

Grampian

Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm

Executive Summary



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To view the full Interagency Policy and Procedure for the Support and Protection of Adults at Risk of Harm, please go to www.aberdeenshire.gov.uk/adultprotectionpolicy

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Section One – Setting the Scene

1.1 Foreword

Most adults with mental health problems, physical or learning disabilities or other needs, manage to live their lives comfortably and securely, either independently or with assistance from caring relatives, friends, neighbours, professionals or volunteers. However, for a small number, dependence on someone may produce conflict, exploitation and harm.

This Policy and Procedure was initially produced in response to the growing awareness and documentation of the range, level and frequency of harm towards adults. It was developed to provide a framework to enable appropriate recognition and response to situations where adults may be at risk of harm.

The Policy and Procedure was first reviewed and revised in October 2008, to take account of the [Adult Support and Protection \(Scotland\) Act 2007](#) (referred to throughout this document as ‘the Act’) and its associated [Code of Practice](#). The Policy and Procedure was again reviewed and updated in September 2011 to take account of growing experience and knowledge of staff working in adult support and protection.

Partners

- NHS Grampian
- Aberdeen City Council
- Aberdeenshire Council
- Moray Council
- Grampian Police

Consultation and Comments

Members of the above partner organisations, voluntary organisations, private sector and other organisations were consulted with regard to the contents of this document. It will continue to be reviewed and amended by the Grampian Adult Protection Working Group in line with changing legislation and working experience. Any comments regarding this document should be made using the [Review / Comments Form](#). (Section 4.4).

1.2 Introduction

All citizens, organisations and agencies have a responsibility to participate in the protection of adults from risk of harm (referred to throughout the document as ‘the adult’). This means they have a duty to report any concerns to the appropriate authority.

Protecting adults from harm is a high priority for the Scottish Government. To achieve this we need to make sure that individuals and their carers are empowered, know what they can expect, understand their rights and have access to a responsive complaints and advocacy service. Equally important is the ongoing implementation of the National Care

Standards and sound recruitment practices. Those involved in the support and protection of the adult will be trained, supported and enabled to work together, to create a positive and empowering ethos.

[The Adults with Incapacity \(Scotland\) Act 2000](#), [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), and [Adult Support and Protection \(Scotland\) Act 2007](#) introduced duties and provide a range of guidance relating to the protection of the adult.

Supporting and protecting adults at risk of harm can be complex. We acknowledge that this policy and procedure cannot cover all eventualities; however it is intended for universal use.

1.3 Principles of Practice for Supporting and Protecting Adults at Risk of Harm

Agencies should adhere to the following guiding principles:

- Work within the principles laid down by the Act and its associated code of practice.
- Work within the principles laid down by the National Care Standards i.e. dignity, privacy, choice, safety, realising potential, quality and diversity.
- Work together within an interagency framework.
- Promote the empowerment and well-being of adults through the services/support they provide.
- Act in a way which supports the rights of the individual to lead an independent life, based on self-determination and informed choice.
- Identify people who are unable to take their own informed decisions and/or to protect themselves and their assets.
- Recognise that the right to self-determination can involve risk but that this should be minimised whenever possible and where necessary, through the use of a risk management process.
- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies e.g. independent advocacy.
- Ensure that the law and statutory requirements are known by Agencies and used appropriately, so that adults receive the protection of the law and access to the judicial process.

Section Two – What is Harm?

2.1 Definitions

Harm

Harm is an emotive term and can be subject to wide interpretation. Within the Act Harm is defined as including all harmful conduct and in particular:

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

Harm can happen anywhere, including in institutions, in the home, or in the community. Harm may involve elements of a power imbalance, exploitation and the absence of full consent. It can be the result of neglect, by self or others, and can involve acts of omission and commission.

Who is at risk? (Three Point Test)

The Act defines an 'adult at risk' as a person aged 16 years or over who:

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

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. An adult may have a disability but be able to safeguard their well-being etc.

It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

Who may cause harm?

The adult may be harmed by a wide range of people, including a;

- member of staff, proprietor or service manager.
- member of a recognised professional group.
- care worker.
- volunteer or member of a community group such as a place of worship or social club.
- service user.

- spouse, relative or member of the person's social network.
- carer.
- neighbour, member of the public or stranger.
- person who deliberately targets vulnerable people in order to exploit them.

It is particularly concerning when someone in a position of power or authority uses his or her position to harm the health, safety, welfare and general well-being of the adult.

Agencies have a responsibility to all adults who have suffered or who are at risk of harm. They may also have responsibilities towards agencies/people with whom the perpetrator is employed or works as a volunteer. The roles, powers and duties of the various agencies, in relation to the perpetrator, will vary depending on who the perpetrator is.

2.2 Patterns of Harm

Any or all of the following types of harm may be perpetrated as the result of criminal action, deliberate intent, negligence or ignorance and may be current or historical. These definitions are not exhaustive and no category or type of harm is excluded because it is not listed below. What constitutes serious harm will be different for different adults.

- Physical Harm - including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions, force-feeding, burning or scalding.
- Sexual Harm – including grooming, inappropriate touching or sexual advances, rape and sexual assault or sexual acts to which the adult has not consented, could not consent or was pressured into consenting to.
- Psychological Harm - including emotional harm, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse (including sexualised language) or isolation or withdrawal from services or supportive networks.
- Financial or Material Harm - including theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and Acts of Omission - including ignoring medical or physical care needs, failure to allow access to essential health, social care or educational services, withholding of the necessities of life such as medication, adequate nutrition and heating, or over/under-medicating.
- Discriminatory Harm - actions (or omissions) and/or remarks of a prejudicial nature, focusing on a person's race, disability, religion/belief, age, gender reassignment, marriage or civil partnership, pregnancy or maternity, sex (male or female) or sexual orientation.
- Information Abuse - e.g. failure to adhere to the relevant 'Data Protection Act' guidance, failure to provide adequate and appropriate information about Complaints/Customer Services procedures, which inhibits a person raising a concern about harm or failure to give an adult the right information e.g. benefit entitlement/claims.

- Self Harm – includes self poisoning or self injury
- Other – including forced marriage, honour based violence and radicalisation.

2.3 Signs of Potential Harm

Suspected harm can come to light in a number of ways.

The clearest indicator is a statement or comment by the adult themselves, by their regular carer, or by others, disclosing or suggesting harm.

Such statements must be acted on, whether they relate to:

- a specific incident or
- a pattern of events

There are many other factors which may indicate harm, which could include:

- unusual, suspicious or repeated injuries or bruising.
- unusual or unexplained behaviour of carers, including a delay in seeking advice or dubious or inconsistent explanations of injuries or bruises.
- an adult found alone, at home or in a care setting, in a situation of serious, avoidable risk.
- over-frequent or inappropriate contact/referral to outside agencies.
- a prolonged interval between illness/injury and presentation for medical care.
- signs of misuse of medication
- unexplained physical deterioration, e.g. loss of weight.
- sudden increases in confusion, e.g. a toxic confusional state could be as a result of dehydration.
- demonstration of fear by the adult of another person or place.
- difficulty in interviewing the adult, e.g. another person unreasonably insists on being present.
- anxious or disturbed behaviour on the part of the adult.
- hostile or rejecting behaviour by the carer towards the adult.
- signs of financial harm e.g. change in the ability of the adult to pay for services/access services, unexplained debts or reduction in assets.
- carers and/or dependants showing apathy, depression, withdrawal, hopelessness and/or suspicion.
- unnecessary delay in staff responses to residents' requests.
- a member of staff in a care setting having a history of moving jobs without notice, or having inadequate references.
- important documents reported as missing.
- inappropriate or unusual pressure being exerted by family or professionals to have someone admitted to care or to remain at home.
- inadequate completion of daily recording forms/incident forms in relation to unexplained incidents by Care Workers (record keeping).
- changes in behaviour from the usual pattern, e.g. someone who previously enjoyed an activity refusing to go, or reluctance of staff to accept change in rota/role.

Section Three – Making a Referral

3.1 What To Do If Harm Is Suspected

If the adult is known or believed to be at risk and there is a need for immediate action to protect the adult, contact should be made with the appropriate emergency services. A number of useful contact details are shown at Section 4.3 on page 15.

If an adult is known or believed to be at risk of harm the facts and circumstances of the case must be first discussed with a line manager (for employees only) and then reported, without delay, to the council for the area where they believe the adult to be located. The Out of Hours Social Work Service should be used if appropriate. Employee / staff must complete the appropriate [Adult Protection Reporting / Concern Form](#) (section 4.2) and submit to the appropriate council.

The council must involve agencies in initial inquiries, which will include discussions / assessments and information sharing to establish if a formal adult protection investigation needs to be instigated.

The council has a duty to investigate an alleged incident of harm. Other professionals may be involved for example: Police; Care Inspectorate; NHS and must cooperate fully.

The process and timescales of the investigation can be seen in the [Adult Support and Protection Flow Chart](#) (section 4.1).

3.2 Consent

Consent means “any freely given specific and informed indication of his wishes by which the data subject signifies his agreement to personal data relating to him being processed”.

The adult’s consent to share information should be obtained wherever possible. Existing legislation allows information to be disclosed without consent, where such disclosure is required by law or where such disclosure is in the public interest. Disclosure must be proportionate to the harm that is being investigated.

It may not be possible to obtain consent where:

- the adult lacks the mental capacity to consent.
- the adult is unwilling to consent because of undue pressure.
- the person acting with powers of attorney is unavailable or unwilling to give consent;
or
- the situation is so urgent that obtaining consent would cause undue delay.

If the decision is made to share information without consent this should be recorded by the organisation making this decision.

3.3 Information Sharing

Sharing information about the adult is vital; what one person or public body may know may only be part of a more concerning picture. The Act imposes a duty to co-operate with a council which is making inquiries regarding the adult on certain bodies and office holders. This includes a legal requirement to share information. Good practice would be that all relevant stakeholders would co-operate with assisting inquiries, not only those who have a duty to do so.

The Grampian Data Partnership Memorandum of Understanding supports information sharing between Grampian Police, Grampian Health Board, Aberdeen City Council, The Moray Council and Aberdeenshire Council. Information should be shared in accordance with the Grampian Adults at Risk Information Sharing Protocol.

Confidentiality is important but it is not an absolute right. Sharing information is essential to enable the council to undertake the required inquiries and investigations. Information should only be shared with those who need to know and only if it is relevant to the particular concern identified. The amount of information shared should be proportionate to addressing the concern.

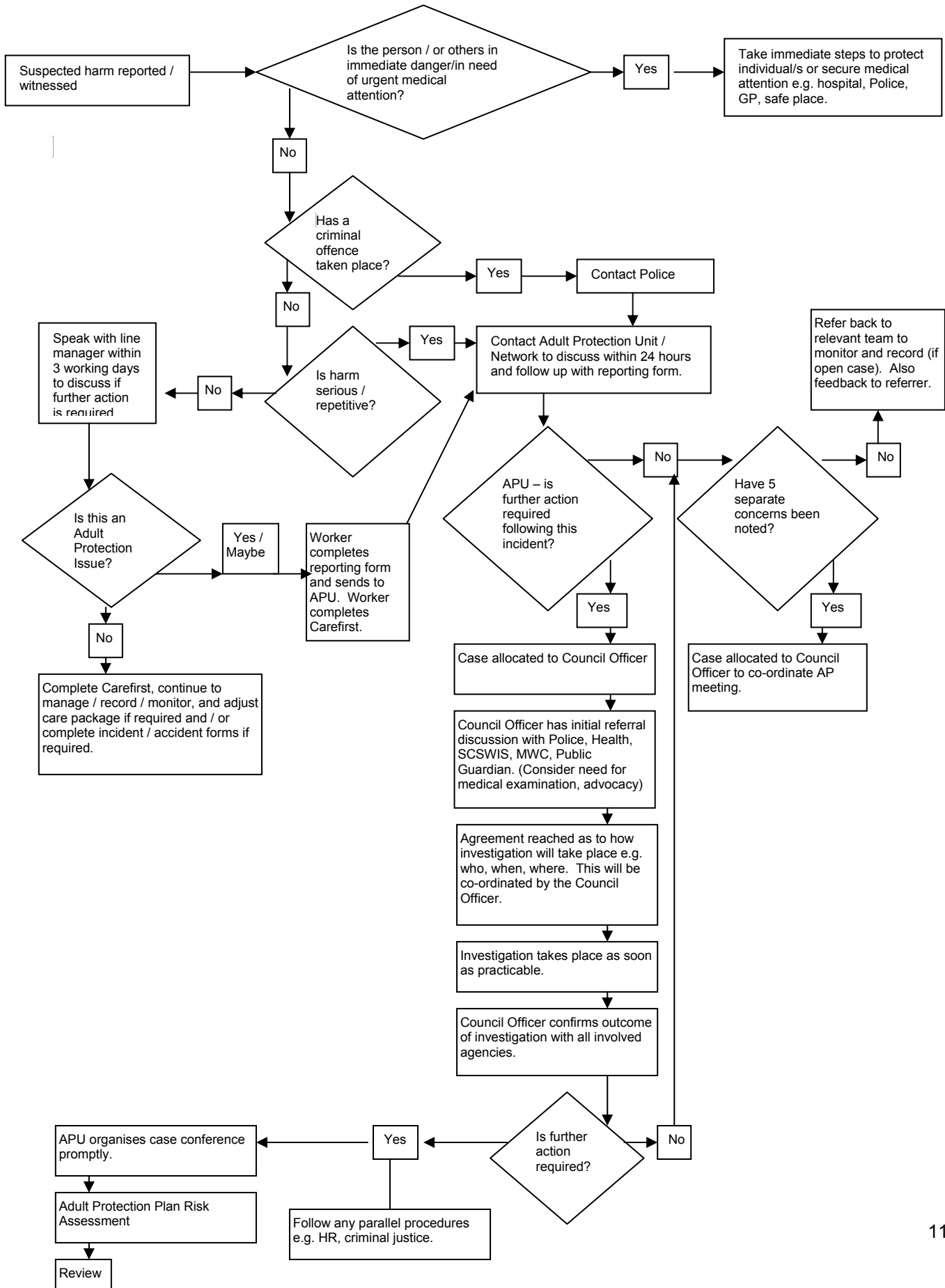
In general, agencies and professionals should:

- explain openly and honestly at the beginning what information will or could be shared and why, and obtain agreement to do so.
- stress that the adult's safety and welfare must be the overriding consideration when making decisions about sharing information.
- respect the wishes of adults who do not consent to share confidential information – unless it is considered to be in the public interest to override the lack of consent or allegations of a criminal nature.
- seek advice when in doubt.
- make sure information is accurate, up to date, and necessary for the purpose it is being shared for, share only with those who need to see it, and share securely.
- always record the reason for the decision: whether it is to share or not.

Section 4 – Appendix and Forms

4.1 Adult Support and Protection Flowchart

Procedure following alleged or suspected harm to an adult under the Grampian Support and Protection of Adults at Risk of Harm Policy



4.2 Adult Protection Reporting Form

Grampian Adult Support and Protection – Reporting Form

1. Details of Person Completing the Form

Your Name:		Your Job:	
Org/Dept:		Contact Details:	
Date Form Completed:		*Payroll/CHI No:	

2. Details of Adult at Risk

Name:		Address:	
DOB:			
*CHI/Carefirst No:			

3. Details of Concern

Date and time of concern/incident:	
Location of concern/incident:	
Description of concern/incident:	
Action taken/outcome to date:	
Additional action planned:	

4. Details of Any Other Parties Involved

Name	Contact Details	Role in Incident/Concern

5. Category of Risk

Using your experience/judgement, grade the category of risk based on what **actually happened**.

Use the Risk Matrix within the ASP Policy as guidance.

Low Medium High Very High

Reasons for Risk Rating: _____

6. Incident Reported To: _____

Date: _____

Form sent to: _____

Copy to: Client File Line Manager

Date: _____

Signature of person reporting concern/incident: _____

To be completed by Senior CCO/Care Manager/SW responsible for Adult Protection issues.

7. Outcome of Report (tick as many as appropriate)

Initial Discussion with:

	Date or N/A	Name
Care Inspectorate		
Health and Safety		
Health Professional		
Human Resources/Personnel		
Line Manager		
MWC		
Police		
Public Guardian		
Service Provider		
Other		
Recorded but NFA	Reason	

Inquiry/Assessment/Investigation Initiated Yes No Date

RIDDOR Reportable Yes No

RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995), place a legal duty on employers; self-employed people; people in control of premises; to [report](#) work-related deaths, major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents).

Name of Senior CCO/Care Manager/SW:	
Signature:	
Contact Details:	
Date of Decision:	

* Complete if available

4.3 Useful Contact Details

<p>Grampian Police</p> <ul style="list-style-type: none"> • Service Centre • In case of emergency 	<p>0845 6005700 999</p>
<p>Local Authorities Aberdeen City Council Aberdeenshire Council Moray Council</p> <p>Adult Protection Teams</p> <ul style="list-style-type: none"> • Aberdeen City Council Out of Hours Email: • Aberdeenshire Council Out of Hours Email • Moray Council (24 hours) Email: 	<p>01224 522000 0845 6081207 01343 543451</p> <p>01224 264266 01224 693936 adultprotection@aberdeencity.gsx.gov.uk 01651 871246 0845 84 000 70 adultprotectionnetwork@aberdeenshire.gov.uk 0300 123 0897 adultprotection@moray.gov.uk</p>
<p>NHS Board and Hospitals Grampian</p>	<p>0845 456 6000</p>
<p>Other Bodies Mental Welfare Commission Public Guardian Care Inspectorate (Aberdeen City) Care Inspectorate (Aberdeenshire) Care Inspectorate (Moray) Advocacy (Aberdeen City) Advocacy (Aberdeenshire) Advocacy (Moray)</p>	<p>0131 2226111 0131 2226111 01224 793870 01224 793870 01343 541734 01224 332314 01467 651604 01343 559649</p>

http://www.aberdeenshire.gov.uk/about/departments/support_protect_adults_harm.asp

4.4 Review/Comments

Grampian Interagency Policy and Procedures: Supporting and Protecting Adults from Harm

Please note any issues, suggestions etc resulting from the use of this document.

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Name:

Organisation:

Address:

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Please return form to:

Ann-marie Bruce
Strategic Development Officer
Room 15,
Oldmeldrum Business Centre
Colpy Way
Oldmeldrum
AB51 0PR

or

e-mail ann-marie.bruce@aberdeenshire.gov.uk