



Adult Support & Protection: Ensuring Rights & Preventing Harm

Level 1

Workshop Booklet

INTRODUCTION TO WORKSHOP BOOKLET

This Booklet contains all the materials presented in this Level 1 workshop as well as some relevant additional information (see Appendices). These have been made available in order to help you to understand your own role and responsibilities in responding to any situation in your work with the City of Edinburgh Council, as required by our Policies and Procedures, where you encounter someone who you suspect might be an 'adult at risk of harm'. (defined in the Adult Support and Protection (Scotland) Act 2007).

This half day workshop is designed to provide an opportunity for participants to share experiences and ideas in relation to their work with adults at risk of harm. There will normally be staff from a range of backgrounds and Council jobs in attendance, who will have different views and experiences, which are all equally valid.

Many of the situations we will be exploring do not have straightforward solutions and may be distressing, both personally and professionally. Talking about these in this environment can cause some to reflect on previous unhappy experiences. It is important to highlight the need for sensitivity and anonymity if real life situations are being discussed, and to keep any personal information shared confidential.

There are 2 discussion exercises sessions in the workshop where brief examples of adult protection issues are explored. Most are fictional, but some are based on real life cases. Where this is the case, details have been altered to ensure confidentiality. There is also a DVD produced in 2009 jointly by Scottish Care, Workforce Initiative of the Private Care Sector and funded by the Scottish Government. Workshop trainers may use a combination of the materials from these exercises and the Tell Someone DVD to promote discussion and further consideration of the important messages of this session.

Workshop Programme

9:15	Welcome & Introductions
9:20	Learning Outcomes/Discussion Exercise 1
10:00	Legislation, Procedures & Guidance
10:15	Who is an adult at risk, what is harm?
10:45	Tea/ Coffee break
11:00	Interagency Guidelines: dilemmas re information-sharing
11:15	The Adult Support & Protection Investigation/Case Conference
11:30	Discussion Exercise 2
11:45	Tell Someone DVD
12:15	Evaluation & Finish

Booklet contents based on workshop slides.

[Adult Support and protection learning outcomes and discussion exercise 1.](#)

[Legislation, procedures and guidance.](#)

[Summary of steps to take in responding to concerns.](#)

[The adult support and protection case conference.](#)

[Key messages.](#)

Appendices.

[Discussion exercise 1](#)

[Discussion exercise 2](#)

[Significant legislation that governs how we should work with people.](#)

Adult Support & Protection Level 1 Learning outcomes:

[\[<<back to contents\]](#)

to find out about ...

- the principles of adult support & protection legislation
- who is an adult at risk
- types & patterns of harm
- your duty to report concerns about actual or suspected harm
- procedures & guidelines for reporting adult protection concerns
- your responsibility to identify whom to report concerns to

during this session we will :

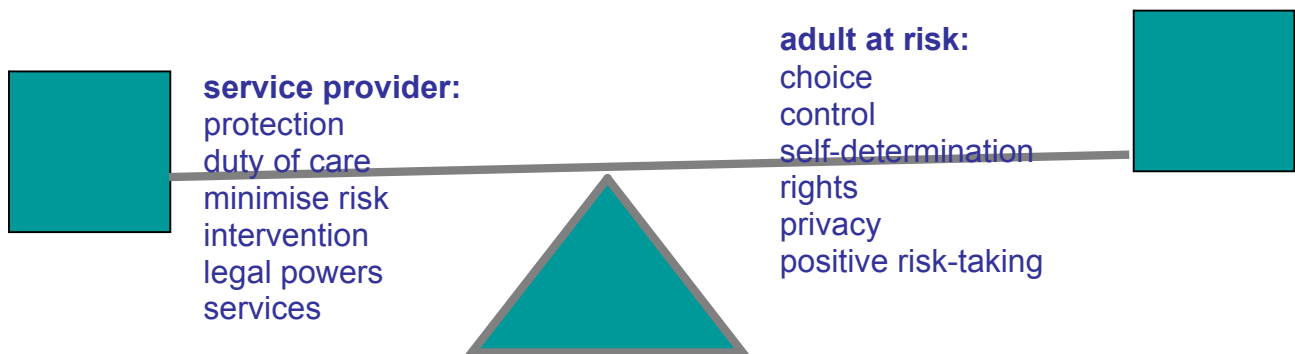
- explore legislation, local guidance & Council procedures that help us to respond to the needs of adults who may be 'at risk of harm'
- describe procedures for reporting concerns

Exercise 1

Individually: read scenarios, then rate on scale from 1 to 7, give different rating to each.

In groups: compare results, then discuss your choices & why you rated them as you did. What concerns & issues influenced your ratings?

Balancing the duty to protect with human rights



Legislation, Procedures & Guidelines

[\[<<back to contents\]](#)

Legislation: laws which define what we must do

Guidelines: good practice guidance to help us apply legislation correctly

Procedures: instructions laid out by our employer to guide our practice & to ensure we meet our legal duties.

Significant Legislation:

Human Rights Act 1998

- each of us is entitled to have our basic human rights respected, but equally, we must respect the rights of others
- human rights may be described as most basic & fundamental values on which our society has been built
- these include rights to: life, freely express your views, respect for your private & family life, liberty & security of person

It is unlawful for "public authorities" to act in a way which is incompatible with the European Convention of Rights

- as well as protecting a person's right to live his/her life peaceably & without fear, a local authority must respect the manner in which a person chooses to live his/her life
- if able to exercise the right to choose, an individual should be allowed to do so even if this results in their choosing to remain in a situation which may be seen as detrimental
- every effort must be made to inform an individual of the consequences of choices they make & to provide information

Regulation of Care Act (Scotland) Act 2001

Principles: care providers shall ...

- provide services in manner which promotes & respects the independence of service users
- so far as practicable, afford choice in the way a service is provided
- make proper provision for the health & welfare of service users
- provide services in manner which respects the privacy & dignity of service users

Adults with Incapacity (Scotland) Act 2000

Makes provision to intervene to protect the property, finances &/or welfare of adults who lack capacity

Incapacity is defined as when person is incapable of:

Adult Support & Protection: Ensuring Rights & Preventing Harm Level 1

- acting on *or*, making decisions on *or*, communicating decisions *or*, understanding decisions *or*, retaining the memory of decisions
- by reason of mental disorder or communication difficulty that cannot be rectified by human or mechanical means

Capacity is situation-specific: a person may not be able to make clear decisions in one area of their life but can do so in another.

1st piece of Scottish legislation with Principles to guide practice when using this Act.

Contains measures to protect people with a mental disorder when necessary for detention, care & treatment. Also has Principles to guide practice.

Adult Support & Protection (Scotland) Act 2007

- gives legal definition of '*adult at risk of harm*'
- outlines principles for intervention
- highlights Councils' duty to inquire & investigate
- describes legal duty for co-operation between all statutory agencies
- gives duty to consider support services such as independent advocacy
- provides legal measures - Protection Orders, warrants for entry, duties to visit, interview, examine

Adult Support & Protection (Scotland) Act 2007:Principles:

public body/office holder must be satisfied that an intervention:

- will provide benefit which could not reasonably be provided without intervening in the adult's affairs
- is the least restrictive to the adult's freedom
- takes account of the wishes of the adult
- takes account of views of people important to the adult
- promotes adult's participation as much as possible
- will not result in her/him being treated less favourably than an adult not at risk
- takes account of the adult's abilities, background & characteristics

Adult Support & Protection (Scotland) Act 2007:Who is an adult at risk?

Defined as someone 16 yrs. or over who:

1. cannot safeguard their own well-being or property
2. is affected by disability, mental disorder, illness or infirmity, & is more at risk of being harmed than other adults not so affected and
3. due to another person's conduct, is suffering or is likely to suffer harm

Known as '3 point test'

Adult Support & Protection (Scotland) Act 2007:What is "harm"?

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definition:

- conduct by another person that is causing or is likely to cause the adult to be physically or psychologically harmed
- unlawful conduct which appropriates or adversely affects the adult's property, rights or interests e.g. theft, fraud, embezzlement or extortion **or**
- conduct by the adult themselves that is likely to lead to self-harm

Guidance:

- SSSC Codes of Practice or Conduct
- National Care Standards
- Care Commission Reports
- Complaints & Comments Procedures
- Advocacy Services
- Adult Support & Protection: Ensuring Rights & Preventing Abuse

SSSC Code of Practice

Sets out standards of conduct for social care staff who must:

- protect the rights & promote interests of users
- establish & maintain the trust & confidence of service users & carers
- promote independence of service users while protecting them from danger or harm
- respect service users whilst seeking to ensure their behaviour does not harm themselves or others
- uphold public trust & confidence in social services
- be accountable for quality of your work & take responsibility for maintaining & improving your knowledge & skills

Health & Social Care Adults at Risk: Policy & Procedures

- policy gives statements of principle & standards adopted by the Council
- procedures outline actions required of staff to meet legal requirements & professional standards when reporting an adult protection concern
- can be found on Intranet/Orb

Interagency Guidelines

Provide information & advice on:

- how, when & where to get assistance
- possible signs that harm is occurring
- legal information
- services available to adults at risk
- partnership working with different agencies to protect people at risk e.g. NHS, Police

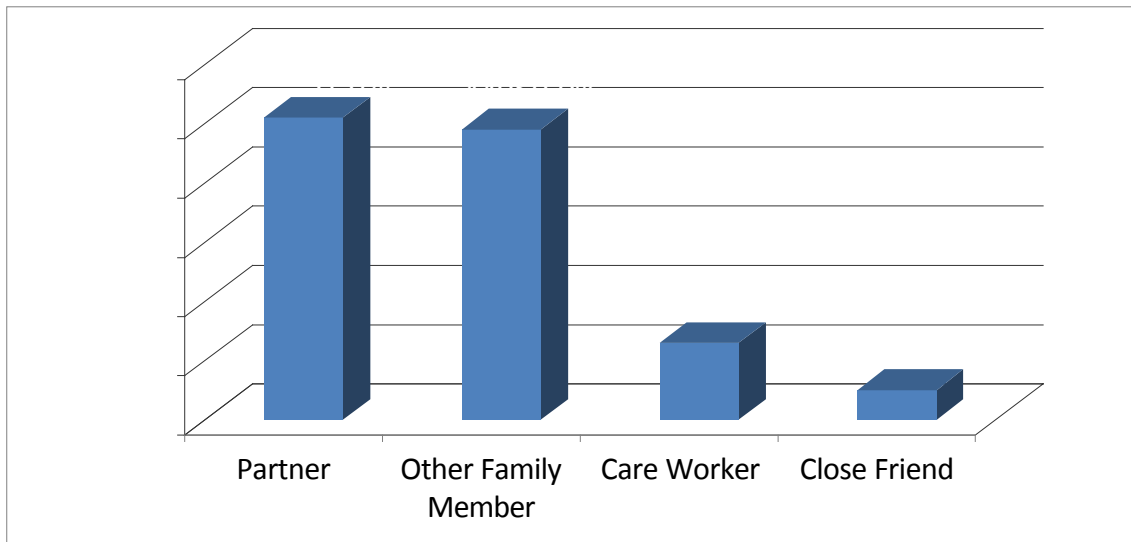
Interagency Guidelines:What is harm?

- a violation of an individual's human & civil rights by any other person or persons

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- wrongful application of power by someone in a dominant position
- situation that involves elements of a power imbalance, exploitation & absence of full consent, whether in an institution or in the home
- may involve acts of commission or omission

Sources of harm



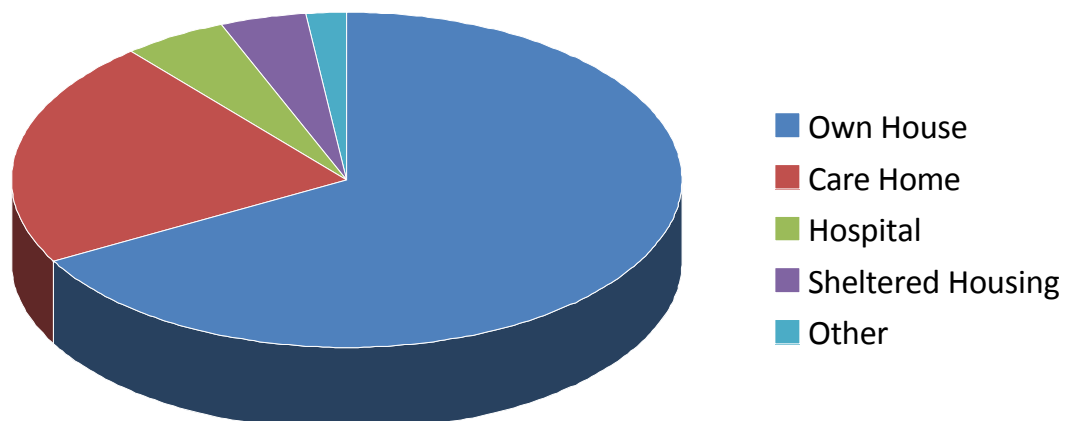
UK figs % of the population: UK Study of Abuse & Neglect of Older People, National Centre for Social Research, King's College London - June 2007 Note: respondents could mention more than one person. Ref. from Tell Someone 2009

Interagency Guidelines: Forms of harm

- physical
- sexual
- financial or material
- psychological
- neglect & acts of omission
- discriminatory
- information
- human rights
- conduct that causes self-harm

Where harm may take place?

UK Figs % of the survey population:
Source: House of Commons Health Committee. Action on Elder Abuse 2004



Interagency Guidelines: Who may be an abuser?

- member of staff
- professional
- another service user
- neighbour
- spouse
- family member
- anyone

Duty to Report

- you must report suspicions or disclosures about an 'adult at risk' to your line manager.
- to not report is a failure in your duty of care.**

Procedure

- tell the adult about your duty to report concerns & seek her/his consent to action
- explain need to ensure their welfare & wellbeing
- consider other people whom alleged perpetrator may be working with as a carer or volunteer

Interagency Guidance: Dilemmas ...

What if the person says I want you to promise you won't tell anyone else?

Never promise to keep a "secret"

A recommended response:

All information about you is confidential within the staff team involved in your care. But, if you tell me about you or someone else being at risk of harm, I have a duty to report this to my line manager. It is also important that you know that this information may be shared with other professionals.

Interagency Guidance: Dilemmas

What if the adult has capacity but does not want action taken & they are a tenant, resident, service user of a statutory, voluntary or private service?

It is important that any suspected or actual incident of harm is reported, regardless of the wishes of the adult at risk, as this incident may affect the safety of others & /especially where the alleged perpetrator is a member of staff

If person does not want action taken:

- their wishes must be respected unless they lack capacity to recognise the harm
- or**
- it is suspected that they are being "unduly pressurised"

If person does not give consent for action:

- discuss with your line manager

Adult Support & Protection: Ensuring Rights & Preventing Harm Level 1

- if manager is unsure of person's capacity or if others may be at risk, she/he should contact: Social Care Direct or the Emergency Social Work Service.

Emergency Services: may be required if the adult appears to be in immediate physical danger or there is evidence of physical or sexual abuse.

Note: if it is suspected that a crime may have been committed, do not tamper with evidence or ask a lot of questions of the adult. **Remember:** it is the job of the Police to collect evidence.

***staff should never put themselves at risk*

Record action taken

Duty to Report to Line Manager

- report suspected/actual harm to your supervisor/line manager without delay
- if your manager is not available, report to a suitable alternative manager
- fully describe the circumstances of the situation
- identify action to be taken
- record discussion, with whom & conclusions or actions planned

Your manager should take action:

- where there is an imminent threat to the adult
- where there is an issue of public safety
- the potential perpetrator is a service provider
- when the adult's level of capacity is in question
- when the adult is being unduly pressured to remain in a harmful situation or to refuse help

What next?

Practitioner

- record discussion, decisions & actions
- continue to support adult at risk

Line Manager

- record discussion, decisions & action
- support staff member

Social Work Manager

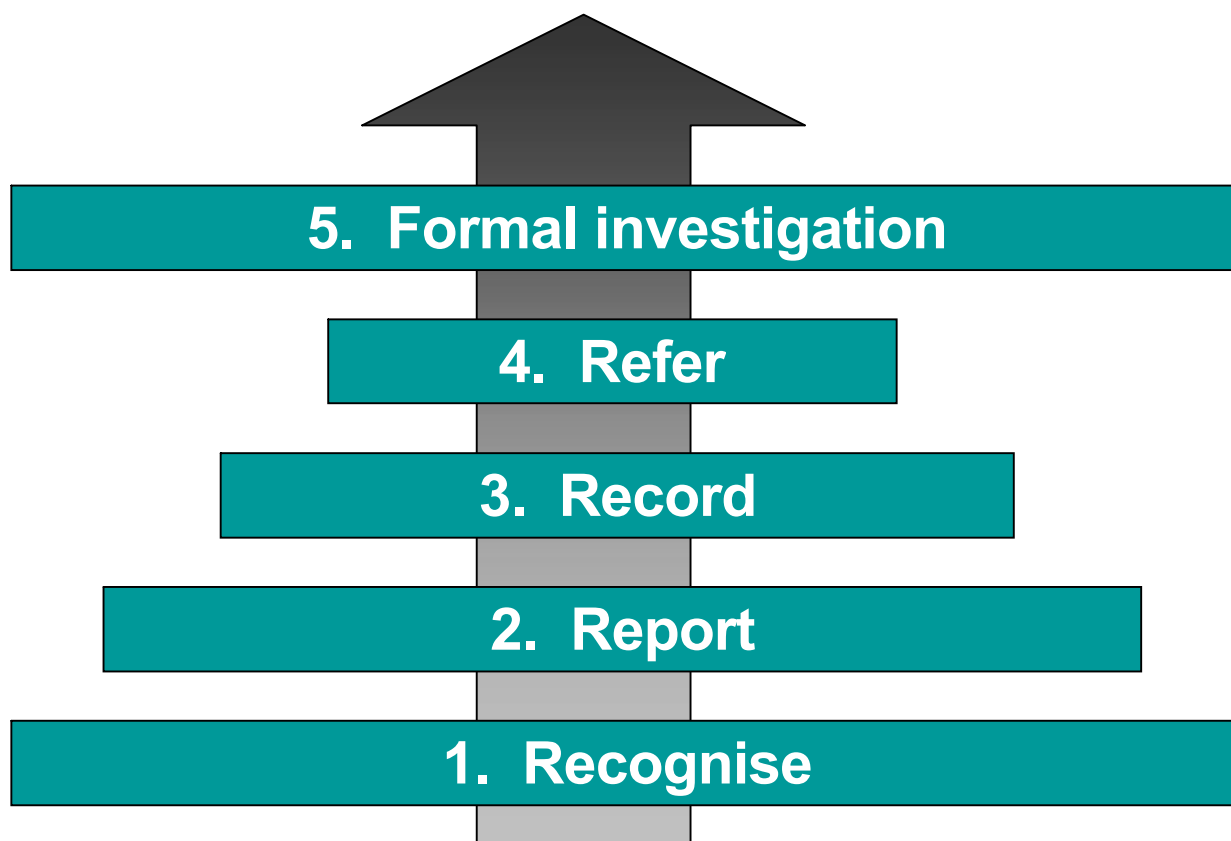
- Interagency Referral & Discussion (IRD)

Police

- consider Adult Support & Protection Case Conference

Summary of steps to take in responding to concerns

[\[<<back to contents\]](#)



Ref: Cross Reach 2008

The Adult Support & Protection Case Conference

[\[<<back to contents\]](#)

- multi-disciplinary meeting where information & concerns about harm/risk are shared & considered
- chaired by social work manager
- adult at risk is encouraged & supported to attend
- restricted access/3rd party information is discussed prior to attendance of adult at risk, family or others & is minuted separately
- if asked to attend, discuss your support needs with your line manager

Adult Support & Protection Plan

- made as outcome of Case Conference
- sets out actions to manage risk or prevent harm
- core group set up to ensure Plan is implemented
- contact person identified if concerns arise
- need to clarify own role in this Plan

City of Edinburgh Council Procedure: Reporting Staff Concerns (H&SC, C&F) (also known as "whistle-blowing")

- disclosure by employee of information which relates to danger, fraud, illegal or unethical conduct connected with the workplace
- outlines steps to take if you're worried your concerns not investigated or taken seriously
- employer should listen & treat you fairly

Appropriate Adult Scheme

- in 1998 the Scottish Govt. instructed Police Forces to put in place Appropriate Adult Schemes
- trained staff are provided by the local authority to help the police when interviewing adults who suffer or, are suspected of suffering, from a "mental disorder"
- trained to help when a person with a disability, severe communication problem or mental illness has to be interviewed because they are a witness, suspect or victim of crime

Appropriate Adult

- can be present throughout custody procedures, interviews, medical examinations & other investigations to facilitate communication & understanding
- is independent of police & interviewee
- does not advise person how to answer questions, does not prompt her/him or offer support after interview

The role also includes:

- assessing & aiding adult's understanding of interview & related processes
- monitoring adult's levels of stress & distress

- asking for interview to be suspended if necessary
- ensuring interviewee is not disadvantaged due to mental disorder

Exercise 2

Individually read allocated scenarios in Workbook appendix.

In groups discuss:

1. what worries you
2. who is at risk
3. what are the risks
4. what will you discuss with line manager
5. what are your expectations

KEY MESSAGES

[\[<<back to contents\]](#)

- locate Policy, Procedures & Guidance in your workplace
- identify manager to report concerns to
- advice always available from:
 - Social Care Direct/Practice Teams
 - Emergency Social Work Service
 - Adult Protection Officer
- keep detailed records of your actions & decisions

Tell Someone DVD produced by Workforce Initiative and Scottish Care & funded by the Scottish Govt 2009.

Go to <http://www.workforceinitiative.co.uk/tellsomeone/> for more information.

Discussion Exercise 1

[\[<<back to contents\]](#)

Case Scenarios

As with all case scenarios, these cases only contain a small amount of information. The aim is for you to discuss your initial feelings or perceptions and to share these in your groups.

Directions:

1. Individually: take 5 minutes to read each scenario then rate each on the scale from 1 to 7. Each case must have a different rating attached to it.

1 – LEAST concern 7 – MOST concern

Case	A	B	C	D	E	F	G
Rating							

2. In groups: compare results. Discuss the choices you have made and why you rated them the way you did. Consider the personal and professional values that may have influenced your ratings?
3. In your groups: consider the type of thinking that may stop us from sharing concerns when witnessing practices or incidents that may have a negative effect on the welfare of a vulnerable adult.

A George

Aged 92, George has lived on his own since his wife died. His family live a distance away. He employs a housekeeper who appears very domineering and has gradually taken over control of all of George's affairs. She actively discourages contact from his family. He seems anxious to please her and do as she says. Recently, she arranged for him to rewrite his will and leave all his estate to her when he dies. George says he couldn't possibly survive without her.

B Yasmin

28 yr old woman with learning disabilities, living with her parents. She attends a day centre where she recently told staff she wants to move into supported accommodation, like her friends have done. Staff are keen to support Yasmin and feel that this would be appropriate for her. However, her father view is that she should not leave home. He believes that she would be at risk of becoming pregnant and the family relies on the income from her benefits.

C Jessie

Aged 87, a frail, housebound person whose son, Graham, daughter in law and their 2 children live with her. A social worker visits the family home regularly. On more than one occasion, social worker has heard son shout at Jessie in an impatient and threatening manner. On one visit, she witnessed Graham giving Jessie a £1 coin and telling her the rest of her pension is for "her board." Graham collects her pension for her and Jessie confides in the social worker he has begun to take nearly all of her pension. She is now worried that she cannot pay her bills.

Appendices

D Gary

He is a young adult with learning disabilities who lives in temporary accommodation which is supported. He has developed a close relationship with Mark, one of the other residents. Support staff believe that Mark is the more dominant partner in the relationship and Gary may be vulnerable to being bullied. Recently, Gary has become prone to mood swings. One morning he arrived at breakfast with a black eye, severe bruising, and a gash to his face. When asked by staff what happened he didn't answer at first but, when pressed, said that Mark hit him.

E Rebecca

She is aged 58, has dementia, and lives in a care home. Her behaviour towards staff and other residents is becoming increasingly challenging. She is frequently aggressive and abusive to other residents. After breakfast one morning last week she accused another resident of going into her room and stealing her money. She raised her stick to strike the other resident in the face. A member of staff rushed to the scene, shouted at Rebecca to stop, tried to grab the stick off her but instead he hit her in the back of the head and knocked her over. Rebecca fell against a piece of furniture and broke her arm.

Staff have not had any training in managing challenging behaviour or physical intervention techniques.

F Heather

Aged 25, she lives in a supported hostel for people with a learning disability. A new staff member, John, started in the hostel 6 months ago. He has built up a close relationship with Heather and encourages her to go on outings and spends time with her. Heather enjoys the attention from him.

In the past few days, Heather has become withdrawn and anxious. She keeps asking staff who is going to be on duty at night. Today when questioned, Heather reported that one night last week, John came into her bedroom and raped her. He warned her not to tell anyone that he was her special friend. If she did, he would lose his job. He promised her that he would bring her a special present the next night that he was on duty.

G Annie

Aged 86, Annie took up residency in a care home 3 months ago. She has a diagnosis of Alzheimer's type dementia. Over the last few months, she has become increasingly frail and thin. Her clothes no longer fit her and she appears unkempt.

Her friend visits her weekly and remarks that Annie's appetite appears good as she always eats the sandwiches she gives her. You visit at lunchtime and see a staff member taking Annie's plate away before she has finished her meal.

Appendices

Discussion Exercise 2

[\[<<back to contents\]](#)

What would you do and why?

Scenario 1 Consuelo

Consuelo age 79 years suffers from dementia. Her parents emigrated from Italy to Britain when she was 15 years old. Her husband died many years ago and she now lives in a Care Home for older people. She is physically able but frequently becomes muddled in her thinking. She has no recognition of staff and frequently thinks she is in her own house which she moved from 2 years ago. Her daughter visits weekly.

On visiting the care home in relation to another resident, you see a care worker angrily push Consuelo from the dining room saying “I told you – you can’t come in here.” You witness her then being pulled by the arm and told to go to the sitting room. It is your impression that Consuelo has been handled “roughly.”

Scenario 2 Robert

Robert, age 42 has a mild learning disability and lives with his frail elderly mother, Mabel whom you visit to assess for bath aids. While you are chatting to his mother, she mentions that Robert has become friendly with several local primary school boys who he has invited back to the house. She says that nothing “untoward” has happened but she is concerned that they are visiting during school hours. She has also seen Robert giving the boys money. Mabel is not sure what to do.

Scenario 3 Angela

Angela is a 26-year-old woman who recently moved into a tenancy of her own for the first time. She lived in temporary accommodation after the death of her mother last year and received support from the Homelessness team. She has a mild learning disability but attended mainstream education. She has an older sister who lives in Perth.

You (the housing support worker) receive a phone call from someone who says she is Angela’s sister and is worried because Angela has become involved with a man who “is in trouble with the police.” She thinks this is to do with drugs. The sister states that on her last visit she noticed that Angela had a bruise on her wrist and what looked like burn marks on her forearm.

Appendices

Scenario 4 Annie

Annie is 74 years old and suffers from Chronic Obstructive Pulmonary Disease (difficulty breathing). She is overweight and has diet controlled diabetes. She lives in her own house with her son Henry. She receives home care x2 per week and on 2 occasions; they have witnessed Henry being verbally abusive and threatening to Annie and complain that she is “useless and dirty.”

An Adult Protection Case Conference was held after a home help reported that Annie told her Henry hit her and bruises were evident on her chin and wrist. Annie did not want her son to leave or to change her living circumstances; nor did she want action taken in regard to the assault. She agreed to more home care to help with her personal care and a weekly visit from the Community nurse to monitor her blood/glucose and general physical health.

Recently the home help has noticed alcohol on Henry’s breath and that he has been surly and uncooperative during her visits. Last Monday Henry refused to let her into the house. On Tuesday, she noticed Annie was anxious and upset, but she would not explain her distress. Once again, Henry is refusing to let the home help enter the house.

Scenario 5 Louise and her father Terry

Louise and her husband Colin have a Local Authority tenancy. They have 3 children, 2 boys at primary school and a 1 month old baby daughter. Louise’s father Terry moved in to the family home a year ago after the death of his wife. Louise requested a housing officer visit as they now no longer have room in their 3 bed roomed house for Terry.

Louise states the situation is urgent as her father and husband do not “get on.” Terry suffered from depression after the death of his wife and, although improved, he remains on medication. During the visit, you notice that Terry is anxious and talks in whispers to you, he tells you he is “fine” but that he is a “burden to his daughter and her family.” When Louise’s husband Colin arrives in the house, you and Terry hear Colin shout “what’s everyone fussing over that mad old git for?” Terry appears tearful.

Scenario 6 Stuart

Stuart is 20 years old and is in his 3rd week of serving his Community Service Order after a conviction for lewd and libidinous behaviour. He is shy but is gradually becoming more relaxed. He has suffered from depression and still takes medication for this. Last week he told you that his father is so ashamed of him that he takes his weekly benefits away and locks him in his room at night. Stuart says his father doesn’t want him going out and “making more trouble for the family.” Stuart says he dare not talk to his father about this as he is frightened his father will pick a fight with him. His father has hit Stuart before.

Significant Legislation that governs how we should work with people:

[\[<<back to contents\]](#)

Human Rights Act 1998

It is unlawful for "public authorities" to act in a way which is incompatible with the European Convention of Human Rights.

- the right to life
- freedom from torture and inhuman or degrading treatment or punishment
- freedom from slavery, servitude or forced or compulsory labour
- the right to liberty and security of person
- the right to a fair and public trial within a reasonable time
- freedom from retrospective criminal penalties and no punishment without law
- the right to respect for private and family life, for home and for correspondence
- freedom of thought, conscience and religion
- freedom of expression
- freedom of assembly and association
- the right to marry and found a family
- prohibition of discrimination in the enjoyment of convention rights
- the right to peaceful enjoyment of one's possessions
- the right to education
- the right to free elections
- the right not to be subjected to the death penalty

The Convention rights can be framed into two broad categories: **absolute and qualified:**

Absolute rights are those rights, which under no circumstances can be infringed. These include the right to protection from torture, inhuman and degrading treatment, and punishment (Article 3), the prohibition on slavery and enforced labour (Article 4), and the protection from retrospective criminal penalties.

Qualified rights are those rights which are subject to limitations and exceptions. These include: the right to liberty, to respect for private and family life, to freedom of expression, religion, assembly, and association, to the peaceful enjoyment of property and to some extent the right to education.

Interference with these rights is permissible only if what is done:

- is specifically authorised by the law;
- pursues a legitimate aim of social policy. The sorts of aims which are legitimate are the interests of **public safety**, national security, the protection of health and morals and the economic well-being of the country and the **protection of rights and freedoms of others**
- is necessary in a democratic society. This means that the interference must be compliant with the "principle of proportionality" and, therefore, any restriction of the Convention Rights must be proportionate to the legitimate aim pursued . As well as protecting the individual's right to live his or her life peaceably and without fear a local authority must also (within reason) respect the manner in which the individual chooses to live his/her life.

Appendices

An individual, if they are able to exercise the right to choose, should be allowed to do so even if this results in the individual choosing to remain in a situation which we may see as detrimental.

Every effort should be made to inform the individual of the consequences of the choices they have made and to provide information. There are some exceptions to this, for example if situation results in a criminal offence, or puts someone else at risk. This is discussed in more detail later in the pack.

Regulation of Care Act (Scotland) Act 2001

This Act established a system of care regulation in Scotland. The Care Commission are required by the Act to regulate certain care services. They do this by registering certain types of care services and regularly inspecting services to ensure that Regulations are being met. Regulations are lists of precautions and care practices that must be met. Regulations are made by the Scottish Government.

The Care Commission register and inspect services against a set of National Care Standards. The standards outline the quality of service that care service users have the right to expect. They have been developed with the intention that the quality of care provided and received throughout Scotland will be consistent. The standards also ensure that all care services will be measured against a set of general principles.

Adults with Incapacity (Scotland) Act 2000

Makes provision to intervene with regard to property, finances and welfare of adults who lack capacity. Incapacity is when person is incapable of:

- acting on *or*
- making decisions on *or*
- communicating decisions *or*
- understanding decisions *or*
- retaining the memory of decisions

By reason of mental disorder (this can include learning disability) or communication difficulty that cannot be rectified by human or mechanical means

Capacity is situation specific: e.g. adult can lack capacity to manage financial affairs but be able to make decisions as to suitability of accommodation.

Adult Support & Protection (Scotland) Act 2007 (Part 1)

This is a law to try to help people who are being harmed; this is because there are some people who might find it more difficult to stop harm from happening to them.

The Act calls people in this situation **“adults at risk”**: people aged 16 or over who:

- are unable to protect themselves,
- are at risk from harm,
- because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others.

Appendices

This does not mean that everyone with a learning disability, mental health problem or physical disability is always at risk. It means that there are certain people in this situation who find it more difficult to keep themselves safe.

Harm is defined by the Act as:

All harmful conduct, in particular:

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

This Act describes things that can be done to help keep adults at risk safe. These are:

- **Inquiries** – if the Council thinks someone is an adult at risk, they must make inquiries into the person's situation
- **Investigations** – the Council can visit the person, investigate concerns by asking to see records and if needed, asking for the person to have a medical examination
- **Protection Orders** – if there are no other effective means to prevent or stop harm - then the Council can apply to a sheriff for a Protection Order. There are 3 types
 - **Assessment Order** – to find out if someone is being harmed it may be necessary to interview or examine the person in another place.
 - **Removal Order** – if an adult at risk is likely to be seriously harmed if they remain where they are living the Council can ask for a Removal Order to take the person to another place for 7 days.
 - **Banning Order** – The Council (or the adult at risk) can ask a sheriff to ban someone from a certain place if it is likely that they will harm another person there.

The sheriff will **only** grant a Protection Order if it is clear that the reason the adult at risk is not agreeing to the action set out in the protection order is because someone else is **pressurising** them to say no.

Co-operation

It is now Law that the Council, Health Service, Police, and other public bodies such (e.g. Care Commission) must co-operate with each other to protect adults at risk of harm

Appendices

Guidance that governs how we should work with people:

Codes of Practice or Conduct

- Scottish Social Services Council – staff working in social care
- Health Professions Council: 13 professions, occupational therapists, physiotherapists, paramedics, podiatrists etc)
- Nursing and Midwifery Council – nurses, midwives
- General Teaching Council
- General Medical Council

National Care Standards & Care Commission Reports

Care Commission inspects and regulates non NHS care services

Complaints Procedures

Highlight areas which could be improved, offers recognition and resolution of complaints regarding service

Advocacy Services

Services which help service users to articulate their views and wishes.

Whistle blowing Procedures

Where normal reporting procedures are not available or effective, whistle blowing procedures support the individual to report concerns to senior managers.

Adult Support and Protection: Ensuring Rights and Preventing Harm

Lothian wide Interagency Guidelines which set out good practice in working with other agencies to ensure rights and prevent harm. These have been developed by a multi-agency group to assist workers to recognise when adults may be at risk from harm.

These guidelines give information and advice on:

- how, when and where to get assistance
- possible signs that harm is occurring
- legal information
- services that may be available to adults at risk of harm
- working with other workers/professionals from different agencies in order to protect people at risk. e.g. NHS, police

Appendices

Signs of Harm

- suspicious injuries
- unusual behaviour of carers
- allegation of abuse
- being left alone in risky situation
- frequent contact/referral to outside agencies
- prolonged interval between illness/injury and presentation for medical care
- living with someone who is known to pose a risk
- misuse of medication: not administering medicines as prescribed, over or under use of medicines
- unexplained physical deterioration e.g. weight loss, poor hygiene, sudden increase in confusion
- fear of another person
- fear of going home
- anxious or disturbed behaviour
- hostility/rejection by carer
- serious or persistent failure to meet needs
- unexplained shortage of money, bills not being paid
- difficulty in interviewing adult e.g. another adult unreasonably insists on being present
- staff delays in responding to resident's requests
- missing important documents
- pressure to have someone admitted to care

List is not exhaustive.

Responding to Disclosure of Harm

Do

- gather information sensitively, allow time for adult to recall and discuss their situation
- try not to show shock
- be aware of adults feelings, acknowledge presence of distress and fear
- reassure the person that they have done the right thing in talking to you.
- be aware of possibility of criminal offence and therefore if possible protect evidence
- if person needs emergency health treatment ensure this is called
- tell the person that you will discuss the information with your manager
- ensure the person knows that you and the service you represent will keep their wellbeing as their priority
- reassure the person where ever possible their views will always be sought and considered
- make a written record of what the person has told you

Appendices

Don't

- stop someone from recalling events or making a complaint
- badger person for more details – if more details are needed this can be done during subsequent investigation
- promise to keep secrets
- contact any alleged abuser or other alleged victims
- make promises you are unable to keep
- gossip to colleagues or service users about what you have been told

Principles of Recording

Staff should:

- obtain information legally and fairly
- respect the confidentiality of information given by a client or third party, in line with legislation and best practice and directorate policy: ***open access policy and guidance***
- clearly identify your name and designation e.g. sw, housing support worker
- the date and time of the entry should be included in the record
- record information promptly and accurately
- record information that is both necessary and relevant to the current situation or intervention (use it only in ways in fitting with the intervention)
- record information in plain language
- clearly distinguish between directly observed / verified information from unverified information.
- if giving an opinion or view, justify this by including what you base your opinion on, for example what you saw or witness that supports your opinion.
- if you make a mistake in your record, put one single line through entry. write "error" next to entry and sign.

Staff are responsible, for the duration of their involvement with a client, to ensure that the information held is current and accurate.

Restricted Information

A service user has the right to ask for access to records and information about them which is held by Council services. Some information may be classed as **Restricted: that is information restricted from access by the service user.**

Staff should ask agencies and third parties to specify whether they wish information, they supply to be restricted.

See policy: Open Access Policy and Guidance