

**Statement of Best Practice in Joint Working between Glasgow City
Council and Registered Social Landlords in Glasgow and Glasgow Community
Health and Care Partnerships
(No 14)**

ADULT SUPPORT AND PROTECTION

1. Purpose of Statement

To establish a unified approach in dealing with adult protection concerns across all socially rented housing in Glasgow City. The statement sets out the roles and responsibilities of CHCP staff, Glasgow Housing Association (GHA) Ltd and all other Registered Social Landlords (RSLs) operating in Glasgow. This statement is part of a suite of best practice statements which can be accessed via Glasgow City Council's website (<http://www.glasgow.gov.uk>), Greater Glasgow & Clyde NHS' and GHA's intranets and through the members' pages of the web sites of the Scottish Federation of Housing Associations (SFHA) and the Glasgow and West of Scotland Forum of Housing Associations.

The statement is supplemented by the following Appendices:

- Appendix 1 - Adult Protection – Guidance Note
- Appendix 2 – Adult Protection Guidance – Factors that may indicate harmful behaviour
- Appendix 3 – List of community based referral contacts and Stand By Services for initial contact by RSLs
- Appendix 4 – Adult Support and Protection Act flow chart.

2. Introduction

2.1 The protection of adults at risk of harm is not an option but a responsibility across agencies. Our expectation for all “at risk” adults in our communities is that they are empowered, through support from all the public services including Social Work Services, Police, Health and Housing to be free from any preventable harm or exploitation. They are enabled to make their own choices about their lives and to live as independently as their personal circumstances may permit. RSLs are committed to the protection of adults at risk of harm, and the safeguarding and promoting of the interests and well-being of such adults is of paramount concern.

2.2 In Scotland, there are three Acts of the Scottish Parliament which relate specifically to adult protection. These are:

- **Adults with Incapacity (Scotland) Act, 2000.** This Act imposes duties on, and assigns functions to, local authorities in relation to the making of enquiries in respect of adults who lack capacity, and the creation, application and supervision of proxy decision making powers in respect of such adults.
- **Mental Health (Care & Treatment) Scotland Act, 2003.** This Act imposes duties on, and assigns functions to, local authorities and health boards in respect of social and mental health well-being, the making of enquiries in respect of persons who appear to have a mental disorder, and (where necessary) the application of compulsory measures in relation to the assessment and treatment of persons having a mental disorder.

- **Adult Support and Protection (Scotland) Act 2007.** This Act imposes duties on, and assigns functions to, local authorities in respect of the making of enquiries, the conduct of investigations, the application for protective powers in respect of adults defined by the legislation to be at risk of actual or suspected harm. This Act also brought about the creation of Adult Protection Committees in every local authority area.

2.3 It is the responsibility of adult protection agencies such as Social Work Services and the police to make enquiries (proactive and reactive) and to carry out appropriate investigations in order to establish:

- (a) whether or not an adult is at risk from harm or suspected harm; and, if so,
- (b) which, if any, of the protective measures available in terms of the legislation are most appropriate to an adult at risk's individual circumstances.

It is, however, everyone's responsibility to report concerns regarding any adult who is, or who appears to be, at risk of harm to Social Work Services. If you are concerned that a vulnerable adult is at risk of exposure to criminal activity such as fraud then police must be notified as well as Social Work. However, in order to avoid confusion and to have clear lines of accountability, RSL staff should report concerns directly to their line manager in the first instance. Section 4 sets out the reporting guidelines.

3. Definitions and Application of the Attached Policy (Appendix 1)

3.1 For the purposes of the Adult (Support & Protection) (Scotland) Act 2007 ("ASP Act"), an "adult" is a person aged 16 or over. However, if the adult concerned is 16 or 17 years of age, it is possible that s/he is subject already to a Supervision Order or other Order under the Children (Scotland) Act, 1989, or other Social Work or childcare legislation. If housing staff know that such an Order is in place in respect of that person, they should include that information in their report to their line manager. It is the responsibility of Social Work Services to carry out any investigations about anyone who may be subject to such an Order. Section 4 sets out the reporting guidelines.

3.2 The ASP Act defines "adults at risk" as adults who:

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

3.3 The presence of a particular condition does not automatically mean an adult is an "adult at risk". Someone may have a disability but be fully able to safeguard their well-being. It is important to stress that **all three elements** of the definition above must be met for an adult to be an "adult at risk".

3.4 The ASP Act states harm includes all harmful conduct and in particular includes:

3.5 Conduct which causes physical harm.

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

(Some further categories and indicators of harmful behaviour to an adult at risk are attached at Appendix 2).

3.6 Adults deemed to be at risk of harm, as defined under the ASP Act, come within the scope and application of this best practice statement.

- (a) There is a clear requirement across agencies to co-operate in relation to the protection of adults seen to be at risk of harm. RSLs should ensure appropriate mechanisms are in place for staff to report any concerns to Social Work Services and/or the Police, as may be appropriate in the circumstances. RSLs should also ensure that appropriate mechanisms are in place in relation to any ongoing involvement and assistance by them, in consultation with the relevant statutory agencies, towards effective risk management.
- To ensure appropriate protective measures can be put in place, it is recognised that confidential information will need to be shared with other workers, managers and other agencies on a “need to know” basis. **The Statement of Best Practice - Sharing of Client/Tenant Information** (SoBP No. 3) sets out the key principles and the agreed protocol for sharing information between the partners, including Data Protection principles.
 - Staff have a duty to report concerns about an adult thought to be at risk of harm (as defined in the ASP Act). Section 4 sets out the reporting guidelines.

4. Reporting Guidelines

4.1 Any concerns a member of staff may have regarding the safety and well-being of an adult at risk of harm should be brought to the attention of their line manager immediately.

4.2 The Line Manager must

- 1) Ensure proper records are made and kept of all relevant reports, concerns, incidents, risk assessments and risk management strategies.
- 2) Ensure prompt (or where appropriate, immediate) reporting of significant concerns to the lead investigating agencies, being Social Work Services and/or Strathclyde Police.
 - The referral should be acknowledged by SWS and/or Strathclyde Police by the end of the next working day and, until that time, the line manager retains a duty of care.

4.3 Out of Hours

There may be occasions where there are concerns about an adult's safety and well being (as defined by The Act) outwith normal working hours and the line manager is not available. In such instances, a direct referral to Standby Services should be made. This should be supplemented by a full report to the line manager on the following working day. Appendix 3 sets out the contact details.

Standby Services will act upon the referral and follow up with a full report to SWS. SWS will acknowledge the referral on the next working day following receipt of the report from Standby Services.

Note: Where a referring partner agency has concern as to the **immediate safety** of an adult at risk they **must** immediately advise the appropriate emergency service, or facilitate other protective measures as appropriate.

(List of Contact Details is given in Appendix 3).

5. Resolution of Disputes

5.1 In the case of any disputes or concerns about how a referral has been dealt with, RSLs should refer to the Essential Connections Forum. SoBP No. 2: Local Liaison Arrangements/Working Together sets out a framework for taking issues forward.

6. Policy Guidance

Appendix 1 sets down an Adult Support and Protection reporting Guidance Note for RSLs (and also makes reference to the internal policies of CHCPs which is based on the guiding principles derived from Scottish Government Guidance).

Adult Protection – Guidance Note

Incident Informing and Reporting

- Any report that an adult may be at risk of harm, including anonymous referrals, should be taken seriously. All cases should be considered with an open mind. In all instances, the information given must be reported immediately to a designated person in senior management.
- It is important to record the details of any concerns you may have in relation to an adult at risk of harm. Any notes taken should be signed and dated and made available to the designated senior manager at the earliest opportunity.
- Where a member of staff of a partner agency staff directly observes occurrences of harm, or behaviour likely to cause harm, this must also be recorded and immediately brought to the attention of the appropriate manager.

Where information is given to staff out of hours it must be passed to the Social Work Services Stand-by Service.

- Staff making contact with Social Work Services and/or the Police must make a note of the following:
 - The date and time that contact was made. Where contact cannot immediately be made, the reason for this must be recorded. Details of all unsuccessful attempts to make contact must also be recorded.
 - Name, address and full details of those contacted.
 - Details of who should be contacted for future follow-up/agreed further action.

What if it is someone within your RSL that you are concerned about?

- If you have observed RSL staff acting in a way that has caused you to be concerned and feel the matter needs to be investigated further under Adult Support and Protection you should contact the Director/Chief Executive – or your Manager or Team Leader - outlining your concerns and the basis for them. They will take your concerns seriously, make appropriate enquires into them and thereafter decide on the appropriate course of action. You may also wish to refer to any of your agency's internal policies and procedures.

Supporting the Adult at Risk of Harm

- It is important that all employees and those involved directly with the adult seen to be at risk of harm act throughout in a facilitating and supportive manner. Staff should avoid being judgemental and should not introduce personal or third party experiences of harm. Every effort should be made to enable the adult to express their wishes and to make decisions to the best of their ability where appropriate, but, within a duty of care, the overriding concern is the protection of the adult from harm.

Confidentiality

- Where an adult is seen to be at risk of harm, this will always override a professional or organisational requirement to keep information confidential, **subject always to the provisions of the Data Protection Act 1998** and the SoBP on Sharing Client/Tenant information. It is the responsibility of those employed or involved with RSL organisations to take appropriate action to ensure the adult deemed to be at risk is protected from harm.

Role of Senior Managers Social Work Services

- All concerns of an adult protection nature should be reported to the relevant Social Work Services office. Social Work Services will seek to allocate the matter to a member of their staff who has sufficient knowledge and expertise to deal with any concerns raised. It will be the responsibility of the designated RSL manager to ensure that all instances of alleged or suspected harm to an adult seen to be at risk and requiring protection are treated seriously and that appropriate liaison with Social Work Services and/or the Police is effected.

What Happens Next

- It is the duty of Social Work Services to make enquiries and to investigate matters of concern in relation to the protection of an adult deemed to be at risk of harm as defined by the legislation. Where it is alleged that a crime has been committed against the adult, investigation is likely to be progressed jointly in consultation with the Police.
- The investigating officers may need to speak to the staff member from whom the concerns originated. Managers and staff must co-operate fully with any Police or Social Work Services enquiries, and managers should ensure staff are facilitated in this **(Please see also Appendix 4 which displays a basic guide to RSLs of their part in this process)**.

Adult Protection Guidance**Important Information and Contacts****Factors which may indicate harmful behaviour towards an adult at risk**

These can include one or a combination of the following actions. The following indicators must, however, be used only as a guide. This is because many of the indicators, though suggestive of harmful behaviour towards an adult, can have other causes which are completely unconnected with harmful behaviour. It is therefore important not to assume that the presence of such indicators is firm proof that the adult is the victim of harmful behaviour. Instead, the presence of such factors needs to be assessed in the context of what is known about the adult and his or her particular circumstances.

Physical Abuse – involving actual or attempted injury to an adult defined as at risk. For example:

- Physical assault by punching, pushing, slapping, tying down, giving food or medication forcibly, or denial of medication.
- Use of medication other than as prescribed.
- Inappropriate restraint.

Emotional/Psychological Abuse – resulting in mental distress to the adult at risk. For example:

- Excessive shouting, bullying, humiliation.
- Manipulation of, or the prevention of access to, services that would be of benefit to the adult.
- Isolation or sensory deprivation.
- Denigration of culture or religion.

Financial or Material Abuse – involving the exploitation of resources and property belonging to the adult at risk. For example:

- Theft or fraud.
- Misuse of money, property or resources without the informed consent of the adult at risk.

Sexual Abuse – involving activity of a sexual nature where the adult at risk cannot or does not give consent. For example:

- Incest.
- Rape.
- Acts of gross indecency.
- Inappropriate touching or verbal or physical sexual harassment.
- Sexual Acts which are unwanted and not consented to; or are the result of coercion, such as prostitution and grooming.

Neglect and Acts of omission by others charged with the care of the adult – including ignoring medical or physical care needs. For example:

- Failure to provide access to appropriate health, social care or educational services.
- Withholding of the necessities of life such as nutrition, appropriate heating, etc.

Multiple Forms of Abuse

This may occur in an ongoing relationship or service setting or to more than one person at a time. It is important therefore to look not only at a single incident, but to also consider the underlying dynamics and patterns of harm.

Random Violence

An attack by a stranger on an adult defined as at risk is an assault; this is a criminal matter and should be reported to the police. However, where there is the possibility that the violence may be part of a pattern of victimisation in a community or neighbourhood, local authority Adult Protection procedures may also apply in respect of effective multi-agency intervention.

Domestic Violence

Strathclyde Police define domestic violence as “any form of physical, non-physical or sexual abuse which takes place within the context of a close relationship committed either in the home or elsewhere”. In most cases this relationship will be between partners (married, cohabitating or otherwise) or ex-partners.

The similarity between the above acts of harm in relation to adult protection is recognised. However, the key factor in relation to activating adult protection procedures in such situations is that the victim (or suspected victim) must be an adult at risk of harm as defined in The Act.

Practitioners should also consult [Statement of Best Practice No. 10: Domestic Abuse](#) for further information.

Contacts List

Appendix 3

Name	Address	Telephone Number
South West Glasgow CHCP	Rowanpark HUB Rowanpark Office Pavilion One 5 Ardlaw Street Teucherhill Glasgow G51 3RR Fax: 0141 276 8940	0141 276 8700
West Glasgow CHCP	West CHCP Anniesland Office 1660-1670 Great Western Road Glasgow G13 1HH Fax: 0141 276 2530	0141 276 2442
East Glasgow CHCP	East Glasgow CHCP Anston House 582 – 588 London Road Bridgeton Glasgow G40 Fax: 0141-276-4187	0141 276 4100
North Glasgow CHCP	ASP Practice Team Leader, 400 Petershill Road, Springburn G21 4AA Fax: 0141 276 4790	0141 276 4710
South East Glasgow CHCP	SE CHCP Area Service Team Community Care 10 Arden Craig Place Castlemilk Glasgow G45 9US Fax: 0141 276 5029	0141 276 5030
Standby Services	Centenary House 100 Morrison Street Glasgow G5 8LN	0141 305 6970 0800 811 505

REGULATING BODIES:

The Office of the Public Guardian	Hadrian House Callendar Business Park Callendar Road Falkirk FK1 1XR	01324 678 300
Mental Welfare Commission for Scotland	Thistle House 91 Haymarket Terrace Edinburgh EH12 5HE	0131 313 8777

Name	Address	Telephone Number
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Strathclyde Police

A Division Glasgow Central & West	Anderston Police Office 945 Argyle Street Glasgow G3 8JG	0141 532 3229
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Brian Molloy	brian.molloy2@strathclyde.pnn.police.uk	
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B Division Glasgow North East	Saracen Police Office 104 Barloch Street Glasgow G22 5BY	0141 532 3944
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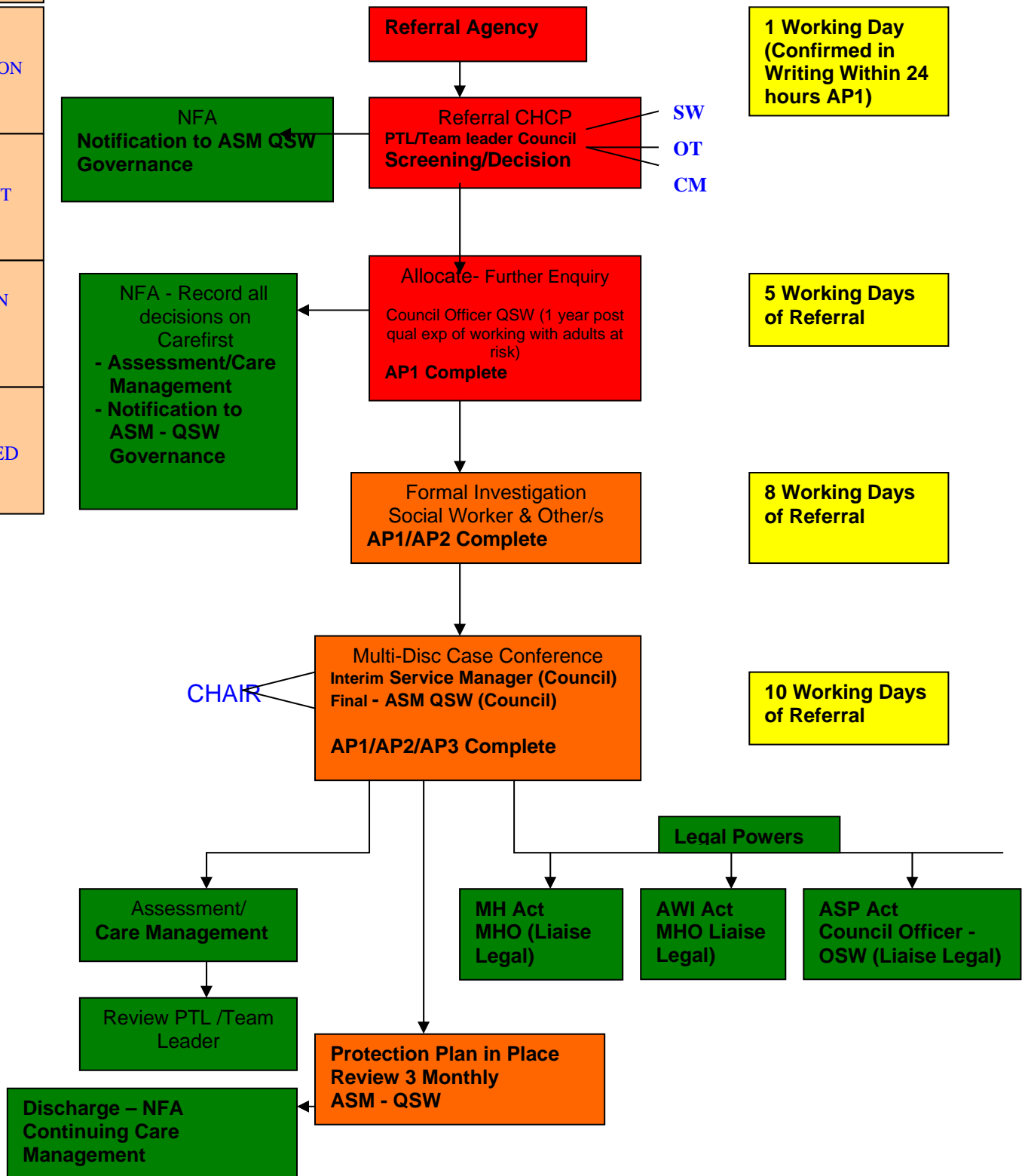
Craig Douglas	craig.douglas@strathclyde.pnn.police.uk	
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G Division Glasgow South	Aitkenhead Road Police Office 744 Aitkenhead Road Glasgow G42 0NS	0141 532 4905
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Gael Park	gael.park@strathclyde.pnn.police.uk	
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NOTE
AP1 REFERRAL INFORMATION
AP2 RISK ASSESSMENT
AP3 PROTECTION PLAN
QSW SSSC REGISTERED SOCIAL WORKER

WORKFLOW



Note: Time scale to reflect maximum. In some instances risk to adult/others will demand more immediate action. In other circumstances, given complexity, where risk assessment requires extension of time-scales the reasons for this must be approved by the PTL/Team Leader (Council) and be recorded on Carefirst.



Glasgow
Community Health & Care Partnerships

**Social Work Services
Local Partnership
Protection of Adults at Risk
Adult Protection Referral Form
& Actions (AP1) – ALL AGENCIES**

All agencies use the AP1 with the exception of the Police, who will use their own Referral Form

- You must immediately report suspected or actual harm, to your line manager, and you have a legal duty to report any concerns to the Council Social Work Services, if it is known or believed that a person is an adult at risk, and that protective action is needed
- All Sections of Part A of the Referral Form require to be completed within 1 normal working day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent

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

SECTION A

REFERRER DETAILS

Name of Referrer	<input type="text"/>	Job Title	<input type="text"/>
Contact Phone No	<input type="text"/>		
Address	<input type="text"/>	Post Code	<input type="text"/>

REFERRAL DETAILS

In what capacity do you know the adult at risk you are referring?

Do you suspect a crime has been committed, and have you informed the Police? (Date, time and any actions taken by the Police)

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

What are the details and nature of the situation leading to this referral? (To include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising)

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

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

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

ADULT AT RISK DETAILS

Name DOB
Gender Ethnic Origin Religion

Any known communication difficulties?

If YES, please detail below

Living situation eg lives alone, with spouse etc, type of accommodation, any known support, caregivers (their details) etc

GENERAL PRACTITIONER

Name
Phone No
Address

OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED

Name(s)	Contact No's

Details of person's physical and mental health as known to health professional (Confidentiality is important, but for the purposes of allowing Council's to undertake the required inquiries and investigations, information to protect an adult at risk of harm relevant information should be shared. Please refer to your Agencies procedures under Adult Protection Law

DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN

Name

Relationship to person

Address

DETAILS OF ANY PREVIOUS CONCERN/INCIDENT(S) (to include dates, times, actions taken and outcomes)

Referrer Signature Date

Print Name

SECTION B

Action to be taken by Social Work Services on receipt of referral – within 5 days of receiving a written referral on Form AP1, the following actions must be completed by Social Work Services as the lead agency

Letter of acknowledgement to be sent immediately to referrer / organisation

Form AP1 received (enter date)

Form AP1, letter of acknowledgement sent (enter date)

Referrer / organisation to be advised in writing of the initial outcome of their referral

Advised (enter date)

Referrer / organisation to be invited to any subsequent adult protection meetings held by Social Work Services

Invitation to Adult Protection Case Conference Sent Date Sent

Date of Case Conference

Adult at Risk legal status at time of referral

Enquire and complete any missing information not provided in Part A

Completed (enter date)

Reasons for non completion

Gather all available initial information to inform a decision at this point

Action – **NO** harmful conduct / concerns (i.e. refer on to an appropriate agency / review existing care plan / consider other adult legislation / action taken and give reasons) Yes No

Action – **YES** harmful conduct / concerns (i.e. immediate Adult Protection Order sought / investigate further / Case Conference arranged, and give reasons) Yes No

Note Primary Category of Referral

Category is

Note Primary Category of Referrer

Category is

14. Other (Please specify)

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All information from AP1 to be transferred to Councils Assessment and Care Management IT screens, or held in Council Case Files. Information gained from Police Referral Form also to be recorded)

Date Completed

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- Any future actions and any future relevant information gathered should also be recorded using Councils Assessment and Care Management IT screens, or held in Council Case Files
- Information collated on Forms AP2 (Risk) or AP3 (Protection Plan) when relevant

ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL

Senior member of
Social Work
(signature)

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Print
Name

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Date

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