

**Falkirk Council
Social Work Service**



Falkirk Council

**Adult Support and Protection
Guidance and Procedures for Assessment and Care
Management Staff**

Effective from 6th February 2017

1.0 PURPOSE

Staff working within the Forth Valley area have a duty to identify and respond to adults who may be at risk of harm. The Forth Valley Inter Agency Adult Support and Protection Practice Guidance and Procedures (dated as effective from 27th July 2011) apply to all agencies and their staff in all statutory, private and voluntary agencies throughout the Forth Valley Area.

This procedural guidance is to compliment the Forth Valley wide procedures and to give local, specific guidance to all staff working within the Community Care Teams across Falkirk Council.

It is to assist professional staff to carry out the duties and functions as detailed in the Adult Support and Protection (Scotland) Act 2007 (referred to as the 2007 Act) and accompanying 'Code of Practice' published by the Scottish Government (referred to as Code of Practice).

This document sets out clear internal operational procedures to be followed when any member of staff encounters an incident or allegation of harm to an adult at risk or where such an incident is reported to the council.

Services to adults at risk are the responsibility of all staff of Falkirk Council. Anyone encountering a concern about an adult at risk should refer to the Forth Valley ASP Practice Guidance and Procedures and these local procedures.

For the purpose of these procedures 'Community Care Team' means any of the following: Locality Community Care Teams, Sensory Team, Integrated Learning Disability Team and Integrated Mental Health Team.

PURPOSE OF LOCAL PROCEDURE AND GUIDANCE

This local guidance does not replace the Forth Valley guidance but builds upon it. It assists all staff members to understand their responsibilities and also provides operational practice guidance when working to protect adults at risk.

2.0 FORTH VALLEY FRAMEWORK

2.1 BACKGROUND

Forth Valley's first Guidance and Procedures for the Protection of Vulnerable Adults came into operation on 1 April 2005. They were updated in August 2009 to reflect the new Adult Support & Protection (Scotland) Act 2007 and revised in July 2011 to reflect ongoing developments in multi-agency practice and practitioner's experience.

The Forth Valley multi agency document is aimed at supporting professionals from NHS Forth Valley, Police Scotland and from Stirling, Clackmannanshire and Falkirk Councils and staff from all other agencies (statutory, private or voluntary) to respond to concerns about adults in need of support and protection. It provides a robust, multi-agency framework for all agencies and professionals in the Forth Valley area.

2.2 ADULT PROTECTION COMMITTEE

An important part of improving the service to adults who may be at risk is that the 2007 Act creates an obligation on councils to establish multi-agency Adult Protection Committees. The functions of the Adult Protection Committee's include:-

- a) To keep under review the procedures and practices of the public bodies;
- b) To give information or advice to any public body in relation to the safeguarding of adults at risk within a council area, and
- c) To make, or assist in the making of, arrangements for improving the skills and knowledge of employees of the public bodies

While previously there was one Adult Protection Committee across the Forth Valley area since 2015 there has been a dedicated Committee to the Falkirk area. The Falkirk Adult Protection Committee (Falkirk APC) has been formed by the partner agencies to provide an overarching strategic framework to support and protection work and is chaired by an independent chairperson.

The Falkirk APC will have membership from (list not exhaustive):

Falkirk Council Falkirk Health and Social Care Partnership
Police Scotland
Scottish Fire and Rescue Service
The Care Inspectorate
Independent Advocacy organisation(s)
Group(s) representing the voluntary sector

The work of the committee is also supported and supplemented by the local arrangements in Falkirk council area including the Chief Officers group.

2.3 STRUCTURE OF THIS LOCAL GUIDANCE

This local procedural guidance paper is to supplement the Forth Valley Guidance and provide detailed operational guidance for Falkirk Council staff.

There are ten steps to this procedure:

- **STEP ONE – Reporting and Referral**
- **STEP TWO – Referral received by Community Care Team**
- **STEP THREE – Consultation with Manager**
- **STEP FOUR – Inquiry Stage**
- **STEP FIVE – Initial Referral Discussion/Planning Meeting**
- **STEP SIX – Investigation**
- **STEP SEVEN – Case Conference**
- **STEP EIGHT – Protection Plan and Support**
- **STEP NINE - Protection Orders**
- **STEP TEN – Monitoring and review**

The recording of events, actions and decisions taken and the reasons for such decisions and actions is emphasised repeatedly. Good recording of information throughout the process is essential and is an important part of defensible decision making. These records should be evidence based and accurate.

All staff and managers should make sure that records are made immediately after each event. Reference must be made to the guidance paper - SWIS Interim Guidance- Adult Support & Protection Case Recording (*See Appendix 1*).

3.0 RELEVANT PROCEDURES/GUIDANCE

It is important that all staff involved in adult support and protection recognise their duty to contribute to the wider public protection duties. A concern that an adult is at risk can and might lead to information that other adults, or other children are at risk. There is therefore a wide range of other procedures and guidance notes that professional staff need to be aware of so that they understand their broad duties to contribute to the protection of all those that might need protection.

These procedures should be read in conjunction with the Scottish Governments update Code of Practice (dated April 2014) and also all relevant Falkirk Council. procedures/guidance, including:

- Assessment & Care Management procedures
- Community Care Risk Assessment procedures
- Forth Valley Adult Support and Protection procedures
- Falkirk Council and Forth Valleys Child Protection Procedures
- SWIS Interim Guidance- Adult Support & Protection Case Recording
- Other relevant procedures e.g. Domestic Violence
- Appropriate Adult Procedures
- Forth Valley Large Scale Investigation Protocol
- Adults with Incapacity procedures
- Mental Health (Care and Treatment) (Scotland) procedures
- MAPPA (Multi-Agency Public Protection Arrangements) procedures
- Forth Valley Harm Reduction Protocol
- Guidance on referrals to Public Protection Unit

4.0 LEGISLATION

- 1) Adult Support & Protection (Scotland) Act 2007
- 2) Adults with Incapacity (Scotland) Act 2000
- 3) Mental Health (Care and Treatment) (Scotland) Act 2003
- 4) Social Work (Scotland) Act 1968
- 5) Mental Health (Scotland) Act 2015
- 6) National Health Service and Community Care Act 1990
- 7) Community Care and Health (Scotland) Act 2002
- 8) Regulation of Care (Scotland) Act 2001
- 9) Public Services Reform (Scotland) Act 2010
- 10) Equality Act 2010
- 11) Forced Marriage etc (Protection and Jurisdiction) (Scotland) Act 2011
- 12) Vulnerable Witnesses (Scotland) Act 2004
- 13) Public Health etc (Scotland) Act 2008
- 14) Social Care (Self-directed Support) (Scotland) Act 2013
- 15) Children (Scotland) Act 1995
- 16) Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
- 17) Sexual Offences (Scotland) Act 2009
- 18) Children and Young Persons (Scotland) Act 2014
- 19) Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016
- 20) Matrimonial Homes (Family Protection) (Scotland) Act 1981

The above lists are not exhaustive and other procedures and legislative frameworks and duties may apply.

5.0 DEFINITIONS

5.1 WHO IS AN ADULT AT RISK?

For the purposes of these procedures the definition of an 'adult at risk' is that contained within the 2007 Act and its Code of Practice.

The Act defines an adult at risk as persons aged 16 or over 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.

Importantly, all three elements of this definition must be met ('the 3 point test'). It is the whole of an adult's particular circumstances, which may combine to make them more vulnerable to harm than others.

The Code of Practice clarifies that the presence of a particular condition does not automatically mean an adult is an "adult at risk". A person may have a disability or illness and still be able to safeguard their own interests etc. It is the whole of an adult's particular circumstances, which may combine to make them more vulnerable to harm than others.

Also a person's abilities to protect themselves can fluctuate and change over time. Further a person may be able to safeguard one area of their life and not able to safeguard other areas.

5.2 SPECIFIC GUIDANCE ON DEFINITION OF ADULT AT RISK

The Acts Code of Practice gives additional guidance on matters to consider when considering whether an adult may be an "adult at risk".

- a) **Guidance on "unable"**: It states that a distinction should be drawn from an adult who lacks the skills, means or opportunity to be able to safeguard themselves (and would, if meeting all three points of the definition, normally be regarded as an adult at risk) and adult who has the skills, means and opportunity to safeguard themselves but is choosing not to.

In essence this means where an adult is choosing to not safeguard themselves (but has the skills/opportunity to do so) such a person may not be regarded as an adult at risk under the 2007 Act.

- b) **Problematic Alcohol and drug use**: When an adult's inability to safeguard themselves is due to a "temporary" problematic alcohol or drug use then such an adult would not normally be regarded as an adult at risk.

However, where an adult has an ongoing problematic alcohol, and/or drug use and has a co-existing illness, disability, mental disorder or infirmity then such a person may be considered an “adult at risk”. The presence of such a co-existing issue in addition to an ongoing alcohol and/or drug use issue might well lead to professionals regarding the adult as unable to safeguard their own interests/welfare/property etc

- c) **Young People in Transition:** The Code of Practice states the need to “pay particular attention” to the needs and risks young people in transition from youth to adulthood can experience. It stresses that each such situation needs to be considered individually and that there is a need to identify such young people “at the earliest stage possible” and for robust and effective systems to be in place to share information between agencies/workers and ensure a transfer of responsibilities.
- d) **Self-directed Support:** The introduction of the 2013 Act aims to give adults, children and families more choice and control over their social care arrangements and involve them more in decisions about their support. The 2007 Code of Practice states such legislation could, in some instances, increase risks to some people but can also help a person develop their ability to protect themselves.

5.3 CHILDREN AND YOUNG PEOPLE

In line with the need to pay particular attention to young people moving from child care to adult care services it is necessary to ensure that a child/young person’s need for support and protection is managed in a way that ensures their safety.

Critically:

- Where the adult is 16 or 17 years of age consideration must be given to the protocol entitled Adult Protection/Child Protection Guidance For Referrals Of Young People Aged 16 & 17 Years (**see Appendix 2**) in order to determine if the most appropriate response will be provided by child protection or adult support & protection procedures.
- If any concerns are also identified or arise regarding children under the age of 16 these must be referred to the local Children and Families Team within the terms of the local Child Protection Procedures.

5.4 WHAT IS HARM?

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

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

The Act does not differentiate the source of the harm. Therefore the adult can be harmed by another person, or by their own conduct (ie self-harm). Additionally the harm could be caused by another person in need (or another adult at risk), a person known to the adult, a person working with the adult in a paid capacity or a stranger.

Further the Act does not differentiate between the settings where harm takes place. An adult can be at risk in their own home, in the community (such as public places), while resident or being cared for in hospitals or residential or nursing homes, in day services or any other setting.

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

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

Harm can also include:

- Sexual
- Neglect and acts of omission
- Institutional
- Discriminatory
- Self Harm and Self Neglect

This list is not exhaustive and no category of harm is excluded because it is not listed here. Domestic abuse, gender based violence, forced marriage, human trafficking, stalking, hate crime and "mate crime" will also generally be regarded as forms of harm.

5.5 OMISSION OR COMMISSION?

Any or all of these types of harm may be perpetrated either as a result of deliberate targeting of adults at risk or through negligence or ignorance. Therefore harm can be accidental or intentional, it can also be a result of neglect or self-neglect or can be self-harm or attempted suicide acts.

In some cases it may result from an extreme level of stress on an informal carer which may include aggressive or violent behaviour by the adult at risk towards the carer. In such cases a sensitive approach in supporting the carer has to be combined with a determination to deal with the harmful behaviour and prevent it reoccurring. However the welfare and protection of the adult at risk should remain at the forefront of any intervention.

5.6 SERIOUS HARM

The definition of harm that warrants an inquiry and/or investigation is that a person known or believed to be an adult at risk is at risk of “harm”.

However where an adult at risk of harm may need the support and protection of a Protection Order under the 2007 Act (see Section 14 – STEP NINE of this procedure for further details) then it will be necessary to demonstrate that the adult is at risk of serious harm.

Neither the Act nor the Code of Practice defines ‘serious harm’ apart from the Code noting that what constitutes serious harm will be different for different persons.

Where an application for a Protection Order is being considered, legal advice will be available from Falkirk Council solicitors. It may also be appropriate to seek advice from the ASP Co-ordinator/Lead Officer who will be aware of decisions taken in earlier cases. This should assist in establishing a consistent threshold for intervention across community care teams when applying for Protection Orders.

5.7 COUNCIL OFFICER

The investigating officer has been given, within the 2007 Act, the title of **Council Officer**. The definition of a Council Officer within the 2007 Act at Section 53(1) is that a Council Officer is an individual appointed by a Council under Section 64 of the Local Government (Scotland) Act 1973. Section 53(1) also enables ministers to restrict the type of individual who may be authorised by a Council to perform Council Officer’s functions.

Within Falkirk Council a Council Officer will be a person employed by Falkirk Council, who is a qualified social worker, occupational therapist or nurse and who has at least 12 (twelve) months post qualifying experience of working with adults who are adults at risk of harm

The person must be:

- a) registered in the part of the SSSC register maintained in respect of social workers or is the subject of an equivalent registration; or
- b) registered as an occupational therapist in the register maintained under article 5(1) (establishment and maintenance of register) of the Health Professions Order 2001(5); or
- c) a nurse; and

have 12 months relevant experience of working with adults at risk of harm.

Falkirk Council shall not authorise a person to perform the functions of a Council Officer under sections 7 to 10 (investigative functions) unless that person meets these requirements.

Further the council shall not authorise a person to perform the functions of a Council Officer under sections 11 (Assessment Orders), 14 (Removal Orders), 16 (right to move adult at risk) or 18 (protection of moved person's property) unless that person meets these requirements.

TEN STEP GUIDANCE FOR ALL STAFF

All staff involved in any way with adults who might be adults at risk have a responsibility to identify and act whenever there is a concern that an adult may be at risk. For examples of indicators please see Guidance and Procedures for Reporting Adult Support and Protection concerns - Falkirk Council Care and Support at Home, Residential and Daycare staff (*see Appendix 3*).

The following guidance breaks actions into specific steps in the ASP process. While for many situations such steps will and should occur in the sequence described here there can be situations where, for good reasons, a step or particular action takes place outwith this sequence. In such circumstances the staff member involved (and/or the manager who is overseeing their actions) must record the reason for the change.

6.0 STEP ONE REPORTING AND REFERRAL

6.1 SITUATIONS OF IMMINENT SIGNIFICANT RISK

It is likely most referrals will not involve imminent risk. They will come to attention either by direct contact with the adult at risk or be received as a referral from an external source.

However when any member of staff receive's information that an adult may be imminently at risk of harm, the first task will be to take immediate action to try and protect that person. In such circumstances it is accepted that a staff member may need to make a decision, based on the urgency, without consultation with a manager.

SITUATIONS OF IMMINENT SIGNIFICANT RISK

When an adult may be in imminent significant danger the staff member must:

- ☐ Refer that person immediately to emergency services – Police and/or ambulance
- ☐ Having taken the above action, notify their line manager immediately
- ☐ Record timeously (on SWIS), all events, actions and reasons for actions
- ☐ Refer the matter immediately to the appropriate Community Care Team

6.2 RESPONSE TO RECEIVING AN ASP REFERRAL BY PHONECALL OR IN WRITTEN COMMUNICATION

The Code of Practice states that any referral, including those made anonymously must be treated seriously. That all referrals should be considered with an open mind without assuming that harm has, or has not, occurred.

All referrals must be given a carefully considered and measured response. Key parts of that response must be to record the referral, check what existing information is known about the adult and to consult with and take advice from an appropriate senior member of staff.

There are different responses depending upon the manner of the referral:

- 6.2.1** When a concern is referred directly to the allocated worker that worker must record the referral/concern and must then consult their Team Manager/Senior Worker within the same working day and follow the process from Step 2.
- 6.2.2** When the Contact Centre receives a referral they will immediately (on the same working day) pass the referral to the relevant community care team or service and be clear the issues is of an Adult Support and Protection concern/referral
- 6.2.3** When such a referral is received by an administration staff member within a community care team they must check SWIS computer system and pass on calls/written referrals as below making the recipient aware that the referral relates to adult support and protection matters.

Administration staff should then follow one of these seven options

- a) Allocated Cases** - Reception staff will pass the call/written referral to the allocated worker. If that worker is not available the referral should be passed to the Duty Worker/Team Manager /Senior Worker for the Team in which the case is allocated.
- b) Cases on a Team Pending List** - Reception staff must pass these calls to the Duty Worker/Team Manager/Senior for the team the case is pending to.
- c) Known but Closed Cases** - Administration staff should pass calls to the Duty Worker/Team Manager/Senior Worker in the first instance to enable the referral to be taken/recorded.
- d)** If the service user is not known the call should be passed to the duty worker or, in their absence, the Team Manager/Senior Worker in the Community Care Team.
- e)** If the concern relates to someone without a “home address” i.e. no fixed abode, the geographical location of the person at the time of the referral will determine which team holds responsibility.
- f)** When the referral relates to an adult at risk who is a Falkirk Council resident and currently an inpatient of Forth Valley Royal Hospital (FVRH) or other hospital, the Social Work Team within Falkirk Community Hospital will take lead responsibility for

the referral. If the adult is known to other parts of the social work service the hospital social work team will refer to other services /people as appropriate. If an adult at risk is under 65 years of age and in a ward within the FVRH Mental Health Unit the referral will be forwarded to the relevant locality team.

- g) If the concern relates to a service user from another authority area but who is temporarily in the Falkirk Council area the responsibility for the ASP response rests with Falkirk Council. However, the local authority where the adult normally lives should be contacted immediately and advised of the referral. A joint investigation may be appropriate. For further guidance refer to the Cross Boundary protocol (in Forth Valley Procedures)

6.2.4 It may be necessary, on occasion, for Reception staff to take a telephone number and have the duty worker/Team Manager/Senior Worker call the referrer back.

6.3 COMMUNITY CARE TEAM STAFF MEMBER WHO IS IN DIRECT CONTACT WITH AN ADULT AT RISK OF HARM

6.3.1 If an incident is witnessed by a staff member or a disclosure made to them by the adult at risk or others, the staff member should:

INFORMATION TO SEEK

- ✓ Ensure they are able to communicate effectively with the adult at risk or seek ways of achieving effective communication
- ✓ Ask the adult what has happened. If appropriate seek details of dates, times, injuries, witnesses and possible other victims (WHO? WHAT? WHERE? WHEN?).
- ✓ When it appears the adult has been the subject of an offence then full details should not be sought. Explain the need to seek advice and possibly the need to involve the Police in an interview
- ✓ Establish details of the alleged perpetrator(s) if possible
- ✓ Ask the adult what they think of the situation and what they want to happen.
- ✓ Speak to the adult about the concerns and the risks
- ✓ Seek the adult's consent to take further action. Where the adult does not give consent to further action the staff member must inform that adult of their need to consult with their Team Manager about the need for further action to be taken.
- ✓ Reassure the adult that they will be kept informed as far as possible within the context of investigation and appropriate updating.

6.3.2 The staff member will discuss all information with their Team Manager (or other appropriate manager) as soon as possible and always on the same working day. They must record timeously (the same working day or no later than 24 hours) on SWIS, all events, actions and reasons for actions. The process from (step 2) receipt of referral should then be followed. In the event of this information being received after 5pm the staff member should discuss with EDT any immediate further action which may be required.

7.0 STEP TWO

REFERRAL RECEIVED BY COMMUNITY CARE TEAM

7.1 When a Community Care Team member of staff receives information from another source about an adult at risk of harm they must firstly establish if that person is at imminent risk. If so, then the emergency services should be contacted (as described in **6.1** above).

When the risk is not believed to be imminent the need to establish as much relevant information as possible is paramount. Staff members must, as a minimum, seek:

REFERRER AND ALLEGATION DETAILS:

(Form AP1 can be used as a useful prompt for asking the right questions)

- ✓ Name, address, job title, contact details, method of contact of referrer
- ✓ Full information about the nature of the allegations, to include e.g. dates, times, injuries, witnesses, supporting evidence and other possible victims
- ✓ Details of any previous concerns and any other relevant information
- ✓ Establish as many details of the alleged perpetrator(s) as possible (including details of any contact with other adults at risk)
- ✓ If the alleged perpetrator is employed by a Registered Care Provider check that the provider has notified the Care Inspectorate.
- ✓ Check the Criminal Justice module of SWIS whether any person is known
- ✓ Check the Child Care module of SWIS whether any information/involvement is known
- ✓ Agreement to re-contacting the referrer should further information be needed
- ✓ Advise the referrer that the Multi Agency Adult Protection Referral form (referred to as the AP1 form) must be submitted **(See Appendix 4)**
- ✓ Check the AP1 form is received within appropriate timescale

ADULT AT RISK DETAILS:

- ✓ Name, date of birth, address, phone number(s), gender, living circumstances, family members
- ✓ Any communication issues for the adult
- ✓ Information on their physical and mental health
- ✓ Any known supports, professional involvement and statutory orders
- ✓ The adults wishes in respect of the allegations
- ✓ The referrers opinion of the adult's capacity to make informed decisions about their own safety
- ✓ Possible need for an Appropriate Adult if police interview is required.
- ✓ If there is a Welfare or Financial Guardian or Continuing or Welfare Power of Attorney and if so, contact details.

7.2 STAFF MEMBERS RESPONSE

7.2.1 The staff member receiving the information can use the form AP1 to record this to ensure all areas are covered. They **must** ensure this information is recorded on the Adult at Risk's SWIS record as a matter of priority on the same day (and no later than within 24 hours in exceptional circumstances).

It is important that staff, in addition to recording the actions they take also provide an explanation why such action was decided. The reasons for acting in particular way add important details to the record and are an important element of defensible decision making.

For further information on actions and timescales required by the staff member please see the Flowchart and Timescales for Responding to ASP Referrals (**Appendix 5**) and also ASP Procedures – Checklist for Council Officers (**Appendix 6**)

7.2.2 Sufficient information must be gathered (if available/possible) to establish if the person referred meets the criteria for an adult at risk (the "3 point test").

SWIS must be checked to ascertain if the alleged perpetrator/harmer is known to Social Work Services and any key worker/allocated worker should be notified to ensure that any appropriate action is considered to minimise risks while the inquiry/investigation is planned.

7.2.3 If the referral is made by phone by a member of staff from other parts of Social Work Services, registered care provider or other professional it must be confirmed in writing using form AP1 within 24 hours.

7.2.4 Other than situations of imminent danger (see **section 6.1**) the staff member should then review all SWIS records to establish background information and in particular details of any previous adult and/or child protection concerns.

Specifically checks must be made with the Child Care and Criminal Justice modules of the SWIS computer system to determine if any information is known about any party that might be involved in the referral.

Further a check with the Offenders Management Unit within Police Scotland should also be considered if there is any indication any person may be known to such professionals.

7.2.5 When the concerns relate to concern regarding or within a registered care provider confirmation should be sought that the care provider has notified the Care Inspectorate.

Falkirk Council's Contracts and Commissioning team (and/or individual officers) should also be notified of the referral.

ALLEGATION INVOLVING STAFF MEMBER OR PAID CARER

This procedure applies to all support and protection concerns. When the allegation concerns a member of staff or paid carer these procedures must be followed.

In such situations the line manager of that staff member must take action to ensure the staff member has no ongoing contact with any vulnerable people (adults or children) until an initial assessment or, if required, a full investigation has taken place. It will be the continuing responsibility of the line manager to provide support to the staff member.

A referral must be made to the Community Care Team who will take lead role for the ongoing protection of the adult at risk. Planning and decision making may include the line management for the staff member, if that is deemed as appropriate or necessary.

7.2.6 In many referrals the subject will be one person. However staff need to be aware that for some referrals more than one adult (or child) may be regarded as potentially at risk of harm. In cases where it appears that two or more adults may be at risk of the harm being referred the staff member must ensure this is specifically discussed with and acknowledged by the Team Manager. In such situations consideration must be given to whether the Large Scale Investigation protocol should be considered and/or instigated

For details of this see the Forth Valley Large Scale Investigation Protocol.

8.0 STEP THREE - CONSULTATION WITH AND DECISIONS BY LINE MANAGER

8.1 STAFF MEMBERS RESPONSIBILITIES

Other than in situations of imminent danger, on receiving a referral the staff member must discuss the situation with their Team Manager or other appropriate/available manager as soon as possible (and always on the same working day). Situations involving physical or sexual harm must be brought to a manager's attention immediately.

STAFF MEMBER CONSULTATION WITH TEAM MANAGER

All referrals relating to Adult Support and Protection must be brought to the attention of the Team Manager (or covering manager) as soon as possible and always within the working day it is received. All available information should be presented.

8.2 RESPONSIBILITIES OF TEAM MANAGER/SENIOR WORKER

The Team Manager holds ultimate responsibility to decide what action should be taken and to co-ordinate the response.

RESPONSIBILITIES OF THE TEAM MANAGER ARE:

- ✓ Protect the adult and any other possible adults potentially at risk.
- ✓ Draw up an Action Plan to organise the response
- ✓ Co-ordinate all decisions about the response
- ✓ Allocate an appropriately trained and experienced Council Officer
- ✓ Ensure support for members of staff involved
- ✓ Provide Briefing & Debriefings for any staff involved in investigations
- ✓ Ensure all events, decisions and reasons for decisions are recorded accurately and timeously on SWIS the same working day (or no later than within 24 hours).
- ✓ Confirm receipt of referral within 24 hours using proforma (***see Appendix 7***)

For further information and guidance on the Team Manager responsibilities see ASP Procedures – Checklist for Team Managers (***see Appendix 8***)

Service Managers or the ASP Lead Officer/Co-ordinator can also be consulted if required. When advice is requested it is the responsibility of the Service Manager or the ASP Lead Officer/Co-ordinator to provide such consultation/advice/support as is necessary. The decision as to whether to apply ASP Procedures is a matter of professional judgement based on an analysis of the information available.

8.3 TEAM MANAGER'S RESPONSE

The Team Manager will review and discuss the available information with the allocated worker / duty worker. It is the Team Managers responsibility to decide what further action (if any) is required.

8.3.1 In some situations sufficient information may have been obtained at the referral stage, including information from SWIS records or the allocated workers knowledge of the adult, to determine that the person referred does not meet the criteria for an adult at risk (i.e. the three point test).

Where this happens the Team Manager must consider whether the referred adult may be in need of others support/services. The fact the person is not an adult at risk does not absolve the Council from having duties to offer other forms of support if these are needed.

8.3.2 A Team Manager should consider the following options (these are not exhaustive)

- a) That no further action of any nature is required
- b) Refer for assessment under care management.
- c) If an open case- continue with casework and review existing care plan.
- d) Refer to another appropriate agency.

A decision that an inquiry is not needed does not preclude the person potentially benefiting from support/advice from another source/approach.

8.3.3 If the Team Manager decides that adult protection procedures are not required they must record this decision on the SWIS system. Importantly they must also record the reasons for that decision and also any further planned actions e.g. case allocated for community care assessment or review of needs.

Wherever appropriate the Social Work service should seek to inform the referrer / agency of the decision(s) taken in regard to that referral. This might be provided by telephone or in some circumstances in writing.

8.3.4 Most referrals will require, as a minimum, that the Duty to Inquire is undertaken before decisions are made regarding further action. Where, after considering the referral information and other available information the Team Manager concludes the adult is or may be an adult at risk and there is a need to intervene further then there must be a duty to inquire.

8.3.5 The Team Manager will also consider the guidance contained within the paper Interim Guidance Note - Referrals to Public Protection Unit - dated 6th August 2014 (**see Appendix 9**). This relates to referrals where the adult at risk and the person(s) who is the source of harm do not have capacity to make decisions about their safety and wellbeing. The aim is to give specific guidance to the Team Manager on what situations require the involvement and liason with the Police and which might not.

9.0 STEP FOUR – INQUIRY STAGE

9.1 If the referral information, the information gained immediately after the referral and any existing knowledge of the adult suggest the person referred is an Adult at Risk then the Council has a legal duty to make inquiries to establish if intervention is required to protect the person's well-being, property or financial affairs.

The Code of Practice states such inquiries must be flexible and professional in approach. That inquiries must be person centred and based on an individual's personal circumstances.

9.2 In all circumstances such information collating will be important. What one person or agency knows about a particular adult will often be limited. It is only by the seeking and sharing of wider, relevant information that a bigger, more informed picture will be gained, that allows decisions to be made about how best to intervene

The council may consult and/or work in partnership with other agencies and conduct preliminary inquiries to establish where there is genuine cause for concern or intervention. Other professionals may be asked to provide information e.g. health professionals, Care Inspectorate, other Social Work Staff or the Police. Information can also be provided by for example, unpaid carers and independent sector providers.

9.3 In most circumstances the conducting of an inquiry will be achieved by contacting other people/agencies and collating their information and opinions on any risk factors.

9.4 When inquiries are being conducted it is important that all possible sources of relevant information are considered. This might include sources such as the Offender Management Unit, Criminal Justice services and Child Care sources.

9.5 In some circumstances it may be appropriate to visit the adult being referred at the inquiry stage. A decision that such a visit is needed will be taken only by a Team Manager. The reasons why such a visit is necessary might include (this list is not exhaustive):

- a) it is not clear, from the referral information (and information so far collated) that the adult is or may be an adult at risk of harm
- b) the referral information is not clear as to the nature of the concern
- c) the adult is not known and information is required to inform decisions.

The purpose of the visit would be to gather further information as part of duty to inquire. Such information may include an assessment of whether the person meets the 3 point test, an assessment of home living circumstances, and initial assessment of physical and mental health and cognitive abilities.

9.6 The purpose of the visit is **not** to gather details about any alleged harm and care should be taken by Council Officers not to compromise any potential investigation.

9.7 In keeping with the law, when such a visit is carried out the worker must show evidence of their identity and anyone accompanying them. Also the worker must explain the reason for their visit (that a concern has been expressed about the person's wellbeing and that it is part of the Councils duty to inquire) and also the adult must be informed of their right to not speak or to answer some but not other questions asked.

9.8 Visits and formal interviews will continue to normally be undertaken as part of a planned investigation following an IRD.

9.9 Inquiries would normally be completed on the same working day that the referral is received but must be completed within 3 working days of the referral date.

9.10 Once information has been gathered during the inquiry stage the worker must report all available information relevant to support and protection issues to the Team Manager (or other appropriate manager).

The Team Manager (or other) must decide if the information collated is sufficient to make decisions as to how to best proceed.

9.11 At this stage the Team Manager can decide, using their professional judgement and having considered all the information available that the adult is not an adult at risk. The Team Manager must record this decision, the basis for the decision and any further planned actions.

Making a decision not to act is still considered as taking a decision and the reason for taking this course of action must be recorded as a matter of good practice.

9.12 A decision that a person does not need an inquiry under the 2007 Act does not preclude the person potentially benefiting from support/advice from another source/approach.

9.13 Where a decision is taken that the adult concerned is not an adult at risk of harm and that there is not a need for the ASP procedure to continue the TM must also consider whether the adult needs any assistance or support under any other legislation or procedures. Examples might be where the person may benefit from referral to another agency for support.

Alternatively the adult may need an assessment of need (or review of need) under Assessment and Care Management Procedures, or where a carers assessment would assist. Also some might benefit or need action in terms of the Adults with Incapacity procedures and/or Mental Health (Care and Treatment) (Scotland) procedures.

9.12 SUPPORT FOR THE ADULT AT RISK

At all stages throughout the process consideration must be given to the wishes of the adult and the provision of appropriate services to empower the adult to express their views and to protect themselves. The adults views and wishes are central to support and protection.

9.12.1 In all situations an adult should be advised of the existence of independent advocacy and encouraged to consider this. This decision should be kept under review and, in situations where an adult decides not to use such services, it can be they might later benefit from this and such services should be offered again.

9.12.2 All forms of assistance to communicate must be considered. This can include British Sign Language interpreters, lip speakers, Makaton, and deaf-blind communicators. Where possible, materials should also be available in alternative formats such as large print, audio tape, Braille and computer disc.

9.12.3 The Royal Society of Speech and Language Therapists have developed a set of principles, standards and practical guidance for ensuring that an individual is enabled to understand and communicate effectively. These can be accessed at http://www.rcslt.org/asp_toolkit/adult_protection_communication_support_toolkit/Welcome

9.12.4 Also the document - Working Together in Adult Support and Protection – Views and Tools of People who Access Support’: provides advice on communicating with adults. <http://www.thistle.org.uk/sites/default/files/publicationfiles/altrumreport.pdf>

OTHER FORMS OF SUPPORT TO ADULT

- ✓ support of a family member or other trusted person
- ✓ Support with communication e.g. Speech & Language Therapist, etc.
- ✓ Mediation, victim support etc.
- ✓ Appropriate Adult schemes
- ✓ Measures contained in the Vulnerable Witnesses (Scotland) Act 2004
- ✓ Support to informal carers including carers centres

This list is not exhaustive and an adult can benefit from a wide range of sources of support.

10.0 STEP FIVE

INITIAL REFERRAL DISCUSSION (IRD) AND PLANNING MEETING

What one agency knows about a person may be only one part of a wider picture of that adult's life, their strength and abilities in addition to their difficulties and their potential need for support and protection. In keeping with the principles of the 2007 Act, other than in the most urgent situation, relevant people should be contacted so decisions about the best way to proceed can be taken jointly and with the fullest of information available.

10.1 PURPOSE OF AN IRD

An Initial Referral Discussion is the sharing of information between professionals/agencies so joint decisions can be made about the best way to proceed with an investigation.

THE PURPOSE OF THE IRD/PLANNING MEETING

- ✓ Establish what information agencies have about the people involved and what further information is required.
- ✓ Share all available information to assist joint, informed decision making
- ✓ If a crime has or may have been committed Police Scotland will decide if a criminal investigation is required
- ✓ To consider any wider Public Protection matters
- ✓ To consider and decide which agency has the lead role in conducting the investigation.
- ✓ To decide the timescales and the personnel to conduct the investigation
- ✓ Decide who should be interviewed, who will conduct the interview, what type of interview is required e.g. investigative interview technique, when and where this will take place and who will brief/debrief the staff involved
- ✓ To consider whether any urgent action is needed to protect the adult(s) while the investigation takes place.
- ✓ Decided whether a large scale investigation is needed if more than one adult (or child) may be at risk.
- ✓ Consider the adult's level of capacity in regard to the concerns. Where there is any uncertainty about capacity to seek medical opinion on this
- ✓ Where the adult has a Guardian or Power of Attorney to decide what powers/decisions they have and what role they might play in the investigation
- ✓ Consider if the adult will benefit from independent advocacy
- ✓ Consider the possible need to use the Appropriate Adult Service for interviewing victims, witnesses or suspected persons.
- ✓ Consider the evidence available, and how further evidence will be obtained including whether medical/forensic evidence is available and how further medical/forensic examination should be undertaken.

10.2 FORMAT OF IRD:

In the majority of situations the information shared by way of an IRD will be by telephone call. If the convening of a meeting is regarded as the preferred way of sharing information and joint decision making then a Planning Meeting will be convened/arranged.

10.3 WHEN TO HOLD AN IRD

An IRD may be initiated by any of the statutory agencies in line with the local ASP procedures. This is not a single/isolated event, but should be the first stage of a series of discussions where information is discussed and a co-ordinated response agreed by the relevant agencies.

10.3.1 Unless the concerns are of a serious and urgent nature, the IRD will normally take place within 24 hours of the referral (and always within 3 working days). It should be undertaken by the Community Care Team Manager (or by a Senior Worker following discussion with and the direction of a Team Manager or equivalent). It will usually take place by phone.

10.3.2 In complex situations, or where a number of professionals/agencies are involved, it may take place at a Planning Meeting following an initial phone discussion. See section 10.10 below for guidance on Planning Meetings

10.3.3 When a concern arises outwith normal working hours there may be a discussion between the on call Detective Sergeant and EDT to make initial plans. Following this the IRD will be held on the first working day of normal working hours.

10.4 WHO SHOULD BE INVOLVED IN THE IRD/PLANNING MEETING

The IRD will usually take place between the Social Work Service and any one/combination of the following:

- Police Scotland (Usually a Detective Sergeant)
- A relevant health representative e.g. GP, CPN, Consultant, District Nurse etc
- Social Care and Social Work Improvement Scotland (Care Inspectorate) (when a registered care provider is implicated/involved)
- Any other agency/person with an interest in the adult's welfare.

This list is not exhaustive and there is a wide range of people who may hold important information that will assist decision making.

10.5 POLICE INVOLVEMENT in IRDs

In situations where the adult at risk may have been the victim of an offence then discussion **must** take place with Police (usually a Detective Sergeant) at the earliest opportunity.

10.5.1 The Team Manager (or Senior Worker under the direction of the Team Manager) will request an IRD and send the form entitled “Adult at Risk IRD Request Form” to the Public Protection Unit, making clear this is a request for an IRD (*see Appendix 10*).

10.5.2 The Detective Sergeant (or other Public Protection officer designated by the Detective Sergeant) will contact the relevant Team Manager (or Senior Worker) and arrange a set time when the IRD will take place.

10.5.3 The Police have the lead role for investigating when actual or suspected harm to an adult is thought to constitute a criminal offence. It is not the responsibility of staff from any other agency to judge if a criminal act has occurred. Wherever it appears a crime has been committed this matter will be discussed with the Police who will decide if a criminal investigation is required.

10.5.4 On some occasions the Police may investigate this as a single agency, involving two Police officers. Where a joint investigation is decided this will be undertaken by one Detective Constable and one Council Officer from Social Work Services.

10.6 HEALTH INVOLVEMENT IN IRDs

10.6.1 Where health professionals may hold information relevant to an adult protection referral a request can be made to a single point of contact for Health information.

10.6.2 Such information will be accessed by the Team Manager (or Senior Worker under the direction of the Team Manager) sending the form entitled “Adult at Risk Referral Form” to the single contact person within the Health Board.

10.6.3 The Team Manager/Senior Worker will then contact the Health professional and arrange a set time when the IRD will take place.

10.6.4 For details of this the form - “Adult at Risk IRD Request Form” will be used (see Appendix 10) and staff should also refer to the protocol for involving Health in IRDs (*see Appendix 11*).

10.7 POLICE, HEALTH AND SOCIAL WORK INVOLVEMENT IN IRDs

10.7.1 Where the IRD will benefit from the involvement of Police, Health and Social Work Services the Team Manager/Senior Worker will send the Adult at Risk Referral Form to the Public Protection Unit and the single health contact person. An IRD will be requested and the Detective Sergeant will contact the relevant Team Manager (or Senior Worker) and Health professional and arrange a set time when the IRD will take place.

10.7.2 For details of this see the form - "Adult at Risk IRD Request Form" and Involving Health in IRDs protocol as described above.

10.8 DECISIONS OF IRD

There are several possible actions that can result from the IRD such as (not exhaustive):

- a) Single Agency Investigation
- b) Joint investigation e.g. Police/Social Work, Social Work/Care Inspectorate
- c) Large Scale Investigation
- d) Need for immediate ASP Case Conference, or
- e) that no further action is necessary under adult support and protection procedures.

It is very important that actions are recorded and circulated to all relevant people involved. Also that the reasons for decisions are recorded

10.8.1 Where an IRD decides there is a need for fuller investigation of the concerns then this must be a planned action – see Section 11 (STEP 6 below).

10.8.2 At times an IRD might conclude that immediate action is not the most effective way of responding. A decision may be taken that professionals continue to assess the situation or that a single agency social work only response is appropriate. If more information comes to light that suggests criminal offences, the Police may then become directly involved. Such decisions must only be taken in consultation with all other professionals at an IRD or IRD/Planning Meeting.

10.8.3 When an IRD concludes that no further action is currently required under these procedures (section 10.8 (e) above) this does not preclude the person potentially benefiting from support/advice from another source/approach.

10.9 THE RECORDING OF IRD'S

The Team Manager has responsibility for recording a summary of the IRD and agreed action plan into the SWIS computer system the same working day the IRD takes place (or within 24 hours).

10.9.1 When appropriate/beneficial the decisions of the IRD will be shared with other relevant professionals involved.

10.10 PLANNING MEETING

In situations where the process of sharing of information and joint decision making will be better achieved by professionals meeting in person then an ASP Planning Meeting will be arranged/convened.

10.10.1 When required the aim must be to hold the planning meeting within the same timescale as the arranging of IRD's – 3 working days. However in some situations the arranging of such meetings may take longer. In such cases the planning meeting must be convened no later than 5 working days after the referral.

10.10.2 When these timescales cannot be achieved the Team Manager must record on the SWIS record the reasons for this.

10.10.3 The Community Care Team Manager should chair this meeting and is responsible for ensuring a summary minute is taken of the information shared, discussion, decisions and action plan. The minute must be distributed promptly and always within 10 working days of the meeting.

10.10.4 Such Planning Meetings might be particularly necessary for complex cases e.g. organised /systemic patterns of harm, when more than one perpetrator is involved or if allegations are in respect of any professional staff member(s) or council employee(s). This list is not exhaustive.

In such situations, the ASP Lead Officer and Service Manager must be notified and in some circumstances, may wish to attend. The Head of Service may also be notified when appropriate.

11.0 STEP SIX – INVESTIGATION

11.1 PLANNING THE INVESTIGATION/BRIEFING

When the decision of an IRD (or Planning Meeting) is that an investigation is needed the Team Manager (or Detective Sergeant) leading the investigation will arrange a briefing meeting with investigating officers. This can include a Detective Constable and a Council Officer or two Council Officers. The briefing will be held prior to the deployment of the officers in the investigation.

11.1.1 The briefing will agree roles and actions in relation to the interview of the adult and interviews with any relevant others. It should also consider when and where the interview will take place and what information should be given to the interviewee for the reason for the interview if notice of the visit is given. Wherever possible the investigating officers should also plan the interview (see Plan of Investigative Interview of Adult – **Appendix 12**).

11.1.2 If not already agreed at the IRD, the type of interview required will be decided and how best to support the adult throughout the process. In some circumstances the police will recommend that a straightforward statement can be taken by the police. However, joint police/Council Officer interviews of adults at risk who have cognitive impairment/mental disorder (and all interviews undertaken by 2 Council Officers) should always include using the investigative interview technique and five stage phased approach:

- Introduction and explanation of adults legal rights
- Rapport
- Free Narrative
- Questioning
- Closure

11.1.3 A summary of the Council Officers main duties when conducting an interview are provided in the Council's prompt cards known as the "pink cards".

11.1.4 At this stage the support to the adult is critical so that the adult can be as involved as fully as possible in the next stages of the ASP process.

The issues described in 9.12 above must be considered. The information collated in the inquiry stage can help plan the best way forward to assist the adult to participate as fully as possible and as fully as they wish in the visits, interviews or medical examinations that may be necessary as part of the investigation. There is also the option of the Police using video recorded interviews if this is assessed as benefitting the investigation

11.1.5 This investigation stage should be completed within 5 (five) working days of the referral. Whenever this timescale cannot be achieved the Team Manager must decide that it is not possible and record this decision and the reasons for their decision on SWIS.

11.2 APPROPRIATE ADULT

In the event that the Police are involved in the interview of an adult (whether as a potential victim of harm, a witness or a suspect) if that adult may be considered to have a mental disorder the adult must be interviewed in the presence of an Appropriate Adult.

Any Police interview with an Adult at Risk who may be considered to have a mental disorder (mental illness, personality disorder, learning disability, acquired brain injury, autism or dementia) should not take place without the presence of an Appropriate Adult. The role of the Appropriate Adult is to facilitate communication and ensure that the Adult is not disadvantaged by any communication difficulties. It is the responsibility of the Police to arrange an Appropriate Adult and no staff member can act in this role without being formally recognised as an approved Appropriate Adult.

11.3 CAPACITY

Before undertaking any investigation, a determination of the adult's capacity, wherever possible, should be reached by the appropriate professional(s) and recorded. To do this it may be necessary to involve a GP, consultant psychiatrist or psychologist. Advice can also be sought from a Mental Health Officer.

The ultimate decision of whether an adult lacks capacity rests only with a court of law. However, a judgement may need to be reached as to whether it is anticipated the adult at risk has or does not have capacity in relation to the issues of their support and protection and the concern that is being investigated. Decisions may need to be based on such a judgement in the short term until any formal action or application in terms of the Adults with Incapacity (Scotland) Act 2000 can be considered or implemented.

Checks should also be made on SWIS and/or with the Office of the Public Guardian to establish if the adult has a Welfare/Financial Guardian or Welfare/Continuing Power of Attorney and if so, their consent should normally be sought.

11.4 VISITS

11.4.1 Under the Act, as part of an investigation a council officer may visit any premises (and adjacent places used by the adult) in:

- The adult's own home.
- The home of informal carers
- A registered setting such as a care home or hospital.
- Homeless accommodation or other temporary housing

A Council Officer can also visit premises where a person is residing temporarily or spends part of their time including:

- A day centre
- Respite facility
- A hospital or medical facility
- Commercial premises
- A place of education, employment or other activity.

This list is not exhaustive and a visit can be made to the adult at risk wherever they may be living/attending.

11.4.2 Also the Council Officer is allowed access to all parts of the place visited that may have a bearing on the investigation. This can include areas where the adult at risk sleeps, facilities for hygiene/washing, meal preparation areas and general living space. It also includes adjacent places such as garages, sheds and outbuildings.

11.4.3 Visits should only normally be undertaken at “reasonable times”.

11.4.4 The council officer must show their ID badge and state the purpose of the visit. There is an obligation to be clear with the adult that the purpose of the visit is to determine if they are at risk and if they are in need of support and/or protection.

11.4.5 The council officer may be accompanied by another person e.g. Police Officer, Health Professional etc. The decision who will accompany the Council Officer will be dependent on the unique circumstances of the case. In most cases such decisions will best be reached after an IRD or at Planning Meetings

11.4.6 Where a visit is made to assist an investigation and access to the place being visited is not possible then all options must be considered. It might be appropriate to make a visit at a later time or to attempt to arrange such a visit to coincide with others (home carers or family visiting). Alternatively to involve another person (a family member/friend, GP or other trusted person) that might improve the prospect of access being gained.

Where access cannot be gained and the lack of access is (or may be) having a detrimental effect upon the investigation there is the power, under section 37 of the 2007 Act for the Council to apply to the Sheriff Court for a Warrant for Entry (see section 14.8 below)

Additionally there is the power, in terms of the 2007 Act to apply for an Assessment Order where it is believed that, not only access to the premises is necessary but where it is essential that the adult at risk is taken to an alternative place for the purposes to offer them a medical examination and/or an interview in private.

11.4.7 The Code of Practice states that, in keeping with the Acts principles it is desirable the adult is fully involved throughout any visits. It also notes that an adult may choose they do not wish to participate or cooperate with the investigation. In such situations the Code of Practice states such a refusal (from the adult) does not absolve the Council and its partners of their responsibility to make investigations.

A decision by the adult not to participate does not automatically signal the end of the inquiry. Whilst the adult has a right not to engage in the process the Council and its partners should still work together to offer support and help manage identified risks.

11.4.8 In such situations the adult's views must be discussed with the Team Manager or other appropriate manager. The aim is always to find the appropriate balance, based on the unique circumstances of each situation, between the adults own wishes and the duty of the Council to make appropriate investigations.

11.5 INTERVIEWS

11.5.1 The Act permits a council officer, and any person accompanying them, to interview **in private**, any adult found in a place being visited. The aim is to give people an opportunity and encouragement to speak whilst always respecting their right not to speak if they choose not to.

11.5.2 It is therefore critical, in keeping with the Council Officers responsibilities under Act that the Adult(s) be told of their right not to answer any questions either before the interview starts or at the very outset of the interview. The adult has the right to refuse to participate in the interview at all. Also they can choose to participate in answering some questions but not others.

The process of advising the adult of this right must be a "more proactive" process than simply advising them of this right. The aim is to ensure, as far is reasonably possible, the adult understands their rights whilst always respecting any decision by the adult that they do not wish to be interviewed (or wish to speak about only certain matters).

11.5.3 The adult must be assisted to participate as fully as possible during any interviews. Where an adult can participate in some way or make some contribution the interview can proceed. However, where it is anticipated that this might be the case the planning process (either through the IRD, the Planning Meeting or the briefing process) should consider all reasonable ways of maximising the adults participation. This might include communication aids, the presence of someone who can assist the adult participate or decisions about the location of the interview.

11.5.4 Where an adult does not fully comprehend the full purpose or possible consequences of the interview the interview can proceed. Staff must however be aware of the need to be particularly careful about protecting the adults rights and wherever possible include the use of a support person and/or independent advocate to offer support to the adult concerned

11.5.5 The adult at risk should **never** be interviewed in the presence of the (or any) alleged perpetrator(s) but may have a support person present if they choose.

GUIDANCE FOR INTERVIEWERS

- ✓ Explain the agency for which they work and their designation.
- ✓ Describe the reason for the interview being arranged.
- ✓ Seek the adults consent to being interviewed and explain their right not to speak
- ✓ Explain, as far as reasonably possible, what might follow from an interview.
- ✓ Conduct the interview in a supportive manner and at the adults pace.
- ✓ Establish events/issues in as much detail as possible.
- ✓ Consider all forms of potential risk, including other possible adults/children
- ✓ Establish the adult's views/feelings about events.
- ✓ In ending the interview, summarise all that has been discussed and explain what action the interviewers intend to take next.
- ✓ Discuss what support and protection measures the staff member now believes is necessary.
- ✓ Seek the adult's agreement to such measures
- ✓ Record the full details of the interview to be recorded on SWIS soon after completion of the interview. See below

11.6 RECORDING OF INTERVIEWS

11.6.1 Taking an accurate record of the interview is an important responsibility of the interviewers. The Council Officer leading the investigation is ultimately responsible for ensuring the interview is conducted in a way that both allows the interviewee to speak openly about any issues and allows the second interviewer to record the key facts of the interview.

11.6.2 The level of recording needed will be dependent on the issues involved and must also be discussed and agreed as part of the IRD process (section 10 above) and/or the briefing session by the Team Manager or Detective Sergeant (section 11.1 above).

11.6.3 Where a Council Officer is conducting an interview jointly with the Police the Detective Sergeant will decide what recording level is necessary and in what format this will be recorded. There is also the option of the Police using video recorded interviews if this is assessed as benefitting the investigation.

11.6.4 Where the interview is being conducted by Council Officer(s) without police involvement the decision for the level of recording must be made by the responsible Team Manager. The Record of Investigative Interview of Adult form (*see Appendix 13*) must be used for recording the interview.

When conducted by Council Officer(s) and without police involvement there is not a need for the interview to be recorded in verbatim format. The standard expected is that the following minimum requirements will be recorded in all interviews:

MINIMUM REQUIREMENTS FOR RECORDING OF INTERVIEW

- a) Date of the interview, the time it begins and location it is held
- b) Names and titles/positions of all people attending (including any person accompanying the Council Officer in any capacity).
- c) That identification of each person has been shown and been explained
- d) The purpose of the interview is to determine if the person is at risk of harm and needs help with support and protection
- e) The interviewee has a right not to speak or they can choose to answer all questions or they can choose to answer some but not other questions
- f) Explanation of the need to take written notes during the interview
- g) Any issues that could, in any way relate to whether the person is an adult at risk or whether they have been (or might be) subject to harm will be recorded in full.
- h) Wherever possible actual statements made by the adult that may be evidentially important to helping them receiving support and protection will be recorded in full
- i) That a summary of the interview was provided at the end
- j) That discussion took place on what actions the Council Officer(s) will or might take following the interview (including consultation with others)
- k) That discussion (and assessment) of ongoing risk took place

11.6.5 The information gained from interviewing the adult (along with all other information collated at this stage) must be presented by the Council Officer(s) to the person managing the investigation (normally the Team Manager or Detective Sergeant).

11.7 DEBRIEFING

11.7.1 Immediately following the investigative interview (and potentially with interviews with relevant others) the interviewing officers will report back to the Team Manager (or Detective Sergeant) for a debriefing. At the very least, this should include the Team Manager and Council Officer.

11.7.2 It is the responsibility of the investigating workers to report all relevant information gained from the interview(s) and to make a professional recommendation(s) as to the risks to the adult and what immediate steps may be needed to protect that person.

11.7.3 It is the responsibility of the person managing the investigation (Team Manager or Detective Sergeant) based on all available information and on the professional recommendations of the workers to make decisions about how best to protect the Adult.

11.7.4 When the adult is regarded as at ongoing risk of harm the Team Manager will have the responsibility of deciding if an Adult Support and Protection Case Conference is needed.

11.7.5 The Team Manager (or Detective Sergeant or both) must also consider the impact of this work upon the staff member(s) and provide appropriate support.

11.7.6 The Council Officer will record all information relating to the investigation on SWIS investigation fields the same working day or no later than within 24 hours.

11.7.7 The Team Manager will review this record and will add their decisions and recommended action and basis for this. The Initial Investigation should normally be completed within 5 working days of the referral.

11.7.8 The adult at risk should be seen and, where appropriate, interviewed within 3 working days of the referral. In situations of immediate or significant harm or sexual or physical harm, the adult at risk **must** be seen the same working day.

11.7.9 Where initial investigation of a significant incident reveals a risk of ongoing harm the Council Officer will complete the Adult Protection Risk Assessment. This must be completed for all situations progressing to Case Conference.

11.7.10 Where the adult at risk has a mental disorder the Team Manager will ensure that the notification form is submitted to the Mental Welfare Commission.

11.8 MEDICAL EXAMINATION

As part of an investigation it might be beneficial to the adult to have a medical examination. The Act defines such an examination as either a physical, psychiatric or psychological examination.

11.8.1 Where necessary the Act allows the Council Officer to be accompanied by a health professional (doctor, midwife or nurse) to conduct a medical examination. However a medical examination can also take place at a later stage to the visit. The medical may take place where the adult is or might be arranged to take place elsewhere (e.g. health centre, hospital or other appropriate place).

11.8.2 Medical examinations to provide evidence of harm to inform a criminal investigation (and potentially a criminal prosecution) should only be carried out under Police direction and will normally involve a Police Surgeon.

11.8.3 In keeping with the principles of the Act in terms of the adult's participation, when a medical exam is indicated as beneficial it is important that the Council Officer discusses this fully with the adult, explains the reasoning and seeks to involve them in any decisions.

11.8.4 The Council Officer must explain to the person carrying out any medical examination the reason this has been requested and what the examination should consist of so that it might assist/inform the investigation being carried out

11.8.5 The Council Officer, prior to any medical examination taking place, has a duty to inform the adult of their right to refuse a medical examination. While it may assist the inquiries being made it is an adult's right to refuse such a medical.

11.8.6 When an adult cannot make an informed decision about the reasons or possible consequences of a medical examination the Council Officer should determine if the adult has a Welfare Guardian or Welfare Power of Attorney in terms of the Adults with Incapacity legislation. The Office of the Public Guardian can be contacted to determine this.

11.8.7 Where an appropriate Guardian or Power of Attorney is in place the Council Officer must determine if the Guardian or Attorney has the power to make decisions on the adults behalf related to medical examinations. In any cases of complexity or uncertainty or where the concern is that the Guardian or Attorney might be a possible source of harm the Council Officer must always discuss such issues with the person managing the investigation and take their advice.

11.8.8 Where there is not a Guardian or Power of Attorney the powers and duties detailed in the 2000 Act and/or 2003 Act might apply. In particular section 47 of the 2000 Act provides guidance on arranging medical treatment/examination when the adult concerned is not able to make an informed decision about medical treatment/examination themselves.

11.8.9 In any (or all) such situations the Council Officer (or health professional themselves) can consider the need to seek specific advice about this and consult with the relevant legal service.

11.9 EXAMINATION OF RECORDS

11.9.1 A Council Officer may require any person to provide health, financial or other records relating to the adult at risk for inspection at the time of the visit or requested in writing at other times.

11.9.2 When requesting such information the Council Officer should discuss the need for such information with their Team Manager.

11.9.3 When making a request for information the Council Officer must explicitly state (and when the request is in writing, explicitly state this in writing) that they are conducting an investigation under the terms of the Adult Support and Protection (Scotland) Act 2007.

11.9.4 Also that the Council Officer can inspect the records or arrange for any other appropriate person to inspect records e.g. someone with financial and/or legal expertise.

11.9.5 In the case of health records only a registered health professional e.g. a doctor, nurse, midwife can be given the authority to inspect records or copies of records.

11.9.6 The 2007 Act Section 49 provides that it is an offence for a person to fail to comply with a requirement to provide information under Section 10, unless that person has a reasonable excuse for failing to do so.

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

11.9.8 If a disagreement about accessing information arises the Council Officer must raise the issues immediately with their Team Manager. In such situations there will be a need to consider carefully what steps are necessary. To assist this process the Team Manager may take advice from the relevant Service Manager (or other appropriate senior manager) and/or the ASP Lead Officer. In many such situations it will be necessary to seek advice from Falkirk Councils Legal Service

11.9.9 Wherever possible it will be the desire of those involved to resolve disagreements about information to be shared in a constructive way. However given the importance placed on information sharing in adult protection work, and that the 2007 Act makes it a criminal offence to, without reasonable excuse, not share appropriate information it should be borne in mind, and people advised that this is the case, of the legal duty to share information and the potential penalties, as described in the Act of failing to do so without a reasonable excuse.

11.9.10 When making requests for information from financial institutions Council Officers must use the nationally agreed materials for such requests. For details of this national system and materials *see Appendix 14*.

11.10 INTERVENTIONS TO PROTECT USING LEGISLATION

At each stage of the investigative process the need for formal intervention under all relevant and appropriate legislation to protect the adult at risk must be considered.

11.10.1 When required, the Adult Protection Case Conference will allow for a fully informed, multiagency discussion around legal intervention and the need for more immediate action to protect must be considered in consultation with the Team Manager.

11.10.2 Where the adult lacks capacity and is unable to give consent consideration must be given to the use of provisions under Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care and Treatment) (Scotland) Act 2003.

11.10.3 All legal duties and powers must be considered. Decisions will depend entirely on the circumstances of each individual and their unique situation.

12.0 STEP SEVEN – CASE CONFERENCE

For some adults the process of investigation will reveal they are at continuing risk of harm and will need on-going help with support and protection. In such situations it will be necessary for an Adult Support and Protection Case Conference to be held.

12.1 An Adult Support and Protection Case Conference is a multi-agency forum, held to share information and make decisions about how to support and protect an adult deemed to be at risk in circumstances where harm has occurred or is suspected.

12.2 Therefore, on completion of an investigation the Team Manager will consider whether a case conference is required and if so, ensure that this takes place within the agreed timescale i.e. within 20 working days of the referral.

When it is not possible for this timescale of 20 working days to be met the responsible Team Manager must record the reasons why this has not or cannot be met.

12.3 Where a case conference is deemed unnecessary, the Team Manger must ensure that the full details of the investigation are recorded on SWIS and that they have also recorded their decisions and the basis for these.

WHERE A CASE CONFERENCE IS HELD ITS PURPOSE IS TO:

- ✓ Exchange information to build up an extensive understanding of the issues.
- ✓ Assess the adult's situation and the degree of ongoing risk.
- ✓ Determine the adult's views in relation to their need for protection.
- ✓ Determine the views of the adult's representative, advocate or solicitor.
- ✓ Make decisions about how best to remove or minimise risk.
- ✓ Ensure the principles of any proposed legislation are adhered to
- ✓ Consider if the criteria that must be applied is met
- ✓ Consider the advice of the legal advisor in attendance. If no legal advisor present the chair should seek (where appropriate/necessary) a legal opinion and relay this to attendees of the case conference.
- ✓ Formulate a Protection Plan

This list is not exhaustive and is provided as guidance only to key issues.

12.4 CONVENING OF CASE CONFERENCE

12.4.1 It is the responsibility of the ASP Support Officer to make the practical arrangements in setting up a Case Conference. It is the responsibility of the allocated worker and Team Manager to make professional decisions relating to the setting up and attendance at the Conference.

12.4.2 The allocated worker will provide a list of invitees and contact details to the ASP Support Officer using the form – Tracer for Invitations to Initial Adult Support and Protection Case Conference (**see Appendix 15**). They will also include a proposed date and time for the Case Conference. The ASP Support Officer's responsibilities include checking their own availability (for taking the minutes), send invitations, and distribute minutes.

12.4.3 The ASP Support Officer will be responsible for ensuring the availability of the Chairperson, copying of reports and confirming a suitable venue is available. The Support Officer will also attend the Conference to prepare the minute, produce a draft minute for the Chair and, once the minute is finalised, send this to all appropriate people.

12.4.4 All venues that are suitable for the adult at risk should be considered. In some situations, with the adult's agreement, this could be the adult's own home or other venue the adult is familiar with an comfortable in.

12.4.5 If an application for any legal order/action might be considered (e.g. a Protection Order or action under the Adults with Incapacity (Scotland) Act) it will be appropriate to invite a solicitor to attend.

12.5.6 The Chair of the Conference will, in most circumstances, be the Team Manager for the area/service responsible for the adult. If the Team Manager decides it is more appropriate for the Chair to be a person independent of the area/inquiry the Team manager can ask a colleague Team manager to Chair a Conference. In such situations the Team Manager must discuss this with the relevant Service manager and explain the reasons for such a decision

12.5 PREPARATION FOR CASE CONFERENCE

12.5.1 The Council Officer must prepare two reports for the Initial Case Conference – the background report entitled ASP Case Conference Report (**See Appendix 16**) and the specific Risk Assessment report entitled Risk Assessment Form – AP2 – Adult Support and Protection (**See Appendix 17**)

These reports must be passed to the Conference Chair no later than two working days in advance of the Conference. Or in exceptional circumstances a minimum of 2 hours before the meeting – with the Chairs agreement this is acceptable. Team Managers must ensure staff members have sufficient time to meet these timescales.

12.5.2 The Code of Practice states such meetings must be as “inclusive” as possible. The adult should, where possible, be invited to contribute as fully as possible. Prior to the Conference it is essential that the Council Officer speaks to the adult about the meeting, who might attend, the likely structure of the meeting, topics to be discussed and (if possible) some of the possible decisions that might be made.

12.5.3 Every effort should be made to help the individual to play as active a part in proceedings as possible, including use of interpreters and other aids to communication. Advocacy must always be offered to provide support for the adults attendance or to represent their views and wishes if they are unable to attend

12.5.4 In some situations the adult should be helped to prepare their own report for the Conference or to use any other ways of contributing the adult thinks appropriate.

12.5.5 The involvement of all relevant professionals in the Conference is important. Whenever a professional cannot attend they should be requested to submit a report on their involvement and opinions or to arrange for a substitute (their manager or a colleague) to attend on their behalf

12.5.6 The aim is to be open and inclusive. However there can be situations where either information presented to the Conference cannot be shared with everyone present or where a part of the meeting needs to take place without the inclusion of specific people.

When such situations occur the chair must make decisions in advance of whether certain information is to be “restricted” and to whom. The reasons for this must be recorded in the minute of the meeting.

12.5.7 Similarly if Case Conference needs to discuss matters outwith the presence of the Adult (and their representative) then the Chair can make this decision. . Any such time should be kept to a minimum and there should be an explanation given to the Adult and the reasons for this decision must be recorded in the minutes.

12.6 PROCESS OF CASE CONFERENCE

12.6.1 A Case Conference is held to share information about ongoing risk and make decisions about how to support and protect an adult deemed to be at risk.

12.6.2 The case conference should be person centred and the content of the meeting should include: - Introductions, Fact Gathering, Legislation, Discussion about Risk, Analysis and Assessment, Decision Making and, when risk is ongoing, the setting of an Adult Protection Plan

12.6.3 Any agency, adult or their carers have the right of access to complaints procedures should they disagree with any decision or outcome arising from the case conference process. Similarly all parties retain the right to request a review of their care provision at any time. Where there is disagreement this must be recorded in the relevant minute.

12.6.4 The Chair of the Case Conference holds ultimate, executive responsibility for decision making within the Adult Protection Case Conference and subsequent Review Case Conferences.

12.6.5 If there is any serious dissent/dispute or complaint must be reported to the Head of Service of the Social Work Service. They will be responsible for reviewing all matters and will do so in consultation with all other senior officers who have a contribution to make.

12.7 DECISIONS AND OUTCOMES OF CASE CONFERENCE

12.6.1 The 'Actions/Decisions' agreed at the Case Conference should be circulated by the ASP Support Officer to all participants (including those unable to attend) within 2 working days. (*see Appendix 18*). The full Minutes, with a copy of the Adult Protection Plan (where one has been produced) will be distributed within 10 working days.

12.6.2 The Council Officer (in consultation with the Team Manager) will ensure that a Protection Plan is produced no later than ten working days after the date of the Case Conference.

12.6.3 When a Conference decides there is on-going risk to the adult there will be a need to agree any immediate protective actions that are necessary. Also where that risk will continue the Conference will agree the need for a Protection Plan to coordinate the on-going support and protection.

WHERE A CASE CONFERENCE AGREES THERE IS ONGOING RISK THE FOLLOWING MUST BE CONSIDERED

- ✓ Make decisions about the need for a Protection Plan, what level of plan is required, lead worker and the content of this or confirm that one will be produced within 2 weeks.
- ✓ Make decisions about the need for a core group, participants and how often it should meet.
- ✓ Ensure the commitment of all professionals/agencies to the ongoing support and protection of the adult.
- ✓ Clarify the roles and responsibilities of all involved professionals/agencies/others.
- ✓ Identify evidence to support any legal intervention
- ✓ Where the harmer is known to Criminal Justice services and/or the Offender Management Unit there must be effective communication with the personnel from those services/agencies
- ✓ To consider whether the adult may be entitled to Criminal Injuries Compensation

This list is not exhaustive and is provided as guidance only to key issues that should be considered

13.0 STEP EIGHT – PROTECTION PLAN AND SUPPORT

13.1 When a Case Conference decides there is a need for a Protection Plan this will be agreed and recorded at the case conference or completed by the lead worker (and others as required/identified) within 10 working days.

The actions agreed at the case conference will form the basis of any Protection Plan. A copy of the protection plan will be circulated with the case conference or review case conference minutes. In some circumstances, where the need for protection is urgent, a Protection Plan will be put in place prior to a case conference and will then be discussed and amended accordingly. The Protection Plan form can be used as a stand-alone document and updated as part of an ASP review process.

There are two types/levels of protection plan which can be used, standard and comprehensive:

13.2 STANDARD PROTECTION PLAN (see Appendix 19)

This protection plan can be used when the initial response to the ASP referral or the case conference identifies the need for increased support and some protective measures but the risks are not complex and do not appear to involve risk of serious harm.

The format includes the area of risk and outcomes sought, the measures to support and protect and who is responsible for carrying out those measures within which timescale.

13.3 COMPREHENSIVE PROTECTION PLAN (see Appendix 20)

This protection plan has been designed for use when allegations of harm/exploitation have been made and a Case Conference has agreed that there is a risk of serious harm; where the risks are complex: or when levels of risk cannot be managed within a normal Care Plan.

The format for the Comprehensive Protection Plan assumes that, reflecting good practice, there will be a Lead Worker to co-ordinate protection work and that, in most cases, there will also be a core group of workers from different agencies and services as appropriate. Core group meetings can take place between case conference and review and will be subject to local arrangements. For guidance on Core groups refer to Section 15.2 of this procedure.

13.4 CONTENT OF A PROTECTION PLAN

The content of a Protection Plan might include:

- ✓ Community or other support requirements always an issue
- ✓ Decision to apply for Protection Order under 2007 Act
- ✓ Contingency/relapse plan
- ✓ Key worker/care manager responsibilities
- ✓ Partner agency interventions and responsibilities
- ✓ Management plan for the harmer

MINIMUM DETAILS OF ADULT PROTECTION PLAN:

- ✓ Identification of lead worker from Community care who must be a Council Officer.
- ✓ Identification of lead professional from each agency involved.
- ✓ The regularity of contact between each lead professional and the adult at risk.
- ✓ Each professional's role and what services they will provide.
- ✓ Details of all support services available for the adult at risk
- ✓ The need for professionals to share information and review risk on a regular basis.
- ✓ The specific actions or services to be provided to protect the adult at risk.
- ✓ The inclusion of any legislation being applied for or granted e.g. Banning Order, welfare guardianship etc.
- ✓ The summary details of any legislation in place e.g. the conditions of a Banning Order.
- ✓ That all future concerns about ongoing risk or protection issues will be shared.
- ✓ A review date for the Protection Plan must be set
- ✓ Communication between all professionals, including with any associated professionals such as Criminal Justice staff and the Offender Management Unit will be regular and effective

13.5 WHEN A PROTECTION PLAN IS IN PLACE

13.5.1 Adults subject to a protection plan will be visited by the lead worker from Community Care a minimum of once every 2 weeks

13.5.2 Having agreed a protection plan all professionals involved must maintain regular contact with the Adult at Risk, must fulfil their responsibilities as identified in the plan and must continue to be an active part in the ongoing assessment of risk.

13.5.3 Where a protection plan is in place, case recording on SWIS must be kept up-to-date by the key worker.

13.5.4 The decision to end a protection plan would normally be taken at a review case conference where all parties are satisfied there is evidence to demonstrate the risk of harm has been removed or reduced to an acceptable level and there is no further need for the formal protection plan.

13.5.5 In some specific situations, e.g. the imprisonment or death of the harmer, a decision to end the protection plan can be taken by the Team Manager without need for a review Case Conference. In these circumstances this decision should be communicated to all relevant agencies. Such a decision must be recorded on SWIS by the Team Manager and the reasons why this decision was taken outwith the Case Conference process.

13.6 SUPPORT FOR THE ADULT AT RISK

13.6.1 The adult should be made fully aware of the content of the Protection Plan, the role each professional/agency will play and what supports are available. It will be very important to continue to reassure them of everyone's best efforts to protect them and to support them in managing feelings related to their experiences.

13.6.2 An immediate factor may be supporting the adult with their feelings about the incident, the consequences of any investigation, attendance at or the outcome of a case conference and providing help to understand what might happen next. Reactions may be obvious and immediate or can be delayed or indicated in indirect ways. For many adults there will be need for support in the short and the long term

13.6.3 In keeping with the Acts principles of participation and support it is important the adult has availability of advice and information from others, including from independent sources

POSSIBLE NEED FOR SPECIALIST SUPPORTS:

The need for specialist support should always be considered and discussed with the person. A range of supports may need to be considered including:

- ✓ Advocacy (independent) services
- ✓ Solicitor or other legal advice
- ✓ Psychiatric, psychological or other counselling service
- ✓ Communication Support service or systems
- ✓ Victim Support,
- ✓ Women's Aid and/or C.E.A. (Committed to Ending Abuse)
- ✓ Rape Crisis
- ✓ Other self help groups

All information must be given in a format that is accessible to the adult.

Any ongoing Police investigation or action, and any Court or other legal processes e.g. Protection Order, may need to be explained and support offered. Consideration should also be given to the special measures in the Vulnerable Witnesses (Scotland) Act 2004 for any Court Proceedings. If appropriate, support with an application for Criminal Injuries Compensation should be offered or arranged by the Council Officer.

13.7 WHEN THE ADULT DOES NOT WISH SUPPORT

13.7.1 Just as an adult at risk might choose not to be involved in the inquiry (see Section 11.2.7 and 11.2.8) an adult might choose not to be actively part of a Protection Plan.

13.7.2 Where the Adult does not wish to accept support and protective measures or to be part of a protection plan then the persons wishes should be recorded .The Team Manager should also record, on SWIS, that this is the case and any recommendations or decisions. Issues of capacity should be considered in this context.

13.7.3 The lead worker should check with the Office of the Public Guardian to ascertain if there is any legislation in force regarding the person which may affect planned actions. Powers under the Adult Support and Protection Act must also be considered with specific reference to any evidence of undue pressure on the adult. Reference to Mental Health and Adults with Incapacity legislation may also be useful and appropriate.

13.7.4 In some situations it may be appropriate to continue to monitor the risks to the adult under ASP procedures and through a protection plan even if they do not accept the support and protection provided/offered. The benefits of continuing with a multi-agency approach based on shared decision making and responsibility in terms of continuing ASP concerns should not be underestimated. In time the Adult may become more willing to accept support and protection. It is recognised that any protective action may be limited by the adult's decision not to participate. However there may be opportunities to limit or mitigate the harm. Any action taken must take cognisance of the adult's human rights and be proportionate to the risk.

13.7.5 However, if a decision is taken to end the ASP process/use of ASP procedures then ongoing care management services may still be relevant. Consideration should also be given to establishing a 'Life Line' for the person e.g. a named contact person or organisation where help can be sought if there is further or increased risk and/or the person may later want or need assistance to make a re-referral to statutory agencies. In such situations the involvement of an independent advocate to represent the person's interests/wishes will often be beneficial.

14.0 STEP NINE – PROTECTION ORDERS AND WARRANT FOR ENTRY

14.1 The 2007 Act allows council officers to apply to the Sheriff Court for a range of orders to either assist their investigation or to provide on-going support and protection.

To assist an investigation section 37 of the 2007 Act provides a Warrant for Entry

To provide immediate or ongoing support and protection there are three Orders provided in the 2007 Act, namely: Assessment Order (section 11 to 13), Removal Order (sections 14 – 18) and Banning Order (section 19 to 34).

14.2 In considering any of these Orders there is always a need to apply the principles of the 2007 Act. These include that action intended must be beneficial to the adult and must, of the range of options likely to fulfil the object of the intervention, be the least restrictive to the adult's freedom.

14.3 In the case of Assessment, Removal and Banning Order there must be evidence that the adult at risk is believed to be at risk of serious harm and that protecting the adult cannot be achieved by other means. As stated above (section 5.5) there is no definition of "serious" harm and each situation will be different for each individual person.

The Sheriff cannot grant an order if he knows that the adult has refused consent. If it has not been possible to obtain the adult's consent or otherwise then the Sheriff may still grant an order (e.g. when applying for an assessment order where it has not been possible to gain access to the adult). Also if the Council is able to provide evidence that the adult has been unduly pressurised not to consent to a protection order the Sheriff may grant an order.

14.4 Normally Protection Order(s) will only be applied for after multi agency discussions. Often such discussions will take place at a formal meeting, such as an Adult Protection Case Conference or review Case Conference. It is therefore important for the Chair of such Conferences, whenever consideration of any of the Protection Orders seems possible, ensures an appropriate person within the Council's Legal Service is invited to attend.

Where a Council Solicitor is not able to attend (or where consideration of a Protection Order arises from an informal meeting) the Conference Chair (or responsible Team Manager) must always ensure they refer the matter to the Legal Service and take up legal advice.

14.5 The Act allows for such orders to be applied for at any time in the adult protection process. There may be urgent situations where such orders are regarded as beneficial to the adult and where multi agency discussion is not possible.

14.6 However as the actions following the granting of an Order is likely to require the support of Police Scotland their active involvement in considering the need for such Orders is essential and must be included in any considerations at an early stage. This may be done through the usual IRD process or through attendance at the case conference or Core Group where a protection order is being discussed.

14.7 Other than situations where the Protection Order is being sought on an emergency basis, the application will be made in writing by a council solicitor, including evidence provided by the council officer.

14.8 WARRANTS FOR ENTRY

14.8.1 A Warrant for Entry is not a form of ongoing protection itself. But it is to assist the investigation to determine if an adult is an adult at risk in need of support and protection.

14.8.2 In most situations when conducting a visit to a person believed to be an adult at risk entry will be possible. However if entry is refused by any person or in other ways prevented or not possible the law allows for a Council Officer, when it is essential and will be beneficial to the adult at risk to apply to a Sheriff for a warrant of entry to a particular place. In urgent situations an application can be made to a Justice of the Peace.

14.8.3 A warrant for entry, if granted, will allow the Council Officer to enter the premises and allow a constable who accompanies the council officer to do anything, including using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit.

14.8.4 In respect of applications for a Warrant for Entry the threshold is that such action is necessary to achieve the object of the visit, is beneficial to the adult and the adult is believed to be an adult at risk of harm.

14.8.5 In most circumstances, where a warrant for entry is necessary, an application will be made to the Sheriff Court. Such an application must be made by the Council's legal service with the Council Officer attending. If granted the warrant expires 72 hours after it has been granted.

14.8.6 Section 40 (of the 2007 Act) allows for an application, in situations of urgency, to be made to a Justice of the Peace. In such exceptional circumstances a Justice of the Peace will only grant the warrant, if s/he is satisfied that it is not practicable to apply to the Sheriff and that the adult is likely to be harmed if there is any delay in granting the warrant. It should be noted that a warrant granted by the Justice of the Peace will expire 12 hours after it has been granted.

14.8.7 If such an application, directly to a Justice of the Peace, is required the national application form for such applications must be completed and submitted (**see Appendix 21**).

14.8.8 Any decisions to seek a warrant must only be taken following discussion with a Team Manager. The Team Manager may seek advice from the ASP Lead Officer/Co-ordinator and/or legal services. In most situations such a decision will be made in consultation with all relevant others. However it is only the Council who have the legal right to make such an application

14.9 ASSESSMENT ORDER

14.9.1 This order allows the adult to be taken to a place where they can be interviewed by a Council Officer (and/others assisting the Officer) and examined by a specified health professional. The purpose of the assessment is to allow the Council Officer to establish whether an adult is an adult at risk and is in need of support and protection.

14.9.2 Only the Council can apply for an Assessment Order. Such an application can only be made to the Sheriff Court. The application must be made by the council's legal department. Evidence must be made on oath with both the council's solicitor and the authorised Council Officer appearing before the sheriff to present evidence.

14.9.3 Any decisions to seek an Assessment Order must only be taken following discussion with a Team Manager. The Team Manager may seek advice from the ASP Lead Officer/Co-ordinator, from Service Manager or other senior manager and/or with Falkirk Council's legal services.

14.9.4 In most circumstances any Protection Order (including Assessment Order) will only be applied for after multi agency discussions. Often such discussions will take place at a formal meeting, such as an Adult Protection Case Conference or review Case Conference.

14.9.5 When the need for an Assessment Order is being considered the issue of whether this will benefit the adult and is the least restrictive option to provide support and protection must be carefully and fully considered by the Team Manager and Council Officer.

14.9.6 In all but the most exceptional of situations the Team Manager and Council Officer must seek and consider the advice of Falkirk Councils Legal Service when considering the need for an Assessment Order.

14.9.7 An important element of such legal advice must also be the issue of consent, the adult's capacity and the legal concept of "undue pressure" (as defined by Section 35 of the 2007 Act). These must be considered in advance of any application for an Assessment Order.

14.9.8 Legal advice must also be sought on the duty to notify the adult at risk of the application and the process of the application being submitted to the Court. Similarly, if the Order is granted in Court, legal advice must be taken on the ongoing responsibilities of implementing the Order.

14.9.9 If a decision is taken that such an Order is beneficial then the professionals taking that decision must decide what the content of the "assessment" will be. In making the application the Council will need to satisfy the Court that the order will be beneficial and that the personnel needed to conduct the assessment are available and willing should the Order be granted. For reasons of privacy Council Officers may arrange to take the adult to a suitable place in order to carry out an assessment. The Council must be explicit about where the adult is to be taken for the purposes of the assessment and provide written evidence that it is suitable and available. An assessment order expires after a maximum of 7 days of it being granted.

14.10 REMOVAL ORDER

14.10.1 This order allows the Council Officer to remove the adult to a specified place within 72 hours of the order being granted and for the Council to take such reasonable steps as it thinks fit for the purpose of protecting the moved person from harm. Only the Council can apply for a Removal Order. Application for a Removal Order (made to a Sheriff Court) must be made by the Council's legal department. Evidence must be made on oath with both the council's solicitor and the Council Officer appearing before the Sheriff to present evidence.

14.10.2 Any decision to seek a Removal Order must only be taken following discussion with a Team Manager. The Team Manager may seek advice from the ASP Lead Officer/Co-ordinator, from Service Manager or other senior manager and/or with Falkirk Council's legal services.

14.10.3 In most circumstances any Protection Order (including Removal Order) will only be applied for after multi agency discussions. Often such discussions will take place at a formal meeting, such as an Adult Protection Case Conference or review Case Conference.

14.10.4 When the need for a Removal Order is being considered the issue of whether this will benefit the adult and is the least restrictive option to provide support and protection must be carefully and fully considered by the Team Manager and Council Officer.

14.10.5 In all but the most exceptional of situations the Team Manager and Council Officer must seek and consider the advice of Falkirk Councils Legal Service when considering the need for a Removal Order.

14.10.6 An important element of such legal advice must also be the issue of consent, the adult's capacity and the legal concept of "undue pressure" (as defined by Section 35 of the 2007 Act). These must be considered in advance of any application for a Removal Order.

14.10.7 Legal advice must also be sought on the duty to notify the adult at risk of the application and the process of the application being submitted to the Court. Legal advice must also be sought on the duty to notify the adult at risk of the application and the process of the application being submitted to the Court. Similarly, if the Order is granted in Court, legal advice must be taken on the ongoing responsibilities of implementing the Order.

14.10.8 If a decision is taken that such a Removal Order is necessary then the professionals taking that decision must decide where the adult will be taken to if the Order is granted. There is a requirement to provide evidence to the Court that a suitable place is available. Wherever possible written confirmation that such a place is available will be a necessary part of the Council's application.

14.10.9 A Removal Order granted by the Sheriff Court expires a maximum of 7 days after it is granted or when the Order states that it expires.

14.10.10 Section 40 (of the 2007 Act) allows for an application, in situations of urgency, to be made to a Justice of the Peace for the granting of a Removal Order. In such exceptional circumstances a Justice of the Peace will only grant such an Order if s/he is satisfied that it is not practicable to apply to the Sheriff and that the adult is likely to be seriously harmed if there is any delay in granting the Removal Order.

14.10.11 When a Removal Order is approved by a Justice of the Peace the adult at risk must be removed within 12 hours of the granting of the Order and the Order expires after 24 hours.

14.10.12 If an application for Removal Order is made directly to a Justice of the Peace, the national application form for such applications must be completed and submitted – **see Appendix 21**

14.10.13 It is the Council's responsibility to protect a removed person's property if the adult is not able to do it and if there are no other arrangements in place to prevent loss or damage to their property. Section 18 sets out the authority for a Council Officer to enter a place in order to move the adult's property to another place or to otherwise safeguard their property. The Council may not recover costs of doing this and must return the person's property to them as soon as possible after the order ceases to have effect.

14.11 BANNING ORDER

14.11.1 Council officers and other interested parties, including the adult at risk can apply for a Banning Order. The order bans the subject of the order from being in the specified area or place. It also authorises the ejection of the banned person from any specified place and authorises a person to do anything else which the sheriff thinks necessary for the proper enforcement of the order.

14.11.2 In the event a Banning Order is being considered the Team Manager and Council Officer must consider the principles of the 2007 Act (including that such an Order will benefit the adult at risk and be the least restrictive option to provide such benefit) and also the criteria for a Banning Order. This includes that the adult at risk is being (or likely to be) seriously harmed, that banning another person is a better option than moving the adult at risk and also the adult at risk (and the person to be banned) entitlement to occupy the place concerned. Such matters may be complex and the Team Manager and Council Officer must take legal advice in relation to this criteria prior to any application for a Banning Order.

14.11.3 Any decision to seek a Banning Order must only be taken following discussion with a Team Manager. The Team Manager may seek advice from the ASP Lead Officer/Co-ordinator, from Service Manager or other senior manager and/or with Falkirk Council's legal services.

14.11.4 In most circumstances any Protection Order (including Banning Order) will only be applied for after multi agency discussions. Often such discussions will take place at a formal meeting, such as an Adult Protection Case Conference or review Case Conference.

14.11.5 When the need for a Banning Order is being considered the issue of whether this will benefit the adult and is the least restrictive option to provide support and protection must be carefully and fully considered by the Team Manager and Council Officer.

14.11.6 In all but the most exceptional of situations the Team Manager and Council Officer must seek and consider the advice of Falkirk Councils Legal Service when considering the need for a Banning Order.

14.11.7 An important element of such legal advice must also be the issue of consent, the adult's capacity and the legal concept of "undue pressure" (as defined by Section 35 of the 2007 Act). These must be considered in advance of any application for a Banning Order.

14.11.8 Legal advice must also be sought on the need to notify the adult at risk of the application and the process of the application being submitted to the Court. Legal advice must also be sought on the need to notify the person who will be banned if the Order is granted.

14.11.9 If the Order is granted in Court, legal advice must be taken on the ongoing responsibilities of implementing the Order. In respect of Banning Orders this will include the rights of appeal the adult at risk and the subject of the Order has and also their rights of review and amendment.

14.11.10 In most situations a decision that a Banning Order is needed/beneficial will be made in consultation with all relevant others. While it is anticipated the Council will, for most such orders, be the applicant the law allows for the adult at risk being the applicant (or someone acting on their behalf) and for the applicant to be someone who occupies the place where the Banning Order will be the focus.

14.11.11 In the event that it is not the Council who is intending to apply for a Banning Order the same principle of, wherever possible, such matters being discussed at multi agency meeting(s) should be applied to. Also the need for legal advice to the Team Manager and Council Officer continues to be an essential part of the process. Advice should also be given to the person applying that independent legal advice will be of particular help to them.

14.11.12 In the event a person is made the subject of a Banning Order the Sheriff can direct another person to protect the moveable property of the person being banned. In the event the Sheriff directs the Council to protect such property the Team Manager and Council Officer must take legal advice on how they might protect such property.

14.11.13 A Banning Order will expire on any specified expiry date, or if it is recalled or no more than six months from the date it was granted. Where appropriate, an application for a further Banning Order can be made. Banning Orders can have powers of arrest attached to them. In situations of urgency the council may ask the sheriff to grant a temporary banning order pending a decision on the Banning Order. This temporary order expires when it is recalled or until a decision is made about the full banning order.

15.0 STEP TEN – MONITORING AND REVIEW

15.1 MONITORING OF THE PROTECTION PLAN

There is a crucial need to monitor the safety of an adult at risk on a regular basis and to ensure there are regular, effective reviews of the Protection Plan.

KEY ISSUES TO EFFECTIVE MONITORING

The lead worker Community Care and the Team Manager will ensure:

- ✓ Regular face to face contact with the adult a minimum of every two weeks.
- ✓ Communication with the adult to review their need for protection.
- ✓ Frequent liaison with all other lead professionals for other agencies
- ✓ Joint review of the adults safety.
- ✓ The implementation and monitoring of the Protection Plan.
- ✓ Ongoing identification of and analysis of risk with Team Manager in professional supervision.
- ✓ Ongoing recording of the review process and ongoing assessment of risk.

15.2 CORE GROUPS

Whenever a current Protection Plan is in place a number of professionals will be involved with an adult at risk and each will have a part to play with the Protection Plan. Therefore it is expected that to coordinate ongoing support and protection and to ensure regular review of risk that the setting up of a Core group will take place.

15.3 PURPOSE OF A CORE GROUP

15.3.1 Core Group Meetings do not replace Review Adult Protection Case Conferences but will be in addition to Review Case Conferences and will be held a minimum of monthly. These meetings are important and all members of the multi -agency group are expected to attend. Thus, a multi-agency approach is implemented throughout the whole process, including regular liaison between more formal review meetings.

15.3.2 The person chairing the Core Group Meeting should ensure that a minute is taken using the proforma - see Adult Support and Protection Core Group Minute – **Appendix 22**) and circulated to core group members with a copy to the ASP Lead Officer/Co-ordinator. They will also be recorded on SWIS by the lead worker.

15.3.3 In such situations Core Group Meetings ensure regular exchanging of information and ongoing, joint review of the adult's protection and support.

15.3.4 The Core Group will normally be identified at the case conference and will include the lead worker (who will be a council officer from Community Care) and usually either the Team Manager or Senior Worker of the responsible team. The Team manager/Senior Worker or lead worker will chair the core group meetings. Other core group members should include those professionals offering direct work with the adult at risk. The adult should also be encouraged to take part in these meetings.

15.3.5 It is expected that contact between the lead worker and the adult at risk will be regular and will be recorded timeously. If there is a break in contact then the reasons for this will be discussed in advance between the staff member and the Team Manager. If the lead worker is absent from work for any significant period (more than 2 weeks) the Team Manager must ensure a replacement lead worker is appointed. That lead worker must be fully briefed in the Protection Plan and their role in continuing to support and review the adult's safety.

15.3.6 In situations when substantial alterations are required to the protection plan (and/or the risk to the adult changes significantly) this must be brought to the attention of the team manager. That manager must then decide if changes can be approved by their own judgement or where an earlier review Case Conference must be convened to consider the changes and level of on-going risk

15.4 **SUPERVISION**

15.4.1 Professional supervision sessions are very important in the ongoing review and management of ASP cases and of Protection Plans. There are often new developments or information to consider and discuss. Ongoing decisions need to be made about the safety of an adult at risk in light of new information or developments.

15.4.2 The Team Manager must ensure they have full and up to date information about any new developments or information and this can be best achieved through ongoing informal consultation and formal supervision sessions.

15.4.3 When a Team Manager does not directly supervise the lead worker they should agree to hold joint supervision of this case with the workers supervising Community Care Senior.

15.4.4 The Team Manager should ensure that any Actions agreed in supervision are recorded on SWIS using the contact type 'Adult Protection Supervision' within 10 working days of the supervision session.

IMPORTANCE OF SUPERVISION IN ONGOING RISK MANAGEMENT

Team Managers must ensure all cases with current ASP activity including those with a Protection Plan in place are discussed with the lead worker (or other staff) at every supervision session. Any significant changes or new or increasing concerns should be discussed in full. If the situation changes in a significant way it may be appropriate for a Review Case Conference to be convened.

The Service Manager, in supervision sessions with Team Managers, must ensure all cases with an active Protection Plan are discussed. The Service Manager must be satisfied with all decisions about ongoing safety and the service provided to the adult at risk.

All supervision notes (between Team Manager or Senior Worker and worker and also between Service Manager and Team Manager) must include a written record of the discussion about all ASP cases and the Actions agreed also copied onto the SWIS records for the adult.

15.5 REVIEW CASE CONFERENCES

15.5.1 Adult Protection Review Case Conferences must be held at agreed time scales; within 3 months of the initial case conference and thereafter within 6 monthly periods. These will be convened and chaired by the Team Manager or ASP Lead Officer/Co-ordinator. Any significant changes in the Adult at Risks situation must be brought to the attention of the Team Manager or ASP Lead Officer/Co-ordinator at the earliest opportunity in order that a Review Case Conference can be convened quickly if required.

15.5.2 Review Case Conferences are responsible for reviewing the progress of the Protection Plan and the level of continued risk to the adult. The Review Case Conferences will consider the effectiveness of the Protection Plan and whether any changes are needed.

15.5.3 Reports, including those from the lead worker, will be sent to the Case Conference Chair at least 7 days prior to the date of the review case conference.

15.5.4 If the conclusion of a Review Case Conference is that the adult is no longer at any ongoing significant risk or that the risks are sufficiently reduced, it may be decided that there is no further need for the continuance of the Protection Plan. In this event ongoing support or services to the adult may continue through care management processes and it would be for the professionals involved with that adult to re-refer if necessary i.e. if there were further adult protection concerns in the future.

15.6 **CLOSURE OF CASES**

15.6.1 The decision to close a case can only be made by a Team Manager/ ASP Lead Officer/Co-ordinator or Service Manager and this must be recorded on SWIS by them with the reason for the decision.

15.6.2 Team Managers should ensure that no case involving allegations of harm is considered for closure unless –

- Individual has been spoken to alone
- Living conditions have been seen
- Views of relevant professional have been sought
- Evidence that person's welfare will be safeguarded and promoted and they are aware of how to re-refer
- Care plan is up to date and complete.
- All Adult Protection SWIS recording is up to date and complete including contact records, chronology/significant events and a closure summary.

15.6.3 No case where an Adult Protection Plan is in place should be closed without at least ONE of the following safeguards having occurred:

- A Review Case Conference attended by key representatives from relevant agencies having been convened and a decision made that the adult at risk is no longer in need of formal protection measures.
- A formal decision by the Team Manager/ASP Lead Officer/Co-ordinator or Service Manager where a Review Case Conference is agreed not to be required recording reasons for not holding such a Case Conference e.g. if the harmer dies or is serving a long custodial sentence.
- The completion of actions agreed under the Protection Plan and an updated risk assessment.

SWIS INTERIM GUIDANCE- ADULT SUPPORT & PROTECTION CASE RECORDING - OPERATIONAL FROM 11th April 2011

Introduction

This process for recording ASP case recording is for the interim period between now and the new dedicated ASP screens being developed on SWIS. The recording of information in the way described below is essential firstly in order that these records can be easily identified from other more generic care management records and secondly in order that we can collect our statistical data for reporting to the Forth Valley Adult Protection Committee and Scottish Government.

Cases not currently open/known on SWIS

The recording of ASP on SWIS depends on the case status of the service user being referred; i.e. a) New cases that are not currently known or open on SWIS; and b) currently open community care cases. For new cases that are not currently known or open, a SWIS record needs to be created; the case opened on CCIS as an Intake/fast Track Assessment; the referral screen input; and then whichever of the relevant SSA screens should be input: e.g Basis for assessment; Risk; Client View; Carer View; Carers and any other appropriate needs related SSA screens; then the Intake Summary screen, then passing the assessment to the Team Manager/Senior.

For currently open community care cases this stage is not required.

The following ASP Recording requirements are for all cases – new and currently open.

Recording the ADULT PROTECTION ALERT *(Update to previously issued Guidance)*

The Alert screen on SWIS provides a means to record an alert to highlight current adult protection activity with an adult case. An Alert should be created at the start of the ASP process/response and ended when the ASP response/ procedures are ended. The Alert screen is also the screen where information is recorded on the main type of harm for those ASP cases requiring an ASP Protection Plan. This is also needed for reporting our ASP statistics to the Forth Valley ASP Committee.

When information is received which requires an ADULT PROTECTION Referral contact type to be recorded (see below) then an Alert must also be recorded on SWIS. This should be recorded whether or not there is an alert for other reasons already active. At this point in the process, the PV/Alert code: Adult Protection: Investigation should be recorded. It should be recorded by the worker (or manager) receiving the information at the time of recording the referral. The start date for the Alert will be the same date as the ASP referral was received. A Review date also needs to be entered e.g. 3 months from start date. This Alert category should remain until the referral has been investigated (i.e through stages 1 to 5 in the ASP process outlined below). If no further Adult Protection action is required at that point, then the date of this decision should be recorded as the stop date for the Alert.

If the ASP referral proceeds to a case conference (stage 6), then the case conference chair will decide whether a Protection Plan is required. If a protection plan is *not* required, then the case conference chair should input the correct stop date on the Adult Protection: Investigation Alert screen. This should be the date this decision was made.

If an ASP Protection Plan is required, the chair of the case conference will close off the Alert type 'Adult Protection: Investigation' by putting the date the decision was made in the Alert Stop Date field. They will then record a new ASP Alert according to the **main category** of harm agreed by the case conference. If there is more than one type only the main category of harm should be selected from the list below on the Alert screen.

ADULT PROTECTION: Discriminatory
ADULT PROTECTION: Financial/Material
ADULT PROTECTION: Institutional
ADULT PROTECTION: Neglect
ADULT PROTECTION: Physical
ADULT PROTECTION: Psychological
ADULT PROTECTION: Self harm
ADULT PROTECTION: Sexual

The Chair should also record the Review date for the case on the Alert screen. When the ASP activity/procedures end e.g. if a decision is taken at a review conference that an ASP Protection Plan is no longer required, then a stop date should be recorded on the Alert screen by the case conference chair. The date should be the same as the date the decision was made. In this way the alert is started and subsequently reviewed and stopped at the same time that the ASP Protection Plan starts, is reviewed and stops. The Alert screen will retain the history of all ASP alert episodes that the service user experiences.

Recording other ADULT PROTECTION activities on the SWIS Contacts Screen

NB THE CONTACT TYPE HEADINGS MAY CHANGE SLIGHTLY ONCE FINAL WORDING IS COMPLETE

All other ASP recording is entered in contact records. Each contact record type describes a distinct stage in the process and would normally be recorded in a chronological way eg referral, inquiry, investigation, case conference etc.
All recording for ASP work will be made using a contact type ADULT PROTECTION etc.

As these records are used for collating the statistical data for reporting to the Forth Valley committee each contact record type should **only be used once** for the period of involvement eg there would normally only be one referral, one inquiry, one investigation, one initial case conference etc. The contact reason ADULT PROTECTION Continuation can then be used to continue the same record over further contacts eg if the information gathered during the 'duty to inquire was so extensive that 4 contacts needed to be created then one would be ADULT PROTECTION Duty to Inquire and 3 would be ADULT PROTECTION Continuations.

CONTACT REASON TYPES

The following contact record types would normally only be used once during a period of ASP involvement:

1. ADULT PROTECTION Referral

This should be recorded on **all** occasions when Information is received (a new referral) or arises on an allocated case which is (or appears to be) an adult at risk matter. An AP Referral should **always** be recorded by the worker receiving the information at the earliest opportunity regardless of the subsequent decisions or outcome. It should also be recorded as a contact record regardless of whether a new referral/intake assessment has also been created (on cases not currently open/known) and the information already recorded can be copied in here. The record will include name of referrer, details of the concerns reported, any witnesses etc

2. ADULT PROTECTION Duty to Inquire

Following the referral, the next stage in the process would normally be the Section 4 Duty to Inquire. In some circumstances sufficient information will be available for the manager to decide to progress straight to Investigation without the need for Inquiries. However this is a statutory duty and should normally be undertaken in response to a referral.

The information gathered during this phase will be recorded in this contact eg a review of SWIS records for background information confirms that....,phone call to GP Dr Smith who advised that adult has dementia but appears to have capacity. The conclusion of this record should also include confirmation of whether or not the referral meets the ASP adult at risk criteria ie the 3 point test: e.g. Mrs Jones is or appears to be an adult at risk on the basis that.....

3. ADULT PROTECTION IRD - Initial Referral Discussion

This is recorded by the Team Manager (or senior under their direction) only.

The content of the Initial Referral Discussion will be recorded under this contact type by the person managing the response. This would normally be either a discussion with Police or where the allegations refer to a registered care provider, the care Commission (or both). Any decisions and actions agreed should also be recorded here .

4. ADULT PROTECTION Planning Meeting

If the outcome from the IRD is that an investigation is required the details of this will either be agreed by phone during the IRD or, in complex situations or those involving more than 2 agencies etc a planning meeting will be convened.

A summary of the decisions/action points agreed at the planning meeting should be recorded using this contact type. (NB: This paragraph now excludes the previous reference to recording the *minute* of the planning meeting in favour of a summary of the decisions/action points.)

5. ADULT PROTECTION Investigation

To enable the lead worker/council officer to record the details of the investigation. This will include details of any actions eg joint interview with DC Bloggs at the service users house, and a detailed account of all information obtained during the investigation. It is not necessary to enter a full record of the investigative interview but a summary should be recorded.

6. ADULT PROTECTION Initial Case Conference

This contact record type should be created for the date of the Initial case conference and a summary of the actions/decisions should be recorded

THE FOLLOWING CONTACT REASON TYPES CAN BE RECORDED MORE THAN ONCE DURING A PERIOD OF ASP ACTIVITY PROVIDING THE EVENT OCCURS MORE THAN ONCE eg two review case conferences during a 4 month period

7. ADULT PROTECTION Review Case Conference

This contact record type should be created for the date of the Review case conference and a summary of the actions/decisions should be recorded

8. ADULT PROTECTION Protection Plan (standard)

A summary of the standard protection plan

NB Standard and Comprehensive Protection Plans are still to be developed.

9. ADULT PROTECTION Protection Plan (comprehensive)

A summary of the comprehensive protection plan
NB Standard and Comprehensive Protection Plans are still to be developed.

10. ADULT PROTECTION Core Group Meeting

The minute (or actions/decisions) from the core group meeting will be recorded here

11. ADULT PROTECTION Monitoring Visit

Any visit made to the adult at risk (excluding the investigation visit/interview which is recorded under 5 above).

12. ADULT PROTECTION Continuation of record

This can be used to continue the same record over further contacts eg if the information gathered during the 'duty to inquire was so extensive that 4 contacts needed to be created then one contact would be input as ADULT PROTECTION Duty to Inquire and 3 would be input as ADULT PROTECTION Continuation of record.

13. ADULT PROTECTION Other case record

This will be used for all other ASP recording which is not a stage in the process as described in 1-10 above. For example phone calls, letters, reports etc.

14. ADULT PROTECTION Closure summary

On conclusion of the ASP work when a decision has been agreed by the team manager to end ASP process/procedures the lead worker/council officer will record a summary of their work including how the risks have been reduced or removed and the basis for recommending that the ASP work should end.

15. ADULT PROTECTION Team Manager record

This contact type is to be used by team managers only for recording any actions and decisions (including the basis for the decisions) being taken other than actions/events as described in 1-10 above. The team manager will also record their decision (and the basis for same) to end the ASP work/process after the closure summary has been completed by the worker. The Adult Protection Alert screen should also have the stop date recorded at this point to close off the ASP alert and the ASP episode.

16. ADULT PROTECTION Supervision Summary

A summary of actions agreed in supervision or through discussion between worker and manager at other times.

17. ADULT PROTECTION Lead Officer record

This contact type is to be used by the Lead Officer/Co-ordinator only for recording of advice and recommendations in relation to the progress of cases, any actions taken etc. or for quality assurance purposes.

Recording the SIGNIFICANT LIFE EVENT

It is not necessary to record the Adult Protection records as a 'significant life event' as all of these records (ie those CONTACTS starting with ADULT PROTECTION, Alerts and Statutes) will automatically be included in the chronology report from SWIS.

To print the chronology report go to SWIS main menu→
CCIS→PRINTS→CLIENT DETAILS→CCIS CHRONOLOGY→ENTER THE CLIENT
NUMBER→FILE→PRINT SELECTED INFORMATION→CLICK OK

However, as the chronology print has been designed as a summary document only, the chronology report will not contain the full text from the note details recorded on the adult protection contacts. To review the full details of the notes/contact records these will need to be read from SWIS or a full report of the relevant contact records will need to be printed.

Judy Reed
Lead Officer/Co-ordinator,
Adult Support & Protection

Updated 28th September 2011 by Philip Morgan-Klein
Service Manager Performance and Information

ADULT PROTECTION/CHILD PROTECTION GUIDANCE FOR REFERRALS OF YOUNG PEOPLE AGED 16 & 17 YEARS

Background

Following implementation of the Adult Support and Protection (Scotland) Act 2007 it was felt it would be helpful to clarify local operational practice in Falkirk Council in relation to responses to protection concerns raised in respect of young people aged 16 & 17 years.

Some young people in this age group can be subject to responses through either Adult Protection or Child Protection procedures. The purpose of this guidance is to support operational managers and staff when considering which response is the most appropriate. It is for use by staff in both the Community Care and Children & Families sections of Social Work Services.

Child Protection Definitions

There are a variety of definitions of "child" in the Children (Scotland) Act 1995. For the purposes of Falkirk Council's Child Protection Procedures the definitions which apply are those in Chapters 2 and 3 of the Act which deal with the protection of children and the Children's Hearing system i.e.

- a child who has not yet reached his/her 16th birthday and,
- in the case of a child subject to compulsory measures of supervision from the Children's Hearing - a child over the age of 16yrs who has not attained the age of 18yrs.
- It should also be noted that Sec 22 includes a definition of a child in relation to the duty of the Local Authority to provide for children in need as up to the age of 18yrs where disability or special needs is an issue i.e. a young person with additional support needs.

This is also in accordance with GIRFEC principles and the Integrated Assessment Framework now adopted within Forth Valley.

Adult Protection Definitions

The definition of Adults at Risk in terms of Section 3(1) of the Adult Support and Protection (Scotland) Act 2007 is that they are:-

Aged 16 or over and

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

Process

Irrespective of which part of the Social Work Services receives the referral, consideration must be given to the most appropriate response based on the young persons need (see Appendix 1). All decisions about how to respond should be taken by the receiving Team Manager in discussion with his/her counterpart in the other part of the Service, regardless of whether the case is allocated or a new case e.g. the Children and Families Team Manager should discuss the referral with the relevant Community Care Team Manager.

The discussion should take place immediately on receipt of the referral and normally this would be before the Initial Referral Discussion (IRD). The Team Managers should decide in every case which team will take forward the investigation.

The Team Managers should continue to work closely together following the investigation, as some young people in transition will require ongoing involvement and /or services and support from both Children and Families and Community Care. If the young person has not been referred to the Transitions Co-ordination Group, this referral should be made. The need for further/joint involvement can be determined at the debriefing stages of the interview.

Disputes

In the event of no agreement being reached between Team Managers, the Service Managers for both teams should be contacted for a decision to be made.

Appendix 3

Type of Harm	Description
Physical harm	Slapping, pushing, hitting , kicking Misuse of medication Pinching, biting, shaking Forcible feeding Improper use of medication Restraining or holding an individual back – locking in a room, tying to a bed or chair Inappropriate moving and rough handling Inappropriate touching Being threatened with a weapon
Sexual harm	Inappropriate sexual contact, touching, kissing Sexual assault. rape, non-consensual contact, sexualised conversations/comments Indecent exposure Being made to listen to, or watch, pornography without consent Voyeurism
Psychological and emotional harm	Threats, manipulation, inappropriate treatment Humiliation, overt control and dominance Isolation and abandonment Bullying and intimidation by word or act Access to persona being denied Misuse of power or influence Threats of harm or abandonment Putting down, ignoring someone Controlling behaviour Taking away privacy Constant criticism
Verbal harm	Inappropriate use of language, disrespect, name calling, shouting, sarcasm, inappropriate use of humour, using language to confuse or exclude
Institutional harm	Removal of individuality within an institution by strict inflexible regimes and routines, lack of accommodation to individual choice, lifestyle etc.
Financial/Material Harm	Taking an adult's money or possession without their knowledge or agreement (theft). Using an adults money for the harmers own benefit e.g. to pay for a mobile phone contract or ordering goods from the internet or a catalogue Pressuring or 'grooming' someone into changing their will. Coercing or persuading the adult to lend money which is never repaid. Using the adult's details to obtain credit cards.

Type of harm	Description
Discriminatory harm	Racist, homophobic, ageist, sexist behaviours, harassment and any other discriminatory acts, eg trans phobia Preventing someone from accessing appropriate sexual support/education Denying someone the right to exercise their religion or belief Forcing an individual to participate in a religious or belief practice Denying someone access to culturally appropriate meals Inappropriate 'nicknames'
Neglect and acts of omission	Inadequate heating or nutrition, isolation and abandonment, withholding key essentials, denying access to social or educational services Person alone and at risk Failure to give privacy and dignity Failure to take an adult at risk to medical appointments or to correctly administer medicines, this includes under or over medicating, inadequate wound care or inappropriate pressure area care. Neglect of accommodation, self neglect Not re-setting a night alarm or buzzer
Self harm	Refusal to eat or drink Drug/alcohol misuse Cutting, burning, scalding or hitting parts of own body Calculated and dangerous risk taking Banging head or other parts of the body Swallowing harmful substances Overdosing Drug or alcohol misuse
Self Neglect	Failure to attend to basic needs including eating and drinking- not enough food, poor diet, eating food which is well past it's 'use by' date and mouldy food, Failure to attend personal care including poor dental hygiene, nail care, skin care and malodour, lack of adequate clothing, heating, unsanitary living environment.

The following table presents some potential signs of physical and behavioural indicators which may be signs of harm are shown in the table below. The lists are a guide and are not exhaustive or definitive. [This list is a compilation from various sources and specialists in the field and may indicate that harm has occurred or may be occurring] You should not use this list as a checklist – the harm you suspect or witness, may not be here!

Type of harm	Description
Physical harm	<ul style="list-style-type: none"> • Cuts/injuries which seem to be unexplained and are repeating frequently • Weight loss due to malnutrition [especially if the individual is fed by others] • Physical marks such as slaps, finger or pressure marks, kick marks, pinching, bite marks • A history of unexplained injuries caused by falls or accidents • Bruising on parts of the body which are well-protected, not normally prone to injury and possibly evidence of repeated striking • Broken bones • Bed sores and body ulcers • Fatigue and drowsiness • Excessive sleep and lethargy • Injuries caused by protective responses – to arms, hands etc • An injury for which the explanation seems inconsistent or denial of injuries • Fear of parents/carers being approached for an explanation • Aggressive behaviour or severe temper outburst • Carers not readily seeking help for injuries • Flinching when approached or touched • Reluctance to get changed, or covering up [eg wearing long sleeves in hot weather] • Depression • Withdrawn behaviour • Running away from home • Distrust of adults, particularly those with whom a close relationship would normally be expected • An adult at risk claims they have been hurt by another or have had lots of unexplained accidents • The adult is prevented or restrained, eg kept in own room, limited to certain areas etc.
Verbal harm	<ul style="list-style-type: none"> • Withdrawal from group interaction, introversion and self isolation • Feelings of submissiveness and sense of fear around certain individuals • Changes in behaviour resulting in aggressive verbal responses • Inappropriate use of language

Type of harm	Description
Sexual harm	<ul style="list-style-type: none"> • Changes in behaviour, weeping, anger, violent reactions, withdrawal and self isolation • Self harming behaviour • Physical damage, torn rectal/vaginal tissue, anal pain • Signs of 'grooming' • Bleeding • Inappropriate or unusual personal attachments • Unexplained pregnancy • Pain, irritation or bruising in intimate areas • Evidence of inappropriate restraint • Over sexualised behaviour, language and expression • Changes to posture, stiffness and difficulties in sitting • Withdrawal of contraception or initiation of same • Changes in routines, fear of dark and new places • Suspicion of strangers and groups of people • STDs • Vaginal discharge or infection • Stained personal garments and bedding • Stomach pains • Self harm or mutation, sometimes leading to suicide attempts • Bedwetting • Fear of being left with specific person or group of people • Having nightmares • Saying they have secrets they cannot tell anyone about • Eating problems such as overeating or anorexia
Psychological harm	<ul style="list-style-type: none"> • Self isolation • Changes in sleep patterns – either excessive or sleeplessness • Deterioration in physical presentation – unshaven, untidy, unkempt, unwashed etc • Changes in psychological health, increase in phobias, paranoia • Confusion, nervousness, excessive pattern of manners, agitated behaviours • Sudden speech disorders • Neurotic behaviour, eg hair twisting, rocking • Fear of making mistakes • Self harm • Fear of family/carer being approached regarding their behaviour

Type of harm	Description
Financial harm	<ul style="list-style-type: none"> • Loss of financial ability • Loss of material property – property or items in home goes missing or unexplained reasons • Pressure to sign power of attorney or wills or actual changes to wills and deeds • Visitors who only come when benefits are cashed • Individuals who ‘help’ adult by withdrawing funds • Lack of congruity between living conditions and assets • Removal of access to benefits by family members • Unexplained alterations to accounts • Unexplained debt or inability to pay bills • Unplanned and unanticipated sale of property and possessions • Confused or irregular signature on credit cards or cheques
Institutional harm	<ul style="list-style-type: none"> • Rigid and inflexible routines • Individuals indicating a lack of choice • Changes in behaviour, lack of involvement and interest in normal activities • Self isolation, passivity and withdrawal • Inadequate staffing • Users of service restricted to own rooms • Lack of attention to complex needs • Lack of understanding of individual communication needs • Fear of another person • Jokes at the expense of the user of service
Discriminatory harm	<ul style="list-style-type: none"> • Loss of self esteem which is unexpected • Bullying incidents on basis of an individual’s race, age, gender etc • Offensive remarks or harassment based on the adult’s age, gender, disability, race, colour, cultural background, sexual or religious orientation • Changes to the adults mental state and behaviour [eg fearful, anxious, withdrawn, angry, frustrated] • Providing unacceptable food/diet • Failure to provide for cultural needs • Isolation [eg due to barriers to communication] • ‘Hate crime’ • Not allowing for individual choice or difference • Social isolation and exclusion • The adult is refused access to service or is excluded inappropriately

Type of harm	Description
Neglect and Self Neglect	<ul style="list-style-type: none"> • Constant hunger, sometimes stealing food from others • Presenting as dirty, unkempt or 'smelly' • Lack of food • Loss of weight or being constantly underweight • Inappropriate dress for the conditions or time of day • Complaining of being tired all the time • Not requesting medical assistance and/or failing to attend appointments • Medication is withheld • Body sores • Denying access to personal aids, eg glasses, stick etc • Having few friends • Mentioning their being left alone or unsupervised • Rushing a person with eating or personal care tasks • Inadequate heating, lighting • Unsafe living conditions • Dirty living conditions

Grooming

Grooming is when an individual perpetrator tries to 'set up' and 'prepare' another person to be the victim of harm, often sexual abuse. It can be perpetrated by someone who is a family member, friend or acquaintance of an individual as well as someone who is a stranger

A grooming process can last for months or even years. It can be very subtle – those who are being groomed often do not realise that they are being manipulated, nor do their relatives or carers.

A perpetrator of sexual abuse may use many techniques to 'groom' and prepare an adult for abuse, such as

- Giving inappropriate level of attention to the adult
- Telling the adult that he/she is 'special'
- Giving the adult 'special' treatment, favours and privileges
- Offering, promising and/or giving gifts
- Offering to help family/carers to gain access to the adult
- Manipulating the adult through threats or coercion
- Openly or 'accidentally' exposing the adult to nudity/sexual material
- Sexualising physical contact
- Having inappropriate boundaries [eg sharing 'problems']

FORTH VALLEY

Multi Agency Adult Protection Referral form [AP1]

FOR USE BY ALL AGENCIES & CARE PROVIDERS (EXCEPT POLICE)

Adult Protection Referral Form & Actions (AP1)

You must immediately report suspected or actual harm to your line manager and you have a legal duty to report any concerns to the Council Social Work Services 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 Working Day from becoming aware of the suspected or actual harm.*
- *Concerns of a significant or immediate nature should be reported by telephone and can then confirmed in writing if required.*

NB: - If you do not have all the information required in Part A please do not delay and send the Referral information you have. Social Work Services will follow up on your referral and add any additional relevant and required information.

This form may also be used by Social Work Intake and other staff to record internal referrals or Intake calls

1. ADULT AT RISK DETAILS:	
Name:	
Address:	
Telephone Number	
Date of Birth:	Gender:
Ethnic Origin:	
Religion:	
Any known communication difficulties: YES/NO	
If YES, give details:	
Living Situation e.g. lives alone, with spouse etc., type of accommodation, any known supports, carers details Etc.	

--

2. REFERRAL DETAILS:

Name of Referrer:

Job Title:

Address:

Contact Telephone Number:

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 & time and any actions taken by the Police)
--

--

Who else have you informed of this referral to Social Work Services? (date & time and any actions taken)

--

3. WHAT ARE THE DETAILS AND NATURE OF THE SITUATION LEADING TO THIS REFERRAL? (to include details of any specific incidents – dates, times, injuries, witnesses, evidence, such as bruising)

--

Do you believe the adult at risk is capable of understanding what has happened to them?

--

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

--

4. WHAT ACTION, OTHER THAN THIS REFERRAL, HAVE YOU TAKEN TO ENSURE THE ADULT AT RISK IS NOW SAFE?

--

5. GENERAL PRACTITIONER: give details if known

Name:

Telephone No:

Address:

6. OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED:

Name/s:	Contact No./s

7. DETAILS OF PERSON'S PHYSICAL AND MENTAL HEALTH: Confidentiality is important but for the purposes of allowing Councils to undertake inquires and investigations information to protect an adult at risk of harm relevant information should be shared. Please refer to your agency guidelines and Adult Protection procedures.

8. IS THE ADULT AT RISK SUBJECT TO LEGAL MEASURES UNDER THE MENTAL HEALTH CARE AND TREATMENT ACT OR ADULTS WITH INCAPACITY ACT

YES/NO

If YES give details

9. DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN

Name:

Relationship to person:

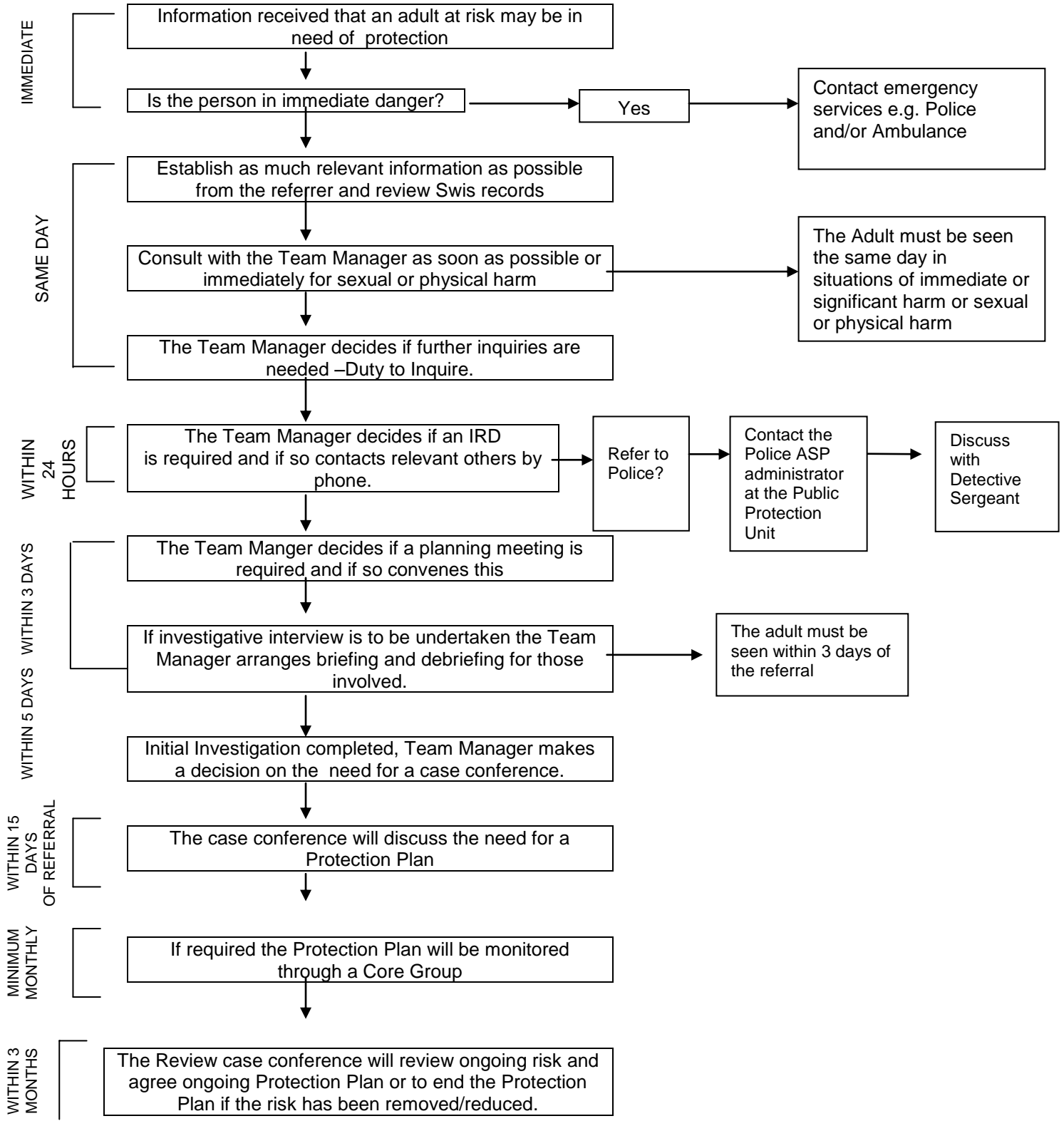
Address:

Telephone number :

10. DETAIL OF ANY PREVIOUS CONCERN/INCIDENT (to include dates, times, actions taken and outcomes)

Signature of Person completing the form:
Print /Type Name:
Date & Time completed:
DATE & TIME RECEIVED BY COUNCIL:

FLOWCHART AND TIMESCALES FOR RESPONDING TO ASP REFERRAL



ASP Procedures – Checklist for Council Officers

REFERRAL STAGE

- Have the Adult Protection Alert and referral been recorded on SWIS to create the red alert light?
- Has a significant/chronology event been recorded on contact records on SWIS?
- Has any Duty to Inquire been completed and recorded (including if the Adult meets the 3 point test)?
- Has the AP1 referral form been requested (if appropriate)?
- Has the AP1 referral form been received and reviewed?
- Have SWIS records been reviewed and any previous ASP concerns noted?

INVESTIGATION/ALLOCATED WORKERS STAGE

- Has the Adult at Risk's capacity to consent been considered?
- Has the Adult at Risk consented to any proposed actions?
- Has the Adult at Risk been seen on their own in private?
- Have all the rooms including the bathroom, kitchen and Adult at Risk's bedroom been seen?
- Where ASP concerns relate to a registered care provider has Care Inspectorate been notified? (Worker or Team Manager)
- Has the Adult at Risk's communication support needs been considered and appropriate service arranged?
- Has Advocacy support been offered and a referral made?
- Has the Mental Welfare Commission notification form been sent for situations involving an Adult at Risk with a mental disorder?
- Has criminal injuries compensation been considered/applied for?
- Has the case recording been entered/kept up to date under on SWIS?
- Has the Adult at Risk been prepared for the case conference including sharing any reports/minutes and support/Advocacy arranged?
- Has the Adult at Risk been involved in the production of any Risk Assessment or Protection Plan and copies shared with them?

PROFORMA LETTER – FOR SENDING TO PERSON TO ACKNOWLEDGE RECEIPT OF ASP REFERRAL

Adult Social Care
Falkirk Council
(Address of your local Office)

Date:

Name (OF REFERRER)
Address (OF REFERRER)

Dear (NAME OF REFERRER)

Thank you for your recent referral in relation to
.....

We will make further inquiries and if appropriate fully investigate these concerns in accordance with our Adult Support and Protection Procedures.

If necessary we will make further contact with you for more information.

If you should have any further concerns about this/these adult(s) or require an update regarding our enquiries, please contact the Community Care Intake Worker or allocated worker on the above number.

Yours sincerely

Name
Designation

ASP PROCEDURES – CHECKLIST FOR TEAM MANAGERS

- Have the Adult Protection Alert and referral been recorded on SWIS?
- Has the Duty to Inquire been undertaken and recorded? DATE:
- Has a receipt of referral confirmation letter been sent to referrer? DATE:
- Has AP1 form been received (where appropriate)?
- For **NFA** decision at referral stage – Record Team Managers decision (and your Reasons) on contact records on SWIS
- End Alert on SWIS.

Where ASP Process/Procedures are instigated:

- Allocate referral to a Council Officer (or 2) NAME(S):
- Hold IRD/Notify Police (others) DATE:
- Record IRD Initial Referral Discussion on SWIS
- Is a Planning Meeting required? DATE:
- Record Action Plan/investigation details on SWIS (if required)
- Update SWIS with any further actions, decisions (and reasons) taken by Team Manager
- Is a Case Conference needed? DATE:
- Has support to the Adult, including Advocacy, been considered?
- Where ASP concerns relate to a registered care provider send notification to SCSWIS. DATE:
- Where ASP concerns relate to a registered care provider notify the councils Contract's officer/team DATE:
- Has the referrer been advised of the outcome of their referral.
- Has the Mental Welfare Commission notification form been sent for situations involving an Adult at Risk with a mental disorder? DATE:
- Is a Protection Plan in place? STANDARD/COMPREHENSIVE DATE:

- For current Protection Plans- have the case records been reviewed a minimum of once a month and Team Managers recording confirming this entered on SWIS?
- Have actions agreed in supervision been recorded on SWIS?
- Has criminal injuries compensation been considered?
- Have all records been reviewed, updated and decisions recorded before closing case?

NOTES:

Falkirk Council
Adult Support and Protection

Interim Guidance Note

Referrals to Public Protection Unit

Context

Police Scotland change in procedures

Police Scotland have informed Social Work Services that their response to referrals where neither person has capacity will be changing with immediate effect. This primarily affects service users living in care homes. The explanation for this is that Forth Valley Division of Police Scotland require to comply with Scottish Crime Recoding Standards. This means that in situations where we make referrals to the police this will be recorded as a crime until proven otherwise. This may result in uniform police officers attending care homes to gather evidence of lack of capacity. On gathering this evidence the referral would then be recorded as a “no crime”. This is a change to current practice where police colleagues record these Initial Referral Discussions (IRD) as “for information only”. As a Service we have concerns about uniform officers routinely visiting care homes, particularly given that it is unlikely that in every case clear incapacity documentation will be available. In addition, where incapacity documents are available it is unlikely that they will comment on a person’s *mens rea* (i.e. criminal intent).

Multi-agency review of referrals to PPU

A multi-agency process was already in progress considering issues around professional decision making in ASP work. This includes some of the previous work on “thresholds”. Community Care Team Managers have indicated that they question the need for an IRD with the police in situations where the referral concerns two individuals who lack capacity, and a one-of incident has occurred within the care home.

Updating practice

Whilst the immediate implementation of the new police procedures is not ideal, it provides an opportunity for Community Care Teams to adjust practice in relation to making referrals to the police in situations where professional judgement leads us to conclude it is not a police matter.

The purpose of this interim guidance note is to provide Team Managers with direction regarding when it is and is not necessary to involve the police in an IRD.

Initial Referral Discussion

IRDs and current practice

IRDs have, on the whole, become synonymous with a discussion between the Community Care Team Manager and the Detective Sergeant (DS) at the PPU. In Falkirk, guidance has been in place which puts an expectation on Team Managers to have an IRD with the DS for all referrals from care homes, including those where it has been a one off incident where neither person has capacity.

ASP procedures and IRDs

In terms of who should take part in an IRD, the ASP procedures are clear that the IRD will always be undertaken by the Team Manager. However, this may or may not involve police. The procedures note that the IRD **is not a single/isolated event, but should be the first stage of a series of discussions where information is discussed and a co-ordinated response agreed by the relevant agencies** (10.1, p. 14) The procedures go on to state that **the IRD will usually take place between Social Work Services and any one/combination of the following:**

- Central Scotland Police (Usually a Detective Sergeant)
- A relevant health representative e.g. GP, CPN
- A Social Care and Social Work Improvement Scotland (SCSWIS) (when a registered care provider is implicated/involved)
- If appropriate and where necessary any other agency providing a service to the adult or with an interest in the adult's welfare. (10.2, p. 15)

In addition, under "The Purpose of the IRD" the procedures state it is necessary to '**consider the adult's level of capacity in relation to the concerns and to seek evidence to support this by ensuring that the appropriate health professional is involved in the IRD**' (10.4, p.15)

This fresh look at the procedures in relation to IRDs assists Community Care Team Managers to open up the IRD process to involve other professional opinion/judgement. It may involve the police however it may not.

Police involvement

Where an adult at risk has been or may have been a victim of an offence/criminality it is essential to hold an IRD with the police at the earliest opportunity. This may result in a police only investigation or a joint SW/Police investigation.

If in doubt, do not hesitate to hold an IRD with the police.

Factors to consider in defensible decision-making process

The following is a list of some factors to consider, on receipt of an AP1, in coming to a decision about whether it is necessary to involve the police in the IRD. This is not an exhaustive list. These factors will be considered by the duty worker and Senior Community Care Worker in discussion with the Team Manager. The Team Manager will decide who it is most appropriate to involve in the IRD process, to assist in the gathering of and assessment of this information, with a view to agreeing a plan moving forward. The IRD may include one or more of the following - the manager/lead nurse of the care home; CPN; GP; Consultant psychiatrist; psychologist; police.

- Diagnosis, symptoms, behaviour and presentation of service users
- How serious is the incident? Are there any injuries?
- Does either service user remember the incident?
- Is either service user upset by the incident or suffered deterioration in their mental health as a result of the incident?
- Are the service users placed in the care home under any statutes? E.g. Mental Health Care and Treatment Act or Adults with Incapacity Act
- Has a formal assessment of capacity been carried out for both service users – if so when and by whom?
- Is it likely that the "harmer" have *mens rea* regarding the incident?
- Has the "adult at risk of harm" been made safe? If so, in what way – is this sustainable for the care home?
- What risk assessment has been carried out? Who is involved?
- Can this situation be managed in any other way, if it appears that no criminal intent is present e.g. through care management?
- Could the situation be improved by input from a health professional to assess medication

or behaviour management?

- Is there any change in the service users' physical health e.g. urinary tract infection which may be impacting on their mental health/behaviour?
- Is there any clear benefit to involving the police? Might this upset the service user, particularly if they cannot remember the incident

[In addition, please see attached "Involving the Police – Points to consider" document which is currently used by health colleagues at Loch View which is an NHS assessment and treatment resource for people with Learning Disability]

Recording

Accurate recording to evidence professional and defensible decision-making is critical. Although an IRD may involve several professionals in addition to the Team Manager, only use the IRD contact record once to record the IRD event. If you require further space use the continuation option. The recording of the IRD must include the following –

- The professionals involved
- Brief details of each professional's assessment of the person/incident
- Summary of assessment of risks
- Summary of initial plan
- Any additional information shared
- If police not involved, summary of which factors have led to that decision
- Decision regarding continuance of ASP process or de-escalation

Interim guidance

This is interim guidance in relation to reporting ASP referrals to the PPU. This is an evolving issue and other work is underway to address best practice in terms of police involvement and the IRD process. This work includes the following:

- Multi-agency group convened to discuss professional decision making/thresholds
- Multi-agency training currently being compiled regarding defensible decision making
- Multi-agency discussion and planning via the Forth Valley ASP Committee
- On-going discussion with IT services in Falkirk Council to identify recording solutions to support professional decision making
- FV ASP procedures and Falkirk ASP procedures to be updated by the end of 2014

Alison Cooke
Interim Adult Support and Protection Lead Officer
6th August 2014



CLACKMANNANSHIRE/FALKIRK/STIRLING

ADULT AT RISK INITIAL REFERRAL DISCUSSION (IRD) REQUEST FORM

Adult at Risk Referral	
Date of Referral:	
Referral Agency:	
Date Referral Made Aware:	
Do you suspect a crime has been committed?	
Details of Adult at Risk	
Name:	
Date of Birth:	
Address:	
Details of Disability/Mental Illness/Learning Disability or Health Concern the subject is affected by:	
Do they meet the 3 point test?	
Does the subject have capacity in relation to protecting him/herself?	
Are they subject to any guardianship order/Power of Attorney? If so, please include details:	
Does the subject have any communication difficulties that will require additional support?	
Is the subject known to Social Work? Who is their allocated worker?	
Details of Health Professionals involved:	

Details of Alleged Harmer/Perpetrator	
Name:	
Date of Birth:	
Address:	
Relationship to Subject:	
Details of Disability/Mental Illness/Learning Disability or Health Concern the subject is affected by:	
Does the harmer/perpetrator have capacity in relation to the alleged harm?	
Does the harmer/perpetrator have any communication difficulties that will require additional support?	
Is the harmer/perpetrator known to Social Work? Who is their allocated worker?	
Details of Health Professionals involved:	
Details of Incident	
Date of Incident:	
Time of Incident:	
Location of Incident:	
Description of Events (including background to events):	
Provide details of the concerns:	
Details of witnesses including contact telephone numbers:	
Action taken in relation to ASP referral to date by Service:	
Action taken in relation to ASP referral to date by Social Work:	

Social Work Research	
Relevant information regarding adult at risk from Community Care, from Criminal Justice and/or from Child Care	
Relevant information regarding alleged harmer from Community Care, from Criminal Justice and/or from Child Care	
Health Research	
Relevant information regarding adult at risk from Health Sources	
Relevant information regarding alleged harmer from Health Sources	
Police Research	
Relevant information regarding adult at risk	
Relevant information regarding alleged harmer	

Please submit to ForthValleyARC@scotland.pnn.police.uk

Forth Valley Division Adult Protection Unit
 Larbert Police Office
 01324574988

POLICE USE ONLY

APU Referral Number:

VPD ID:

CF:

Police database checks

DECISIONS OF I.R.D.

Date:

Persons Involved:

Decisions:

Rationale:

Decisions of IRD completed by:

Date IRD decisions circulated:

PROTOCOL FOR INVOLVEMENT OF HEALTH REPRESENTATIVE IN ASP INITIAL REFERRAL DISCUSSIONS

PURPOSE OF THIS PROTOCOL

The use of Initial Referral Discussions (IRDs) is a long established way of agencies sharing information when an ASP concern is first referred. The purpose of the IRD and format as well as the decisions that might be made and the recording of such decisions are all documented in the Forth Valley Inter Agency ASP Practice Guidance and Procedures and the Falkirk Council ASP Protection Guidance and Procedures for Assessment and Care Management Staff.

This protocol is to explain the importance of involving Health professionals in such discussions and the process for requesting health information and involvement in IRD's.

HEALTH INVOLVEMENT in IRDs

Existing procedures state an IRD will normally be a planned telephone discussion between the Social Work Service (SWS) and one or more of the following agencies/professionals

- Police Scotland
- A relevant health representative (e.g. GP, CPN, Consultant, District Nurse etc.)
- Care Inspectorate (when a registered care provider is implicated/involved)
- Any other agency/person with an interest in the adult's welfare.

In the majority of cases the SWS representative will be a Team Manager or a Senior Worker who has been nominated by a Team Manager. Police Scotland's representative will normally be a Detective Sergeant in the PPU or a Detective Constable nominated by the Detective Sergeant. The Care Inspectorate representative will normally be the officer (or appropriate alternative) who has the lead responsibility for the inspection of the relevant care provider.

It has been less easy to identify a specific contact person who could, from the Health perspective, contribute to the process.

This protocol is to outline a change in this on a trial basis. It is to identify one point of contact for health involvement in IRDs, to agree parameters for that role and that this will be for a limited time and for future review.

PROTOCOL

There are four sections: a) timescale of trial period b) Health contact person and details c) Process for SWS, Police and Health involvement and d) Process for SW and Health involvement.

- a) **Timescale**: This process to involve Health in IRD's was in operation for a six week trial period in 2016. It has now been adopted as an ongoing protocol. It will be reviewed at regular intervals (possibly every six months) by the IRD Review Group.
- b) **Health contact person**: Marlyn Gardner, Interim Service Manager, Community Services Directorate, Falkirk Community Hospital, Westburn Avenue, Falkirk FK1 5SU.

Contact details are:

Email: marilyn.gardiner@nhs.net - (NB. Note this email address is different from the actual spelling of Marlyn's name).

Also Marlyn's secretary should be copied into every email - irene.bissett@nhs.net

Tel. 01324 614657

Mob. 07825823576

c) **Process when IRD needs Social Work, Police Scotland and Health involvement:**

Step One: The SWS Team Manager (or Senior Worker) will send (by secure email) a completed Adult At Risk Police Referral Form to the PPU requesting an IRD. Email address: ForthValleyARC@scotland.pnn.police.uk

Step Two: When Health involvement will benefit the IRD process the SWS Team Manager will send the Police referral Form (securely) to the email address of Marlyn Gardner

Step Three: On receipt of the Referral Form the PPU will notify the other agencies (by email) of the date and time the IRD will take place.

Step Four: On that date/time the DS from the PPU will call the relevant Social Work Team Manager/Senior Worker and will contact the call to Marlyn Gardner so there can be a "three way" telephone conversation IRD.

Step Five: All relevant information will then be shared and joint decisions will be reached as per the Forth Valley IRD procedure.

Step Six: The decisions and rationale for decisions will be completed by the DS or DC in the PPU. This will be immediately emailed to all participants for action.

d) Process when IRD needs Social Work and Health involvement:

Step One: The SWS Team Manager (or Senior Worker) will complete the Police Referral Form and will send (securely) the form to the email address of Marlyn Gardner

Step Two: On receipt Marlyn Gardner will contact the SWS Manager and arrange a time for the IRD to take place. This will be arranged for telephone discussion between Marlyn and the SWS Manager/Senior Worker.

Step Three: Agreement will be reached on a case by case basis who records the decisions and rationale for decisions. This will be immediately emailed to all participants for action.

EXCEPTION TO PROTOCOL:

There is one exception to the above system/agreement. If the person who is referred (believed to be an adult at risk) is resident in a care home then Marlyn should not be contacted for Health information/involvement.

Although there are exceptions to this, in the main, people in a care home will not have active nursing involvement and Marlyn will not be able to access current information. In such situations the information provided by the care home/staff should be what contributes to the IRD process.

However, if there are substantial concerns about a care home/setting that might lead to a Large Scale Inquiry then Marlyn can and will be part of the IRD process for such situations.

This, as with all parts of this protocol, will be reviewed at the conclusion of the trial period.

REVIEW:

This protocol will be reviewed at regular intervals at the IRD Review Group meeting.

**Ian Kinsley
10th August 2016**

PLAN OF INVESTIGATIVE INTERVIEW OF ADULT

INTRODUCTIONS

- ID

- Purpose

- Note taking

- No need to be interviewed

- Answer some but not other questions

- Ground Rules

- Pace

PLAN OF INVESTIGATIVE INTERVIEW OF ADULT

RAPPORT

■ Neutral Topics

■ Open Questions

I don't know you

Tell me....

What do you like..

■ Active Listen..

OK – Right – yes-
Uh Huh

PLAN OF INVESTIGATIVE INTERVIEW OF ADULT

FREE NARRATIVE

■ Open Questions

■ What's it like living here...

■ Tell me about your family....

■ Do you know why we came to see you...

■ Are any things worrying you...

■ Silence

■ Active listening

■ Reflection "So you said..."

PLAN OF INVESTIGATIVE INTERVIEW OF ADULT

QUESTIONING

- OPEN – follow on from Free Narrative

Reverting to open – “tell me more....”

- SPECIFIC – “Wh” questions

Where?
When
Who was there?

- CLOSED

Did this happen

Revert to open – tell me more about that....

- LEADING – TRY TO AVOID

PLAN OF INVESTIGATIVE INTERVIEW OF ADULT

CLOSURE

- Summary
- Check with 2nd Interviewer (is Plan achieved)
- Safety that night
- Discuss with manager
- Contact details
- Next contact
- Revert to Rapport like neutral topic

RECORD OF INVESTIGATIVE INTERVIEW OF ADULT

Adults Name:	<input type="text"/>		
Adults Address:	<input type="text"/>		
Adults D.O.B:	<input type="text"/>	SWIS ID Number	<input type="text"/>
Date of Interview	<input type="text"/>		
Time of Interview	<input type="text"/>		
Place of Interview	<input type="text"/>		
Interview undertaken by			
(PRINT NAMES)	1st Interviewer	<input type="text"/>	
	2nd Interviewer (recording)	<input type="text"/>	
We agree this is an accurate record of interview			
(SIGN NAMES)	1st Interviewer	<input type="text"/>	
	2nd Interviewer	<input type="text"/>	
Others present	<input type="text"/>		
	<input type="text"/>		
<input type="checkbox"/>	Consent to interview granted by service user.		

LETTER FOR MAKING SECTION 10 REQUEST TO FINANCIAL INSTITUTION**TO BE USED WITH THE LOCAL AUTHORITY OR DELEGATED BODY'S LOGO OR LOGOS
FOR SUCH REQUESTS AT THE TOP OF EACH PAGE**

Dear

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

Following contact with your (name, title, phone number and location of financial institution staff) by telephone and having confirmed the correct legal entity to make this request to. I, (name), in my role as Council Officer for [insert relevant organisation name] and where the power is delegated from the local authority state 'with delegated authority and powers in relation to this request from [ENTER LOCAL AUTHORITY NAME] formally request disclosure of information from (company name and address).

The request is made under Sections 4 (Inquiry) and 10 (Examination of Records) of the Adult Support and Protection (Scotland) Act 2007 (the Act) on the basis that we know or believe the below named to be at risk as defined by the Act.

Please contact the Council Officer named above upon receipt of this request to discuss the provision of the information requested. A copy of their ID or other formal proof of identity is attached as confirmation of their authority to act on behalf of [insert agency].

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

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

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

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

Yours faithfully

Council Officer

Information Sheet

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

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

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

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

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

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

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

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

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

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

Council Officer Guidance Notes

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

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

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

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

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

Name of Customer	Full name and any known pseudonyms listed separately e.g. Mary McTavish May McTavish
Date of Birth (if available)	Please state in full e.g. 22 nd July 1952
Address (if available)	
Account Names, Numbers and Sort Codes (if available)	
Brief Description of the ASPA Inquiry	Basic information only to demonstrate that there is a risk or potential risk which has triggered an ASPA inquiry. This may assist the financial institution in locating the type of information required.
Financial Information that is required (please include any third party mandates relating to the accounts located):	<p>The information requested must be specific as opposed to generic. Ensure you emphasise the need to provide any information about third party mandates. Requests for 'all statements' will not be accepted. Consider the issues the service user is facing and what material over what period may support your inquiry. Where you are unclear about the types of information the financial institution may hold use the 'verbal' option to seek advice as to what may be available to support your inquiry. Examples include:</p> <ul style="list-style-type: none"> • <i>the balance of Ms XXXX' account(s)</i> • <i>any current Standing Orders or Direct Debits (including to whom payable, regularity and amounts)</i> • <i>Statements covering the period</i> • <i>We should also wish to request similar information for any other account in her name of which we are unaware."</i> • <i>Whetherholds a Bank or Building Society account with your bank?</i> • <i>If so, whether any other persons are signatories to his/her account(s)?</i> • <i>Please provide copy statements in relation to any accounts held byeither jointly or solely for the lastmonths</i> • <i>Similar information regarding any other account held in this name.</i> • <i>Any known liabilities/debts/mortgages etc.</i> • <i>Any relevant financial information held in wills</i> • <i>Any accounts in other names e.g. joint accounts</i>

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

Falkirk Council – Social Work Services

TRACER FOR INVITATION TO ASP CASE CONFERENCE

Adult's Name: **D.O.B.:** **SWIS No:**

Type of Meeting: ASP Initial Case Conference/ASP Review Case Conference

Date of Meeting: **Time:** **Venue:** **Date Invited:** * E = Attendance Essential

Chairperson: **Minute Taker:**

To be completed by Community Care Worker to Complete					Admin use only	
and returned to: ruth.gray@falkirk.gov.uk (asap)						
	Name	Address & Telephone Number	E-mail Address	E*	Comments	Attend/Apols
Advocacy						
Community Care Worker						
Care Commission						
Care Provider						
Carer						
CLD Nurse						

Client (Adult at Risk)						
Consultant						
Contracts Officer						
CPN						
Day Service						
District Nurse						

ASP CASE CONFERENCE REPORT**PROFORMA**

Service User Name :

D.O.B.

Address :

SWIS No.

Has the person's capacity been assessed ?

Details :

1. Background Information

- Chronology of significant events, including all previous ASP referrals/responses(may be included with risk assessment)
- Brief background history
- Current living circumstances, including actual or potential transitory arrangements
- Family/carer involvement/social network
- Relevant medical history, including any known mental health statutory episodes
- Any care/support arrangements
- Previous social work/other agency involvement
- Any other relevant information

2. Current Concerns

- Give a brief summary of the recent events and concerns which have resulted in an ASP response
- Specify any relationship between the parties involved

3. Interim Actions

Report on actions taken since the initial referral, including date and outcome of planning meeting, further information obtained during investigation and any support or protective measures which might have been provided to the adult at risk.

4. Risk Assessment

A full Adult Support & Protection Risk Assessment (AP2) should be completed for **all** ASP Initial Case Conferences and reviewed & updated for any review case Conferences. The Risk Assessment should be attached to this report and must include: The nature and level of risk[s], likelihood of recurrence, any protective factors and actions already taken to remove or minimise the risk[s].

5. Evaluation and Recommendations

Your professional assessment/opinion and recommendations

Name :

Signature :

RISK ASSESSMENT FORM AP2 ADULT SUPPORT & PROTECTION

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

Core Information

DETAILS OF SUBJECT

First Names:		Surname:	
Also Known as:		Date of Birth	
Gender:		Ethnic Group:	
Address: (incl. postcode)			
Home Tel:		Mobile Tel:	
Housing Status: (underline as appropriate)	Own Home/Tenancy/Temporary/Homeless/Roofless/Care Home/ Supported Accommodation/Lives Alone/With Family		
Social Work ID No:		CHI No:	
Legal Status: (e.g., Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order)			
Date of Order			
Name of Guardian or Attorney:			
Care Programme Approach:	Yes/No	Risk to Workers:	Yes/No

ASSESSING WORKER

Name:	
Designation:	
Work Address:	
Postcode:	
Tel No:	
Email Address:	
Date of Risk Assessment:	
Date of SSA:	

Communication 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 & Designation	Involved & aware of current situation?	Contributed to this risk assessment?	Informed of assessment outcome? (date or N/A)
Care Manager				
Mental Health Officer				
Criminal Justice				
Social Worker				
Social Work Other				
Support Worker				
Support Agency				
Community Nurse/CPN/D/N				
Addiction Services				
GP				
Consultant				
Other Health				
Police				
Housing/ Landlord				
Nearest Relative				
Unpaid Carer				
“Named Person”				
Guardian/ Attorney				
SCSWIS/SCSWIS				
Other				

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:	
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?)	
b) Comment on the person's ability to make his/her own decisions about risk and to safeguard his/her own wellbeing. (Evidence any limitations, if possible, refer to any examples of undue pressure if relevant)	
c) Has there been a recent formal Assessment of Capacity:	Yes/No
If yes, detail outcome in relation to identified areas of risk	
d) Is a formal assessment of capacity required in relation to specific risks identified?	Yes/No
Has this process been initiated?	Yes/No
e) Has there been a discussion with the person about information sharing:	Yes/No
Any comments? (See local procedures and local information Sharing Protocols)	

3 CURRENT RISKS OR CONCERNS

DATE:

Subject is considered to be at risk of serious harm from: (Tick all you consider may apply)	Risk of serious harm to <u>Subject</u> ?	Risk of serious harm to <u>Others</u> ? If so, whom?	Immediate danger/ Imminent crisis?	Subject Agrees?	Carer Agrees?
Physical injury				Yes/No	Yes/No
Violence/ aggressive behaviour				Yes/No	Yes/No
Sexual harm/ exploitation				Yes/No	Yes/No
Sexual ill health				Yes/No	Yes/No
Pregnancy				Yes/No	Yes/No
Progressive illness				Yes/No	Yes/No
Harassment/ exploitation/racial abuse				Yes/No	Yes/No
Psychological/ emotional distress				Yes/No	Yes/No
Mental/cognitive impairment				Yes/No	Yes/No
Mental health problem				Yes/No	Yes/No
Alcohol use				Yes/No	Yes/No
Drug use				Yes/No	Yes/No
Suicidal intend				Yes/No	Yes/No
Self harm					
Self neglect					
Reduced social functioning/isolation					
Financial/Material harm/theft					
Homelessness					
Loss of employment					
Harm by acts of omission					
Institutional harm					
Harm by paid carers					
Risk to/concerns for children					
Other (specify)					

4 CURRENT RISK DESCRIPTION

DATE:

What behaviour, allegation, complaint circumstances or event has prompted this risk assessment? (Detail the nature of the behaviour or incidents which put the person at risk, e.g., the nature and extent of sexual/physical/financial harm, the specific areas of self neglect (eating, medication, wandering, etc))
Who is the source of concern and who is involve in the risk events?
When does this/do these circumstances occur and how often? (Evenings/weekends/every day/mealtimes, etc and rarely, frequently, occasionally, etc)
Where does this/do these circumstances occur? (Day centre, at home, on the streets, travelling, etc)
Medical assessment and/or clinical diagnosis of mental or physical illness (Relevant to this risk assessment)
Particular triggers or risky circumstances that heighten the risks? (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)
Protective factors or circumstances that have protected the subject or reduced the risk in the past? (Include here any change in subject's ability to manage these risks)

5 RISK ASSESSMENT

DATE:

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

DATE:

a) Is an Adult Protection case conference recommended?	Yes/No
b) Detail any immediate actions that have already been taken 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 be taken to reduce the risk or protect the adult being assessed? (E.g., increased support, view of Care Plan, further needs assessment, change of environment/service, legal action, etc.) Clearly indicate who should do what and when.	
d) What advantages and disadvantages, gains or losses to the adult's quality of life, freedom or independence might result from these actions (E.g., in the event of increased supervision, change of home, statutory intervention)	
e) Risks to other people – recommended actions (Consider risk to other adults, carers, children, and alleged abuser. Consider actions such as police and/or Care Inspectorate investigation of allegations, Carer's Assessment, alert to home or centre managed in respect of other service users, additional risk assessments, referral to child protection or criminal justice)	

Any further comment 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:	
If no signature, say why:	

Risk assessment discussed with manager?	Yes/No
Date:	
Agreed immediate actions to be taken:	
<u>Communication Requirements – please ensure completion of final column of page 2</u>	

Signature of Assessor:	
Date:	
Signature of Manager:	
Date:	

NOTIFICATION REQUIREMENTS

Agency/Person	Requirement to Notify?	Date Notified
SCSWIS	Yes/No	
Mental Welfare Commission	Yes/No	
Office of Public Guardian	Yes/No	
Service Manager/Director/ASP Lead Officer	Yes/No	
Critical Incident Review Group	Yes/No	

Falkirk Council Adult Support & Protection- Initial Case Conference - Actions
--

NAME:		DATE OF BIRTH	
ADDRESS			
SWIS NO			
DATE OF MEETING			
VENUE			

ATTENDANCE AND APOLOGIES			
PRESENT			
APOLOGIES			

ACTIONS		
Action	Responsibility	Timescale

DATE OF NEXT MEETING

CHAIR PERSON:	Date typed:
	Ref:

PROTECTION PLAN (STANDARD) FORM AP3

NAME:	SW ID NO:	DATE OF BIRTH:
OBJECTIVES:		
OUTCOMES REQUIRED	ACTIONS TO MEET OUTCOMES	BY WHOM, HOW AND WHEN

DATE OF COMPLETION:

LEAD PROFESSIONAL:

DESIGNATION/AGENCY:

DATE FORM ISSUED:

DATE OF REVIEW:

SEE SEPARATE SHEET FOR DETAILS OF ALL INVOLVED

PROTECTION PLAN (STANDARD) FORM AP3

Details Of All Involved

NAME	DESIGNATION	CONTACT DETAILS

PROTECTION PLAN (COMPREHENSIVE) FORM AP4 ADULT SUPPORT & PROTECTION

Protection Plan

This form must be used when allegations of harm/exploitation have been made and an Adult Protection Case Conference has been 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	
-------------	--

1 PERSONAL DETAILS – ADULT AT RISK

First Names:			
Surname:			
Date of Birth			
PID No:		CHI No:	

2 AGENCY/STAFF INVOLVEMENT

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

3 ACTIONS

DATE:

Support & Protective Services

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, with adult, advocates, unpaid carers, attorneys and guardians, as appropriate

Actions & Roles	Responsibility	Timescales/ Deadlines	Intended Outcomes
Support, treatment, therapy (specify services)			
Control measures (including any legal action)			
Direct contact with person			
Risk management with perpetrator			
Information sharing arrangements			
Risk management co-ordination			
Other actions			
Other actions			

4 VIEWS & ROLES OF ADULT AT RISK & OTHERS

DATE:

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 is 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	Names & Designation	Sent Copy of Protection Plan	Date
Adult at Risk		Yes/No	
Nearest relative/carer		Yes/No	
Named person		Yes/No	
Advocate		Yes/No	
Social work staff		Yes/No	
Support agency		Yes/No	
Community health		Yes/No	
GP		Yes/No	
Consultant		Yes/No	
Police		Yes/No	
Housing		Yes/No	
Legal representative		Yes/No	
Attorney/Guardian		Yes/No	
Other		Yes/No	
Other		Yes/No	

7 REVIEW ARRANGEMENTS

Review Date:	
Review Location: (if known)	

Protection Plan approved as accurate and confirmed copied to set agencies and Core Group members

Signed by Case Conference Chair::	
Date:	

Falkirk Council
Social Work Service



Falkirk Council

Adult Support and Protection
Application for a Warrant to a Sheriff
or Justice of the Peace

ADULT SUPPORT AND PROTECTION (Scotland) Act 2007 APPLICATION FOR A WARRANT TO A SHERIFF

Warrants must **always** be sought from a sheriff except in "urgent cases", see s40, where in special circumstances application may be made to a Justice of the Peace instead of a sheriff. The application to the sheriff would be made by one of the council's solicitors, with the relevant "council officer" (and others if relevant e.g. allocated worker) attending to answer any questions from the sheriff.

There are 2 situations: one is a warrant for entry; the other is a warrant for entry additional to another order (e.g. an assessment order or a removal order must always also grant a warrant for entry). The section on warrants links up to other sections so the criteria relating to all the relevant sections must be carefully considered.

What does the warrant authorise'?

S.37 of the Ad deals with "warrants for entry". A "warrant for entry" authorises a council officer, with a police constable, to visit any place listed in sections 7 or 16. The constable is authorised to use reasonable force where necessary "to fulfil the object of the visit". This may include opening lock fast places (It may be necessary to arrange a joiner to subsequently make safe the premises).

The warrant expires 72 hours after it is granted, and does not allow anyone to remain in the place they have obtained entry to beyond the period of 72 hours.

Criteria

S.7 of the Act deals with "visits" (and "visits" are linked to s.4. "a council's duty to make inquiries", and to s.36 "visits: supplementary provisions", and also of course to the principles and definitions contained in sections 1, 2, and 3 which are also relevant.). A Sheriff may grant a warrant for entry if satisfied, by evidence on oath, that the council officer has been, or reasonably expects to be refused entry to or otherwise be unable to enter the place concerned, or that any attempt by a council officer to visit the place without such a warrant would defeat the object of the visit.

S.38 (1) states that: "a Sheriff who grants an assessment order must also grant a warrant for entry in relation to a visit under section 7 of a place from which a person may be taken in pursuance of the assessment order."

S.39 (1) states that "a sheriff who grants a removal order must also grant a warrant for entry in relation to a visit under section 16"

FORM OF WARRANT APPLICATION (SHERIFF)

An act of sederunt (2008 NO 335) in Rule 3.35.7 states that an application for a warrant for entry under s. 38 (2) shall be in Form 35, and the application may be granted without a hearing. This form is signed by a council solicitor.

FORM35

**FORM OF APPLICATION FOR WARRANT FOR ENTRY UNDER SECTION 38
(2) OF 'TI-JE ADULT SUPPORT AND PROTECTION
(SCOTLAND) ACT 2007**

**SHERIFFDOM OF TAYSIDE, CENTRAL, AND FIFE
AT FALKIRK**

Falkirk Council, incorporated
under the Local Government etc
(Scotland) Act 1994 and having
their principal place of business
at Municipal Buildings, West Bridge Street, Falkirk FK1 1SRS
Applicant

The applicant craves the court to grant a warrant for entry in terms of section 37 and 38(2) of the Adult Support and Protection (Scotland) Act 2007 to (state address of specified place to which entry is sought).

STATEMENTS OF FACT

(State in numbered paragraphs the facts on which the application is made, with reference to the criteria in section 38(2) of the 2007 Act, and include:

1. The designation of the adult at risk concerned
2. The adult's place of habitual residence.
3. The address to which entry is sought.

N.B. This section would include the evidence as to why the warrant is required.

**ADULT SUPPORT AND PROTECTION (Scotland) Act 2007.
APPLICATION FOR A WARRANT TO JUSTICE OF THE PEACE (JP)**

Application should be made to the Sheriff whenever possible. However Section 40 allows the council, in urgent cases, to apply to a Justice of the Peace instead of a Sheriff for a warrant for entry in respect of visits under Section 7. The council can only make application to a Justice of the Peace where they consider that:

- it is not practicable to apply to the Sheriff; and
- an adult at risk is likely to be harmed if there is a delay in granting the warrant.

This form can be signed by a Council Officer however a Falkirk Council solicitor will be available for advice if required. For situations arising after hours/out of hours EDT should be contacted on 0845 277 7000 as out of hours contact numbers for the Sheriff Court and a solicitor are available.

Section 38 (2), provides that the justice of the peace must also be satisfied that the council officer;

- has been or reasonably expects to be refused entry or otherwise unable to enter, or
- that any attempt to visit the place without such a warrant would defeat the object of the visit.

Under Section 40(8), a warrant for entry granted expires **12 hours** after it is granted. Under

current legislation, there is no right to appeal to the Sheriff against the grant of a warrant by a Justice of the Peace.

To make an application to a Justice of the Peace complete the following application form (JP01). The Sheriff Court should be contacted by telephone to arrange a hearing before a Justice of the Peace (01324 620822).

Contact should also be made with Central Scotland Police to discuss the arrangements for enforcing the warrant if granted.

If the Justice of the Peace approves the application the warrant will be granted and a written warrant signed by the Justice of the Peace will be available from the Court, An example of the warrant is at page 7 of this guidance (JOP02) and a copy of it can be taken to The Justice of the Peace Court at Falkirk on the basis that the Justice of the Peace may find it convenient to use the same for the warrant. Any warrant granted in this way will expire after 12 hours so a visit to the premises accompanied by a Police Officer should be undertaken as soon as practicable.

The accompanying Police Officer do anything, using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit and this may include opening lock first places. (It may be necessary to arrange for a joiner to subsequently make safe the premises).

APPLICATION FOR WARRANT FOR ENTRY

**in Relation to a Visit
Under Section 40(1)(b) of The Adult Support and Protection
(Scotland) Act 2007**

Commission area of Central, Tayside and Fife
At Falkirk

I, (*insert name*), being an authorised Council Officer appointed by Falkirk Council, having its principal place of business at Municipal Buildings, West Bridge Street, Falkirk, FK1 5RS hereby apply for a Warrant of Entry to the undernoted place, and any adjacent place at

..... (*insert address*)

for the purposes of inquiries being made by Falkirk Council under Section 4 of the 2007 Act into the case of

.....(*insert name and address of person*).

It is necessary to enter the above place, and any adjacent place, for the following reasons: (*continue on a separate sheet if necessary*) [1]

A Council Officer has been/or reasonably expects to be refused entry to...../

*is otherwise unable to enter the place concerned/ Or
(**please delete as appropriate*)

*believes that any attempt by a Council Officer to visit the place without a Warrant would defeat the object of the visit because:

I consider that making an application to the Sheriff is not practicable and that the adult at risk is likely to be harmed if there is any delay in granting such an Order or Warrant for the following reasons:

Applicant (Signed):

Address:

Date:

WARRANT FOR ENTRY UNDER THE ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT' 2007

Commission area of Central, Tayside and Fife
At Falkirk

Name of the person who is the subject of the inquiries

At (address)

I, (Justice of the Peace)
having heard evidence on oath from (name(s))

Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk, FKJ 5RS

and being satisfied on the information provided that for the purposes of inquiries by said council under section 4 of the 2007 Act it is necessary to enter the specified place, and any adjacent place, at

.....(insert address)

By virtue of the powers conferred on me by section 40(5)/40(6) of the above Act, hereby AUTHORISE

(1) Authorised council officer (name)

Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk, FK I 5RS

(2) Any constable of
(name of the force maintained for the area in which the place is situated)

to enter the specified place, and any adjacent place.
Said warrant to remain valid for the period beginning from this date and time until (12 hours from the time of granting).

And further providing authority to any such constable, to do anything, using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit.

Signature (Justice of the Peace)

Date/Time

ADULT SUPPORT AND PROTECTION (Scotland) Act 2007 APPLICATION FOR A REMOVAL ORDER TO A JUSTICE OF THE PEACE

A removal order authorises entry to a designated place and the removal of the adult at risk of serious harm to a suitable place. The purpose of a removal order is to assess the adult's situation and to support and protect them. **The order does not authorise the detention of the adult therefore the adult is free to leave at any time.**

One example of when a removal order may be applied for could be where the adult has complex care needs and their spouse is in the early stages of dementia and is clearly not coping with his/hers caring responsibilities. Attempts have been made to put in services to support them but the spouse has refused. The adult is likely to suffer serious harm as a result. A removal order would allow the adult to be taken to a suitable place for the purpose of allowing a bath or re-hydration and a risk assessment and risk management plan to be put in place.

There is no requirement under the Act for the council to have previously arranged a visit under Section 7, or any other order prior to making application for a Removal Order.

The council must protect any property owned or controlled by an adult who is removed under an order.

Under Section 40 a Justice of the Peace can only grant a Removal Order if;

- it is not practicable to apply to the Sheriff and
- is satisfied that the person for whom the application is made is an adult at risk and that person is likely to be seriously harmed if there is a delay in granting the order and the adult is not moved to another place, and that the place to which the adult at risk is to be moved is available and suitable.

For situations arising after hours/out of hours EDT should be contacted as out of hours, contact numbers for the Sheriff Court and a Falkirk Council Solicitor are available. The application must be signed by a solicitor.

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

- that the affected adult at risk has been unduly pressurised to refuse consent; and
- that there are no steps which could reasonably be taken with the adult's consent which would protect the adult from harm which the order or action is intended to prevent.

Undue pressure may be applied by an individual who may or may not be the person suspected of causing the harm but who does not, for whatever reason, wish the council to apply for an order and may consequently place undue pressure on the affected adult to refuse consent. Undue pressure may also be applied by a person that the adult is being threatened by or is afraid of.

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

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

The Removal Order authorises a council officer or any council nominee, to move the specified person to a specified place. (However it should be noted that only a council officer and a police constable -- i.e. those persons specifically authorised by the Sheriff/Justice of Peace - may enter any place under the warrant for entry in order to remove the adult, if necessary, under Section 16). A Justice of the Peace who grants a Removal Order must also grant a warrant of entry in relation to a visit under Section 16, as applied by Section 40(5).

Under Section 37, a warrant authorises a specified council officer to visit any place specified in the warrant accompanied by a constable. The accompanying Police officer may do anything, using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit and this may include opening lock fast places. (It may be necessary to arrange for a joiner to subsequently make safe the premises).

Under Section 40 of the 2007 Act:

- A warrant for entry expires 12 hours after it is granted.
- The adult at risk must be removed, d within 12 hours.
- The Removal Order must specify a period of no longer than 24 hours as the period within which the Order is to have effect.

Under Section 17 the Sheriff may vary or recall the Removal Order if satisfied that the variation or recall is justified by a change in the facts or circumstances in respect of which the order was granted or, as the case may be, last varied. **There is no right of appeal against the granting or refusal to grant a Removal Order.**

The following form (JP03) may be used to make an application to a Justice of the Peace. The application must be signed by a **Council Solicitor**. Contact should also be made with Central Scotland Police to discuss the arrangements for enforcing the warrant if granted.

If the JP approves the application the Removal Order will be granted and the warrant will be granted. An example of a Removal Order is at page 10 (JP04) and a copy of it can be taken to The Justice of the Peace Court at Falkirk on the basis that the Justice of the Peace may find it convenient to use the same for the warrant.

Any warrant granted in this way will expire 12 hours after the warrant is granted, and under the Removal Order the Adult at Risk must be removed within 12 hours so a visit to the premises accompanied by a Police officer should be undertaken as soon as practicable.

**APPLICATION FOR REMOVAL ORDER UNDER SECTION 40(I)(A)
OF THE ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT
2007**

Commission area of Central, Tayside and Fife
At Falkirk

I, (name),
Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk, FK 1 5RS
hereby apply for a warrant to enter the place, and adjacent place, at

..... (address)

and an order to remove (name of subject of the application) by
Council Officer/Council nominee Falkirk

Council, Municipal Buildings, West Bridge Street, Falkirk FK1 5RS
(designation, name and address of person to move subject)

to the following place
.....(address)

on the following grounds:-

Statement or evidence to that effect on whether the adult at risk is considered to be incapable of
consent or otherwise:

The subject of the order *does/does not* consent to the order *for the following reasons* (if not
consenting):

I consider that the place to which the adult at risk is to be moved is available and
suitable for the following reasons:

I consider that making an application to the sheriff is not practicable and that the adult at
risk is likely to be harmed if there is any delay in granting such an order or warrant for the
following reasons:

Applicant (Signed - Solicitor for the Pursuer)

Address

Date

**REMOVAL ORDER UNDER SECTION 40(3) OF THE
ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007**

IN RESPECT OF:-

Name (the subject of the order)

I
,

Having on this date examined (name and designation of Council Officer) on oath and being satisfied on the information provided. By virtue of the powers conferred on my by section 40(3) of the said Act, hereby AUTHORISE

(1) council officer

Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk, FK15RS
.....,, ,, , . *council nominee (name and designation)

Falkirk Council, Municipal Buildings, West Bridge Street, Falkirk, FK15RS
..... (address)

(2) To remove the subject of the order the following place within 12 hours of the granting of this order.

Address of place:

(3) Period within which order no longer has effect (not exceeding 24 hours)

Signature (Justice of the Peace),,

Falkirk

Date Time

Additional notes relating to completion of JPO1, JP02, JP03, JP04.

The numbers correspond to those noted in the forms.

1. Continue on separate sheet if necessary.

Delete as appropriate.

2. Delete as appropriate.

40(5) --warrant for entry in relation to Removal Order.

40(6)- warrant for entry granted in relation to a visit under Section 7 of the Act. Delete as appropriate

3. Continue on separate sheet if necessary.

4. Where appropriate, evidence produced.

5. Delete where appropriate. Where the adult has capacity to consent and does not consent, evidence that the subject has been unduly pressured, per Section 35 of the Act, must be provided.

6. Additional written evidence may be attached to this application.

These forms are also available from the shared drive for completing as a word document if required.

For further information see the Scottish Government Website:

[http:1/www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/ASPJPguide](http://www.scotland.gov.uk/Topics/Health/care/adult-care-and-support/legislation/Resources/ASPJPguide)

Adult Support & Protection Core Group Minute

Date : Name of Adult at Risk :

Time : SWIS.I.D

Location :

Present :

Apologies :

1. Dates adult seen by the lead worker since last Core Group/Case Conference

2. Significant events since the last Protection Plan

3. **Action points achieved from Protection Plan**

4. **Action points still to be achieved**

5. **Has the risk to the adult increased/decreased**

6. **Any additions/changes to the Protection Plan**

7. **Recommendation to review [if applicable]**

8. **Date of next Core Group/Review Case Conference**

Minute produced by:

Date :

Signed :
Received by ASP Lead Officer

Date :

Signed :