



ADULT PROTECTION POLICY AND PROCEDURES

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1. SETTING THE CONTEXT

1.1 Introduction

Adult abuse can occur in many different settings and situations, and it can be a very complex area of work. There have been a number of high-profile cases where vulnerable adults have not been protected by the services which are there to support them, and the joint Social Work Services Inspectorate and Mental Welfare Commission report into the failings of the local authority and the health board in the Borders in such a case has highlighted the need for robust joint working across not only health and social work but also the Police and independent providers.

This multi-disciplinary approach is designed to address the abuse of vulnerable adults in community, hospital and group care settings. These procedures require any responsible person to act with regard to any information that comes to their attention which gives reasonable grounds to suspect that a vulnerable adult has been abused. ***In all instances these procedures will be followed by all agencies, units and establishments.***

These procedures and practice guidelines refer to cases where abuse has, or is believed to have, occurred and specific action is required to ensure the protection of the vulnerable person. However, it is recognised that the protection of vulnerable people is best ensured by an active monitoring and support network across the whole range of services and agencies. Clearer assessment of need, appropriate care planning and rigorous monitoring and reviewing processes will contribute greatly to the prevention of abusive situations arising. Such an approach is essential, when recognising that health and social care improvements, and the political drive to provide more care in people's homes, have led to a situation where larger numbers than ever before of very dependent people are now cared for in community settings, rather than in large residential units. It is therefore essential that agencies and services respond to the increasing needs of vulnerable people and their carers in order to address and alleviate the stress factors which can occasionally lead to the abuse of vulnerable people.

These procedures and guidance take into account the Human Rights Act 1998.

We would like to acknowledge the work done by the Vulnerable Adults multi-agency working groups in Argyll and Clyde and Highland; this paper borrows heavily from their policies and procedures documents.

1.2 Definitions

A **vulnerable adult** is a person who has attained the age of 16 years, and who is, or is likely to be, dependent on another, or others, for care, whether as a result of ageing, illness, physical, mental or learning disability, or a combination of all or some of these factors.

Abuse is when a person causes harm to a vulnerable adult's physical, sexual, emotional, financial or material wellbeing. Appendices 3, 4 and 5 give a detailed, although not comprehensive, description of the various types of abuse which may occur, indicators of abuse and risk factors.

Harm may be caused by direct acts, or by failure to provide adequate care. It may be systematic and/or repeated or may consist of a single incident.

1.3 Policy Statement

All vulnerable adults have a right, and should be enabled to achieve that right, to live and receive services in an environment which is free from prejudice and safe from abuse.

Where abuse is suspected, all agencies will work co-operatively to provide a service which is

prompt and at a pace of delivery which ensures the immediate and ongoing health and safety of the vulnerable person

sensitive to vulnerable adults and their representatives/carers and to staff

effective in providing solutions which are as simple and practical as possible and aimed to prevent the risk of abuse recurring

balanced – agencies must exercise responsibilities and duties appropriately, and ensure that all intervention in people's lives, those abused, their family, and staff, is justified, with the reasons being fully recorded

aware and does not discriminate against a person because of their religious and cultural beliefs, age, disability, gender, race or sexuality

1.4 Values & Principles

The principles of the Adults with Incapacity (Scotland) Act 2000 can be used in the context of all vulnerable adults. They are:

- (i) Benefit: There should be no intervention in the affairs of an adult unless such an intervention will benefit the adult;
- (ii) The principle of minimal intervention;
- (iii) The vulnerable adult's wishes should be taken into account at all times;
- (iv) There should be consultation with relevant others, including the adult's carers, any guardian and any other relevant person;
- (v) The vulnerable adult should be encouraged to exercise whatever skills he or she has, and develop new skills.

Where a vulnerable adult is clearly able to make choices, he/she must be advised of the options available and his/her wishes respected, unless, exceptionally, a statutory responsibility to intervene arises. If intervention is necessary to prevent further risk, actions should be pursued in a way that causes the least disruption for that individual's way of life.

Finally, it should be remembered that in jointly determining appropriate action, every effort must be made to enable the vulnerable adult to express his/her wishes in a way that is appropriate for them. Basic human and civil rights must be respected.

During the initial action, investigation and outcome, the primary focus and concern must at all times be the welfare of the vulnerable adult.

It is essential that all parties are involved in inter-agency co-operation and that the implementation of this procedure and guidance maintains such an approach. This will involve consideration at all times of:

Self determination – is the vulnerable adult able to make their own decisions and choices and do they wish to do so?

Consent – did the person subject to abuse consent, and did he/she consent willingly? The presence or absence of consent is not the single determining factor as to whether formal investigation occurs.

Capacity – does the person subject to abuse have the capacity for self determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse?

These are complex issues, seldom clear-cut, and will require sensitive and thorough examination.

1.5 Advocacy

Why Vulnerable People Need Independent Advocates

“Individuals who rely on service systems often have limited personal power and resources to argue their case. This is especially true for people who do not use words to communicate, for people who cannot read or write in the language of the system, for people who are physically frail, and for people who are regarded as incapable of making decisions.

If these individuals do not have well motivated and capable family and friends to speak up for them, they are at risk. They may not have their own views, wishes and feelings taken into account properly, as is their right. They are also the least likely people independently to exercise their right to make a complaint.

(extracted from Why Advocacy Matters – a Guide for Commissioners – March 2000)

Where abuse is suspected or known, the role of advocacy services should be considered at the start of any investigation or procedural process. This may be in relation to the victim and also, in cases where the suspected perpetrator may also be a vulnerable adult, for the suspected perpetrator him or herself.

The role of the advocate is to ensure the voice of the vulnerable adult is heard, and that consultation is an integral part of the process.

Where an independent advocate is in place in relation to these procedures, they will be invited to all case conferences relating to the vulnerable adult, and consideration will be given to inviting them to other planning meetings.

In instances where the advocate suspects abuse, this will be reported, normally with the permission of the vulnerable adult, in accordance with these procedures. **(But see section 4.2, page 13, on the limits of confidentiality)**

The role of the advocate can be important for the facilitation and support to the vulnerable person throughout the key steps.

2. THE LEGAL CONTEXT

Protection is available to all citizens, including vulnerable adults, through the Criminal and Civil Courts. Further protection is available through the use of the Adults with Incapacity Act for people who are vulnerable because of mental disorder or inability to communicate. Such protection is aimed at preventing abuse and, on occasion, taking action against the abuser. Action against the abuser is more likely to arise in the Criminal Courts although a civil action for damages may be possible.

2.1 Criminal Law

The Criminal Law in Scotland permits the prosecution of any person accused of a criminal action. In order to decide whether or not a particular circumstance or alleged offence is within the criminal law it will be necessary to liaise with the local Police force. If as a result of any police investigation, sufficient evidence of a crime is found, the police will submit a report to the Procurator Fiscal, who will decide on any subsequent prosecution. The Procurator Fiscal will take into account the public interest, the evidence which is available and the interest of the victim. The Procurator Fiscal will in some cases have statements provided to him from the Police and it will therefore be necessary to co-operate with the Police in any criminal investigation. In serious cases staff of the Procurator Fiscal Office may require to precognose (interview) the adult to obtain further information.

Various crimes can be committed against vulnerable persons, but will not all constitute abuse. For example, "bogus workmen" may be charged with fraud. Sexual assault may or may not also be abuse. Whether or not such offences would constitute abuse would depend on many different factors, including whether there was an existing relationship with the perpetrator. There is specific statute (the **Mental Health (Care and Treatment) (Scotland) Act 2003**) making it a criminal offence to engage in non-consensual sexual acts with (Section 311) or to ill-treat or willfully neglect (Section 315) anyone with a mental disorder. It is also an offence under Section 83 of the **Adults with Incapacity Act** for anyone exercising welfare powers under the Act (eg, attorney, guardian) to ill-treat or willfully neglect the adult. Section 3 of the **Sexual Offences (Amendment) Act 2000** makes it an offence for a person over 18 who is in a position of trust over someone under 18 to have sexual activity (broadly defined) with the young person.

Such crimes will be investigated by the Police. The fact that a victim of a crime is an elderly or vulnerable person will often result in the case being considered to be aggravated i.e. more serious. The intentional targeting of vulnerable persons must be viewed as being especially pernicious.

Regard must always be taken of the disproportionate inconvenience and upset that criminal investigation and prosecution has upon a vulnerable adult. The Procurator Fiscal will endeavour to treat a vulnerable witness as a special witness and to be alert to the needs of that witness. If the witness has a mental disorder, an Appropriate Adult should accompany them in such circumstances. If the vulnerable adult has to give

evidence in Court, the measures introduced by the Vulnerable Witnesses (Scotland) Act 2004 will protect them in a number of ways from having direct contact with the accused. Again, in the adult has a mental disorder, they should be accompanied by an Appropriate Adult. (See Appendix 7).

2.2 Civil Law

A vulnerable person who has been abused may pursue an action in damages against his or her abuser. He/she may also be able to take proceedings preventing the abuser from acting improperly or contacting him or her further.

Criminal injuries compensation may also be available to anyone who has been the victim of a serious violent crime **even if there has been no prosecution in respect of the crime in question.**

Civil law is, however, perhaps more relevant in considering whether there are other means available to protect a vulnerable person to ensure that he or she does not become the victim of abuse in the first place. Several statutes are relevant in providing mechanisms to protect a vulnerable person.

The Adults with Incapacity (Scotland) Act 2000 is the main legislation which enables interventions in respect of property and personal welfare for people who lack capacity, and Appendix 2 outlines the various mechanisms available.

Both the Adults with Incapacity Act (Section 10) and the Mental Health (Care and Treatment) Act (Section 33) give local authorities the duty to make inquiries if they receive information indicating that a person with mental disorder (or, in AWI, incapacity due to inability to communicate) may be at risk. In doing so they must co-operate with other relevant bodies, for example the Mental Welfare Commission. The Office of the Public Guardian also has a duty to inquire into alleged misuse of funds of adults with incapacity.

A person who has a mental disorder may come within the scope of the statutory measures of the **Mental Health (Care and Treatment) (Scotland) Act 2003**. This Act gives local authority the duty to make inquiries when someone with a mental disorder appears to be at risk, again co-operating with relevant other bodies, such as the Commission and Health Board. Mental Health Officers have powers to obtain warrants to gain access to premises when required to pursue the inquiries.

Section 47 of the **National Assistance Act 1948**, permits the local authority to remove persons urgently in need of care and attention to suitable premises such as a hospital or care home. This legislation should only be used where the person has capacity to make decisions, and does not appear to have a mental disorder, as Adults with Incapacity Act and Mental Health legislation more robustly take account of human rights. This section applies to persons who –

- “(a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from anyone else, proper care and attention”

A Consultant in Public Health Medicine will provide a certificate to the social work service, and an application is made by the local authority for an order for the removal. Normally seven days notice is required, but an emergency procedure can dispense with that.

Removal under this statute is relatively rare, but can be helpful.

(Section 48 of this Act gives the local authority the duty to protect the property of anyone whose possessions are at risk when they are in hospital or in care.)

Adult Support and Protection (Scotland) Act 2007

The parliamentary progress of the Act is now complete, however considerable work remains to be done before the Act is fully implemented.

The Scottish Executive is taking forward a number of areas of work to ensure successful implementation. These include:

Developing a Code of Practice to assist practitioners operate the provisions contained in the new legislation. It will address the interface with existing statute, define the duties of local authorities and make clear the rights of adults to whom the Act applies.

Developing a range of information and guidance materials on the new Act.

Supporting arrangements for a range of training on the new Act including training materials.

Raising awareness of the new Act across Scotland.

Commencement of the new legislation will take place in stages with implementation likely to be achieved after autumn 2008.

2.3 Information Sharing and Data Protection

Any information sharing must comply with the terms of the **Data Protection Act 1998**. In general, a disclosure must only take place if **ONE** of the following conditions applies:

- The individual has given consent to the disclosure;
- It is a legal obligation, for example requests made by the Inland Revenue and DWP under their statutory powers or by order of the Court;
- Disclosure is necessary for:
 - (i) the prevention or detection of crime;
 - (ii) the apprehension or prosecution of offenders; or
 - (iii) the assessment or collection of any tax or duty

so long as the Data Controller can prove that it had reasonable grounds for believing that failure to make the disclosure in question would be likely to prejudice any of the above.

A Data Controller should be clear about whether they have a **POWER** or a **DUTY** to disclose. You may have a power to disclose but not a duty, therefore you could refuse to disclose personal information on the basis of maintaining the confidentiality of a third party. For example the Police have a power to disclose information under Section 115 of the Crime and Disorder Act 1998 but not a duty. Any disclosure of personal data must have regard to both common and statute law, for example defamation, the common law duty of confidence, and the data protection principles, subject to any exemptions which apply. The principles require that such information is obtained and processed fairly and lawfully; is only disclosed in appropriate circumstances; is accurate, relevant, and not held longer than necessary; and is kept secure.

Appendix 6 gives a summary of the Data Protection Act.

For advice on specific cases, you should contact your organisation's advisor on Data Protection – see contact list for details.

3. ADULT PROTECTION WORKING GROUP

It is clear that a management structure is necessary to oversee the implementation of interagency procedures for the protection of vulnerable adults. It is proposed that this overview is provided by a co-ordinating group of senior representatives from the relevant agencies. This group will be called the Argyll & Bute Adult Protection Working Group.

3.1 Objectives of the Adult Protection Working Group

- ❑ Oversee the protection arrangements for the most vulnerable in our community.
- ❑ Be the managing body for vulnerable adult procedures.
- ❑ Amend as appropriate current policy in line with new developments, e.g. legislation, Scottish Executive guidelines, recommendations resulting from investigation of abuse, service user comments.
- ❑ Monitor implementation of the policy by each agency
- ❑ Identify mechanisms for monitoring and reviewing implementation and effectiveness of the policy and procedures
- ❑ Receive incident reports timeously in cases where circumstances have given grounds for concern, and conduct or support critical incident reviews
- ❑ Agree protocols within organisations and across agencies on information sharing/ confidentiality and joint interviewing.
- ❑ Achieve effective working relationships across agencies at operational, supervisory and senior levels.
- ❑ Prepare an annual report with statistics and relevant information, demonstrating that adult protection policy and procedures requirements are part of each organisation's overall approach to service delivery and development.
- ❑ Establish a process to resolve with partners interagency disputes regarding individual cases.
- ❑ Facilitate joint training.

3.2 Membership

The Argyll and Bute Adult Protection Working Group is led by social work, chaired by the Head of Integrated Care, and will include senior representatives of the following agencies:

- ❑ NHS
- ❑ Police
- ❑ Voluntary sector
- ❑ Education
- ❑ Local authority legal services

In addition, all vulnerable clients groups' interests should be represented on the Working Group, as well as experienced practitioners.

The Working Group will meet at least twice per year.

(The Working Group will be replaced by the Adult Protection Committee when the Adult Support and Protection (Scotland) Act 2007 comes into effect in autumn 2008).

3.3 Reporting and Audit

Information relating to the implementation of the policy will be collated in a database, which will be maintained within Social Work, and held by Lorna McCallum at Social Work H.Q.. The database will record **all instances where use of the procedures was considered**, even when allegations were withdrawn and no further action was taken, and include outcomes and subsequent interventions.

In order to ensure a consistent high standard of case recording and risk assessment, the Service Manager Learning Disability (Argyll & Bute Council) or agreed nominee will routinely inspect on a three monthly basis a random sample of the case files of service users who have been the subject of investigations under these procedures.

This information will form the basis of the twice-yearly reports received by the Working Group.

4. PROCEDURES

4.1 Introduction

Suspected abuse may come to the attention of staff in a variety of settings, for example, in local authority or healthcare services, in independent sector services, in residential and day care. These procedures and practice guidelines apply in all settings, and should be followed in all instances of alleged or suspected abuse.

In cases where a criminal offence is alleged or suspected it is likely that any formal investigation will be led by the Police. It is important to remember that the perpetrator of abuse may also be a vulnerable adult, and may require the services of an Appropriate Adult during any criminal proceedings.

At any stage of the application of these procedures, your Area Manager will determine whether there is a need to discuss with the Council's Legal Services any issue where legal intervention might be necessary.

All allegations of abuse against vulnerable adults will be responded to using these procedures including situations where abuse is suspected from a staff member. In the event of an allegation of abuse involving staff, the employing agency will require to consider whether any disciplinary investigation is required.

Where the person who is alleged to have been abused is in a residential or hospital setting, consideration must be given to the appropriateness of that person remaining in that setting. All decisions must be taken based upon the welfare, safety and best interests of that person. Possible outcomes could include a temporary or permanent transfer to another ward or establishment. **Any report of alleged abuse within a registered service must be reported to the Care Commission.**

A vulnerable adult, or someone on their behalf, may make an allegation of abuse which is subsequently withdrawn. Such allegations will be recorded in the adult protection database. To ensure that any pattern of behaviour is identified early each incident will be examined in its own right and reviewed against previously recorded incidents by your Area Manager. If such scrutiny indicates further investigation should be undertaken, and in every case where three incidents involving the same alleged abuser or abused adult, an Adult Protection case conference must be convened.

If at any stage in the process, the adult appears to be at immediate risk of harm, the local social work duty worker, or if out of hours the West of Scotland Standby Service, should be alerted in order to put safeguards in place pending further investigation. If such safeguards cannot be provided on a voluntary basis, consideration should be given as to whether there are any statutory powers which may be used.

4.2 Initial Action

When a member of staff (or informal carer) witnesses, suspects or receives information about abuse, they must take the first steps to protect the adult. If the initial information came from another person, they should try to obtain as much detail as possible to inform subsequent decisions. They should talk to the adult, and try to obtain their view of the situation.

They should also seek permission to share the information with other agencies. (But see next paragraph.) If they refuse this, and have capacity to understand the implications, this must in most circumstances be respected. However, there are circumstances when it would be over-ridden.

- **The adult's consent is not required if it appears that a criminal offence may have been committed.** The member of staff's duty is to report it without delay to the police, and the **information-gathering should be suspended** as soon as the duty to report to the police becomes evident, so as not to compromise any police investigation. **If there is any doubt, the police should be consulted for advice.** The adult may subsequently refuse to give the police information.
- If failure to share the information would put other people at risk, this would override the adult's right to confidentiality.

This initial discussion should be recorded fully by the member of staff, and reported without delay to their line manager.

4.3 Consultation with Line Manager and Referral to Social Work

The purpose of this consultation is to examine the information gathered so far, in the context of the staff's prior knowledge of the adult, and identify all options for further action. The outcome of the discussion will be an action plan. This may include referral to the police, urgently if an allegation of physical or sexual assault has been made, if the need for this has not already been clear; seeking further information or clarification; and in all cases where further action may be required (and competent consent is not withheld), referral to the social work area team. **This referral should be made by the next working day**, and contain all the information obtained, relevant background, and details of action taken so far. (But see 4.1 above for more urgent referrals). This referral will be acknowledged in writing by the social work office within two working days of receipt.

If no further action is the decision at this stage, it will still be necessary to provide information for the database, to ensure that patterns of concerns/allegations are identified. The adult would be identified only with a reference number – ideally this would be their CHI (Community Health Index) number.

4.4 The Investigation

When the referral is received in the social work office, it will be passed to the Area Manager. The Area Manager will convene an investigation planning meeting, which should take place within 24 hours of the referral, and should include all agencies known to have contact with the adult. This meeting will identify the lead officer for the investigation, who should be professionally qualified and experienced in complex assessments, and the co-investigator, who might be from the referring agency, another organisation involved in the adult's care, or from health or social work, as appropriate. When the lead is being taken by the police, the co-investigator should be a qualified and experienced worker.

The meeting will also agree the process of the investigation, for example, who should be interviewed and where (office, other service, home). In cases where a criminal offence is alleged, the police will determine how the investigation will be carried out.

After the meeting, the officers conducting the investigation will plan in detail how they are to conduct it to ensure that as far as possible all the relevant information is obtained with minimum distress to the adult. Staff undertaking investigations must always be sensitive to the fact that multiple interviews may be abusive in themselves, and should be avoided as far as possible by good inter-agency co-ordination and careful planning. One component of the investigation will normally be to visit the adult's home, and view their living accommodation, including their bedroom. Contingency plans should be made as to what action will be taken if no one is at home or access is denied during a home visit.

The objectives of the investigation will be to:

- establish the capacity of the vulnerable adult to understand the processes involved.
- establish matters of fact
- assess the needs of the vulnerable adult for protection, support and redress, concurrent with any investigation,
- consider what action may be necessary with regard to the alleged perpetrator

It should not extend into any areas which might compromise any future criminal investigation. **If there is any doubt, the police must be consulted.**

It may also be relevant for any agency to consider if the service or its management, has been culpable, ineffective or negligent. Any disciplinary process would be separate from the adult protection process.

Allegations of harm or neglect of any vulnerable adult will require there to be a named worker, irrespective of how the investigations are to be conducted, and it is part of the Area Manager's responsibility to ensure the adult's case is allocated to a qualified worker. This worker should be kept informed of the progress of the investigation.

Preparation

At whatever stage of these procedures an interview is to take place, it is important that the structure and approach to be taken is agreed and understood beforehand. How this is undertaken on an individual case will depend on the process as agreed by the Area Manager Community Care and relevant colleagues in other agencies, and will be formulated in discussion with the investigating officers. Such preparation is essential, especially where the suspected vulnerable adult has a learning disability or lacks capacity. In these situations the preparation should include consideration of:

- The venue of any interview to ensure there is a safe environment for the person
- Ensure that the proposed interviewers have the necessary skills to conduct the interview. This may include consideration of the involvement of an Appropriate Adult.
- The emotional support the vulnerable adult might require, and advocacy support
- The use of necessary communication aids or interpreters
- Who will undertake the detailed written recording of the interview

At any stage, when following these procedures if it is considered that staff might be at risk of potential violence, the Area Manager Community Care in conjunction with colleagues in the relevant agencies will agree an investigative plan which will ensure that health and safety issues are addressed.

See Appendix 8 for a checklist for the investigation.

The Interviews

At this first contact, staff should listen and record accurately what the person has actually said, using the persons terminology, incorporating staff observations of his/her behaviour and physical condition. It is important that leading questions are not asked, for example "did he touch you inside your clothing?" The questions should be open, and should never lead to, or suggest, an answer, and should not pressure the person to provide an answer.

All hand-written notes will include the exact questions staff have asked, stating the exact wording used, and as far as possible record the exact responses; these records must be kept.

If sexual or physical abuse is alleged or suspected, immediate action must be taken to preserve all forms of evidence, and this must be done by referring the matter to Area Manager Community Care and the Police. Responsibility for preservation of evidence rests with the local Police. The scene relevant to any crime should be preserved until the arrival of the Police. Attempting to secure evidence without training could compromise the admissibility of such evidence in any subsequent prosecution.

Where necessary, appropriate alternative resources should be sought for the adult at risk and/or the alleged abuser, but the same worker should not be involved in the investigation and/or support for both alleged victim and alleged abuser.

If the alleged abuser is the adult's carer, then the carer's needs must be recognised and assessed. It should also be noted that in certain circumstances, the carer may be a vulnerable adult in their own right, for example an elderly carer.

If the alleged abuser is another client or resident or patient, suitable plans must be made for the protection of the suspected abused vulnerable adult, and others, who may be potentially at risk. When considering this issue, the desired outcome is the least possible disruption for the abused adult.

Where a risk assessment concludes the alleged victim and the alleged abuser should not remain in the same building, then there will be a general presumption that it will be the alleged abuser who is moved, either by re-location or temporary suspension, as appropriate. Only if this is not possible – for example, if the alleged abuser is a member of the adult's family, refuses to leave, and there are no legal grounds for enforcing it – should the adult be moved.

If the alleged abuser is a member of staff, his/her Line Manager must be informed immediately.

The lead officer will compile a report of the findings, with detailed records attached

4.5 The Adult Protection Conference

The relevant Service Manager will convene an adult protection case conference, the timing of which will depend among other issues on the apparent risks, the complexity of the case and the gravity of the allegations. However, **it should take place no more than five working days after the initial concern was raised**. It is required in all cases, regardless of whether urgent action has already been taken. This case conference will be chaired by a Service Manager and the following people would normally be invited:

- The adult (with support as necessary)
- Their advocate
- Their carer
- Investigating staff
- Social work and health staff with knowledge of the adult and their circumstances
- A mental health officer, if the use of the Adults with Incapacity is being considered,
- Police
- Council solicitor
- Referring agency
- Providers of care or support services

ISSUE 2

- If the adult is resident in a registered care establishment, the Care Commission
- Interpreter or communication supporter

Access and communications needs should be considered and provided for (eg, loop system, written information in appropriate format/language)

The adult and carer should be given the opportunity to be legally represented if they wish.

Not all of the above will be required in all cases, and in particular, if the carer (or a care provider) is the alleged abuser, their presence would compromise the adult's participation. Thought should be given to such issues in each case.

In every case, the chairperson will meet with the professionals attending the case conference prior to its commencement, and before the family and/or carer and adult involved are invited in, to confirm if any professional needs to share information without the family being present. If so, this should be done prior to them joining the case conference. It should be noted that this would be done in exceptional circumstances only.

The chairperson should also confirm that all professionals involved are aware that they can request an adjournment at any time during a case conference. This would be appropriate when there is information

- that has only just come to light and has not been discussed with the parties involved;
- of an evidential nature that may damage the investigation should the alleged perpetrator learn of it;
- which may put others at risk should it or the source of it come to light, e.g. suspected domestic violence or information from a vulnerable adult

If the adult does not wish to attend the case conference, or only attends part of it, the reasons should be made explicit at the meeting and recorded in the minute.

The purpose of the case conference is

- To consider the report of the worker leading the investigation
- to ensure that all involved have a clear and shared understanding of the issues
- to identify risks to the adult
- to formulate a risk management plan (unless the meeting agrees that there is no evidence of risk), and
- to identify the qualified member of social work staff who will have responsibility for co-ordinating implementation of the plan

If there is disagreement about the plan, the Chair will make decisions if consensus cannot be reached. (See section 4.6 below)

The case conference will set a date for a first review meeting, which will be within three months. If further investigation is deemed necessary before a plan can be fully formulated, the case conference may be reconvened to give time for this.

The minutes of the case conference should be distributed within five working days to all professionals involved, and also to the adult and carers unless the Chair decides this is not appropriate. A copy should be sent to the Service Manager Learning Disability, Social Work HQ for audit purposes.

4.6 Resolving Inter-Agency Disputes

At any stage of the application of these procedures, there may be instances where there is disagreement between agencies as to how to proceed on the information available. In all such cases, the dispute will be resolved by agreement between the Head of Adult Care (Argyll & Bute Council), the General Manager of the Community Health Partnership (NHS Highland) and the relevant Area Commander (Police). Such disputes, with identifying details removed, will be reported to the Adult Protection Working Group at their regular meetings.

Where, following the use of these procedures, a member of staff of an agency expresses concerns over the way another agency is handling the case, that agency's service head, i.e. Head of Adult Care (Argyll & Bute Council), General Manager of the Community Health Partnership (NHS Highland) and the relevant Area Commander (Police) will

- Review the case papers
- Meet with the professional concerned
- Record in the case file the outcome of the review

These reviews, again anonymised, will also be reported to the Adult Protection Committee.

4.7 Quality Monitoring

In order to ensure a consistent high standard of case recording and risk assessment, the Service Manager Learning Disability or agreed nominee in Social Work will routinely inspect on a three monthly basis a random sample of the case files of service users who have been the subject of investigations under these procedures.

GUIDELINES ON THE ASSESSMENT OF CAPACITY

(Extracted from a paper by Bill Cook, Highland Council)

1. The Adults with Incapacity Act gives the following definition of incapacity:

An adult over the age of 16 incapable of

- **Acting**; or
- **Making decisions**; or
- **Communicating decisions**; or
- **Understanding decisions**; or
- **Retaining the memory of decisions**

by reason of mental disorder or inability to communicate because of physical disability, may be deemed to lack capacity, **even if only one of the above applies.**

Any assessment of capacity must take the above definition into account, and these guidelines will give advice relating to the decision, including the areas of:

1. Decision-making
2. Communication
3. Understanding
4. Memory
5. Duration
6. Diagnosis

1. Decision-Making

Capacity should be assessed for major decisions that affect peoples' lives, including the following:

Finance/Property

- Day-to-day finances, income and expenditure
- Assets

Welfare

- Residence
- Activities of Daily Living
- Medical treatment
- Safety/risk-Taking

More than one assessment may be required when separate decisions have to be made, e.g. a person with dementia may be able to give informed consent to treatment for their heart condition, but may not be able to manage their financial affairs. As a result, different approaches may have to be taken when assessing for the capacity to make different types of decisions.

Someone with impaired abilities can be assisted in the making of a decision by following a sequence of steps, and looking at the pros and cons at each stage.

4. Communication

Being able to communicate is clearly essential when decisions have to be made.

There are two main areas of communication to consider:

(a) Receiving information

Some people with impaired capacity may have difficulty processing information in the first place. In such cases, assistance should be given to help the person understand the information better (see Section 5 below). If adult is still unable to process the information needed to make an informed decision they may be deemed to lack the capacity to make that decision.

(b) Communicating information and decisions

Others may be able to process information, but have difficulty in communicating. Where this is because of **physical reasons** such as stroke or head injury, every effort should be made using aids to facilitate communication such as Alphabet boards, visual aids, etc. Speech and language therapists may also be of assistance. Only when this clearly failed should the person be deemed to lack capacity.

Where the adult has a **mental disorder** such as dementia or learning disability, such aids may also help. However, the mental disorder itself may prove to be the main barrier to communication, and in such cases aids are unlikely to be successful.

5. Understanding

Being able to understand the need for decisions to be made, and the nature of decisions, can be problematic when capacity is impaired. Some people may be able to make decisions, but be unable to understand the consequences, e.g. during an acute episode of mania, decisions may be made regarding finances that the person would not make normally.

Every effort should be made to assist the person in their understanding of any decision which needs to be made.

The following advice may be helpful:

- Try to speak at the level and pace of the person's understanding, and 'processing' speed

- Repeat information, clarify further, and repeat again if necessary
- Ask the person to repeat information in their own words
- Be careful in the use of language – no jargon
- Try to ensure that the person is not overwhelmed by choices
- Use family and friends to assist in providing information about whether the person can make a decision, and what their wishes might be
- Take literacy into account
- Assess the ability to weigh up the advantages and disadvantages of a decision, and the alternatives
- Use 'open' questions, not 'closed' ones to which the answer will be yes or no
- The body language of both interviewer and interviewee can also be helpful in helping understanding.

6. **Memory**

Some people may be able to make decisions quite adequately, but be unable to recall them soon afterwards. Others may be unable to recall the initial information which would enable them to make the decision. For others, memory may be patchy and variable – very good some days, but poor otherwise.

- If a person is able to make decision, but is unable to recall it, an attempt should be made to enable the decision to be made again, using the same information. If the same decision is again reached, it can be argued that capacity may be present. Consistency in decision-making is more likely to mean capacity, despite a lack of retention of memory, but the person may still be deemed incapable because of other factors
- In assessing capacity, there is distinction to be drawn between short- and long-term memory loss. Short –term memory loss is more likely to lead to incapacity because of the nature of the decision-making process.
- Tests, such as the 'Mini Mental State Examination', are available to test memory. These are useful as a guide, but they are not tests for capacity.
- An in-depth assessment may be required in assessing memory impairment and its effects on decision-making, particularly when crucial decisions are being considered.

7. **Duration**

Incapacity can be temporary, indefinite or permanent. Its duration and strength will depend on the individual and the reason for the incapacity. For example, during episodes of mental illness, capacity may be impaired for a few weeks, before being fully restored. Head injury may result in a period of years before capacity returns, whilst dementia is likely to see a gradual decline from full capacity to being unable to make simple decisions.

The duration and nature of the incapacity may give a clue to the best type of intervention. Reference should be made to the Act itself, the Codes of Practice and other guidance. Incapacity is not 'all-or-nothing', and will vary from decision to decision.

8. Diagnosis

Dementia is the commonest cause of incapacity, followed by learning disability and then physical causes such as stroke or head injury. A small but significant number will have a severe and enduring mental illness such as schizophrenia or manic depressive illness.

Diagnosis may be a guide to potential incapacity, and to its duration, but assumptions should not be made. For example, someone with a learning disability is not automatically unable to make decisions, and may be very capable in some areas whilst having difficulty in others.

9. Conclusion

The assessment of capacity relating to decision-making is an art still in its infancy. There are no tests as such. These guidelines should provide some assistance, but assessments will always depend on professional judgement and consultation. The information provided by relatives, carers, professionals, and others is also vital. Previous beliefs, culture and behaviour should also be taken into account.

It should be stressed that a person deemed incapable of making decisions still has the right of refusal, for example to medical treatment.

Finally, assumptions are often made about incapacity based on diagnosis and initial observation. In many cases people who at first sight appear to lack capacity can be helped to make informed decisions with encouragement and the right approach.

ADULTS WITH INCAPACITY ACT INTERVENTIONS

Access to Funds

This allows someone – a relative, carer, or friend – to apply to the Public Guardian for permission to manage an adult’s day-to-day money on their behalf. They can only do this if a doctor gives a certificate to say that the adult is not able to do this themselves.

There is an application form to fill in, which gives details of all the expenses to be dealt with by the person – for example, food, fuel bills, rent, taxes, clothes, holidays and outings, gifts. The application form is quite long and detailed, although not difficult to understand. If anyone needs a bit of help with the form, they can phone the Public Guardian’s office and someone there will ask the questions, and fill in the form, then send it to the person to check and sign.

Note: access to funds is intended to help family and other carers to help the adult. It cannot be used by social workers and other people who work for the local authority.

Powers of Attorney

Unlike the other provisions of the Act, a power of attorney is arranged by a person who **has** capacity, to arrange for a named person (or more than one person) to make decisions on their behalf if they should **lose capacity** at some time in the future. The named person is called their attorney. The named person will usually be a relative, carer or friend, although it might be a solicitor.

The Act defines two kinds of attorney: continuing attorneys and welfare attorneys, both of which have to be registered with the Public Guardian before they can be used. Powers of attorney are usually arranged through solicitors, although it is possible to “do it yourself”. The powers that the attorney is given can be very limited or very wide – the adult decides. (There is a third kind of attorney, usually a business arrangement, who can be appointed by someone to act on their behalf, who has limited powers and is not covered by this Act).

Continuing Attorney

This is someone who is chosen by the adult to manage their finances. The adult decides whether they want this to start right away, or only if and when they become incapable of making the decisions they have given to the attorney.

Welfare Attorney

This is someone who is chosen by the adult to make decisions about their welfare **only if and when they become incapable** of making these decisions. These might be decisions about where the adult will live or about medical treatment, for example

Intervention and Guardianship Orders

Intervention orders are a way of helping people who have an important decision to make, but don't have the capacity to make it. This could be, for example, agreeing to moving somewhere else to live, or selling or buying a house.

Guardianship has been in existence for a long time, but previously it gave the same decision-making powers in every case. Guardianship orders are now "tailor-made" for each individual, and will cover either financial or welfare matters, or both.

Applications for intervention orders and guardianship orders are made to a Sheriff, with medical certificates and reports from professionals as appropriate. For welfare powers this would be a mental health officer (or the chief social work officer when the adult does not have a mental disorder); for financial powers, it would be someone who knows about the adult's circumstances – possibly a solicitor, but it could be a social worker who knows the person.

Consent to Medical Treatment

A welfare attorney or a guardian may have the legal power to give consent for medical treatment on behalf of an adult with incapacity. However, even where such arrangements exist, doctors are required to complete a certificate.

This certificate states that the adult is not able to consent to **a particular treatment, or range of treatments**, giving details of the kind of treatment and how many weeks the certificate will last – it can't be any longer than a year. The treatment can then go ahead.

Residents' Funds

This is a way of safeguarding people who live in residential care and who cannot deal with their own money. The law now allows managers of residential homes to act on behalf of residents in dealing with their money. The manager will have to keep detailed records about this, and will be supervised by the independent organisation which registers the home – this would be the Scottish Commission for the Regulation of Care, except for NHS hospitals, which will be supervised by NHS Boards.

APPENDIX 3

Different Forms of Abuse

The following lists the main forms of abuse that have been identified:

1. Physical abuse - including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint or sanctions.
2. Sexual abuse - including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, could not consent or was pressured into consenting.
3. Psychological and/or emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
4. Financial or material abuse - including theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or income.
5. Neglect and acts of omission - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
6. Discriminatory abuse - actions (or omissions) and/or remarks of a prejudicial nature, focusing on a person's age, gender, disability, race, colour, sexual or religious orientation.
7. Institutional abuse - inappropriate routines/practices carried out that deny the rights of choice, independence, activity and privacy due to staff desensitisation.
8. Abuse of human rights particularly Article 5, right to liberty, and Article 6, right to a fair trial, of the European Convention on Human Rights.

Any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

Signs of Potential Abuse

Suspicion of adult abuse or neglect 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 abuse or neglect. Such statements invariably warrant further action, whether they relate to a specific incident, a pattern of events or a more general situation. There are, of course, many other factors which may indicate abuse or neglect.

It should be emphasised that the list below is not intended to be exhaustive, but simply an indication of the range of the many different types of abuse:

Physical Abuse

- ❑ multiple bruising that is not consistent with the explanation given, e.g. a fall
- ❑ black eyes, marks, apparently resulting from violent acts
- ❑ abrasions, especially around wrists and/or ankles
- ❑ unexplained burns
- ❑ scalds, especially with a well-defined edge from immersion in water
- ❑ hair loss in one area - scalp sore to touch.

Sexual Abuse

- ❑ aversion to being touched
- ❑ tendency to withdraw and spend time in isolation
- ❑ deliberate self-harm
- ❑ complaints of soreness, bruising or bleeding in genital or rectal area
- ❑ the presence of sexually transmitted diseases
- ❑ excessive washing.

Psychological Abuse

- ❑ weight change - loss of appetite or overeating
- ❑ withdrawal, confusion (but could be caused by dehydration, which produces toxic confusion)
- ❑ loss of confidence
- ❑ extreme submissiveness or dependence in contrast with known capacity
- ❑ demonstration of fear of another person by the vulnerable adult
- ❑ sudden changes in behaviour in the presence of certain persons.

Financial Abuse

- ❑ unexplained or sudden inability to pay bills
- ❑ unexplained or sudden withdrawal of money from accounts
- ❑ contrast between known income or capital and unnecessarily poor living conditions, especially where this has developed recently
- ❑ personal possessions of value go missing from the home without satisfactory explanation

- ❑ someone has taken responsibility for paying rent, bills, buying food etc. - but this is not happening
- ❑ unusual interest taken by relative, friend, neighbour or other in financial assets, especially if little real concern shown in other matters
- ❑ where care services, including residential care, are refused under clear pressure from family or other potential inheritors
- ❑ unusual purchases unrelated to the known interests of the vulnerable adult.

Misuse of Medication

- ❑ not administered as prescribed
- ❑ overmedicated, resulting in apathy, drowsiness, slurring of speech, unusual sleepiness or docile behaviour
- ❑ under-medication, resulting in lack of sleep, continual pain etc.

Neglect and Acts of Omission

- ❑ a prolonged interval between illness/injury and presentation for medical care
- ❑ non attendance at social care or educational services
- ❑ evidence of the withholding of necessities of life, such as medication, adequate nutrition and heating.

Other Indicators

- ❑ anxious, disturbed or challenging behaviour on the part of the vulnerable adult
- ❑ unusual or unexplained behaviour of carers, including a delay in seeking advice
- ❑ a vulnerable adult is found alone at home or in a care setting in a situation of serious, but avoidable risk
- ❑ over- frequent or inappropriate contact/referral to outside agencies
- ❑ pattern of attendance with injuries at A&E Department or GP
- ❑ if the vulnerable adult lives with another member of the household who is known to the police or welfare agencies in circumstances which suggest possible risk to the life/health or well-being of that person.

Observed or Reported Care Behaviour

- ❑ pressure exerted by family or professional to have someone admitted to care
- ❑ important documents are reported to be missing
- ❑ if a member of staff in a care setting has a history of moving jobs without notice or has inadequate references
- ❑ unnecessary delay in staff responses to residents' requests
- ❑ serious or persistent failure to meet the needs of the vulnerable adult.

SOME RISK INDICATORS

1. Where the following "trigger" behaviours are apparent, these may indicate a higher risk of abuse, particularly in a family situation

- turning night into day/sleep disturbance
- chronic incontinence
- extreme physical and/or emotional dependence
- verbal abuse and aggression towards the carer
- changes in personality – caused by illness and/or medication
- non compliance with carers wishes
- obsessive behaviour
- wandering/absconding
- self harm

2. The following problems exhibited by the carer may increase the risk and likelihood of an abusive situation:

- alcohol and other substance misuse
- mental illness
- stress
- chronic fatigue
- frequent medical consultation

3. There may also be a variety of other contributing factors such as a history of

- marital violence
- child abuse
- previous relationship difficulties
- conflicting demands of other family members

4. There may be current problems with

- housing
- income
- employment
- lack of support
- lack of respite

5. Organisational Factors:

- weak or oppressive management
- inadequate staffing (numbers, competence)
- inadequate staff supervision or support
- "closed" communication

ARGYLL AND BUTE COUNCIL**MAIN POINTS OF THE DATA PROTECTION ACT 1998*****What is the Data Protection Act?***

The Data Protection Act was passed in 1984 to protect personal information held on computers and revised in 1998 to include manual records. The Act is designed to protect the privacy of individuals. Almost any information that applies to a living person counts as personal data.

The Council must register details of all personal information it holds with the Data Protection Commissioner. Data must only be used for the purposes for which it is registered and disclosed only to those individuals and organisations defined in the registration.

How does it affect the Council?

Under the Act, the Council must be able to justify every item of personal data it holds or processes.

All personal data must be accurate and up to date, and held for no longer than necessary. This means, for example, that when data becomes out of date or no longer relevant to the purpose for which it was originally obtained, it must be destroyed.

The new legislation also requires the Council to take appropriate technical and procedural measures to ensure that personal data is kept secure. This relates, amongst other things, to the prevention of unauthorised or unlawful processing or disclosure of data, as well as accidental loss or destruction of, or damage to such data.

The Data Protection Act 1998 gives individuals the right to see information held by companies and organisations, to have the information corrected or erased and in certain circumstances can prevent organisations from processing their details. It also means that if the Council causes them harm (physical or financial) or distress as a result of a breach of the Data Protection Act they could claim compensation. The Council could be prosecuted for serious offences.

How does it affect me?

Employees themselves can also be prosecuted for unlawful action under the legislation. You could even be committing an offence if you give information to another employee who does not need the details to carry out their legitimate Council duties. This would include but is not limited to the sharing of passwords, or allowing other people to use resources, electronic or otherwise, to which they do not have official permission.

You should take particular care when using the Internet and email, especially when you have access to sensitive data.

What are my responsibilities?

Everyone who handles personal data as part of their job needs to be aware of the data protection legislation and their responsibilities to comply with the following eight Principles.

Personal data shall be:

- 1) *processed fairly and lawfully;*
- 2) *obtained only for specified and lawful purposes and further processed only in a compatible manner;*
- 3) *adequate, relevant and not excessive;*
- 4) *accurate and up to date;*
- 5) *kept for no longer than necessary;*
- 6) *processed in accordance with the rights of data subjects;*
- 7) *kept secure;*
- 8) *transferred outside the EEC only if there is adequate protection*

DON'T

Don't disclose information to any unauthorised person.

Don't share your passwords with anyone else

Don't access systems to check personal information for yourself or a friend.

Don't leave personal information on your desk unattended.

What are my rights?

As an employee of Argyll and Bute Council you have a right to see information we hold about you, subject to certain exemptions under the Act. If that information is incorrect or out of date, please let us know and we will correct it.

Questions

If you have any questions or concerns about your duties and responsibilities under the Act, please contact your organisation's Data Protection Officer

APPENDIX 7

The Appropriate Adult Scheme

Context

Our communities are made up of all ages and types of people. All of these people, whatever their background, abilities or position, are entitled to the same level of service. In particular, if they become a victim of crime, or witness a criminal act, or even, in a few cases, find themselves accused of committing a crime, then they each have the same rights as anyone else, even though their needs may be different. It is essential that all people who come into contact with the police fully understand both their rights and what is being asked of them, and it is equally essential that the police understand what is said in reply.

The Appropriate Adult Scheme has been set up to address this for vulnerable people. It involves people with skills and experience in communicating with mentally disordered people. They are drawn from a wide variety of agencies including Social Work and Health.

The term mental disorder includes people who are mentally ill, people with a learning disability, those with an acquired brain damage and people suffering from dementia.

The role of the Appropriate Adult as a facilitator during any stage of police procedures is vital in ensuring 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.

Who should be an Appropriate Adult?

An appropriate adult should be

- Someone who is completely independent of the police
- where possible independent of the interviewee
- an individual who has experience and expertise in dealing with mentally disordered individuals or a particular group.
- an individual who has an ability to meet the communication needs of a particular group

Professional qualifications and experience are desirable in the appointment of an appropriate adult, but are not proof of suitability.

It is essential that once an individual has taken on the role of Appropriate Adult in a case, they have no other involvement in the investigation or further legal processes.

Who requires an Appropriate Adult?

The responsibility for identifying when an appropriate adult is required rests with the police officer who is dealing with the case, whether the person with the mental disorder is a witness, suspect or accused. It should be emphasised that, appropriate adults are available for those with all types of mental disorder, namely

- Learning Disability.
- Mental Illness, including Dementia
- Acquired Brain Injury.

In what circumstances is an Appropriate Adult required?

In addition to the initial police interview, and if necessary appearing in Court, an Appropriate Adult may be required to support any of the following police interventions

- Fingerprinting.
- Photographs.
- Premises search.
- Identification parade.
- Intimate body search.
- Medical examination.
- CD Fit/E Fit interview.

How do I access an Appropriate Adult if required?

The West of Scotland Appropriate Adult Scheme is operated through the Standby Service and offers 24 hour cover including weekends and public holidays. Access is usually through the police service but contact can be made directly – 0800 811505.

APPENDIX 8

CHECKLIST FOR INVESTIGATION

Calling for medical assistance should be the first action by any worker should the vulnerable person require this.

Where a criminal act is alleged and a decision made that a formal criminal investigation will be conducted or led by the police, workers should obtain the following information:

- Source of referral, brief details and background
- Name of vulnerable adult
- Address/telephone
- Date of Birth
- General Practitioner details
- Exact words used by the vulnerable person in making the allegation

The worker should remain on site until the police arrive

In all cases the following information may be helpful and can often be obtained from sources of information, such as records, without needing to question the vulnerable adult any further at this stage:

- Establish who are the key people in the adult's life, e.g. family, neighbours
- Find out who else is involved with the adult or has been involved in the past – e.g. Social Services, Home Care, Health Visitor, District Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse
 - ◆ Agency involvement
 - ◆ Contact Person
 - ◆ Address
 - ◆ Telephone
- Check if the vulnerable adult is known to any local hospitals – as an out-patient, in-patient, respite patient – have there been frequent visits to Casualty, frequent admissions to hospital, is a consultant involved?
- What are the current injuries, medical problems, medical history?
- What is the vulnerable adult saying about this investigation?
- Is the current investigation for physical, sexual, emotional or financial abuse or for neglect?
- Date of incident.
- Has the abuse been ongoing?
- In cases of physical abuse, who has seen the injuries? Who has reported the incident? Have the injuries been investigated by a GP or consultant?
- Who is suspected of abusing the vulnerable adult? – name and address if possible.
- What evidence is there for considering this a case of abuse?
- Where did the alleged abuse take place?
- Is anyone else aware of, or is a possible witness to, the alleged abuse?

ISSUE 2

- Is there any other form of physical evidence available, e.g. soiled or bloodstained clothing?

No case where there are concerns and/or allegations of harm to a vulnerable adult will be closed until:

- **The vulnerable adult has been interviewed in person outwith the presence of the alleged perpetrator of the abuse**
- **The vulnerable adult has been spoken with alone**
- **Their accommodation has been visited**
- **The views of all relevant professionals have been sought and considered**
- **There is agreement that the welfare of the adult will be safeguarded and promoted after the case is closed.**

SUPPORT NEEDS DURING AND FOLLOWING PROCEEDINGS

To provide adequate support structures there has to be awareness at all levels of the need for immediate, short and long-term support for all those affected. All those making complaints, allegations or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that:

- they will be taken seriously;
- their comments will be treated in accordance with the normal parameters on the receipt of information and aspects of confidentiality;
- they will be given support and afforded protection if necessary;
- they will be dealt with in a fair and equitable manner;
- they will be kept informed of action that has been taken and its outcome.

However, anyone making a complaint or allegation must be advised that anonymity cannot be guaranteed, particularly if cases proceed as far as Court.

1. People who have been the Subject of Abuse

- ensure immediate and future safety
- awareness that symptoms may be immediate or can be delayed;
- therapeutic interventions;
- access to sex education/assertiveness training in relation to sexual abuse;
- preparation for court appearance.

2. Care Worker for the Person who has been the Subject of Abuse

- willingness and ability to bear to hear the pain which may be very stressful for the worker;
- access to supervision/consultation (both personal and professional), perhaps from outside the agency;
- support from management colleagues.

3. Staff (Who Report Abuse)

- good faith allegations encouraged and responded to appropriately.

4. Other Staff Trying to Cope With Alleged Abuse – Guilt, Anger, Shock etc.

- opportunities for de-briefing and incident-specific training;
- shared strategy for supporting distressed service users;
- information on safety plan for people who have been the subject of abuse;
- some information on progress of the case(s).

5. Managers/Home Owners

- personal and professional support;
- possibility of further training.

6. Parents, Children, Carers, Partners, Advocates

- sensitive telling;
- counselling possibilities;
- involvement, as appropriate, in safety plans;
- relevant information on progress of case.

7. Other Service Users (as appropriate)

- acknowledgement of likely distress/anxiety;
- explanation;
- education/training to reduce risks.

8. Support for Alleged Abuser

- support worker;
- plan for short and long-term;
- awareness of possibility of past history/victimisation;
- training and education of abusers if due to ignorance.

9. Support for Alleged Perpetrator if Staff Member

- awareness of professional and legal rights;
- adherence to specified procedures for investigating and for handling proven and non-proven cases.

10. Sources of Support to Consider When Abuse Has Occurred

- psychiatric services;
- psychological services;
- psychotherapy services;
- counselling services;
- occupational support/counselling services;
- Police;
- local solicitors;
- self-advocacy organisations;
- victim support;
- rape crisis centres;
- helplines eg Samaritans.

The immediate support needs of any or all of the above categories of people, as appropriate, will be addressed at every stage of this process, by the appropriate managers.

CONTACTS AND RESOURCES

SOCIAL WORK HEADQUARTERS

Kilmory, Lochgilphead
Tel: 01546 602127
Fax: 01546 604434

SOCIAL WORK AREA OFFICES

Helensburgh Service Centre
Lomond House
29 Lomond Street
Helensburgh
G84 7PW
Tel: 01436 658750
Fax: 01436 658755

Mid Argyll Area Team
Social Work Department
Mid Argyll Community Hospital & Integrated Care Centre
Blarbuie Road
Lochgilphead
PA31 8JZ
Tel: 01546 462462
Fax: 01546 462472

Islay Area Team
Kilarrow House
Bowmore
Isle of Islay
PA43 7LH
Tel: 01496 301350
Fax: 01496 810457

Mull Area Team
The Centre
Salen, Aros
Isle of Mull
PA72 6JB
Tel: 01680 300258
Fax: 01680 300259

Oban Service Centre
Soroba Road
Oban
PA34 4JA
Tel: 01631 563068
Fax: 01631 566724

SOCIAL WORK AREA OFFICES (continued)

Bute Area Team
Union Street
Rothesay
Isle of Bute
PA20 0HD

Tel: 01700 501300
Fax: 01700 505408

Tiree Area Team
The Business Centre
Crossapol
Isle of Tiree
PA77 6UP

Tel: 01879 220765
Fax: 01879 220757

STANDBY

West of Scotland Standby Service
35 Church Street
Partick
Glasgow

Tel: 0141 305 6930

APPROPRIATE ADULT SCHEME

Tel: 0141 305 6930
Fax: 041 334 8577

Police Contacts for Adult Protection Referral

Staff wishing to make an Adult Protection Referral to the Police should initially contact the following offices:

Area Office	Phone Number	Adult Protection Police Contacts
Oban	01631 510 500	Ask for Duty Sergeant (Contact Inspector for Locality forum for Adult protection)
Dunoon	01369 763 000	Ask for Duty Sergeant (Contact Inspector for Locality forum for Adult Protection)
Campbeltown	01586 862 200	Ask for Duty Sergeant (Contact Inspector for Locality forum for Adult Protection)
Helensburgh	01436 633 600	Ask for Duty Sergeant
Rothesay	01700 894 000	Ask for Duty Sergeant (Contact Inspector for Locality forum for Adult Protection)
Lochgilphead	01546 702 200	Ask for Duty Sergeant (Contact Inspector for Locality forum Adult Protection)
Clydebank	01415 323 300	Ask for Duty Sergeant

Staff should initially pass their adult protection referrals to the **Sergeants on Duty** who will pass the information to Family Protection Unit Sergeant for further investigation.

Staff wishing to discuss cases with police from the Family Protection Unit for advice should use the above telephone numbers and ask to be put through to the unit.

Invites to case conferences can be e-mailed to:

LdivLBFPU2@strathclyde.pnn.police.uk

APPROPRIATE ADULT SCHEME

Third Floor
35 Church Street
Partick
Glasgow
G11 7JT

Tel: 0141 305 6930
Fax: 0141 334 8577

MENTAL WELFARE COMMISSION

K Floor
Argyle House
3 Lady Lawson Street
Edinburgh

Tel: 0131 222 6111

OFFICE OF THE PUBLIC GUARDIAN

Hadrian House
Callendar Business Park
Callendar Road
Falkirk
FK1 1XR

Tel: 01324 678321
Fax: 01324 678301

CONSULTANT IN PUBLIC HEALTH MEDICINE

NHS Highland
Assynt House
Beechwood Park
Inverness
IV2 3HG

Tel: 01463 704996

INTERPRETER SERVICES

RNID Scotland
Empire House
131 West Nile Street

Tel: 0141 341 5330
Text Phone 0141 341 5347
rnidscotland@rnid.org.uk

DEAF CONNECTIONS

100 Norfolk Street
Glasgow
G5 9EJ
enquiries@deafconnections.co.uk

Tel: 0141 420 2801
Voice and Text

DEAFBLIND SCOTLAND

21 Alexandra Avenue, Lenzie
Glasgow
info@deafblindscotland.org.uk

Tel: 0141 777 6111

LOMOND AND ARGYLL ADVOCACY SERVICE

Main Office
155 Glasgow Road
Dumbarton
G82 1RH

Tel: 01389 726543
Fax: 01389 726694
Tel: 0845 6023292 (calls charged at local rate)

Vale of Leven Hospital
Alexandria

Tel: 01389 755891

Argyll & Bute Hospital
Lochgilphead

Tel: 01546 606056

ACTION ON ELDER ABUSE

Astral House
1268 London Road
London
SW16 4ER
Elderabuse.org.uk

Tel: 0208 765 7000
Fax: 0208 679 4074

SCOTTISH HELPLINE FOR OLDER PEOPLE

Scottish Helpline for Older People
Seniorline
NHS 24 Scotland

Tel: 0845 125 9732
Tel: 0808 800 6565
Tel: 08454 24 2424

The Scottish Executive Older People's Unit
Area 2F(S)
Victoria Quay
Leith
Edinburgh
EH6 6QQ

Tel: 0131 244 2132

ALZHEIMER SCOTLAND AND THEIR DEMENTIA HELPLINE

22 Drumsheugh Gardens
Edinburgh
EH3 7RN

Tel: 0131 243 1453
Fax: 0131 243 1450

DEMENTIA HELPLINE

Tel: 0808 808 3000

DATA PROTECTION ADVISORS

Strathclyde Police

Vulnerable Person Database Team
173 Pitt Street
Glasgow
G2 4JS

Tel: 0141 532 6878

Mon – Fri 9am – 5pm

Argyll & Bute Council

Data Protection & Information
Kilmory
Lochgilphead
PA31 8RT
Contact: Stephen Doogan

Tel: 01546 604342

NHS Highland

Mike Litster
Data Protection Officer
Raigmore Hospital
Old Perth Road
Inverness

Tel: 01463 705148