWIFT will be responsible for completing the information, it is also recognised that the SWIFT may not hold the required information. Team Manager/Council Officer/Inquiring Officer should ensure that the missing information is reviewed and completed where known.	
Letter of Acknowledgement to be sent within 2 days to referrer/organisation:	
Form AP1 Received (Date):	CUSTOMER FIRST ADMIN
Letter of Acknowledgement Sent (Date):	LOCALITY ADMIN/TM
Inquiring Officer:	CUSTOMER FIRST ADMIN/TM
How many Adult Protection Referrals has the client received to date:	CUSTOMER FIRST ADMIN
Has the client had a previous AP Planning Meeting/Case Conference Held (Date):	CUSTOMER FIRST ADMIN
Is this the 3rd Adult Protection Referral with no previous AP Planning Meeting/Case Conference Held (If so an AP Planning Meeting must be held)	<input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER FIRST ADMIN
Adult at Risk Legal Status at time of Referral:	SWIFT
Name of POA/Nominated Guardian/Named Person & Contact Details (if known):	SWIFT
Does the Adult at Risk have an advance statement:	<input type="checkbox"/> Yes <input type="checkbox"/> No SWIFT/CUSTOMER FIRST ADMIN
Initial Inquiry Discussion/Planning Meeting/Inquiry: (gather all available initial information i.e. areas of concern/supports to inform a decision at this point to include risk(s) identified, how managed (or not) and why (or not) decision has been reached to intervene under S4: Adult Support and Protection (Scotland) Act 2007)	
INQUIRING OFFICER/TEAM MANAGER	
Are there harmful Conduct/Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No INQUIRING OFFICER/TEAM MANAGER

Practice Note:

If it is deemed that the Referral should be cancelled then Team Manager should ensure that an explanation for the cancellation is recorded in the section below and that SWIFT is updated to reflect the date of cancellation. Additionally, the referral must be signed off by the Team Manager and Service Manager.

In East Ayrshire the Just Checking and Buddy System available from the SMART Support Service have been found to be effective as part of assessing and monitoring risk to the safety of an individual.

Where there is a checkbox on the Form, this is a pick list on SWIFT. Beside the pick list is a separate area for text to allow for any additional information to be recorded e.g. details of any additional visits made to the adult.

Action if No Harmful Conduct/Concerns: INQUIRING OFFICER/TEAM MANAGER

- Cancellation of AP Referral by Social Work following Initial Inquiry Discussion*
- Cancel AP Referral – Progress to CC Duty Referral*
- NFA by Social Work – No Adult Protection Concerns following Inquiry*
- NFA Adult able to safeguard themselves*
- NFA by Social Work – Refer to another agency (date and specify)*
- NFA under Adult Protection – Possible Person in Need - Arrange Duty Visit under Section 12 Social Work (Scotland) Act 1968
- Currently Allocated to Social Work – Increase monitoring
- Currently Allocated to Social Work – Increase Supports
- Currently Allocated to Social Work – Urgent My Life My Review
- Currently Allocated to Social Work – refer for Carers Support Plan
- Known to Social Work – Unallocated, refer for My Life My Plan
- Known to Social Work – Unallocated, refer for Carers Support Plan
- Other – Please Specify
- Refer for SMART Supports

*Explanation for Cancellation of AP Referral i.e. reasons for no AP Concerns, for adult being able to safeguard them self, for referral to another agency or does not meet criteria for Adult at Risk or Social Work Intervention.

TEAM MANAGER

Actions if Harmful Conducts/Concerns (ensure that referrer organisation is invited to any subsequent adult protection meetings held by Social Work):

Council Officer:	TEAM MANAGER
Have any Child Protection Concerns been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No COUNCIL OFFICER/TEAM MANAGER
If there are Child Protection Concerns please advise who these have been passed onto: (Name of Social Worker/Team Manager and date referral made)	COUNCIL OFFICER/TEAM MANAGER

ASP Visit (Date & Location): COUNCIL OFFICER	<input type="checkbox"/> Clients Home <input type="checkbox"/> Social Work Office <input type="checkbox"/> GP Surgery <input type="checkbox"/> Day Centre <input type="checkbox"/> Other (Specify)
<p>Practice Note: It should be noted that the text box (enhanced editor on SWIFT) will allow for more than one series of visits to be recorded.</p> <p>The ASP Interview should be a summary of the interview and it does require to be a full record of the interview itself.</p> <p>In relation to the pick list below on Advocacy Services, this refers specifically to East Ayrshire Advocacy Services (EAAS). Where Other Independent Supports are listed this means any form of support or representation that the adult deems necessary to assist them to participate and be represented in the adult protection process.</p> <p>With regard to referring for an AWI Case Conference, it should be noted that within the text box (enhanced editor) the Council Officer can record whether this is a joint Case Conference with Adult Support and Protection.</p>	
ASP Interview (Date, Name & designation of workers):	COUNCIL OFFICER
ASP Interview (insert record of ASP Interview)	
COUNCIL OFFICER/SECONDARY WORKER	
Advocacy Services Contacted: COUNCIL OFFICER	<input type="checkbox"/> Advocacy Services in Place (insert name of Advocate) <input type="checkbox"/> Advocacy Referral Declined <input type="checkbox"/> Advocacy Referral Accepted (insert date requested/date provided) <input type="checkbox"/> Does not meet the Criteria for EAAS <input type="checkbox"/> Other Independent Support Requested (Specify) <input type="checkbox"/> Referral to SALT <input type="checkbox"/> Referral to Sensory Impairment Team <input type="checkbox"/> Referral to Interpreting Service
Adult able to Support Themselves (Specify How):	COUNCIL OFFICER
Refer to Carers Centre for Carers Support Plan:	COUNCIL OFFICER
ASP Planning Meeting (Date & Outcome):	COUNCIL OFFICER
Refer for AWI Case Conference (Due Date):	COUNCIL OFFICER

Practice Note: Where the option below does not apply to the situation do not leave boxes blank, record N/A.	
Request to Access Records (Date requested/Type of Record/Requested From/Date Received):	COUNCIL OFFICER
Warrant to Enter (S37) (Date Applied/Granted/Enacted):	COUNCIL OFFICER
Removal Order (S14) (Date Applied/Date Granted/Date Enacted/Details of where removed to):	COUNCIL OFFICER
Assessment Order (S11) (Date Applied, Date Granted, Date Enacted):	COUNCIL OFFICER
Medical Examination (S9) No PO (Date requested/to whom/date completed):	COUNCIL OFFICER
Medical Examination with PO:	COUNCIL OFFICER
Protection of Property (S18) Specify Action:	COUNCIL OFFICER
Interim Banning Order (S19) (Date applied/granted/enacted/expires):	COUNCIL OFFICER
Banning Order (Date applied/granted/enacted/expires):	COUNCIL OFFICER
Forced Marriage Protection Order (Date applied/granted/enacted/expires):	COUNCIL OFFICER
S10 Adults with Incapacity:	COUNCIL OFFICER
S33 Mental Health (Care & Treatment):	COUNCIL OFFICER
AP2 Completed (Date and by whom):	COUNCIL OFFICER
ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL	
Team Manager Name:	TEAM MANAGER
Team Manager Signature:	TEAM MANAGER
Team Manager Comments:	TEAM MANAGER
Date Team Manager Signed:	TEAM MANAGER
Service Manager Name:	SERVICE MANAGER
Service Manager Signature:	SERVICE MANAGER
Service Manager Comments:	SERVICE MANAGER
Date Service Manager Signed:	SERVICE MANAGER
ASP Case Conference (Due Date):	SERVICE MANAGER
Referral Organisation to be advised in writing of the initial outcome of their referral	
Referral Outcome Letter sent to Subject of Adult Protection Referral (Date):	LOCALITY ADMIN/TEAM MANAGER

Practice Note: A referral outcome letter must be sent to statutory agencies (these include Police Scotland, NHS Ayrshire and Arran, Local Authority and Scottish Fire and Rescue Services). For all other referral outcome letters consent must be sought from the adult (or their legal representative) before the letter can be sent.	
Consent Received from Adult to Send Referral Outcome Letter to Referral Organisation:	<input type="checkbox"/> Yes <input type="checkbox"/> No COUNCIL OFFICER/TEAM MANAGER
Referral Outcome Letter Sent to Referral Organisation (Date):	LOCALITY ADMIN/TEAM MANAGER
Consent Received from Adult to Send Referral Outcome Letter to Member of Public who Made Referral:	<input type="checkbox"/> Yes <input type="checkbox"/> No COUNCIL OFFICER/TEAM MANAGER
Referral Outcome Letter Sent to Member of Public (Date):	LOCALITY ADMIN/TEAM MANAGER

All information from AP1 Form to be transferred to Health & Social Care's Assessment & Care Management IT Screens or held in Health & Social Care Case Files.

Information gained from Police Referral Form also to be recorded.

Any future actions and any future relevant information gathered should also be recorded using Health & Social Care's Assessment & Care Management IT Screens or held in Health & Social Care's Case Files

ALSO

Information collated on Forms AP2 (Risk) or AP3 (Protection Plan) when relevant.

Appendix 3

Form AP 2 Part 1 Core Information



(Core Information should be completed in all cases in which an assessment is to be carried out under Adults at Risk Procedures; Communication Requirements identifies who is to be involved in that risk assessment and confirms who has been informed of the outcomes; the Risk Assessment then follows; the Protection Plan form should be completed in cases in which an Adult Protection Case Conference agrees a Protection Plan and should be updated by Review)

CORE INFORMATION

DETAILS OF SUBJECT			
First Names:		Surname:	
Also known as:			
Date of Birth:			
Gender:		Ethnic group:	
Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Housing Status:	Own home / Tenancy / Temporary / Homeless / Roofless / Care Home / Supported Accommodation / Lives alone / With family (underline as appropriate)		
ID Number:		CHI No:	
Legal Status (e.g. Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order) and Date of Order	Name of Guardian or Attorney?		
Care Programme Approach?	Y/N	Risk to workers?	Y/n (Risk Alert flag?)

ASSESSING WORKER

Name:			
Designation:			
Work Address:			
Postcode:			
Phone No:		E-mail Address:	
Date of Risk Assessment:			
Date of My Life My Plan:			

COMMUNICATIONS REQUIREMENTS

(Good risk assessment is a shared, multidisciplinary, multi-agency effort in which information must be shared to ensure informed, defensible, shared decisions)

Role	Name and Designation	Involved and aware of current situation?	Contributed to this risk assessment?	Informed of assessment outcome? (date, or N/A)
Addiction services				
Care Inspectorate				
Care Manager				
Community Nurse/CPN/D/N Consultant				
Criminal Justice				
G.P				
Guardian/Attorney				
Housing/Landlord				
Mental Health Officer				
"Named person"				
Nearest Relative				
Other				
Other				
Other health				
Police				
Scottish Fire & Rescue				
Social Worker				
Social Work Other				
Support Worker				
Support Agency				
Unpaid carer				

AP2 - PART 2 -RISK ASSESSMENT

This form should be used when a Single/Specialist Shared (needs) Assessment (SSA), a Review, circumstances, or initial investigation of a significant incident reveals a **risk of serious abuse or harm**; or when needs interact to create **serious risks**; and when high levels of risk cannot be managed within a Care Plan. (see local Procedures for definitions and process)

1. COMMUNICATION, CAPACITY, AND INVOLVEMENT

Date:

First Names		Surname	
<p>a) Has the person being assessed any particular communication and support needs? (e.g. for interpreter, advocate, appropriate adult, Makaton, sign, speech and language therapist; or as a result of dementia, head injury etc?)</p>			
<p>b) Comment on the person's ability to make his/her own decisions about risk and to safeguard his/her own well-being? (Evidence any limitations, if possible; refer to any examples of undue pressure if relevant)</p>			
<p>c) Has there been a recent formal Assessment of Capacity? Yes/No If yes, detail outcome in relation to identified areas of risk</p>			
<p>d) Is a formal assessment of capacity required in relation to specific risks identified? Yes/No Has this process been initiated? Yes/No</p>			
<p>e) Has there been a discussion with the person about information sharing Yes / No Any comments? (See local procedures and local Information Sharing Protocols)</p>			

2. CHRONOLOGY OF SIGNIFICANT EVENTS

Chronology of relevant events/significant event history (*Attach if available; **or** list significant relevant events under: date, brief detail, agencies/people involved, outcome/consequences*)

Date of event	Brief detail of event	Agencies/people involved	Outcome/consequences

3. CURRENT RISKS OR CONCERNS

Subject is considered to be at risk of serious harm from: (Tick <u>all</u> you consider <u>may</u> apply)	Risk of serious harm to <u>subject</u> ?	Risk of serious harm to <u>others</u> ? Whom?	Immediate danger/ Imminent crisis?	Subject agrees? Yes/No	Carer agrees? Yes/No
Abuse by omission					
Abuse by paid carers					
Alcohol Use					
Drug use					
Financial abuse/theft					
Fire Risk					
Harassment/exploitation/racial abuse					
Homelessness					
Institutional abuse					
Loss of employment					
Mental/cognitive impairment					
Mental health problem					
Other (specify)					
Physical injury					
Pregnancy					
Progressive illness					
Psychological/emotional distress					
Reduced social functioning/isolation					
Risk to/Concerns for Children					
Self harm					
Self neglect					
Sexual abuse/exploitation					
Sexual ill health					
Suicidal intent					
Violence/aggressive behaviour					

4. CURRENT RISK DESCRIPTION

<p>What behaviour, allegation, complaint, circumstances or event has prompted this risk assessment? <i>(detail the nature of the behaviour or incidents which put the person at risk, e.g. the nature and extent of sexual/physical/financial abuse; the specific areas of self neglect (eating, medication, wandering)</i></p>
<p>Who is the source of concern, and who is involved in the risk events?</p>
<p>When does this/do these circumstances occur - and how often? <i>(Evenings/weekends/every day/mealtimes etc: rarely, frequently, occasionally, etc)</i></p>
<p>Where does this/do these circumstances occur? <i>(Daycentre, at home, on the streets, travelling)</i></p>
<p>Medical assessment and/or clinical diagnosis of mental or physical illness, relevant to this risk assessment</p>
<p>Particular triggers or risky circumstances that heighten the risks? <i>(e.g when person is alone; if home carer is late; if relative makes contact/does not make contact; arrival of benefit; contact with specific person/staff member etc)</i></p>
<p>Protective factors, or circumstances, that have <u>protected</u> the subject, or <u>reduced the risk</u> in the past? <i>(include here any change in subject's ability to manage these risks)</i></p>

5. RISK ASSESSMENT

a) What is your assessment of the risk? How severe might the consequences/injuries/harm/damage be if no action is taken to reduce the risk, or increase protection? How probable is it that these circumstances will recur? What is your view and any agreed view about the degree of risk and urgency of action?

b) Your assessment will include the contributions of other agencies/services. Indicate here if there is any disagreement:

c) What is the adult's assessment of the risk? Does he/she agree with your assessment?
(if not - explain)

d) What is the unpaid carers' assessment of the risk? (explain if not available or not appropriate,)

6. RECOMMENDATION/ACTIONS

a.) Is an Adult Protection case conference recommended? Yes/No
b.) Detail any <u>immediate</u> actions that <u>have already been taken</u> in order to protect, or reduce the risk (include whether this situation/risk/concern been referred to another service, or agency, and if so, with what result)
c.) What future action do you recommend is taken to reduce the risk, or protect the adult being assessed? (e.g. increased support; My Life My Review; further My Life My Plan; change of environment/ service, legal action etc) Clearly indicate who should do what and when.
d.) What <u>advantages and disadvantages, gains or losses</u> to the adult's <u>quality of life, or freedom, or independence</u> might result from these actions (e.g. in the event of increased supervision, change of home, statutory intervention)
e) Risks to <u>other people</u> - Recommended Actions (Consider risks to other adults, carers; children, alleged abuser. Consider actions such as police and/or Care Inspectorate investigation of allegations, Carer's Assessment, alert to Home or Centre management in respect of other service users, additional risk assessments, referral to child protection or criminal justice)
Any Further Comments from the Person being assessed?

Does the person consent to share information in this assessment? (Yes/No)

Any Conditions or Limitations?

--	--

Signature of Assessed Person:	Date:
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--	--

Risk Assessment Discussed with Manager?	Date:
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--	--

Agreed immediate actions to be taken:

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Communication Requirements - Please ensure completion of final column of page 2

Signature: (Assessor) date

Signature: (Manager) date

Notification Requirements

<u>Agency/Person</u>	<u>Requirement to notify?</u>	<u>Date notified</u>
Care Inspectorate		
Mental Welfare Commission		
Office of Public Guardian		
Senior Manager/Director		
APC Chair -Significant Case Review		

Appendix 4

**FORM AP 3
PROTECTION PLAN**



This form must be used when allegations of abuse/exploitation have been made and an Adult Protection Case Conference has agreed that there is a risk of serious abuse or harm; or when high levels of risk cannot be managed within a normal Care Plan. The Protection Plan should be completed within two weeks of an Adult Protection Case Conference.

DATE OF PROTECTION PLAN:

1. PERSONAL DETAILS – ADULT AT RISK

First Names:		Surname:	
Date of Birth:			
ID Number:		CHI No	

2. AGENCY/STAFF INVOLVEMENT

Agency/staff involved in risk management, co-ordination and review	
Lead Worker's Name	Post and Agency
Names of Core Group Members	Post and Agency

Date:

3. ACTIONS

SUPPORT AND PROTECTIVE SERVICES			
<i>Actions and Roles, which define services to be in place and procedures to be followed, with responsibilities, timescales and outcomes identified involving service users, carers, members of the core group and all other agencies involved in the Protection Plan. These should include immediate or longer term actions; both benefit enhancing and harm reducing measures, and roles of services, the adult, advocates, unpaid carers attorneys and guardians, as appropriate.</i>			
Actions and Roles	Responsibility	Timescales/ Deadlines	Intended Outcomes
a) Support, treatment, therapy <i>(specify services)</i>			
b) Control measures <i>(including any legal action)</i>			
c) Direct contact with person			
d) Risk management with perpetrator			

Date: _____

Support And Protective Services (continued)			
Action	Responsibility	Timescales Deadlines	Intended Outcomes
e) Information sharing arrangements			
f) Risk management coordination			
g) Other Actions			
h) Other Actions			

4. VIEWS AND ROLES OF ADULT AT RISK AND OTHERS

Adult's view of Protection Plan:
Advocate's view of Protection Plan:
Unpaid Carer/s view/s of Protection Plan:
Guardian/Attorney's view/s of Protection Plan:
Agencies dissenting from Protection Plan:

5. CONTINGENCY PLAN (identify significant changes which might occur and what additional or alternative action should be taken in that event, such as case conference or legal action)

Significant changes suggestive of additional risk/harm	Action if significant change occurs	Responsibility

6. DISTRIBUTION OF PROTECTION PLAN

(Distribution to be identified which takes account of confidentiality and third party information issues)

Person/Agency	Name and Designation	Sent copy of Protection Plan (date, or N/A)
Adult at risk		
Advocate		
Attorney/Guardian		
Community Health		
Consultant		
G.P		
Housing		
Legal Representative		
Named person		
Nearest relative/carer		
Police Scotland		
Scottish Fire & Rescue		
Social Work staff		
Support Agency		
Others		

7. REVIEW ARRANGEMENTS

Review Date:	Review Location (if known):
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Protection Plan approved as accurate and confirmed copied to set agencies and Core Group members

Signed by Case Conference Chair:

Date:

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Note: ALL sections of this document MUST be completed.

East Ayrshire Health and Social Care Partnership



SOCIAL SERVICES **ADULT SUPPORT AND PROTECTION**

INITIAL / REVIEW CASE CONFERENCE MINUTE **AP4**

Name

SWIFT No.

(for each adult who is subject of referral)

Contact Person's Name:
(Lead Professional)

Meeting Type:

Date of Meeting:

Start Time of Meeting:

Finish Time of Meeting:

Date of ASP Initial Case Conference:

Date of any previous ASP Case Conference(s):

Chairperson:

Minute Taker:

1a. Local Office Responsible

2. Details of adult involved: Place **X** in box in first column if adult is subject of referral.

Place X in box if subject of	2a. Family Name	2b Known as	2c. Forename/s	2d. SWIFT No.	2e. Date of Birth	2f. Sex
First Adult						
Second Adult						

3a. Home address	3b. Current address (if not at home)

4a. Placement at time of referral (see codes to right of box)	Placement Type Codes: 1 = Residing In Own Home; 2 = Residing in Own Home with Carer Support; 3 = Residing with Relative; 4 = Local Authority Care Home; 5 = Private/Voluntary Care Home; 6 = Hospital; 7 = Day Care Centre; 8 = Resource Centre; 9 = Supported Living; 10 = Prison; 11 = Other – Please specify -
--	--

4b. Case Transferred from other Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please identify authority code from below. Authority codes: 100 = Aberdeen City; 110 = Aberdeenshire; 120 = Angus; 130 = Argyll & Bute; 150 = Clackmannanshire; 170 = Dumfries & Galloway; 180 =Dundee City ; 190 = East Ayrshire ; 210 = East Lothian; 220 = East Renfrewshire; 230 = City of Edinburgh; 240 = Falkirk; 250 = Fife; 260 = Glasgow; 270 = Highland; 280 = Inverclyde; 290 = Midlothian; 300 = Moray; 310 = North Ayrshire; 320 =North Lanarkshire; 330 =Orkney Islands; 340 = Perth & Kinross; 350 = Renfrewshire; 355 = Scottish Borders; 360 = Shetland; 370 = South Ayrshire; 380 = South Lanarkshire; 390 = Stirling; 395 = West Dunbartonshire; 400 = West Lothian; 410 = Western isles; 900 = Outwith Scotland (please specify from where).	
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5. Carer Details	Female Carer	Male Carer
5a. Surname		

5b. Maiden Name (If any)		
5c. Aliases (If any)		

5d. Forename		
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5e. Home address (if different from adult)		
---	--	--

6a. Date of Initial ASP Conference	
---	--

7a. Assessor's / Care Manager's name and status	
--	--

8a. Name and Age of alleged perpetrator(s), of harm if known:
 If more than one, indicate which (if any) is primary. If age is unknown, give estimate.

8b. Relationship of primary alleged perpetrator of harm to each adult (use code list):

First Adult Second Adult

Codes: 01=Wife; 02=Husband; 03=Carer; 04=Friend; 05=Female Cohabitee; 06=Male Cohabitee; 07=Grandmother; 08=Grandfather; 09=Aunt; 10=Uncle; 11=Sister; 12=Brother; 13=Son; 14=Daughter; 15=Niece; 16= Nephew; 17= Neighbour; 18=Other Female (specify); 19=Other Male (specify); 20=Not Known (Female); 21=Not Known (Male); 22-Hospital Staff; 23= Prison Staff; 24=Day Care Worker; 25=Female Care Home Employee; 26=Male Care Home Employee; 27= Primary Health Care Staff; 28= Other - Please specify.

8c. Alleged perpetrator(s) of harm moved out of the family home? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

8d. Was this by voluntary agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

8e. Did the adult require to be moved? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please give details :

8f. Details of other adults identified for whom there might be concerns :

9a. Legal status of adult if changed since initial referral

First Adult

Second Adult

9b. What measures of intervention have taken place since last adult protection conference?

Actions taken (enter x in appropriate boxes)	First Adult	Second Adult
Voluntary social work support		
My Life My Plan		
Carer's Assessment		
My Life My Review		
Risk Assessment		
Resource Centre Placement		
Day Care Placement		
Respite		
Comprehensive Assessment		
Admission to Care Home		
Assessment Order		
Removal Order		
Banning Order		

Referral to other Services – Please specify nature of input:

10a. ASP Conference Details

	Name	Designation in full & agency if not SWD
Chairperson		
Present for all of the proceedings		
Present for part of the proceedings		
Apologies		
Reports available		
Invited but did not attend		
Did not attend but reports received		

11a. Summary of discussion (if required use the continuation page provided)

Guidance notes

- Details of allegations / concerns
- Other agencies - background information
- General discussion
- Risk assessment (AP2 and/or AP3)
- Needs assessment
- Conclusion and recommendation re registration and details of further action required

12. Conclusion of discussion (place X at appropriate category)	First Adult	Second Adult
12a Adult harmed but not at continued risk		
12b Adult in same household as Schedule 1 Offender		
12c Adult not harmed but assessed to be at risk		
12d Adult harmed and at continued risk		
12e Other (please specify)		

13a

**Recommendations and agreed tasks
(including any ASP plan)**

Person / Agency Responsible

13b

Dissent

Name

Designation / Agency

14a Application to Criminal Injuries Authority	Completed		Pending		Not Appropriate	
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14b. Name of person responsible for processing this application.

<p>Date of next conference/review</p> <p>Signature of Chairperson</p> <p>Date signed</p>	<p><u>Confidentiality</u> <i>The information in this document is confidential to you. It must not be disclosed to any other person or agency without the written consent of the adult protection conference chairperson.</i></p> <p><i>If you disagree with any aspect of this report you should contact <u>(please specify contact)</u> in writing.</i></p>
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Appendix 6



ADULT SUPPORT AND PROTECTION

Local Authority application for disclosure of information under Section 10 of the Adult Support and Protection (Scotland) Act 2007

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

For the purposes of the Act, an adult at risk is someone who is:

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

Section 10 of the Act requires any person holding existing health, financial or other records relating to a particular individual to give the records, or copies of them, to a **Council Officer. Information requested under Section 10 of the Act is used to allow the Council to decide whether the individual is an adult at risk of harm and whether it needs to do anything to protect them from harm. An adult protection investigation may also lead to criminal action, depending on what the information reveals. Under Section 49(2) of the Act it is an offence to fail to comply with a requirement made under Section 10, without reasonable excuse.

I would like to request disclosure of information under section 10 of the Adult Support and Protection (Scotland) Act 2007 as follows:

Adult at Risk Details

Name (forename & surname):	
Date of Birth:	
Address:	
NI Number (if known):	
CHI Number (if known):	
Reference Number (if known):	

Consent for Sharing of Information

Adult Informed that Information Request Being Made:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If No, Indicate Reason:	
Consent Obtained:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If Yes, Print Name of Adult/POA/Guardian:	
If Yes, Signature of Adult/POA/Guardian:	

Adult/POA/Guardian – Indicate Which:	
Unable to Obtain Consent – Indicate Which Applies:	<input type="checkbox"/> Unable to access adult to gain consent <input type="checkbox"/> Adult unwilling to give consent and there are concerns of Undue Pressure <input type="checkbox"/> Adult does not appear to have capacity to consent <input type="checkbox"/> Obtaining consent puts adult or someone else at risk of Serious Harm <input type="checkbox"/> Obtaining consent may disclose information which would undermine the prevention or detection of crime

Council Officer Requesting Details

Name (forename & surname):	
Designation:	
Contact Telephone Number:	
Contact Fax Number:	
E-Mail Address:	
Postal Address:	

Information Requested

Name & Address of Organisation that Information is being requested from:	
Name & Address of person that Information is being requested from:	
Telephone number of organisation/person that information is being requested from:	
Date that information requested:	
Details of Information Requested (include dates where applicable):	
Brief reason why the information is requested and the use that will be made of it:	
Date that information required by:	
Who the information will be shared with:	
How long the information will be kept for:	
Once the Investigation is complete the records will be:	Returned <input type="checkbox"/> Destroyed <input type="checkbox"/> Retained on File <input type="checkbox"/>

Please ensure that all information requested is returned directly to the requester detailed in this form by the date identified to ensure compliance with Adult Support and Protection Legislation in relation to timescales for inquiries and investigations.

Name/Signature of Requesting Council Officer:

Print:

Sign:

Date:

Name/Signature of Team Manager Authorising Access:

Print:

Sign:

Date:

** The Council Officer submitting this Access to Information Request is a registered Social Worker who has undertaken additional specialist training in Adult Support and Protection and has been delegated this statutory responsibility by the Chief Social Work Officer of East Ayrshire Council.

If you require further confirmation of their authority to act please contact the Council Officer directly as they will be able to produce their East Ayrshire approved identification badge. This will indicate their Council Officer status and they must be able to produce this to any person during the course of their duties as it is considered proof of their legal authority to act.

Appendix 7

DWP Form for Council Officers

ADULT SUPPORT AND PROTECTION

Local Authority application for disclosure of information under the Adult Support and Protection (Scotland) Act 2007

Overview

DWP's policy for disclosure of personal information for "vulnerable adults" is that as long as a requester can provide sufficient informative detail as to the indicators of the person's vulnerability and risk to DWP we can disclose factual and relevant information in order to ensure the safety of the person. Applications must be dealt with on a case by case basis and when necessary seek disclosure advice and guidance.

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

For the purposes of the Act, an adult at risk is someone who is:

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

Section 10 of the Act requires any person holding health, financial or other records relating to a particular individual to give the records, or copies of them, to a Council Officer. Information requested under Section 10 of the Act is used to allow the Council to decide whether the individual is an adult at risk of harm and whether it needs to do anything to protect them from harm. An adult protection investigation may also lead to criminal action, depending on what the information reveals. Under Section 49(2) of the Act it is an offence to fail to comply with a requirement made under Section 10, without reasonable excuse.

Whilst the ASP Act is not recognised as an enactment by the Social Security Administration Act 1992, it is a key tool for safeguarding adults at risk in Scotland. Co-operation between organisations which hold information about people who may be adults at risk is central to the ethos of the Act, and it is necessary to ensure that steps can be taken to support and protect adults from harm.

DWP is able to share data on a case by case basis when disclosure is deemed to be in the public interest. Such information requested under Section 10 of the ASP Act will be used only for the purpose of establishing whether the individual is an adult at risk of harm and determining whether the council needs to take action to protect the adult.

Request for information under section 10 of the ASP Act

I would like to request disclosure of information under section 10 of the Adult Support and Protection (Scotland) Act 2007 as follows:

Name of person	
National Insurance Number * and/or Date of Birth & Address (* National Insurance Number preferred identifier)	
Brief reason why the information is requested and the use that will be made of it	

Information that is requested	
Requestor's name, position, organisation, address and telephone number.	

All initial requests should be directed in the first instance to:

Lynn Hammell, Business Manager, Renfrew Job Centre Plus, 5 High Street, Renfrew, PA4 8QL Tel: 0141 800 6781, e-mail: LYNN.HAMMELL@JOBCENTREPLUS.GSI.GOV.UK

Where initial requests are subject to dispute, the local DWP contact for Dispute Resolution in East Ayrshire is:

**Henrietta Wright, JCP West District Manager
HENRIETTA.WRIGHT@JOBCENTREPLUS.GSI.GOV.UK**

Appendix 8a
ASAP SOCIAL WORK REFERRAL PROCESS

Social Work Customer First Admin receive Adult Protection Referral either electronically (via mailbox*) or via telephone referral and ensure information is transferred onto SWIFT (Profile Notes/Contact & AP1) and allocated to the relevant team as per Admin Guidance.

Social Work Customer First Admin then hand delivers the AP Referral to the relevant Team Manager along with the template acknowledgement letter for signature.

*Police Scotland, NHS, SF&R, OPG, Care Inspectorate, OOH

Team Manager Screening

Check for involvement of children, if yes – report to C&F Duty Team/Relevant TM.

If registered service, consider whether Large Scale Investigation required, if yes – follow guidance for LSI

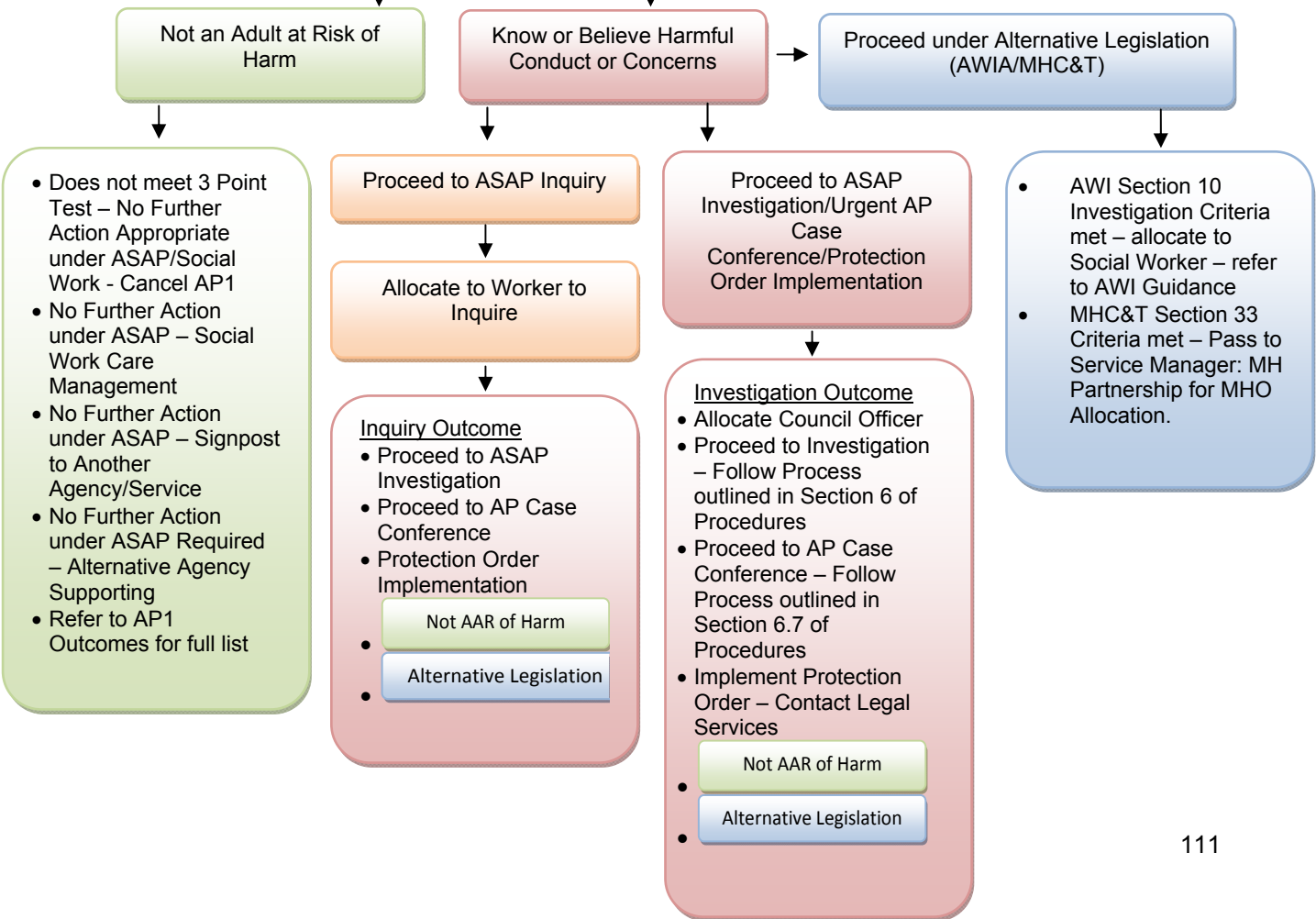
Consider whether the Referral meets the legal ASAP criteria (3 point test)

Returns acknowledgement letter to **Locality Admin** for posting

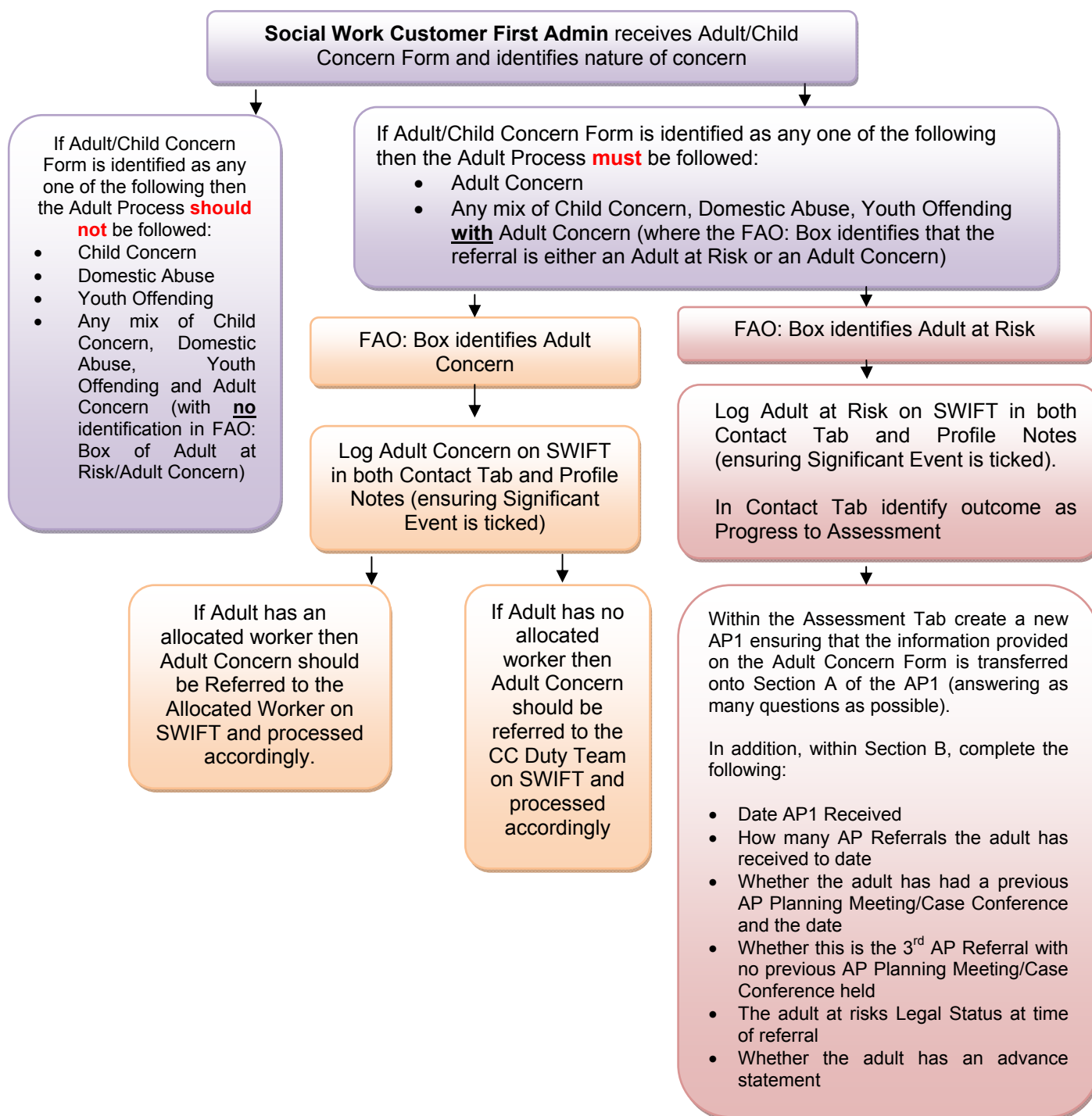
Make preliminary inquiries and considers need for urgent action or Planning Meeting/Case Conference*

*If third report of harm in 3 month period triggers Planning Meeting/Case Conference

POSSIBLE REFERRAL SCREENING OUTCOMES



ASAP ADMIN REFERRAL PROCESS – ADULT/CHILD CONCERN FORM



Adult at Risk Referrals are allocated as follows:

- Allocated to CC/CJ Social Worker – Allocate and Pass to Workers TM
- Allocated to CF Social Worker – Allocate and Pass to CC Duty TM
- No allocated Social Worker & Under 65 – Allocate and Pass to MH Duty TM
- No Allocated Social Worker & Over 65 – Allocate and Pass to CC Duty TM
- Currently a patient within Crosshouse Hospital – Allocate and Pass to TM based within Crosshouse Hospital
- Currently a Patient within Ayr or EA Community Hospital – Allocate and Pass to CC Duty TM

Note: All Adult at Risk Referrals must be printed along with the Adult Concern Form and hand delivered to the relevant Team Manager

Note: A confirmation of receipt e-mail must be sent to Lesley Callaghan, Adult at Risk Co-ordinator confirming that the referral has been received and identifying who it has been passed to.

Appendix 9

Useful Contacts

Name & Designation	Address	Tel No	E-mail Address	Area Covered	Responsible for:
<i>Head of Service Health & Social Care Partnership</i>					
Helen McGee, Acting Head of Service	Health & Social Care Partnership 9 Balmoral Road Kilmarnock KA3 1HL	01563 503359 Fax: 503366	helen.mcgee@east-ayrshire.gsx.gov.uk	East Ayrshire	Older People 65+
<i>Senior Managers Health & Social Care Partnership</i>					
Alison Findlay, Senior Manager	Health & Social Care Partnership 9 Balmoral Road Kilmarnock KA3 1HL	01563 503356 Fax: 503366	alison.findlay@east-ayrshire.gsx.gov.uk	East Ayrshire	Authority Wide Services Adults under 65
<i>Service Managers Health & Social Care Partnership</i>					
Yvonne Bennett, Service Manager Mental Health Partnership	Health & Social Care Partnership Cumnock Area Centre 1 Greenholm Road Cumnock KA18 1LH	01290 427772 Fax: 428422	yvonne.bennett@east-ayrshire.gsx.gov.uk	East Ayrshire	Mental Health and LD – Authority wide
Kate Moore, Service Manager, Community Care Locality South	Health & Social Care Partnership Ross Court Titchfield Street Galston KA4 8DF	01563 503407 Fax: 503436	kate.moore@east-ayrshire.gsx.gov.uk	Irvine Valley Mauchline Catrine Cumnock & Doon Valley	South Locality

Eileen Brechany, Service Manager Community Care Locality North	Health & Social Care Partnership The Johnnie Walker Bond 15 Strand Street Kilmarnock KA1 1HU	01563 554226 Fax: 554290	eileen.brechany@east-ayrshire.gsx.gov.uk	Kilmarnock Kilmaurs Stewarton Dunlop	North Locality
<i>Ayrshire Wide Social Work Out of Hours Response Service</i>					
Linda Dickinson Project Manager	Health & Social Care Partnership 9 Balmoral Road Kilmarnock KA3 1HL	01563 503364 Fax: 503366	Linda.dickinson@east-ayrshire.gov.uk	East, North and South Ayrshire	Ayrshire Wide Social Work Out of Hours Response Service
Ayrshire Wide Social Work Out of Hours Response Service		0800 328 7758	AyrshireOutOfHours@east-ayrshire.gsx.gov.uk	East, North and South Ayrshire	Ayrshire Wide Social Work Out of Hours Response Service
<i>Mental Health Partnership, Health & Social Care Partnership</i>					
Yvonne Bennett, Service Manager Mental Health Partnership	Health & Social Care Partnership Cumnock Area Centre 1 Greenholm Road Cumnock KA18 1LH	01290 427772 Fax: 428422	yvonne.bennett@east-ayrshire.gsx.gov.uk	East Ayrshire	Mental Health and LD – Authority wide
Duty MHO Line	Health & Social Care Partnership North West Area Centre Kilmarnock KA3 1NQ	01563 578712		East Ayrshire	For access to duty Mental Health Officers

<i>Hospital Social Work Team, Health & Social Care Partnership</i>					
Joan Pollock	Health & Social Care Partnership Crosshouse Hospital North Ayrshire & Arran NHS Trust Kilmarnock Road Crosshouse Kilmarnock KA2 OBE	01563 826250 Fax: 574913	joan.pollock@east-ayrshire.gsx.gov.uk	Social Work Services	Acute Team
<i>Criminal Justice Services – ASP Enquiries, Health & Social Care Partnership</i>					
Anita Haddow, Service Manager Criminal Justice Services	Health & Social Care Partnership The Johnnie Walker Bond 15 Strand Street Kilmarnock KA1 1HU	01563 576674 Fax: 558321	anita.haddow@east-ayrshire.gsx.gov.uk	East Ayrshire	Criminal Justice
Terry Kane Team Manager	Health & Social Care Partnership Prison Social Work Team HMP Bowhouse Kilmarnock	01563 578331	Terry.kane@east-ayrshire.gov.uk	East Ayrshire	Prison Based Social Work Team
<i>Adult Protection Unit, Health & Social Care Partnership</i>					
Donna Sinforiani, Adult Protection Co-ordinator	Health & Social Care Partnership Adult Protection Unit (APU) Civic Centre North John Dickie St Kilmarnock	01563 553559 Fax: 576966	Donna.sinforiani@east-ayrshire.gsx.gov.uk MAPS@east-ayrshire.gov.uk		For advice, information on ASAP Act, APC and local implementation
Ian George, Resource Worker	Health & Social Care Partnership - APU	01563 576976 Fax: 576966	ian.george@east-ayrshire.gsx.gov.uk MAPS@east-ayrshire.gov.uk		Info on Website, Public information or APU

	Civic Centre North John Dickie St Kilmarnock				
Jenny Bruce Learning & Development Co- ordinator	Health & Social Care Partnership - APU Civic Centre North John Dickie St Kilmarnock	01563 576739 Fax: 576966	Jennifer.bruce@east-ayrshire.gov.uk MAPS@east-ayrshire.gov.uk		Adult Protection Training
Lisa Brock Adult Protection Legislative Asst	Health & Social Care Partnership - APU Civic Centre North John Dickie St Kilmarnock	01563 554820 Fax: 576966	Lisa.brock@east-ayrshire.gov.uk MAPS@east-ayrshire.gov.uk		OPG Contact for Guardianships & POA's APU Stats
<i>Protection Admin Health & Social Care Partnership</i>					
Protection Support Officer	Health & Social Care Partnership Protection Team The Johnnie Walker Bond 15 Strand Street Kilmarnock KA1 1HU	01563 576915 Fax: 578174	eacprotectionadmin@east-ayrshire.gsx.gov.uk	North Locality	Admin AP Meetings
Protection Support Officer	Health & Social Care Partnership Protection Team Cumnock Area Centre 1 Greenholm Road Cumnock KA18 1LH	01290 427758 Fax: 428422	eacprotectionadmin@east-ayrshire.gsx.gov.uk	South Locality	Admin AP Meetings
<i>Social Work Practitioners Support/Contacts</i>					
Offender Management Unit	Kilmarnock Police Office	01563 505207 or			

	10 St Marnock Street KILMARNOCK KA1 1TJ	01563 505167			
Grahame Clarke MAPPA Co-ordinator	Ayr Police Office 1 King Street Ayr KA8 0BU	01292 664069	Grahame.Clarke2@scotland.pnn.police.uk	East, North & South Ayrshire and Dumfries and Galloway	Lead MAPPA Officer for South West Community Justice Authority Area.
Carol Cairns Prevention and Protection Officer	Kilmarnock Community Fire Station Campbell Street Kilmarnock KA1 4HL	01563 533321 Fax: 574930	Carol.cairns@firescotland.gov.uk	East, North and South Ayrshire	Public Engagement, Home Fire Safety Visits.
Shirley Ferguson Access to Funds Assistant	Health & Social Care Partnership 9 Balmoral Road Kilmarnock KA3 1HL	01563 503362 Fax: 503366	Shirley.ferguson@east-ayrshire.gov.uk	East Ayrshire	Access to Funds OPG Contact for Access to Funds
Forced Marriage Unit	Forced Marriage Unit	020 7008 0151	Emergency Out of Hours Contact: 020 7008 1500 and ask for Global Response Centre		For information on Forced Marriage concerns
The Hub	Care Inspectorate Compass House 11 Riverside Drive Dundee DD1 4NY		www.hub.careinspectorate.com		The Hub provides a one stop shop access to a range of resources to support improvement through using and sharing intelligence and research led practice.
Bill Duncan Contact Manager Adults	Care Inspectorate 1st Floor Rivergate House Rivergate Irvine	01294 323920	Bill.duncan@careinspectorate.com	East, North and South Ayrshire	Contact Manager for Adult Services

	KA12 8EH				
Judith Tait Link Inspector	Care Inspectorate Stuart House Eskmills Musselburgh EH21 7PB	0131 653 4100	Judith.Tait@careinspectorate.com	East & North Ayrshire	Link Inspector for Adult and Child Services
Office of the Public Guardian	The Office of the Public Guardian Hadrian House Callendar Business Park Callendar Road Falkirk FK1 1XR	01324 678300 Fax: 678301	opg@scotcourts.gov.uk	Scotland	Guardianship POA Access to Funds
Mental Welfare Commission	Mental Welfare Commission for Scotland Thistle House 91 Haymarket Terrace Edinburgh EH12 5HE	0131 313 8777 or 0800 389 6809	enquiries@mwscot.org.uk	Scotland	
Lynn Hammell Business Manager	Renfrew Job Centre Plus 5 High Street Renfrew PA4 8QL	0141 800 6781	LYNN.HAMMELL@JOBCENTREPLUS.GSI.GOV.UK		DWP Contact for inquiries – all Section 10 Request for Information Forms should be sent here.
Henrietta Wright JCP West District Manager	Renfrew Job Centre Plus 5 High Street Renfrew PA4 8QL	0141 800 6781	HENRIETTA.WRIGHT@JOBCENTREPLUS.GSI.GOV.UK		DWP Contact for any issues in relation to obtaining information from the DWP
<i>Communication & Additional Support/Representation</i>					
East Ayrshire Advocacy Service	20 Lindsay St Kilmarnock	01563 574442	irene@eaas.org.uk	East Ayrshire	Independent advocacy supports a

	KA1 2BB				person's right to have their own voice heard
Victim Support	Victim Support, East Ayrshire Civic Centre North 19 John Dickie Street Kilmarnock KA1 1BY	01563 540252 Fax: 540252	Victimsupport.eastayrshire@victimsupportscot.org.uk	Core Hours: Mon – Friday 10am – 2pm	Support can be provided by arranging an appointment through the office or on the phone. Self Referral Forms can be found on the website.
East Ayrshire Carers Centre	Princess Royal Trust East Ayrshire Carers Centre 49 The Foregate Kilmarnock KA1 1LU	01563 571533	admin@eastayrshirecarers.org.uk	East Ayrshire	Provides support for Carers
Women's Aid	10 Croft St Kilmarnock East Ayrshire KA1 1JB	01563 536001		East Ayrshire	East Ayrshire Women's Aid offer information, support and refuge to women, children and young people who have experienced domestic abuse.
Rape Crisis	8-10 College Wynd Kilmarnock KA1 1HN	01563 544686		East Ayrshire	Counselling and advice service
Break the Silence	11 Grange Place Kilmarnock KA1 2AB	01563 559558	breakthesilence@btconnect.com www.breakthesilence.org.uk	East Ayrshire	A confidential service for survivors (16 +) of childhood sexual abuse
Breathing Space		0800 83 85 87	info@breathingspacescotland.co.uk	Core Hours: Mon – Thurs 6pm – 2am Fri – Mon 6pm – 6am	Experienced advisors who will listen and provide advice to people who are feeling down or

					depressed
Sensory Impairment Team	Health & Social Care Partnership The Johnnie Walker Bond 15 Strand Street Kilmarnock KA1 1HU	01563 576923	Translation and Interpreting Services	East Ayrshire	Booking Sign Language Interpreter
Language Line Services (previously National Interpreting Service)	25 th Floor, 40 Bank Street Canary Wharf London England E14 5NR	0800 169 2879	enquiries@languageline.co.uk	www.languageline.co.uk Registered No: 4823110	Access to over the phone interpreters from English into more than 150 languages 24 hours a day, 7 days a week
NHS Community Learning Disability Team	North West Kilmarnock Area Centre Western Road KILMARNOCK	01563 578567	Physiotherapist, Psychiatrist, Psychologist, Specialist Community Nurses	East Ayrshire	North East Referrals
NHS Community Learning Disability Team	Cumnock Health Centre Tanyard CUMNOCK	01290 424790	Physiotherapist, Psychiatrist, Psychologist, Specialist Community Nurses	East Ayrshire	South East Referrals
NHS Community Speech & Language Therapy Service Head Office		01292 660800	For access to all Speech and Language Therapy services	Ayrshire	
<i>Emergency or Out of Hours Contacts</i>					
Ayrshire Wide Social Work Out of Hours Response		0800 328 7758	AyrshireOutOfHours@east-ayrshire.gsx.gov.uk		

Service					
EAC Council Helpline		08457 240000			For access to out of hours services (e.g. plumber, joiner etc)
NHS 24		111	www.nhs24.co.uk		Emergency access to health services (including medical, dental)
<i>Local Social Work Offices, Health & Social Care Partnership</i>					
Social Services Cumnock	Rothesay House 1 Greenholm Road Cumnock East Ayrshire KA18 1LH	01290 427720	Social.work@east-ayrshire.gov.uk SWCustomerfirst@east-ayrshire.gsx.gov.uk	South Locality	
Social Services Galston	Ross Court Titchfield Street Galston East Ayrshire KA4 8AB	01563 503400	Social.work@east-ayrshire.gov.uk SWCustomerfirst@east-ayrshire.gsx.gov.uk	Irvine Valley	
Social Services Dalmellington	33 Main Street Dalmellington East Ayrshire KA6 7QL	01292 552900	Social.work@east-ayrshire.gov.uk SWCustomerfirst@east-ayrshire.gsx.gov.uk		
Social Services Kilmarnock	The Johnnie Walker Bond 15 Strand Street Kilmarnock East Ayrshire KA1 1HU	01563 554200	Social.work@east-ayrshire.gov.uk SWCustomerfirst@east-ayrshire.gsx.gov.uk	North Locality	



East Ayrshire

Statutory Meetings Summary Operational Guidance:

Community Care



**COMMUNITY CARE SUMMARY OF MEETINGS
TYPE AND DEFINITION OF MEETINGS**

Community Care Assessment and Care Management

Name of Meeting	Description of Meeting	Recommended Chair & Minute Taker of Meeting
Multi Disciplinary Case Discussion	A Multi Disciplinary Case Discussion is a workers multi agency/multi disciplinary meeting which may be requested by social work or another agency involved in the care/support of an adult i.e. consultant, G.P., commissioned provider. This does not replace any of the review meetings held under care management procedures but is to facilitate communication, information sharing and co-operation between agencies and across agencies involved in providing or supporting the adults care plan. These are called when areas of concern about the personal welfare, health and safety or property/finances may be identified i.e. risks of harm or where there are issues with access or provision of services between professionals or there have been complex changes that require agreement about the way forward. These meetings must be minuted and include an analysis of any risk identified and decisions about how these will be managed and incorporated into the adults care plan or carers support plan. Where it is identified that risks of harm are unable to be managed under care management the relevant procedures should be initiated e.g.ASAP/AWI	Team Manager Social Work Admin Review Team
LSF Forum	LSF Forum is held on a fortnightly basis. This Forum allows for full consideration of any potential statutory interventions that may be being considered as part of the care management process and offers advice and guidance in relation to this. Legal Services and Team Manager, MH Partnership attend as core forum members.	Adult Protection Co-ordinator Adult Protection Legislative Assistant

Additional Admin Arrangements

Please be aware, if there is a complex meeting that would not fall under the remit of Protection Admin to minute the meeting, requests can be made for a minute taker from the Social Work Admin Review Team where support can be provided. They are contactable on: 01563 576925; 01563 576613; 01563 576649

Adult Support and Protection

Name of Meeting	Description of Meeting	Recommended Chair & Minute Taker of Meeting
Adult Protection Planning Meeting	<p>A Planning Meeting is a workers multi disciplinary meeting that is co-ordinated where a report of an adult at risk has been made or an Adult at Risk is to be transferred to another local authority or the Adult moves to another area and is for the purpose of:</p> <ul style="list-style-type: none"> ➤ Sharing information on a multi agency basis to consider and inform others of the risks of harm; ➤ Decide if any further information is required to inform decisions; ➤ To decide if further intervention is required under the 3 Main Legislative Safeguarding Acts; ➤ Decide if an investigation is required and plan for this; ➤ Clarify which agency should lead any investigation, allocate Council Officer if required and agree secondary worker; ➤ Consider what action is required at that point and whether a Case Conference should be arranged; and ➤ Any other relevant matter. <p>A planning meeting or information exchange may take place by telephone, where the logistics of bringing representatives from all agencies together in one room would seriously delay an informed decision being made.</p> <p>There are times when there is multi agency involvement and/or multiple categories of harm that require the need for clear information sharing between relevant agencies. In these situations case discussions can facilitate this in a robust way which allows information to be noted and decisions to be recorded for example during any transfer or transition for the adult.</p> <p>Where further information is required, follow up Adult Protection Planning Meetings may be held prior to making a decision whether to proceed to an Adult Protection Case Conference.</p>	Team Manager Protection Admin

Name of Meeting	Description of Meeting	Recommended Chair & Minute Taker of Meeting
Adult Protection Planning Meeting – Large Scale Inquiry	Adult Protection Planning Meeting – Large Scale Inquiry is a multi agency meeting held following a report of 2 or more Adults at Risk of Harm in an establishment as detailed below (Adult Protection Large Scale Inquiry). The purpose is to bring together relevant agencies to gather initial information and decide whether a Large Scale Inquiry Meeting is required.	Senior Manager Protection Admin
Adult Protection Large Scale Inquiry	<p>A Large Scale Inquiry is a multi agency response to circumstances where there may be 2 or more Adults at Risk of Harm for example within a care setting (either residential care, day care, home base care or a health care setting). These meetings are to:</p> <ul style="list-style-type: none"> ➤ Provide a standardised multi agency approach to carrying out a large scale inquiry consistent with current evidence of best practice; ➤ Offer a framework for an alternative process to holding large numbers of individual Adult Support and Protection Inquiries; ➤ Ensure that there is adequate overview co-ordination where a number of agencies have a key role to play ➤ Clarify responsibilities in terms of taking any intervention forward. <p>For further detail regarding the format and structure of an Adult Protection Planning Meeting – Large Scale Inquiry refer to East Ayrshire Interagency Operational Procedures – Adult Support and Protection.</p>	Senior Manager Protection Admin
Adult Protection Initial Case Conference	An Adult Protection Case Conference is a multi-agency forum, held to share information and make decisions about how to support and protection an adult deemed to be at risk in circumstances where harm has occurred or is suspected. The adult, where possible, should be invited to contribute as fully as possible. Case Conference decisions will always seek to protect an adult by the use of informal protection measures but will also consider the need for statutory protection under the 2007 Act or other relevant legislation.	Service Manager (or Team Manager as part of CPD) Protection Admin
Adult Protection Core Group Meeting	Adult Protection Core Group Meetings are meetings led by the Team Manager in the intervening time between the Initial Case Conference and the Review Case Conference, the purpose of which are to ensure that the decisions made on the AP3 – Protection Plan are being followed	Team Manager Protection Admin

Name of Meeting	Description of Meeting	Recommended Chair & Minute Taker of Meeting
	and any issues arising are picked up and dealt with accordingly, rather than waiting until the Review Case Conference which may not be until 3 months down the line. The minutes of this meeting will help inform the Adult Protection Review Case Conference when decision making.	
Adult Protection Review Case Conference	<p>A Review Case Conference should be held within 3 months or less of the initial Adult Protection Case Conference and as per the Initial Adult Protection Case Conference, the adult should be invited to contribute. Future reviews should be held as required and in line with council procedures. The purpose of a review case conference is to:</p> <ul style="list-style-type: none"> ➤ Summarise support and outcomes to date and to confirm the current situation; ➤ Review risk management plans and establish current level of risk; ➤ Ensure agreed duties and responsibilities across partner agencies have been fulfilled and agree any remedial action where a shortfall has been identified; ➤ Review and if necessary up-date the Protection Plan and associated service provision and ensure intervention or legal powers exercised in relation to the Principles remains proportionate and are the least restrictive option in terms of maximising benefit and offering effective protection to the adult <p>This can also be used to conclude the Adult Support and Protection process where appropriate and agree future monitoring/review arrangements for the adult, where required.</p>	Service Manager (or Team Manager as part of CPD) Protection Admin

Note 1

Where there is sufficient information to suggest that the adult at risk of harm may require consideration of interventions under Adults with Incapacity (AWI) legislation the Adult Protection Case Conference can also make decisions in relation to AWI without the need for two separate case conferences. As long as all who attend are clear about the nature and functions of the meeting and the relevant people attend and the legislative principles are applied and recorded.

Adults with Incapacity

Name of Meeting	Description of Meeting	Recommended Chair and Minute Taker of Meeting
<p>Adults with Incapacity Planning Meeting (Replaces previous Pre Guardianship Case Discussion)</p>	<p>A Planning Meeting is a Workers multi disciplinary Meeting. All members of Social Work Staff should be vigilant about the personal welfare, financial and property affairs of an adult and where there appears to be concerns this should be discussed with their line manager and addressed within normal care management procedures. Options for protection and statutory intervention can be discussed but not decided as this is the role of the case conference, unless there is a risk of serious and immediate harm noted and emergency intervention is required, i.e. Warrant for Entry/Protection Banning Order. Where a planning meeting is convened the attendance of legal services is not required unless complex legal issues require guidance.</p> <p>In circumstances where there has been a high level of multi agency involvement involving the adult and their carers a AWI Planning Meeting may not be required prior to proceeding to an AWI Case Conference.</p>	<p>Team Manager who is MHO or if not MHO must be present. Protection Admin</p>
<p>AWI Initial Case Conference (this includes Access to Funds)</p>	<p>An AWI Case Conference is a multi disciplinary meeting that will be convened when an allocated worker or his/her line manager feel that an application under the Act is required as a result of an AWI Planning Meeting, an LSF Referral, an ASAP Inquiry/Investigation or a Multi Disciplinary Case Discussion.</p> <p>Consideration of Access to Funds should be made within any of the aforementioned multi disciplinary meetings.</p> <p>It would be best practice to ensure that, where possible, the MHO in attendance will be the MHO allocated to undertake any required reports.</p>	<p>Service Manager/Team Manager who is a qualified MHO or if not MHO must be present. Protection Admin</p>
<p>AWI Review Case Conference</p>	<p>An AWI Review Case Conference is a multi disciplinary meeting that will be convened when a decision made at an AWI Case Conference has been to proceed to any Statutory Order under this legislation.</p> <p>This is a follow up meeting that can be held in the following circumstances:</p> <ul style="list-style-type: none"> ➤ Where a significant change in circumstances has occurred that affects the original decision and this needs further multi agency discussion; ➤ Where an application for the agreed order has not been lodged at Court within 12 weeks; 	<p>Service Manager/Team Manager who is a qualified MHO or if not MHO must be present. Protection Admin</p>

