
Procedure Title - Adult Protection

Management Information	
Lead Officer	Name: Kate Fennell
	Designation: Adult Protection Lead Officer
	Tel: 0131 529 2200 (x52200)
Lead Service Area	Chief Social Work Officer
Date Agreed	01 September 2010
Last Review Date	18 November 2016
Next Review Date	18 November 2017
Agreed by	EMT Adult Protection Committee
Has Screening for Equality Impact been undertaken for this procedure	Yes/No: No Date: n/a
Has Implementation and Monitoring been considered for this procedure	Yes/No: No Date: n/a
If appropriate has Health and Safety section had oversight of this procedure	Yes/No: No Date: n/a
Name of Health and Safety contact	n/a

Definition: Procedure – An agreed method or approach to comply with Policy, Legislation and Departmental Decisions.

This document may be out of date if printed, the latest version is available on the Council Intranet.

Table of Contents	Page
1. Purpose	3
2. Scope	3
3. Definitions	3
4. Actions	5
4.1 <i>Adult Protection concerns reported to the Council</i>	5
4.2 <i>Adult Protection concerns identified by Council staff</i>	6
4.3 <i>Adult Protection concerns identified by Health and Social Care Staff</i>	6
4.4 <i>Adult Protection concerns identified by Advice and Complaints</i>	7
4.5 <i>Adult Protection concerns identified by NHS Lothian and Police Scotland</i>	8
4.6 <i>Outcome of Adult Protection inquiries</i>	8
4.7 <i>Adult Support and Protection (ASP) interviews</i>	8
4.8 <i>Adult Support and Protection Care Service investigations</i>	10
4.9 <i>Incidents between Service Users</i>	11
4.10 <i>Conducting the Investigation</i>	11
4.11 <i>Inter-agency Referral Discussion (IRD)</i>	14
4.12 <i>Outcomes of Adult Protection Investigations</i>	17
4.13 <i>Adult Protection Case Conferences</i>	18
4.14 <i>Protection Orders</i>	21
4.15 <i>Procedure for a Large Scale Investigation (LSI)</i>	24
4.16 <i>Procedure for a Critical Incident</i>	25
4.17 <i>Domestic Abuse</i>	26
4.18 <i>Forced Marriage</i>	27
4.19 <i>The Role of the Council's Communications Team in Adult Protection</i>	27
4.20 <i>Adult Protection Recording</i>	28
5. <i>Responsibilities</i>	28
6. <i>Policy Base (including hyperlinks)</i>	28
7. <i>Associated Documents (including hyperlinks)</i>	29
8. <i>Record Keeping</i>	29
<i>Appendix 1: Adult Support and Protection (ASP) Process Chart</i>	30
<i>Appendix 2: Notification of Incidents between Service Users</i>	35

This document may be out of date if printed, the latest version is available on the Council Intranet.

1. PURPOSE

Adult Protection aims to ensure that all adults who are unable to protect themselves because of disability or infirmity get the help and support they need to stay safe. This document details the procedures to be followed by staff when seeking to protect adults at risk and should be read in conjunction with the [Adult Protection Policy](#).

2. SCOPE

Every member of staff within the City of Edinburgh Council who has concerns about the safety of an adult at risk **must** share these concerns with their line manager and decide on a course of action in keeping with these procedures.

Anyone outwith the City of Edinburgh Council who has concerns about the safety or welfare of an adult at risk should, without delay, contact the Department of Health and Social Care or Police Scotland.

Members of the public may prefer to contact a health professional to pass on their concerns. Where this is the case, the health service professional will direct the information to the person in the NHS who has the responsibility to communicate directly with the other two partner agencies, the Police and the Department of Health and Social Care.

These procedures direct all staff of the City of Edinburgh Council in what **must** be done in dealing with concerns about the safety of adults who are at risk of harm. They augment the multi-agency guidance, "[Adults Support and Protection: Ensuring rights and preventing harm](#)".

The definitions of the [Adult Support and Protection \(Scotland\) Act 2007](#) have been integrated into these procedures. This legislation came into affect on 29 October 2008 and imposes certain duties on local authorities.

Any deviation from these procedures must be made in discussion with a manager and must be recorded in detail.

3. DEFINITIONS

Adult Protection Module	A module within the Swift system (see below) where the Health and Social Care staff record all actions and decisions made under the adult protection procedures. This includes Inter-agency Referral Discussions (IRDs) and investigations undertaken by Health and Social Care.
Adult Protection Lead Officer	A manager within H&SC with responsibility to oversee the implementation of the Adult Support and Protection Act 2007 and to ensure adherence to CEC Adult Protection procedures. Also available to local authority and partnership agency staff for consultation.

This document may be out of date if printed, the latest version is available on the Council Intranet.

Procedure Title - Adult Protection

Adult at risk of harm	A person over the age of 16 years who cannot safeguard his or her own wellbeing or property and is affected by disability, mental disorder, illness or infirmity, and is more at risk of being harmed than other adults who are not so affected.
Adult Protection Case Conference	A multi-agency meeting that will usually include the adult at risk of harm and whoever they choose to support them; the case conference will develop an adult protection plan.
Adult Protection Plan	A plan agreed by all agencies detailing the measures provided to support and protect the adult at risk from harm.
Public Protection Unit	A specialist unit within Police Scotland is responsible for undertaking all IRDs in relation to child and adult protection. The unit also provides oversight into investigations into sexual offences.
Appropriate Adult Scheme	The Appropriate Adult Scheme provides a facilitator during any stage of police procedures to ensure that a person with a mental disorder is at no more of a disadvantage than any other member of the community when he or she is with the police. They are then able, in a professional capacity, to tell a court whether that person did, or did not, understand what was being said to them. The scheme involves professional people with experience in communication with mentally disordered people. They are drawn from a wide variety of agencies, including social work and health.
Care Inspectorate	<p>A government agency responsible for the regulation and inspection of care services for adults and children (including the independent sector).</p> <p>The office covering the Edinburgh area is based at: Stuart House Eskmill, Musselburgh EH21 7PB Tel: 0131 653 4100</p>
Core Group	A multi-agency group with responsibility for implementing and monitoring the adult protection plan. The group will report any significant changes required to the plan to the case conference chair. The group will request that an adult protection case conference be reconvened if the plan cannot be implemented.
Emergency Social Care Service	<p>Emergency Social Care Service provides a social work response to emergency situations that occur outwith normal office hours. By definition, this is a response to serious, unexpected and often dangerous situations requiring immediate action.</p> <p>They are available from: Monday to Thursday 5pm - 8.30am Friday 3.55pm - Monday 8.30am During public holidays the service is open 24 hours.</p>

This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

Current Version: [6]

Review Date: [18 November 2017]

Page 4 of 35

Document [7]

Inter-agency Referral Discussions (IRDs)	One or a series of discussions between agencies to share and consider all relevant information about an adult who may be at risk of harm. Those undertaking the discussions make decisions and plan responses on the basis of the shared information.
Medical Practitioner	A qualified doctor, either a general practitioner or consultant.
Mental Disorder	The term mental disorder can include any form of mental illness, learning disability, dementia or acquired brain injury.
Mental Health Officer Service	Mental Health Officers are social workers with special experience and training in mental disorder and mental health law. They are appointed by the local authority to carry out functions and duties under the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000 .
Sector Manager	A manager within the Department of Health and Social Care.
Professional Advisor	A professionally qualified officer employed by the Department of Health and Social Care in Social Care Direct who accepts referrals and either acts on them directly or passes them on to the appropriate team. The advisors are either qualified social workers or occupational therapists.
Relevant Manager	Officer employed by the Department of Health and Social Care with supervisory responsibilities. They have responsibility for chairing adult protection case conferences, conducting Inter-agency Referral Discussions and supervising investigations undertaken by the Department of Health and Social Care. Relevant Managers include: Practice Team Managers, Sector Managers, Integrated Practice Managers, Team Leaders, Senior Social Workers and Senior Occupational Therapists. They also include managers at a higher grade than those listed above.
Residential Review Team	Team within the Department of Health and Social Care responsible for reviewing the placement of adults in a regulated care service.
Swift	Information technology system used by both the Department of Children and Families and the Department of Health and Social Care to record all cases and contact with service users and other agencies.

4. ACTIONS

4.1 Adult Protection concerns reported to the Council

Under section 4 of the [Adult Support and Protection Act 2007](#) ("ASP Act") the Council has a 'duty to make inquiries' to establish whether action is necessary to stop or prevent harm to an adult at risk. The Council will enquire into the individual circumstances to ascertain what response is required.

This document may be out of date if printed, the latest version is available on the Council Intranet.

When an external agency or member of the public tells the Council that they have concerns about an individual, they only need to **suspect or believe** that the person is at risk of harm in order to trigger the Council's 'duty to make inquiries' into that person's circumstances.

The City of Edinburgh Council records the adult protection concern as an 'ASP duty to enquire' contact (triggering the protection flag on Swift for 12 months) and records inquiries within "ASP duty to enquire" case notes. Inquiries may involve phone calls; conversations or consultations with managers and other agencies; reading records and case histories. Inquiries may also be informed by a visit to the adult in question.

When an allocated worker and their line manager decide they have a duty to make adult support and protection inquiries about an allocated case, the worker will record an "ASP duty to enquire" contact and record their inquiries as "ASP duty to enquire" case notes.

The conclusion of an ASP duty to make inquiries will be recorded by the council officer in an "ASP duty to enquire summary questionnaire" which offers prompts to support decisions and the conclusion of ASP inquiries.

4.2 Adult Protection concerns identified by Council staff

Any member of City of Edinburgh Council staff who has concerns or is given information about an adult at risk, who may be suffering from neglect or abuse **must** discuss this with their line manager as soon as is practicable and make a referral to the Department of Health and Social Care.

The referral should be made through Social Care Direct (telephone number 0131-200-2324), or by email at socialcaredirect@edinburgh.gov.uk. The service is open on Monday to Thursday from 8.30am to 5.00pm and on Friday from 08.30am to 3.55pm.

Details of the referral will initially be taken by a customer service advisor who will bring it to the attention of a professional advisor within Social Care Direct. The professional advisor will then send it to the relevant manager (*see section 3 Definitions*). This will be recorded as Adult Support and Protection Duty to Enquire (ASP Duty to Enquire).

Under the [Adult Support and Protection Act 2007 \(section 4\)](#) the Council has a 'duty to make inquiries' to establish whether action is necessary to stop or prevent harm to an adult at risk. Inquiries are to find out if the person is an 'adult at risk' and/or whether there is action required.

When an external agency or member of the public raises concerns about an individual, they only need to **suspect or believe** that the person is at risk of harm in order to trigger the Council's 'duty to enquire' into that person's circumstances.

The conclusion of an ASP duty to make inquiries will be recorded by the council officer in an "ASP duty to enquire summary questionnaire" which offers prompts to support decisions and conclusion of ASP inquiries.

4.3 Adult Protection concerns identified by Health and Social Care Staff

Any member of Health and Social Care staff who has concerns or is given information regarding an adult at risk who may be suffering from neglect or abuse, **must** discuss this

This document may be out of date if printed, the latest version is available on the Council Intranet.

with their line manager as soon as is practicable. These discussions will be recorded as 'ASP duty to enquire' case notes.

Under the Adult Support and Protection Act 2007 (section 4) the Council has a 'duty to make inquiries' to establish whether action is necessary to stop or prevent harm to an adult at risk. Inquiries are to find out if the person is an 'adult at risk' and/or whether there is action required.

When an allocated worker and their line manager decide there is a duty to make inquiries about an allocated case, the worker will record an "ASP duty to enquire" contact and record their inquiries as "ASP duty to enquire" case notes.

The conclusion of an ASP duty to make inquiries will be recorded by the council officer in an "ASP duty to enquire summary questionnaire" which offers prompts to support decisions and conclusion of ASP inquiries.

The circumstances should be discussed with a relevant manager and a decision made as to whether an Inter-agency Referral Discussion (IRD) or investigation should be undertaken (see following sections for further details). This should be recorded within the adult protection module on Swift ([see section 3 Definitions](#)).

If the concerns are deemed to meet the criteria of a **critical incident**, e.g. that a serious assault or suspicious death has occurred, [Section 4.12 Critical Incidents](#) will be followed.

4.4 Adult Protection concerns identified by Advice and Complaints

When an Advice and Complaints Officer based in the Department of Health and Social Care receives a complaint that contains adult protection concerns or a suspicion of such, they must follow these Adult Protection procedures. This includes alerting their line manager and seeking guidance and support as required.

If a Council Officer is unsure whether the information contained within a complaint constitutes adult protection concerns, they must contact the Adult Protection Lead Officer to discuss and agree an appropriate course of action. They must keep their line manager informed of the situation.

When a concern is reported, the Council needs to identify if the issue being raised is an adult protection concern or a complaint. The Council's complaints procedure allows for investigations of concerns regarding services and staff practice with the purpose of learning from mistakes.

Where it has been identified that the issues raised are a complaint but it is identified that there are active adult protection issues it would generally be inappropriate for the complaint process to continue. It would also be inappropriate to proceed with a Complaints Review Committee where an adult protection investigation was in process.

Suspension of the complaint is appropriate in these circumstances until the adult protection measures are concluded. The suspension of the complaint should occur at the time the Service becomes aware of the adult protection issue (for example this could include when the complaint is received, during the investigation, or even post complaint response and pre Complaints Review Committee). At the time of suspension the complainant should be advised of the suspension and reasons for suspension.

This document may be out of date if printed, the latest version is available on the Council Intranet.

The relevant Sector Manager / Integrated Practice Manager will keep the Advice and Complaints Officer up-to-date on any decisions / adult protection investigation. The Adult Protection Report and the Risk Management Plan will be sent to the Advice and Complaints Officer. Any other aspects of the complaint will be dealt with separately, using the standard complaints procedure.

4.5 Adult Protection concerns identified by NHS Lothian and Police Scotland

If staff from either of these agencies have concerns about, or are given information about an adult at risk of harm, they should follow their agency adult protection procedures and they may seek advice from the Adult Protection leads within their own organisation. In addition, they should contact the Department of Health and Social Care.

If they are aware that the adult at risk is already receiving a service from the Department of Health and Social Care and they know the member of staff responsible for this service, they should discuss their concerns directly with that staff member.

If they do not know who in the Department of Health and Social Care is providing a service to the adult at risk or whether they are known to the Department of Health and Social Care, they should make a referral through Social Care Direct.

4.6 Outcomes of Adult Protection inquiries

Not all "ASP duty to enquire" contacts will lead to an investigation, an inter-agency referral discussion (IRD) or any further action being taken under Adult Support and Protection measures. The Council may intervene, provide support and protect the person under a range of other legislation and duties.

The conclusion of adult support and protection inquiries will be recorded in a case note "ASP duty to enquire summary questionnaire" which prompts Council Officers to outline their inquiries and support their conclusions and decisions. (Please see [Appendix 1 - Adult Support and Protection Process Chart](#)).

If a decision is made that action is required to protect an adult at risk of harm and/or a multi-agency risk assessment is needed, the senior will initiate an IRD with the (Police) Public Protection Unit.

4.7 Adult Support and Protection (ASP) Interview ([section 8 of the Adult Support and Protection \(Scotland\) Act 2007](#))

The objective of the interview is to establish if the adult has been subject to harm, the source, nature and level of risk and the adult's perceptions of the risk. This will inform whether action is required to stop or prevent harm.

4.7.1 Gathering Information and Evidence

The aim is to use as many open questions as possible – to prompt the adult to raise any issues of concern and to ensure the best opportunity for the interviewee to do so in their own words and in their own way.

Interviewer uses “open” questions and prompts to facilitate conversation:

Who was there? **What** happened next? **Where** were you? But don't ask why?

TED prompts:

- T – “Tell me a bit more”
- E – “Explain what happened”
- D – “Describe that to me”

4.7.2 Presence of others

The Council officer will check that the adult is happy for another person to be present and request a private interview if:

- she/he might communicate more freely
- suspected cause of harm or risk is present
- the adult indicates their wish for other person to leave
- there is concern regarding undue pressure from others.

4.7.3 Where will the Adult be interviewed?

An interview may take place within any place being visited. This could be, for example, the adult's home, a day centre, care home or hospital. The decision about where to conduct the interview will be taken by the council officer and all those involved in planning the investigation.

If entry is refused:

- consider other places to hold the interview
- ensure delay will not increase risk to adult
- seek multi-disciplinary discussion and action plan
- consider application for entry warrant or assessment order
- minimise distress and risk to adult
- take account of views of others concerned for the adult's welfare.

4.7.4 What are the Adult's rights during an interview?

[Section 8\(2\) of the Adult Support and Protection \(Scotland\) Act 2007](#) provides that the adult is not required to answer any questions, and that the adult must be informed of that fact before the interview commences. The adult can choose to answer any question put to them but the purpose of this section is to ensure that they are not forced to answer any question that they choose not to answer.

This document may be out of date if printed, the latest version is available on the Council Intranet.

4.7.5 **Must the Adult be able to consent to the interview?**

The code of practice states “some of the following factors may be considered where there is doubt about the adult’s mental capacity:

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

4.7.6 **If the Adult does/may not fully understand all the issues, what should you do?**

In keeping with the Act’s principles, an adult must be assisted to participate as fully as possible in any interview(s). Where an adult can make some contribution (or participate to some extent) the planning process for the interview must consider all appropriate ways of assisting the person to participate. This might include the use of communication aids (eg. Talking Mats), the location of the interview and the personnel present during an interview. The purpose of supports will be to assist the adult to make a contribution whilst always protecting the rights of the adult.

4.7.7 **How can you promote the Adult’s involvement?**

The council can promote the adult’s participation in the interview by taking account of the adult’s needs where these are identified, for example:

- communication skills or attention span
- sensory impairment
- the adult’s first language being other than English
- any other relevant factors.

This may require:

- a specialist in sign language or other form of non-verbal communication
- use of Talking Mats
- a language interpreter
- an independent advocate
- an appropriate adult where police are interviewing an adult with a mental disorder
- a family member / carer or care worker to help communication.

4.8 **Adult Support and Protection Care Service Investigations**

Concerns about adults at risk of being harmed in a care setting can be received from a range of different sources including:

- family or friends making a complaint about standards of care
- visiting professionals raising general issues about the care service

This document may be out of date if printed, the latest version is available on the Council Intranet.

- whistle-blowing by staff within an organisation
- Procurator Fiscal investigating a death
- concerns identified following an admission to hospital
- concerns highlighted via regulatory or scrutiny processes.

Forms of harm experienced within care provision can include financial, physical and sexual abuse as well as neglect or omission of care. However, the more subtle forms of abuse such as psychological harm, undignified or degrading treatment must not be overlooked.

The care setting may be a care home; supported accommodation; an NHS hospital ward or other health facility **or** be where an adult is in receipt of services at home.

An ASP (Adult Support and Protection) investigation may be required where an adult is deemed to be at risk of harm from another service user, a member of staff or some failing or deficit in the management regime, or environment of the establishment or service.

If there are any wider public concerns and/or there are two or more alleged victims or possible victims of harm, a [Large Scale Investigation \(section 4.15\)](#) may be required.

4.9 Incidents between Service Users

While it is clear that all incidents where the cause of harm is a member of staff, professional, visitor or relative will be immediately reported, it is recognised that the pressures of shared living can trigger behaviour and incidents between residents which individually do not necessarily require an adult support and protection response. However, these less serious incidents between residents (where there is no injury, no distress, no emergency services required, no imbalance of power and where the situation has been contained) need to be reported to the Council (see [Appendix 2 - Notification of Incidents between Service Users flowchart](#)). This will enable any concerning trends to be picked up by the Residential Review Team and appropriate advice and support to be given to the Home.

4.10 Conducting the Investigation

Questions to consider:

- *Is the concern about poor standards of care or lack of knowledge and training?*
- *Could it be a non-accidental injury?*
- *Are there gaps or disparities in the accounts of the incident or injury?*
- *What happened versus what should have happened?*
- *Have all the regulatory and scrutiny bodies been notified?*
- *Is action required to stop or prevent further harm or abuse?*

(See [Gathering Information and Evidence](#), section 4.7.1)

4.10.1 Purpose:

- establish whether or not the alleged harm has occurred
- ensure all appropriate information has been gathered and that relevant people and agencies have been notified of the outcome
- evaluate whether the person is still at risk and/or whether further action is required to stop or prevent harm.

Where it is suspected that a crime has been committed, the police will undertake a criminal investigation. Advice will be given during the IRD as to whether internal agency, disciplinary or council investigation should pause for conclusion of criminal investigation. There will be agreement recorded as to how the ASP process will be restarted (*i.e. who will contact whom and who will provide update to care provider*). PPU officers will also advise regarding suspension of alleged cause of harm and any other interim protective action.

Determining whether or not abuse has taken place is not always a straightforward matter, particularly when there are issues of neglect. A judgement may be required about whether an act or an act of omission has caused significant harm. In some cases it is the repetition of minor actions or omissions that collectively will amount to significant harm to individual(s).

4.10.2 Evidence to support or refute the allegation

Conclusion of the investigation will include an opinion about whether or not the allegation is substantiated on the balance of probability based on presented evidence.

Unsubstantiated – this would apply to cases where any allegations of harm are unsubstantiated on the balance of probabilities. There is no evidence or witnesses to say it did happen. There are no suspicions about the alleged cause of harm. There is no past history of concerns or risk.

Partly substantiated – this would apply to cases where multiple types of abuse have been reported. It may have been possible to substantiate on the balance of probabilities, **some** but **not all** of the allegations made, e.g. *“it was possible to substantiate the physical harm but it was not possible to substantiate the allegation of financial harm”*.

Substantiated – this would apply to cases where any allegations of abuse are substantiated on the balance of probabilities, i.e. that an allegation is more probable than not. There may be witnesses, physical / financial evidence or the perpetrator may admit abuse.

Inconclusive – this would apply to cases where it is not possible to record an outcome against any of the other categories based on the balance of probabilities. There may be cases where there are no witnesses or evidence but there may have been concerns around the alleged perpetrator in the past and a possible history of abusive behaviour. Also the victim may be scared of the alleged perpetrator or demonstrate fear of them. If suspicions remain but there is no clear evidence, the outcome can be recorded as inconclusive.

This document may be out of date if printed, the latest version is available on the Council Intranet.

The council officer will ensure relevant registration and regulatory bodies (PVG - Disclosure Scotland; SSSC, Care Inspectorate, Mental Welfare Commission, Health and Safety Executive; Health Improvement Scotland) have been notified. This involves checking if the care provider or other relevant body has completed this task.

Where the police have concluded their investigation or there is no criminal aspect but an ASP investigation is still required, the Council Officer will interview the adult; the carer and if appropriate, the care staff. It may be that this latter interview is delegated to care home manager or NHS managers. It is expected that the outcome of this investigation will be provided to the Council. The Council Officer will collate the reports from the various agency sources (Police report; care provider; NHS) into an ASP investigation report. This will be shared with partner agencies including the Care Inspectorate (and Mental Welfare Commission if relevant).

4.10.3 Disclosure

If during the course of an investigation, information is obtained that the cause of harm is a person employed by a statutory, private or voluntary care agency, a senior manager from the Council will advise the senior manager of that organisation of the investigation. This disclosure will allow an appropriate risk assessment can be undertaken and management plan put in place.

4.10.4 Compiling a report following investigation

The council officer should produce a written report of the investigation, using the [adult protection report template](#) which provides a clear summary of the investigation and includes:

- an outline of any previous allegations or incidents
- a description of the adult's circumstances including their views of the situation
- a professional view or formal assessment of the person relating to their consent, capacity to make specific decisions and any relevant legal issues
- information about the person allegedly responsible for the harm
- brief details of how the investigation was conducted and who was involved
- action taken to address the risks identified by the initial concern
- your evidence leading to the case conclusion, i.e. is the abuse: substantiated, inconclusive, partially substantiated or unsubstantiated.
- reports from Police Scotland and other agencies
- recommended outcome of the investigation.

Consider use of communication aids / talking mats / advocacy to gather adult's views.

4.11 Inter-agency Referral Discussions (IRD)

When it has been agreed that Adult Protection action is required, an Inter-agency Referral Discussion (IRD) will take place in relation to the adult at risk between the Department of Health and Social Care, Police Scotland, NHS Lothian and any other agency providing a service to the adult or with an interest in the adult's welfare.

This document may be out of date if printed, the latest version is available on the Council Intranet.

IRDs may take place by telephone or in complex situations, at face-to-face meetings.

IRDs are recorded by Public Protection Police Officers and Social Work Managers on a shared electronic (EIRD) system. Information from Health or other agencies will be recorded by either person involved in the discussion.

On some occasions it may be appropriate to conduct an IRD in relation to an adult at risk of harm when they are engaging in conduct that causes self harm. On these occasions, the purpose of the IRD is for agencies to exchange relevant information and ensure that an appropriate multi-agency response is made to address the concerns raised.

4.11.1 Who will be involved in the IRD?

The IRD will always be undertaken by a police officer from the Public Protection Unit and the relevant manager from the Department of Health and Social Care.

When the referral is in relation to an adult at risk who is resident in a registered care home and who has no allocated worker, the IRD will be conducted by the appropriate manager in the Residential Review Team (RRT).

When the referral is in relation to an adult at risk who is homeless, the IRD will, in the first instance, be undertaken by the relevant Health and Social Care manager and should include an appropriate manager from The Access Point (TAP). It is the responsibility of the manager from TAP to ensure that any information held separately by the Department of Services for Communities and the Homelessness Service is also available to inform the IRD.

When an IRD takes place outwith office hours, an appropriate member of the Emergency Social Care Service will undertake the IRD on behalf of the Department of Health and Social Care.

Where a young person (16 or over) receives Social Work Services, or is 'Looked After' or 'Looked After and Accommodated' *and* who meets the definition of an adult at risk of harm (as above), Children and Families will refer to Health and Social Care who have the responsibility to conduct and record the Inter-agency Referral Discussion.

Children and Families and Health and Social Care managers will also discuss who is most appropriate to undertake actions from the IRD and to complete the risk assessment and reports for any Adult Protection Case Conference.

Details of discussion, decisions and subsequent actions in relation to adults at risk of harm should be recorded appropriately: IRD (Health and Social Care staff) and ASP case notes (all staff).

In the first instance it may not be clear which professional should undertake the IRD on behalf of NHS Lothian. One of the tasks of the initial IRD between the Department of Health and Social Care and the police will be to identify who from NHS Lothian should be approached to discuss the adult's circumstances.

4.11.2 What is the purpose of the IRD?

The purpose of the IRD is to:

- identify and share relevant information between agencies regarding the

This document may be out of date if printed, the latest version is available on the Council Intranet.

subject of the allegation and relevant others

- establish whether a crime has been committed that will require investigation by the police
- establish what enquiries are required by the Department of Health and Social Care
- decide whether a Large Scale Investigation is needed because more than one vulnerable adult is involved ([see Large Scale Investigation, section 4.15 below](#))
- plan the investigation and establish which agencies are to be involved
- agree what protective measures may be required immediately to safeguard the individual at risk.

4.11.3 A number of actions can result from an IRD:

- **No Further Action** – sufficient information may be available to decide that no further adult support and protection action is required. This may be because the adult is not an *adult at risk* as defined by the 2007 Act. It may be because the situation can be resolved by introducing or amending services to provide an appropriate level of support to allow the adult to be protected from further harm.
- **Service Provision** – the introduction or adjustment of an accommodation, support or care service can be provided in such a way to protect the individual effectively.
- **Single Agency Investigation** – where evidence suggests that this is the best way to proceed, an investigation by a single agency is undertaken.
- **Adult Protection Case Conference** – consideration must always be given to the need for holding an Adult Protection Case Conference (APCC), particularly in situations where abuse has been identified and it has not been possible to implement an effective Adult Protection Plan. In a situation where the issues raised require an Adult Protection Case Conference to produce an Adult Protection Plan, a Complex Risk Assessment will assist the Adult Protection Case Conference in this task.
- **Joint Investigation** – where the information suggests that it would be in the best interests of the adult at risk, a number of agencies will investigate jointly.
- **Large Scale Investigation** – where there are a number of adults who may be subjected to harm or there is some other factor which could cause more than one adult to be at risk of harm, it is agreed that all agencies will follow the procedure for a Large Scale Investigation ([see section 4.15](#)).

If the conclusion of the IRD is that an investigation under the [Adult Support and Protection \(Scotland\) Act](#) is required, the manager who undertook the IRD will be responsible for ensuring that an appropriate council officer is allocated this task.

The purpose of an investigation by Health and Social Care is to establish whether the adult is an *adult at risk of harm*; that harm is taking place; and that measures

This document may be out of date if printed, the latest version is available on the Council Intranet.

are required to protect the adult from further harm. Such an investigation may be part of a joint investigation with the police to establish whether a crime has been committed.

Where it is suspected that a crime has been committed, the police will undertake a criminal investigation. Advice will be given during the IRD as to whether internal agency, disciplinary or council investigation should pause for the conclusion of criminal investigation. There will be agreement recorded as to how the ASP process will be re-started, (*i.e. who will contact whom and who will provide update to care provider*). Public Protection Unit officers will also advise regarding suspension of alleged cause of harm and any other interim protective action.

Where the police have concluded their investigation or there is no criminal aspect but an ASP investigation is still required, the council officer will interview the adult; the carer and if appropriate, the care staff. It may be that these later interviews are delegated to care service or NHS managers. In this case it would be expected that the care service manager (NHS or care agency) would provide a summary report to inform the ASP investigation.

Some joint investigations will require adults at risk who have a mental disorder to be interviewed regarding allegations of neglect or abuse. In such circumstances, the IRD process will detail what measures are required to conduct such an interview, including the use of the Appropriate Adult Scheme and any special measures for vulnerable witnesses under the [Vulnerable Witnesses \(Scotland\) Act 2004](#).

As part of the investigation, the council officer must always provide a written report either using the AIS complex risk assessment tool or using the [Adult Protection Report Pro Forma](#).

The purpose of completing these documents is to establish the chronology of any abuse and to identify the areas that need to be addressed in forming an Adult Protection Plan.

An investigation by the Department of Health and Social Care may identify issues that require a joint investigation with another statutory body.

This could include:

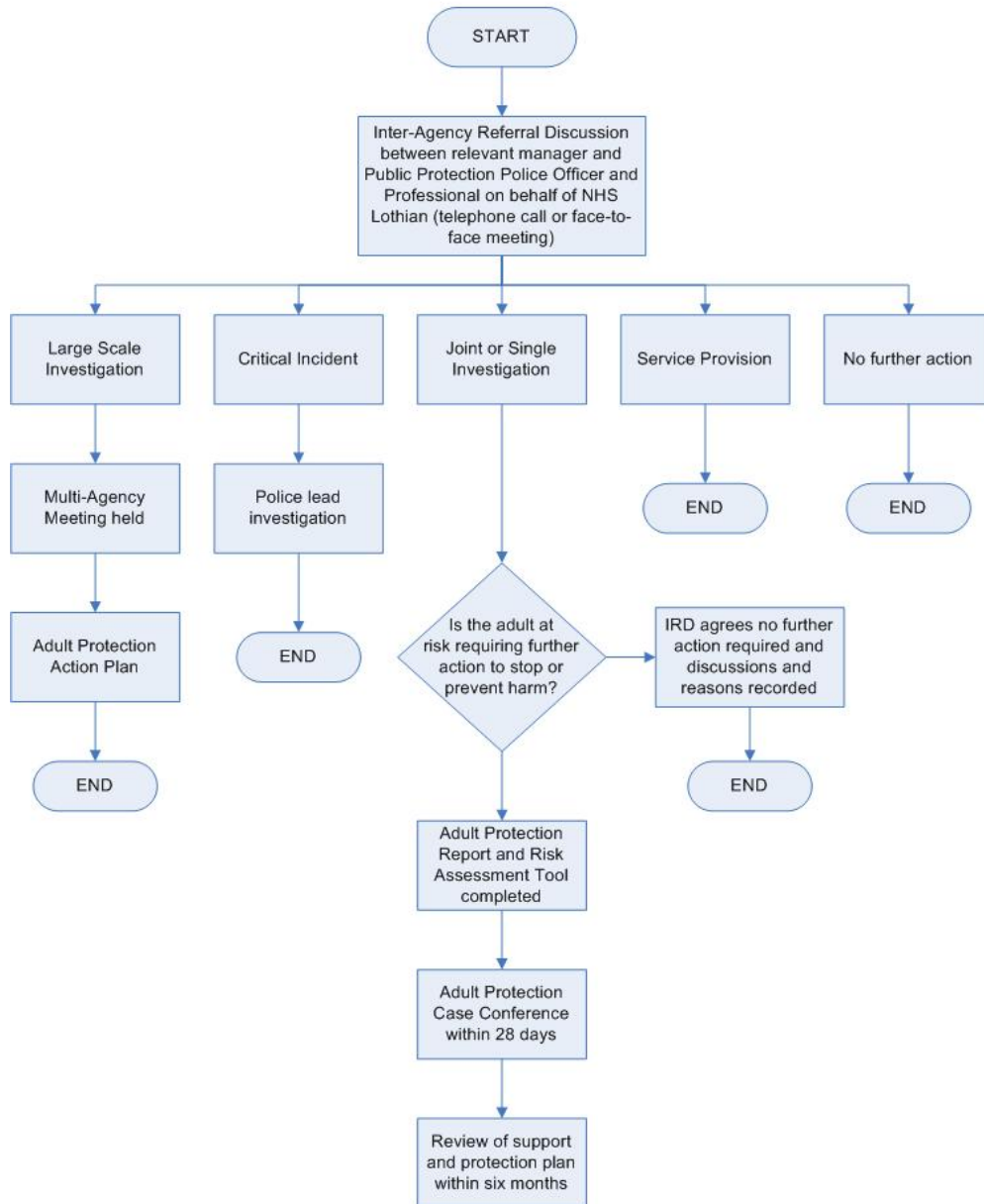
- the Care Inspectorate
- the Office of the Public Guardian because the adult lacks capacity and is being financially exploited
- the Mental Welfare Commission because the adult is suffering from a mental disorder
- the Scottish Social Services Council
- the Nursing and Midwifery Council.

The decision to refer to another statutory agency will be made by the council officer in consultation with the relevant manager.

This document may be out of date if printed, the latest version is available on the Council Intranet.

4.12 Outcomes of Adult Protection Investigations

Adult Protection Investigations (API)



This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

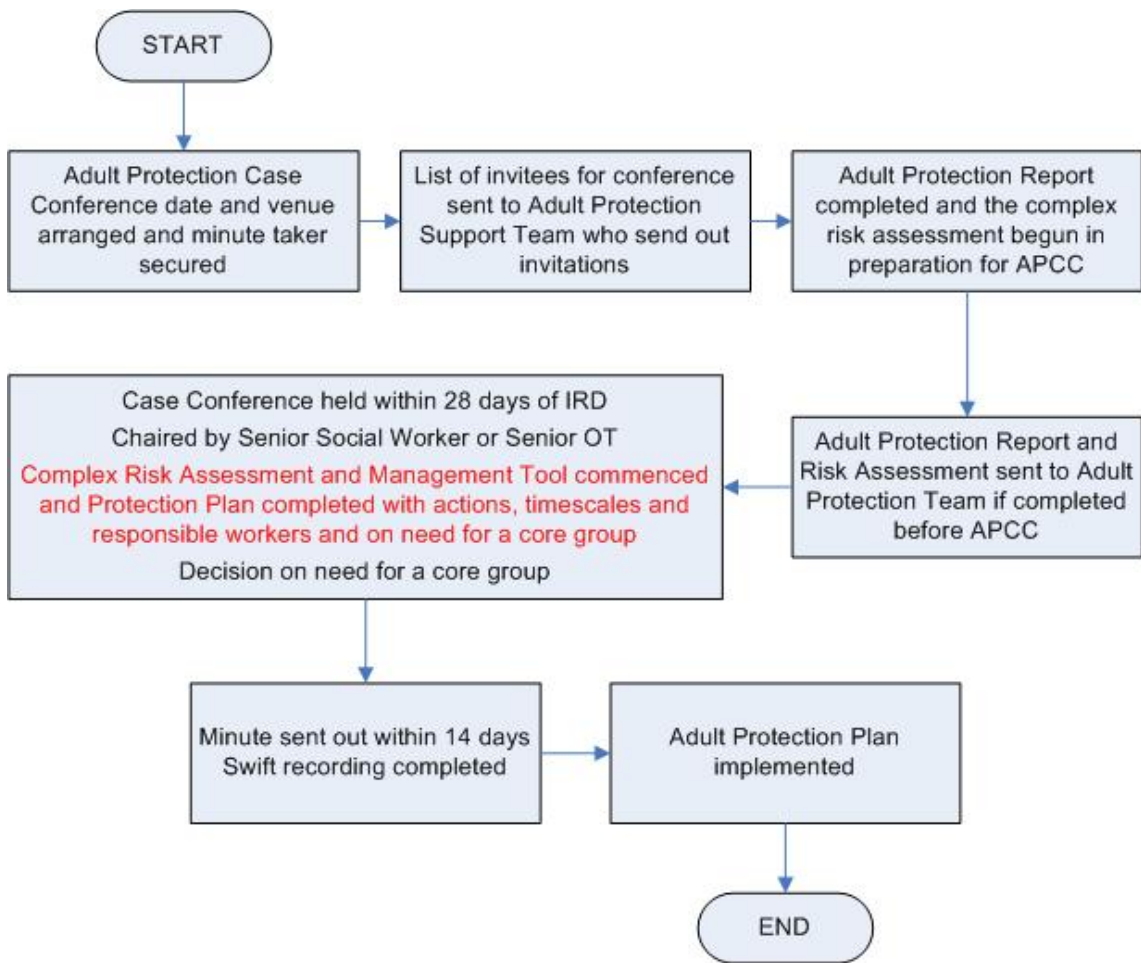
Current Version: [6]

Review Date: [18 November 2017]

Page 17 of 35

Document [7]

4.13 Adult Protection Case Conferences



Consideration must always be given to the need for holding an Adult Protection Case Conference (APCC), particularly in situations where abuse has been identified and it has not been possible to implement an effective Adult Protection Plan. An Adult Protection Case Conference **must** take place within 28 days of the IRD. An Adult Protection Case Conference will always be chaired by a relevant manager from the Department of Health and Social Care.

When the relevant manager has agreed the need for an Adult Protection Case Conference they will contact the Adult Protection Business Support Team at Waverley Court for administrative assistance.

The Adult Protection Report or the Complex Risk Assessment on AIS will be completed as part of the Adult Protection Case Conference process.

The minutes will be approved and signed by the chairperson and circulated within 14 days of the meeting. The minutes will be stored electronically on the Council's 'G' drive by the Business Support Team.

This document may be out of date if printed, the latest version is available on the Council Intranet.

It is the responsibility of the chairperson, in consultation with the investigating officer, to decide who will be invited to the Adult Protection Case Conference.

The adult at risk should be given information about an advocacy service to assist him or her through the process of the Adult Protection Case Conference.

4.13.1 Attendance at Case Conferences

The wishes and needs of the Adult are at the heart of the case conference process and the Adult will normally be invited to be part of discussions about them. The Adult should be offered help to attend the case conference and could be supported by a friend, relative or independent advocate. Some of the discussion may happen before the Adult joins the meeting and in some circumstances it may not be appropriate for the adult to attend. The Chair needs to consider and be guided by the:

- health of the Adult
- information to be shared at the meeting
- effect on the Adult especially if the person suspected of causing the harm may attend
- views of Adult, family and carers.

The council officer will consider ways to assist the Adult to meaningfully participate in the adult protection process and the adult protection case conference. The council officer will explore the use of advocacy, Talking Mats and any other means to enable the views of the adult to be expressed.

If the Adult is not able to attend, the case conference will decide how the adult is to be informed of the decisions made at the meeting.

Invitations should be sent to any individuals and professionals from agencies that have a direct contribution to make to the risk assessment and can contribute to the development of an Adult Protection Plan. The Chair and council officer should decide whether attendance by the GP is essential to the risk management and protection planning process and the appropriate invitation can be issued.

Very careful consideration should be given to the appropriateness of inviting the person alleged to be causing the harm. The Chair has the authority to decide whether an individual's presence would interfere with the key tasks of forming a protection plan following the consideration of the risks.

4.13.2 Confidentiality at Case Conferences

All agencies are expected to share relevant information at the Adult Protection Case Conference, and all those attending will treat the information discussed as confidential.

Any restricted access or third party information should be discussed at the beginning of the meeting prior to the attendance of the adult and anyone that is accompanying them including any advocacy worker. This part of the meeting

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

4.13.3 **Conflict Resolution**

The chair of a conference is responsible for the conference decision. S/he will consult conference members and aim for a consensus, but ultimately will make the decision and the minute will note any dissenting views.

Consensus means 'general or widespread agreement'. It does not mean a majority vote, nor does it mean unanimity is required and that one person who dissents can control the overall decision-making process. The role of the Chair is an important one in eliciting key assessment information and supporting the case conference in reaching consensus, based on the facts and the professional judgements presented.

Consensus means that irrespective of the view of any agency representative on the decision, all involved will abide by it. This includes implementing the protection plan. An agency's refusal to implement the plan should be reported to the case conference chair.

If a dissenting professional believes a decision reached by the chair places an adult at (further) risk of significant harm, s/he should seek advice from her/his lead professional or manager. If professional disagreements remain unresolved, the matter must be referred to the heads of service for each agency involved. If the issue is not resolved and the discussions raise significant policy issues, it should be referred to the Adult Protection Committee, which has the brief to consider policy and practice or serious cases.

4.13.4 **Mental Health Officers at Case Conferences**

If the Adult Protection Case Conference is required to consider the need for guardianship under the [Adults with Incapacity \(Scotland\) Act 2000](#) as part of an Adult Protection Plan, a Mental Health Officer should be invited to attend.

It will only be appropriate to consider the use of Guardianship as part of an Adult Protection Plan when there is an assessment from a medical practitioner to suggest that the adult is at risk from abuse as the direct result of a level of incapacity related to a mental disorder. Therefore, not all Adult Protection Case Conferences will also be Guardianship Case Conferences.

The Chair or investigating officer should consult with a Mental Health Officer regarding the need for a Mental Health Officer to attend the Adult Protection Case Conference. A Mental Health Officer can be accessed by calling 0131 529 2200.

To negotiate the attendance of a Mental Health Officer at an Adult Protection Case Conference a request should be workflowed through Swift to the Mental Health Team at Waverley Court.

4.13.5 Adult Protection Plans and Core Groups

All Adult Protection Case Conferences should consider establishing a Core Group. The function of the Core Group is to facilitate the implementation of the Adult Protection Plan. If a Core Group is not formed because it is believed that the Adult Protection Plan can be implemented without one, this must be noted in the minutes.

The Core Group should then meet as often as required. Any member of the Core Group, in consultation with the Case Co-ordinator, can request a meeting.

If there are significant concerns, the Core Group can request that an Adult Protection Case Conference be reconvened.

Adult Protection plans need to be SMART (specific, measurable, achievable, realistic and time bound). Each action needs to be assigned to a nominated agency representative. It is the responsibility of the chair to ensure the protection plan is monitored and reviewed. The nominated leads will report the progress of their assigned actions to the chair.

4.13.6 Outcomes of Case Conferences

The Adult Protection Business Support service will record the outcomes of the case conference on Swift. If at a subsequent Adult Protection Case Conference review, it is agreed that the adult's circumstances no longer require to be considered within the case conference process, this will be noted as an outcome. The Chair will also ensure that the adult's circumstances are reviewed within a three month period to ensure that they continue to be safe from harm. An Adult Protection Review meeting should be held within six months.

If following consultation with key personnel, a decision is made to remove the Adult from Adult Protection measures, the basis on which this decision is reached is recorded on Swift using 'ASP Measures Closed'.

4.14 Protection Orders

The [Adult Support and Protection \(Scotland\) Act 2007](#) allows council officers to apply to the court for a range of orders to complete their investigation or to provide measures of protection to the adult.

In summary the orders that can be sought are:

- warrants for entry
- an assessment order
- a banning order
- a removal order.

4.14.1 Warrants for Entry under the Act

If, during an investigation a council officer is refused entry, is likely to be refused entry, or is unable to enter the premises for some other reason, they may apply for a warrant. The warrant will allow them to enter the premises and allow a constable who accompanies the council officer to do anything, using reasonable force where necessary, which the constable considers to be reasonably

This document may be out of date if printed, the latest version is available on the Council Intranet.

required in order to fulfil the object of the visit. The warrant expires 72 hours after it has been granted. In urgent cases, an application for a warrant can be made to a justice of the peace. The 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.

4.14.2 Applications to Court for Protection Orders

The Act allows council officers to apply to the court for **three** types of order, if required. A protection order may be applied for at **any time in the adult protection process**. Unless a 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.

The **three** protection orders that can be sought are:

- 1. An Assessment Order:** this order allows the adult to be taken to a place where they can be interviewed and examined by a specified health professional. The purpose of the assessment is to allow the council officer to establish that the adult is an adult at risk who requires measures to be put in place to prevent them from harm. An assessment order can be considered when it is difficult to gain access to the person especially where someone else is preventing us (public agencies) from gaining access to the adult or preventing the adult from allowing us to see him/her. Subtle coercion (known as “undue influence”) may be used to achieve this. The “gatekeeper” may even be well intended but misguided or he/she may distrust public agencies.
- 2. A Removal Order:** 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.
- 3. A Banning Order:** 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 unspecified area or place. It also authorises the ejection of the 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. A banning order will expire six months after it has been granted. Where appropriate, an application for a further banning order can be made. Banning orders can have powers of arrest attached to them. When a banning order application is granted, the council officer will confirm with the council solicitor that it has been served and that the police have a record of it.

The Interlocutor is the document that officially records the final decision of a court. It is typed up by the sheriff clerk and is signed by the sheriff. The Council lawyers will send the council officer a copy of the interlocutor. The council officer will ensure that details are placed on the Swift legal tab and that the interlocutor is saved in the person’s file on the ‘G’ Drive (AP Business Support will do this).

This document may be out of date if printed, the latest version is available on the Council Intranet.

The Council Officer and Chair will review the case and contact the lawyers at least six weeks before it is due to expire and decide whether the circumstances warrant a further banning order application.

Further practice guidance for protection orders is available in the ASP folder of the shared 'G' Drive. The council officer will complete the protection order application information form for the council solicitors.

4.14.3 Council Officers and Protection Orders

Investigations under the Act and applications for warrants and protection orders must be undertaken by 'council officers'. A council officer must be registered as a social worker or social services worker in the relevant part of the SSSC register or as an occupational therapist in the register maintained under article 5(1) of the [Health Professions Order 2001](#) or be a nurse, and to have had at least 12 months relevant experience of identifying, assessing and managing adults at risk. The City of Edinburgh Council is responsible for appointing these officers and ensuring that they meet the relevant requirements.

Any application for a warrant or protection order under any of the legislation described above would only be undertaken as one of the recommendations of an Adult Protection Case Conference, unless urgent intervention is required. If there is strong reason to believe that a protection order will be required, the chair of the case conference should contact the appropriate Principle Solicitor to arrange for a solicitor to be allocated to the case and attend the case conference if possible.

If it only becomes clear at the case conference that a protection order will be required, the Chair of the case conference should write to the Principle Solicitor, including the minute of the case conference, detailing what kind of protection order is required. It may be necessary for a core group to meet, including the allocated solicitor to discuss the evidence that may be presented to the court in support of the order. The core group will also discuss how the order will be enforced. It is the solicitor's duty to draw up the application and to ensure that all appropriate parties are given intimation regarding the order.

As all of the orders sought will require assistance from Police Scotland for their execution or enforcement, they must be included at an early stage of the process. 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.

In urgent circumstances, a council officer may apply for a warrant for entry in respect of a removal order. The decision to make such an urgent application requires that all parties to an IRD be in agreement with this step, including the appropriate health professional, who can provide evidence that the adult meets the definition of an Adult at Risk under the Act. The relevant manager from Health and Social Care will then contact Legal Services to provide assistance with the application and access to a Sheriff or Justice of the Peace to hear the application.

This document may be out of date if printed, the latest version is available on the Council Intranet.

Urgent application will be made via Legal Services detailing the evidence that the Council has to believe that the adult is at risk of harm and how the order will provide measures of protection. In the case of removal orders, the application will also detail where the adult is to be removed to and that the owner or manager of this property has consented to the adult being placed there.

Legal Services will also need to be contacted in relation to Forced Marriage Order Applications.

4.15 Procedure for a Large Scale Investigation (LSI)

When the IRD establishes that there are a number of adults receiving a service who may be at risk of harm, consideration should be given to following the procedures for a Large Scale Investigation.

The decision to invoke this procedure will be made by the relevant manager as part of the IRD. The manager should discuss this decision with their line manager or with the Adult Protection Lead Officer.

If the decision is made to invoke the Large Scale Investigation (LSI) procedure, the following steps should be taken:

- 4.15.1 The relevant Senior Manager or Locality Manager will convene a multi-agency LSI meeting and arrange a meeting within five working days. This group should include representatives from Police Scotland, NHS Lothian and (if the adults are in a regulated service) the Care Inspectorate.
- 4.15.2 The Council Communications Manager / press officer should be notified and invited to the strategy meeting.
- 4.15.3 The request for police attendance should go through the Public Protection Unit. The request for NHS Lothian attendance should go through the Medical Director and the Chief Nurse. The request for the Care Inspectorate should be made to the Regional Manager.
- 4.15.4 If there are issues relating to manual handling, the investigating team must also include occupational therapists trained as manual handling facilitators. A senior occupational therapist will be required to co-ordinate this.
- 4.15.5 The LSI group should be chaired by the appropriate Locality or Service Manager. The Adult Protection Lead Officer should be notified. Administrative support will be provided by a public protection business support assistant. This person will make the relevant agenda and LSI report templates available.
- 4.15.6 The role of the multi-agency LSI group will be to co-ordinate the joint investigation. They will therefore decide whether an investigation is necessary, who is to take the lead role, what action is required and by whom. The group members will be responsible for keeping their senior management informed throughout the investigation.
- 4.15.7 If it becomes apparent, at any stage, that a critical incident has occurred, i.e. a situation where a serious crime may have taken place, such as a rape or suspicious death, the group will also follow the steps outlined in [Section 4.16](#).

This document may be out of date if printed, the latest version is available on the Council Intranet.

- 4.15.8 If the adults at risk are placed in a regulated service managed by the City of Edinburgh Council, consideration should be given to nominating a chair from another council. The relevant line manager should still attend all multi-agency LSI group meetings.
- 4.15.9 The multi-agency LSI strategy group will identify which staff will undertake the investigation for the Department of Health and Social Care and will agree the nominated Practice Team Manager or Sector Manager who will oversee the investigation. The nominated manager will then allocate each service user a social worker as a matter of urgency.
- 4.15.10 In the case of regulated residential services, the residential review team will undertake an investigation conducted by the Department of Health and Social Care unless other arrangements are agreed at the multi-agency LSI strategy group. The residential team are at 25 North Fort St, Edinburgh, EH6 4HF. The telephone number is: 0131 469 5959.
- 4.15.11 The nominated manager will inform the City of Edinburgh Regulation of Care Manager and appropriate Contracts Manager if regulated services are involved. The appropriate Planning and Commissioning Officer and Contracts Officer should be advised and invited to attend the multi-agency strategy group meetings.
- 4.15.12 Before beginning an investigation of regulated services, the nominated manager and, if relevant, the appropriate Planning and Commissioning Officer and Contracts Officer, will meet with the service provider. If the service is not regulated, the Service Manager and nominated manager will meet with the service provider. The aim of this meeting is to discuss the concerns and advise on how the investigation will be conducted.
- 4.15.13 The chair of the multi-agency group will nominate a group member to coordinate an investigation report which will be provided to the senior managers and committees.
- 4.16 Procedure for a Critical Incident (*Police led investigation*)**

In a situation where a serious crime has taken place, such as a rape or suspicious death, the steps outlined below should be followed. The decision to invoke this procedure will be made by the relevant managers as part of the IRD process.

If the decision is made to invoke the Critical Incident Procedure, the following steps should be taken:

- 4.16.1 The relevant manager must immediately inform their line manager or other relevant manager, who must immediately advise the Chief Social Work Officer, the Chief Officer, the Adult Protection Lead Officer and the Communications Manager.
- 4.16.2 Where an IRD has not been carried out, this must be done immediately.
- 4.16.3 A multi-agency critical incident strategy team will be convened by the Police. It will be chaired and minuted by the police. Once an investigation starts, the

This document may be out of date if printed, the latest version is available on the Council Intranet.

critical incident management team is accountable for the welfare of all the adults concerned in the case.

- 4.16.4 The police will take the lead role in any inquiry. Joint investigation with the Department of Health and Social Care will be overseen by the police to ensure that evidence is not lost or compromised.
- 4.16.5 The appropriate Service Manager or other relevant manager will be the lead officer for the department and will be responsible for keeping Senior Management informed throughout the investigation.
- 4.16.6 The nominated manager, in consultation with the lead officer, will oversee the investigation on behalf of the Department of Health and Social Care. Time is usually critical in these cases. The manager must appoint their investigating team immediately.
- 4.16.7 Those undertaking an investigation on behalf of Health and Social Care must be aware that their findings could be called upon as part of a criminal court case. It is therefore vital that all information is recorded accurately and with a clear chronology. The manager will keep an investigation logbook to record the investigation accurately as it proceeds. This is not a substitute for individual case notes, but rather a way to track the investigation as a whole.
- 4.16.8 By its nature, this type of work is stressful for all involved. It is vital that the lead officer and relevant manager fully support their investigating team and receive the support they need.
- 4.16.9 It is highly likely that a critical incident debriefing will be required at the end of the investigation. This may be a multi- or single- agency event, as appropriate. Staff can also access individual confidential support via Oakdale (0800 027 7844) or can discuss the matter with Human Resources.

4.17 Domestic Abuse

Domestic Abuse is a form of harm and is described as emotional, physical and/or sexual abuse between people who have had an intimate relationship. Sometimes an adult who is subjected to this form of harm may also be an 'adult at risk of harm'. If this is the case, then these Adult Protection procedures should be followed.

If, however, the adult who is subjected to domestic abuse is not an adult at risk of harm under the Act, then the Department of Health and Social Care have a duty to offer this person an assessment, advice and guidance, services, and a referral to the Domestic Abuse Liaison Officer Service.

4.18 Forced Marriage

Forced Marriage is a form of domestic abuse where one or both spouses do not or cannot consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure, threatening conduct or use of deception. It is also 'force' to knowingly take advantage of a person's incapacity to consent to, or understand the nature of, the marriage.

Regardless of whether an individual is known or believed to meet the definition of an adult at risk of harm, an IRD should be raised immediately when there are concerns that someone may be or has been subject to forced marriage.

Particular caution should be exercised over confidentiality and information sharing. Refer to the [Scottish Government Responding to Forced Marriage Multi-agency practice guidelines](#).

If, as part of the Adult Protection plan an application for a *Forced Marriage Order* is being considered, the relevant service manager and the Chief Social Work Officer should be informed.

4.19 The Role of the Council's Communication Team in Adult Protection

4.19.1 Under no circumstances should any member of staff deal with inquiries from the media – all such inquiries should be referred to communications managers / media officers in statutory agencies.

4.19.2 Communications managers / media officers will not respond to service-specific inquiries without discussing these with the Chief Social Work Officer or relevant Head of Service.

Points at which press / communications involvement should be considered:

4.19.3 Significant Occurrence

When the Chief Officer of Health and Social Care, the Director of Communities and Families, the Chief Executive and/or the Chief Social Work Officer are notified of a significant occurrence affecting a service user and a Council or contracted service, **and** where there may be media interest, the communications manager / press officer should be informed at the same time. 'Media interest' may include situations where there is a risk of contact with the press by the service user, families or the general public. Communication staff should be involved at the very earliest point to provide advice and to agree a coordinated response to the press and other key audiences.

4.19.4 Inter-agency Referral Discussion

If during the course of an inter-agency referral discussion, it becomes clear that there may be media interest, communication staff should be involved from the earliest point to facilitate a coordinated and multi-agency media strategy and to help draft briefings for local elected members or local and national political representatives.

4.19.5 Large Scale Investigation

In the event of a large scale investigation being launched, the communications manager / press officer should be notified as soon as possible and invited to the multi-agency strategy meeting.

4.19.16 Critical Incident

In the event of a critical incident and the invoking of a critical incident procedure, the Press Officer(s) and/or Communications Manager should be advised at the earliest opportunity.

This document may be out of date if printed, the latest version is available on the Council Intranet.

4.20 Adult Protection Recording

All adult protection concerns must be recorded accurately and comprehensively.

All actions, discussions and decisions must be recorded either within the 'G' Drive, Adult Protection case notes or within the Adult Protection Module on Swift.

This includes:

- all adult protection contacts on new and existing service users
- all IRDs
- all investigations undertaken by the Department of Health and Social Care, including all other agencies and individuals who may be involved
- all requests for Adult Protection Case Conferences
- all outcomes from Adult Protection Case Conferences
- all completed Adult Protection Plans.

Council officers can access further advice and guidance on adult protection recording in the Adult protection folder of the shared 'G' Drive.

Accurate recording:

- helps ensure that plans made to protect people are implemented
- assists the department in knowing what resources it requires to protect adults
- helps the department assess the quality of service it is providing to adults who need protection.

5. RESPONSIBILITIES

This procedure will be maintained by the Adult Protection Lead Officer.

All relevant members of Health and Social Care staff are responsible for complying with this procedure.

6. POLICY BASE

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Vulnerable Witnesses \(Scotland\) Act 2004](#)

[Adults With Incapacity \(Scotland\) Act 2000](#)

[Health Professions Order 2001](#)

[Forced Marriage \(Scotland\) Act 2011](#)

[Forced Marriage Practitioner Guidance 2014](#)

[Responding to Forced Marriage multi-agency practice guidelines November 2011](#)

This document may be out of date if printed, the latest version is available on the Council Intranet.

7. ASSOCIATED DOCUMENTS

[Complex Risk Assessment Management Tool](#) (Form 0053)

[Basic Risk Assessment Management Tool](#) (Form 0054)

[Adult Protection Minute Pro Forma](#) (Form 0055)

[Adult Protection Plan](#) (Form 0056)

[Adult Protection Core Group Minutes](#) (Form 0059)

[Adult Protection Report](#) (Form 0060)

[Adult Protection Policy](#)

[Recording procedures for adult protection in Swift](#)

[Risk Assessment Procedure \(Community Care\)](#)

8. RECORD KEEPING

Record Title	Location	Responsible Officer	Minimum Retention Period
Service User case file	Local SWC	Allocated worker	See retention of records
Adult Protection Information	Swift – Adult Protection Module	Allocated Worker	As above

This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

Current Version: [6]

Review Date: [18 November 2017]

Page 29 of 35

Document [7]

Adult Support and Protection Process Chart (ASP)

ASP DUTY TO MAKE INQUIRIES (S4)	ADULT SUPPORT AND PROTECTION	= ASP	
Adult Protection Concern Raised	ISSUES TO CONSIDER	ACTIVITY	RECORDING
	The referrer only has to <i>suspect or believe</i> that the person is an adult at risk in order to trigger the Council’s ASP duty to make inquiries	ASP Duty to Enquire can involve a range of activities: Contact referrer; consultations; reading case records and history; phone calls	Record “ASP Duty to Enquire” Contact and “ASP Duty to Enquire” case notes (Council Officer responsibility to ensure accurate recording)
ASP Interview	The aim is to use as many open questions as possible – to prompt the adult to raise any issues of concern and to ensure the best opportunity for the interviewee to do so in their own words and in their own way.	Use open questions: Who was there? What happened next? Where were you? But do not ask ‘why’ Use TED T – “ <u>T</u> ell me a bit more” E – “ <u>E</u> xplain what happened” D – “ <u>D</u> escribe that to me	Council officer uses ASP case notes; ASP duty to enquire case notes; ASP duty to enquire summary questionnaire
ASP Duty To Enquire - possible outcomes	<ul style="list-style-type: none"> ➤ No Further Action (record reasons) ➤ Community Care action or other legislative duties and powers ➤ Refer on to other agencies/services <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> ➤ Multi-agency risk assessment and management is 	<p>Contact referral agency</p> <p>Refer to other agencies and services. Report to registration and regulatory bodies</p> <p>Progress to ASP Investigation</p>	<p>Council Officers record</p> <p>ASP Duty to Enquire Summary Questionnaire</p>

This document may be out of date if printed, the latest version is available on the Council Intranet.

Procedure Title - Adult Protection

	<p>needed</p> <ul style="list-style-type: none"> ➤ further action is required to stop or prevent harm 		
ASP INVESTIGATION	ISSUES TO CONSIDER	ACTIVITY	RECORDING
Inter-Agency Referral Discussion	An IRD is initiated regardless of whether police action or criminal investigation is required. The IRD is one or more conversations to share information, assess risk and develop a multi-agency safety plan	<p>Senior Social Work Personnel, PPU (Police) Officers and (<i>where possible</i>) NHS hold an inter-agency referral discussion.</p> <p>When safety plan is agreed, IRD participants conclude and sign off IRD.</p>	<p>Seniors and PPU officers record e-IRD This will include a safety plan addressing the identified risks, irrespective of whether a multi-agency meeting is planned.</p> <p>Seniors record and workflow ASP IRD case-note to AP business services who record the IRD in AIS AP Summary module</p>
	<p>Is a multi-agency case conference required to develop a protection plan?</p> <p>APCC must be held within 28 days of IRD conversation. Permission to contravene 28 day standard is required from Senior Manager</p>	<p>IRD identifies if APCC required and AP admin contacted to arrange a date. (<i>APCC within 28 days of discussion</i>)</p>	<p>AP Business Services will record APCC details and will send invitee list to Council Officer</p>
Adult Protection Case Conference	<p>Multi-agency representation is mandatory</p> <p>GP and Police – ‘attendance welcome’ or ‘attendance essential’ invitations</p> <p>Consider how to facilitate service user participation – (smaller group meeting; use of advocacy; Talking Mats)</p> <p>Consider invitee list– community safety, fire service; MHO or council</p>	<p>Agency Reports</p> <p>Develop support and protection plan with identified action leads and timescales. (<i>Chair monitors plan and action leads must feedback to chair</i>)</p>	<p>Council Officer will have begun Complex Risk Assessment (on AIS)</p> <p>AP admin complete APCC AIS tab</p> <p>Minutes agreed and circulated within 14 days</p>

This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

Current Version: [6]

Review Date: [18 November 2017]

Page 31 of 35

Document [7]

Procedure Title - Adult Protection

	lawyers for MH; ASP, Forced Marriage Protection Orders	Core group to implement plan	
	Consider using decision specific screening tool to reflect view of capacity	Review meeting within six months	
Adult Protection Plan	Consider need for core group to implement plan Consider what is needed to apply for ASP protection orders or other protective measures	Plan must be 'SMART' (Specific; Measurable; Achievable; Realistic; Time Bound) Ownership of actions by named agency representative Monitoring of plan by Chair and Council Officer	Use information for legal section form to capture information for protection orders Council Officer liaises with AP business services to ensure legal orders are recorded in AIS legal status tab Minute takers record Adult Protection Plan
Adult Protection Reviews	The protection plan will be monitored by Chair and Council Officer	A review meeting must be held within six months	Minute takers will generally be provided for reviews but initial APCCs take precedence so AP business services will provide templates and circulate minutes for those they cannot minute.
Care Service Investigations	ISSUES TO CONSIDER	ACTIVITY	RECORDING
	<ul style="list-style-type: none"> Is the cause of the concern in a position of trust, authority or a care provider? Is the concern about poor standards of care or lack of knowledge and training? Could it be a non- 	Liaison between public agencies; care inspectorate and council planning and commissioning officers.	Council officer uses ASP duty to enquire summary report or investigation summary report

This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

Current Version: [6]

Review Date: [18 November 2017]

Page 32 of 35

Document [7]

Procedure Title - Adult Protection

	<p>accidental injury?</p> <ul style="list-style-type: none"> • Are there gaps or disparities in the accounts of the incident or injury? • What happened versus what should have happened? • Have all the regulatory and scrutiny bodies been notified? 		
Large Scale Investigation (LSI)	ISSUES TO CONSIDER	ACTIVITY	RECORDING
Parallel Investigations	<p>The need for a Large Scale Investigation is considered if more than one person at risk of harm is in receipt of a care service</p> <p>Police investigation (feedback to Investigation Lead)</p> <p><i>The following may be suspended until criminal investigation concluded (as advised by Police Scotland)</i></p> <ul style="list-style-type: none"> ➤ NHS or Care Provider disciplinary or HR investigation ➤ Care Inspectorate Investigation ➤ Health and Safety Executive investigation ➤ OPG or MWC investigations 	<p>Locality or Service Manager to convene initial LSI group</p> <p>Investigation Lead appointed</p>	<p>Council Officer will record Contact with reason “ASP LSI” for all individuals subject to an LSI.</p> <p>Reports provided for LSI meetings</p> <p>Where an out of Edinburgh care setting is subject to an ASP inquiry in that area, record ASP duty to enquire for each Edinburgh resident.</p> <p>Investigation lead completes Adult Protection or Investigation Summary Report</p>
OTHER RELEVANT PROCESSES	ISSUES TO CONSIDER	ACTIVITY	RECORDING
Significant Case Review	(see SCR procedure on ORB)		

This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

Current Version: [6]

Review Date: [18 November 2017]

Page 33 of 35

Document [7]

Procedure Title - Adult Protection

(SCR)	<p>Aim of an SCR is to establish whether there are lessons to be learnt about how to protect adults. Reviews are a process for learning and improving service, as well as a means of recognising good practice</p> <p>When a child or adult dies and: where an incident or accumulation of incidents gives rise to serious concerns about professional and/or service involvement or lack of involvement</p>	<p>Any agency can request an Initial Case Review (ICR) to determine whether the case meets the criteria for a full SCR</p> <p>An ICR meeting is convened with representation from all the agencies.</p> <p>Decision whether an SCR is required or not</p>	<p>An agency sends a completed ICR report to the Chair of the Quality Assurance Group.</p> <p>Other agencies will be asked to examine records and complete ICR templates</p> <p>An ICR report will summarise the Initial Case Review findings recommendations and decisions</p>
Escalating Concerns Procedure	ISSUES TO CONSIDER	ACTIVITY	RECORDING
Getting It Right Meetings	<p>This process provides a framework which allows a collaborative approach to the risk management of individuals who continually fall out-with the thresholds for legislative intervention but remain at significant risk to themselves and/or the public.</p>	<p>A manager from any of the public agencies can convene a GIRFE (local multi-agency meeting)</p>	<p>Each agency ensures that the risk management plan is recorded on their database</p>
Escalating Concerns Meeting	<p>This process is part of Inclusive Edinburgh which encourages a creative, solution-focussed approach. <i>Training plan is currently being developed November 2016</i></p>	<p>Where all local efforts are exhausted, the case can be escalated to a senior management discussion</p>	<p>Each agency records the meeting and plan on their databases</p>

This document may be out of date if printed, the latest version is available on the Council Intranet.

Authorised by: [EMT and Adult Protection Committee]

Original Issue: [23 February, 2009]

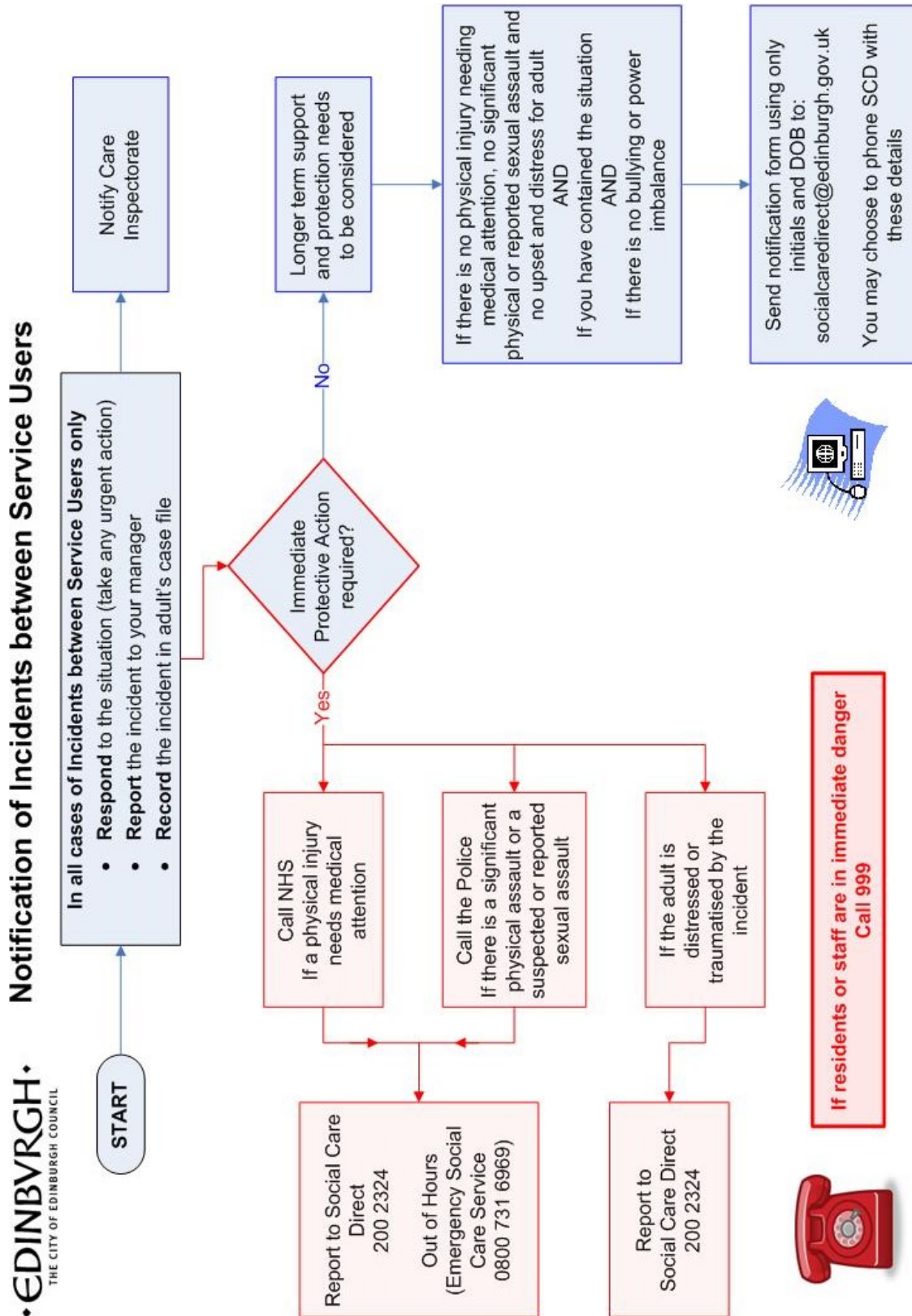
Lead Officer: [Kate Fennell – Adult Protection Lead Officer]

Current Version: [6]

Review Date: [18 November 2017]

Page 34 of 35

Document [7]



This document may be out of date if printed, the latest version is available on the Council Intranet.