

# Scottish Borders Council

## Adult Protection Local Procedures 2014



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## Local Procedures

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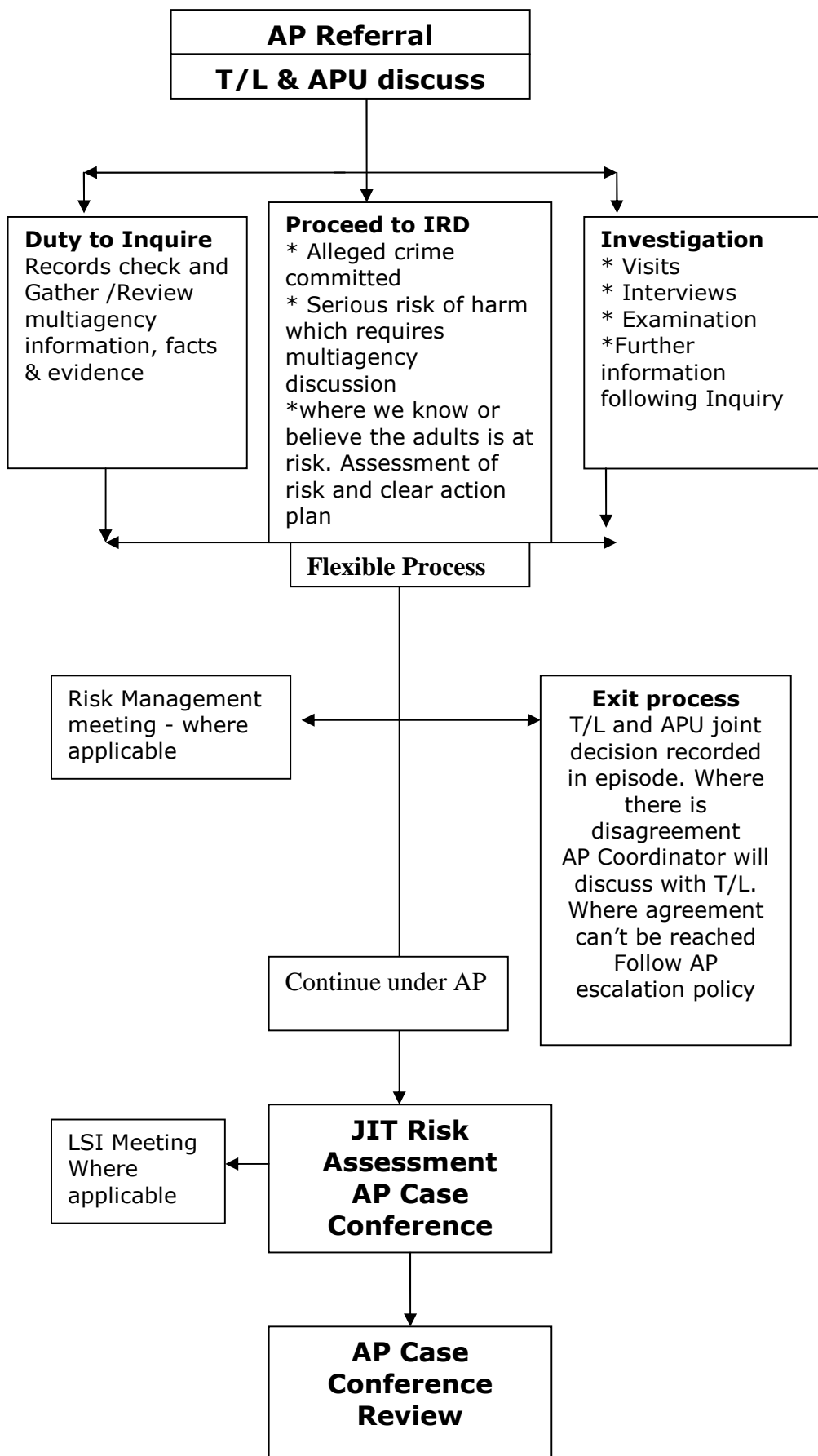
## **Adult Protection Procedures**

### **SBC Social Care and Health**

**Nov 2014**

**Tell someone Tel 0300 100 1800  
Act Against Harm**

## Adult Protection Process Flow Chart



**Stage 1**  
AP Referral  
Discuss and Consult

**Stage 2**  
Inquire  
IRD  
Investigate

**Stage 3**  
Exit process with  
Consultation  
Or proceed to Meeting

**Stage 4**  
Meeting  
Type  
  
Risk Management  
LSI  
APCC

	<b>Procedure</b>	
1.0	<b>Reporting Concerns - adults who may be at risk of harm</b>	
1.0	<p>Any person who has concerns or believes an adult may be an adult at risk of harm should contact <b>SBC on Tel 0300 100 1800</b> during office hours. <b>An Adult Protection referral happens where we know or believe an adult may be an adult at risk of harm</b> as defined by The Adult Support and Protection (Scotland) Act. These must be processed as an AP Referral via framework system only and passed to the Locality Team for Inquiry.</p> <p>Not all concern calls to Scottish Borders Council may result in an Adult Protection Referral. SBC customer services / Social work receive many different types of calls from both the public and professional agencies. Although all calls are screened and signposted to the appropriate service, some calls require a care / equipment response. These would be dealt with by the local social work practice team.</p>	Staff member
1.1	<p>Where a call falls out with normal office hours, all calls should go through the <b>Emergency Duty Team (EDT) on Tel 01896 752111</b>. Out with office hours the Emergency Duty Team will screen and assess the information received and process accordingly. Social Care and Health Referrals will go to the locality team as a Social Care and Health Referral. <b>Where we know or believe an adult may be an adult at risk – These must be loaded as an AP Referral</b> and the worker may proceed to a Duty to Inquire in non urgent cases or straight to IRD in serious or Imminent harm situations. Where a case rolls past the out of hours timeframe the case and responsibility for its conclusion will pass to the relevant locality team.</p>	Staff member
1.2	<p><b>Serious and Imminent harm</b></p> <p>Where a concern is deemed serious harm or where a crime has been committed and the adult is at imminent risk of harm.</p> <p><b>The police should be contacted on Tel 999 in emergencies or through Police Scotland on Tel 101 in non emergencies.</b></p> <p>Some situations may require to collect forensic evidence particularly in a sexual crime case, where evidence may need collated in a tight timescale. An Interagency Referral Discussion (IRD) may have to be carried out. The IRD ideally should be a three way conversation involving Social work, Police Scotland and NHS Borders. Where this is not possible, (out with office or through lack of availability) Two of the partner agencies must be involved, (where a possible crime has been committed the police must be involved). A follow on discussion with the third partner should happen at the earliest opportunity.</p> <p><b>Consideration should always be given to the possibility of other Adults at risk or to the possibility of Children at risk in a home setting. The above contacts should be used immediately to highlight this where relevant.</b></p> <p>Section 4 Of the Act states The Adult Support and Protection (Scotland) Act 2007 states that a council must act immediately, "If it is known, or believed" that a person is an "adult at risk of harm".</p>	<p>Staff member / Team leader /</p> <p>Staff member / Social worker</p>

**Who is an adult at risk?**

Adult at risk - 2007 Act - Section 3(1) defines an adult at risk as adults who:-

1. Unable to Safeguard
2. At Risk of Harm
3. Because they are affected by disability, mental disorder, illness, physical or mental infirmity, and is more vulnerable to being harmed than adults who are not so affected.

**An adult is at risk of harm if:**

Another person's conduct is causing (or is likely to cause) the adult to be harmed;

Or the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self harm.

1.3

**Mental Health**

Where the adult is subject to measures under the Adults with Incapacity (Scotland) Act 2000 (AWIA), please refer to Adults with Incapacity Guidelines which are available on the Intranet. In such instances there are particular statutory responsibilities outlined within the Guidelines. Please note individuals claiming to have Power of Attorney must show you the legal papers and these should be scanned in to Framework under documents. Social Workers must telephone the Local Mental Health Team or the Office of the Public Guardian to check whenever someone claims to have Power of Attorney if they have not seen the papers. The Adult Protection Concern may continue to be followed, seek advice from Adult Protection Unit.

Adult Protection concerns may originate from a variety of sources, for example:

- The adult at risk
- family or carers
- paid care staff
- Neighbours
- Health staff
- Member of the public
- Colleagues, as supported by the SBC Code of Conduct policy

2.0	<b>2.0 Screening and Recording of Referrals</b>	Staff member
2.1	<b>** Staff should always proceed as matter of urgency **</b>	Staff member
	Referrals All Referrals will be separated into Adult Social Care and Health Referrals (Care Referrals) or Adult Protection Referrals (Referrals with risk about possible adults at risk of harm) All Adult Protection Referrals should be loaded onto Framework and passed to the relevant team for processing.	Staff member
2.2	Where it would appear that an offence may have been committed or where an adult is urgently at risk, the worker should consult with their Team Leader/Group Manager immediately (see page 5 - serious /imminent harm above )	Staff member
2.3	In situations where there has been consultation with the Adult Protection unit for advice, the worker must still report the Adult Protection Referral to the relevant team.	Staff member APU
2.4	It is the responsibility of the staff member recording the incident to collect as much information as possible. All information should be recorded on Framework using SCH Adult Protection Referral Episode and tasked to the relevant team* following verbal discussion.	Staff member
2.5	If the allegation is made against a staff member the name of that staff member should be omitted from the record held on Framework. The Team Leader will hold the information about staff members.	Staff member
2.6	<p><b>Adult Protection Referrals</b></p> <p><b>What is an Adult Protection Referral?</b></p> <p>Where information suggests an adult, may be an adult at risk of harm, as defined under the 2007 Act.</p> <p>This is <b>where we know or believe</b> an adult may be an adult at risk of harm. <b>This is important particularly where disability, mental health, infirmity or illness is or may be present alongside risk.</b></p> <p>This should be considered for an Adult Protection Referral.</p> <p>Where the evidence or information is unclear, load the Adult protection Referral episode and the Team Leader must consult with the Adult Protection Unit. Please refer to flow chart for possible work flow streams. The Adult Protection unit will have responsibility for the final decision. Any disagreements can be made through the SBC escalation policy.</p> <p>Where information remains unclear proceed to Duty to Inquire. This can be used to gain a multiagency perspective and clarify the adult at risk status.</p> <p>Note - Particular attention must be paid to repeated referrals, domestic abuse, self harm and alcohol or substance misuse dependence alongside disability, mental disorder, illness, or infirmity.</p> <p>Note- Please beware repeated police concern forms, although information may be similar in nature to previous concerns, all issues must be reviewed on receipt of new information and assessed on the presenting risk. Should we receive repeated Police Referrals within a month this must move to Inquiry?</p> <p>Process AP Referral - proceed to section 3 &amp; 4</p>	Staff member

2.8	<p>It is the responsibility of the Team Leader or worker EDT to screen and prioritise all Adult Protection Referrals. All Adult Protection Referrals must be prioritised and discussed with the APU.</p> <p>The Team Leader has responsibility to direct the course of action. The expectation is that Team Leaders will consult with the APU for support or advice. Should a Team Leader not contact the APU for consultation then the rationale and reason for their decision should be recorded clearly in the decision and outcome box.</p> <p>An alert of all Adult Protection Referrals will be sent to the APU so the team is made aware of cases as they arise. Responsibility for the adult protection process remains with practice teams not the APU.</p> <p>Outwith office hours the EDT worker will oversee the process, with the same alert sent to the APU.</p> <p>Where there is disagreement the Team Leader will discuss case with the AP Coordinator. Should there still be disagreement the case will escalate through the SBC escalation process.</p>	<p>Team Leader EDT /APU</p> <p>Team Leader / APU / EDT</p>
2.9	Timescale for passing on Referrals and information – <b>Immediately</b>	Staff member
3.0	<p><b>Recording of Adult Referrals Adult Protection Referrals</b></p> <p>Gathering of Information - should include the following where possible</p> <ul style="list-style-type: none"> <li>• Is the adult aware? Or has the adult agreed to the Referral? All reports of concerns about an Adult at risk will be inquired into even where the individual reporting the harm wishes to remain anonymous.</li> <li>• Check departmental records for previous information concerning the adult. A database of adults with appointed Welfare Power of Attorneys under AWIA is held by the Mental Health Team – 01896 827300. A database of adults subject to other powers (such as Financial Power of Attorney) under AWIA is held by the Office of the Public Guardian – Tel 0845 6031185.</li> <li>• Include the names and telephone numbers of all other professionals involved especially the adult’s GP.</li> <li>• The name of the alleged perpetrator, if known, his/her address, telephone number and relationship with the adult at risk. If the alleged perpetrator is a staff member, this information should <b>not</b> be recorded on Framework.</li> <li>• A description of presenting risks, alleged harm/neglect, suspicion and information obtained to date.</li> <li>• Check the adults living arrangements, particularly that there are No Children or other Adults at risk of harm in the setting.</li> <li>• The individual reporting the concerns should also be asked to provide his/her name, telephone number, description of the nature of his/her involvement.</li> <li>• Any communication or support needs of the adult at risk</li> <li>• Where a report is received from a member of the public, the member of staff receiving the Referral should reassure them that their report will be investigated.</li> <li>• Care should be taken not to share details which could compromise parallel investigations e.g. – Potential crime investigations or individual disciplinary proceedings.</li> </ul>	Staff Member



3.1	Timescales for processing and passing on Adult Protection Referrals concerns - Immediately	Staff Member
3.2	<p><b>Responsibility to Screening Adult Protection Referrals sits with the Social Care and Health Locality Team Leader. This can be passed to another Team Leader in the absence of a Team Leader or passed to the Adult Protection Coordinator</b></p> <p>The Team leader has 4 available options</p> <ol style="list-style-type: none"> <li>1. Immediate action is required in relation to the adult at risk, in order to make them safe, or possible crime has been committed (Proceed to IRD) Consult with APU.</li> <li>2. Further inquiry is required, records check, to inform any decision to support or protect (Proceed to duty to inquire) Consult with APU.</li> <li>3. Investigation is required, a visit is required, access to records or a medical examination is required</li> <li>4. No further action – Consult with the Adult Protection unit. This must only happen in exceptional situations, where the adult is well known, and a defensible decision can be made.</li> </ol> <p>The Team Leader has responsibility to direct the course of action. The expectation is that Team Leaders will consult with the APU for support or advice. Should a Team Leader not contact the APU for consultation then the rationale and reason for their decision should be recorded clearly in the decision and outcome box.</p> <p>An alert of all Adult Protection Referrals will be sent to the APU so the team is made aware of cases as they arise. Responsibility for the adult protection process remains with practice teams not the APU.</p> <p>Outwith office hours the EDT worker will oversee the process, with the same alert sent to the APU.</p> <p>Where there is disagreement the Team Leader will discuss case with the AP Coordinator. Should there still be disagreement the case will escalate through the SBC escalation process.</p>	Team Leader / EDT / AP Coordinator

4.0	<b>Duty to Inquire</b>	
4.1	Timeframe for the duty to Inquire - <b>Standard is 5 working days</b>	Council officer
4.2	<b>The Purpose of the Duty to Inquire is to carry out a records check in order to gather the facts, evidence and circumstances around a situation. The purpose of this is to assess whether there is genuine cause for concern and that an adult is an "adult at risk" who would benefit from support or protection under the 2007 Act.</b>	Council officer
4.3	All inquiries under the Act must be approached in a flexible and professional approach. The views of the adult and the carer, where possible, should always be sought and the reason for the inquiry explained in a clear and open way. Consideration should always be given to cultural or religious needs. Some situations may benefit from having a support worker or other familiar person present such as a family member to help put the adult at ease or assist with communication.	Council officer
4.4	<b>All Inquiries should be Information inquiries and records checks. These can involve phone calls, email communication or information gathering from partner agencies.</b> As part of an inquiry process, sometimes it is necessary To clarify something with the adult or carer, if carried out by phone call this is part of an Inquiry.  <b>However sometimes it is necessary to visit or Interview the Adult, family or staff. This would be recorded under Investigation rather than Inquiry.</b>  An allegation of harm is an allegation, the Inquiry or Investigation process is used to gather the facts and evidence.	Council officer
4.5	As part of this sharing of information, should information come to light that a crime may have been committed, then a police investigation may be required. We may need to proceed straight to IRD. Where a potential crime has been committed staff should be careful not discuss issues with the adult at risk, which could undermine a police investigation.	Council officer
4.6	In some situations where a health member of staff is involved with an adult at risk, it may be appropriate for the health professional or a nominated other to carry out an inquiry alongside the council officer. It must be stated that the local authority has lead responsibility for the adult protection process.	Council officer Nominated other
4.7	Where there is doubt as to whether the adult at risk has capacity to make decisions, a medical opinion should be sought from the person's G.P.	Council officer
4.8	All information should be recorded in a professional manner within the duty to inquire episode. All information should be recorded in a defensible way and with a clear outcome. The outcome of an adult protection duty to inquire should always be communicated to relevant people, particularly to the adult at risk and family where appropriate. Consultation on conclusion of the duty to inquire must happen with the Adult Protection unit.	Council officer APU
4.9	<b>The Duty to Inquire should clarify the following points</b>  1. Is there genuine cause for concern? 2. What is the multiagency view / opinion of the presenting concerns? Does a partner agency have information which can aid the assessment of an adult at risk? 3. Does the adult meet all three points of the adult at risk test? If so are they in need of support or protection under the Act? 4. Does the case require an IRD or further Investigation? 5. Where the adult is deemed not an adult at risk can the case exit the Adult Protection Process and be sign posted to other services?	Council officer

4.10	<p><b>Format for the Duty to Inquire -</b></p> <p>The Duty to Inquire should be a multiagency gathering and sharing of information. The adult at risk and his/her carer should be fully involved where possible / appropriate and only where a visit is required this should be recorded as an Investigation.</p> <ol style="list-style-type: none"> <li>1. Lay out the presenting situation and alleged concerns</li> <li>2. The council officer should detail all information gathered as part of the Inquiry process including client and carer / multiagency partners / relevant others, to support the decision making process</li> <li>3. Assessment of risk and 3 point test</li> <li>4. Conclusion and recommendation</li> </ol> <p>Any facts and evidence recorded should be accurate and factual. Professional judgement alongside the evidence base should inform the decision that there is genuine cause for concern and that the adult is an adult at risk as defined by the act. In complex cases the Adult Protection unit must be consulted for their assessment or view.</p>	Council officer
4.11	Care should always be taken to get the adults view on their own, where possible, this is once again critical in situations where the carer / family member is the alleged harmer. Undue pressure or undue influence can affect an adult's ability to safeguard themselves.	Council officer
4.12	Care should always be taken to separate fact from opinion and to gather, test and record the best available evidence. All recording should be evidence based and defensible.	Council officer
4.13	Where there is genuine cause for concern and the adult is still known or believed to be an adult at risk, or where further Investigation is required the case should proceed under Adult Protection procedures proceed to Interagency Referral discussion (IRD )	Council officer
4.14	<p><b>Where the Inquiry concludes that there is not a genuine cause for concern or where the adult is assessed as not being an adult at risk of harm under the Act.</b> The Team Leader will direct the course of action. The expectation is that Team Leaders will consult with the APU for support or advice. Should a Team Leader not contact the APU for consultation then the rationale and reasons for their decision should be recorded clearly in the decision and outcome box. Responsibility for the adult protection process remains with practice teams not the APU.</p> <p>Outwith office hours the EDT worker will oversee the process</p> <p>Where there is disagreement the Team Leader will discuss case with the AP Coordinator. Should there still be disagreement the case will escalate through the SBC escalation process.</p>	Council officer Team Leader APU

5.0	<b>Interagency Referral Discussion (IRD)</b>	
5.1	Timeframe for the IRD – <b>Standard 5 working days</b>	
5.2	<p>The Purpose of the Interagency Referral Discussion (IRD) is to have a formal shared discussion between the key statutory agencies, Social Work, Police Scotland and NHS Borders. This discussion should establish what is known already through inquiry or intelligence and should establish whether a crime has possibly been committed.</p> <p>The IRD can be a conversation involving Social work and the Police, however this is not exclusive, any IRD can involve NHS Borders or a specialist service where this is appropriate and where they can contribute to the decision making process. To hold an IRD two of the partner agencies must be involved and discussions must be at an agreed management level. Where a possible crime has been committed the police must be involved.</p> <p>An agreement should be made at the initial stage of the IRD</p> <ol style="list-style-type: none"> <li>1. Do we need an immediate response to risk</li> <li>2. Who will lead and report back to others on developments.</li> <li>3. What is the agreed risk and how this will be recorded (Bullet Point Risk)</li> <li>4. <b>Where the case starts at IRD and bypasses the Duty to Inquire - The IRD must seek relevant information from key partners. An example of this could be where important information around health or mental health is appropriate and informs the assessment of risk. The IRD can and must request clarity. The AP process has been designed to be flexible and must be used so.</b></li> <li>5. What steps need to be taken by whom to support or protect the adult at risk? Social work must record this in the IRD episode</li> <li>6. Agree how the episode will be recorded concluded and clarify all timescales involved.</li> </ol> <p>The IRD episode should be concluded within 5 working days.</p>	Team Leader / Police / NHS EDT
5.3	The Team Leader conducts an IRD with the Public Protection Unit (PPU), Lothian & Borders Police (01896 662713) & any partner agencies such as NHS Borders or a specialist service where appropriate. Where a Team leader is unavailable a covering Team leader or the Adult Protection Coordinator can conduct an IRD. Out with office hours EDT can conduct the IRD.	Team Leader / EDT AP Coordinator
5.4	Other relevant agencies may be involved where necessary to discuss or share appropriate concerns. Team Leader must consult with the Adult Protection Unit; this ensures there is independent oversight and agreement on risk. All information to be recorded on Framework Episode 'SCH Adult Protection IRD'	Team Leader / EDT APU
5.5	The Record of risk Section within the IRD, must be completed by the Team Leader on receipt of the information and evidence collated in section 4. Or in urgent situations must be collated and recorded on the information and facts received. This record of risk is a formal record of the decision making process at IRD. All record of risk sections and the decision making will be audited through the multiagency IRD review group as part of quality assurance.	Team Leader / EDT  APU / Police / NHS Borders
5.6	<p>Where immediate action has removed the risks the outcome may be to support within a care management approach or to use other legislation.</p> <p>The Team Leader should advise all involved of the outcome of the Referral in an appropriate manner (either by telephone call, email or letter). The decision to do so must be evidenced alongside the assessment of risk, contained within the IRD episode. The expectation is that Team Leaders will consult with the APU for support or advice. Should a Team Leader not contact the APU for consultation then the rationale and reasons for their decision should be recorded clearly in the decision and outcome box.</p>	Team Leader / EDT Police / NHS APU

	<p>Responsibility for the adult protection process remains with practice teams not the APU.</p> <p>Where there is disagreement the Team Leader will discuss case with the AP Coordinator. Should there still be disagreement the case will escalate through the SBC escalation process.</p> <p>Framework Outcome: 'SCH Adult Protection Process Completed' should be selected. The Case can exit Adult Protection at this point.</p>	
5.7	<p><b>Police Investigation:</b> Following the IRD the Police may advise they will be lead investigators at this stage, where there is suspicion of crime. As mentioned above there must be clear agreement with the IRD Sergeant, as to who will lead on which part of an investigation and whether there children or other adults at risk, in the environment? (Large Scale Inquiry process may be relevant) Or what measures are required immediately to protect the adult at risk where they are exposed to danger. Where there are issues of financial harm which may take time to investigate, the IRD episode can be moved on to Investigation to enable the council officer to conduct their part in any Investigation. The conclusion of a police Investigation should always be discussed and recorded, and again any actions agreed and carried out in a timely manner.</p>	<p>Team Leader / EDT Police</p>
5.8	<p>In some situations it may be appropriate to convene an AP Risk Management meeting (see page 27) The risk management meeting can have a professional's only aspect, where there is a need to gather wider information from professionals, to clarify risk and assessment, than what we have already through inquiry / investigation in order to decide whether a case proceeds or not to APCC.</p> <p>Risk Management meetings can also be used separately in high risk situations. This could be where the adult at risk does not meet all three points of the test, but that the level of risk requires a multiagency response in terms of support under the Act. In this second situation it is good practice to involve the client, carer or advocacy. Any follow up could be managed by a lead person or a core group reporting back to the team leader until the risks are back at a manageable level.</p> <p>Both these meetings will be held a level below the Adult Protection Case Conference – This was formally known as a professional meeting. However the AP Risk Management offers more inclusive options particularly for clients and their representatives. (See page 17 for details and Criteria)</p>	<p>Team Leader APU</p> <p>Professionals only</p> <p>All involved including client /carer or advocacy</p>
5.9	<p>Other situations may require the consideration of a large scale inquiry (see page 33 &amp; Appendix )</p>	<p>Team Leader / APU Group Manager Head of Service</p>
5.10	<p><b>Where the IRD concludes that there are no grounds for concern following inquiry and IRD. Or where the adult is no longer assessed as being an adult at risk of harm.</b></p> <p>The Team Leader will direct the course of action. The expectation is that Team Leaders will consult with the APU for support or advice. Should a Team Leader not contact the APU for consultation then the rationale and reasons for their decision should be recorded clearly in the decision and outcome box. Responsibility for the adult protection process remains with practice teams not the APU.</p>	<p>Team Leader / APU</p>

	<p>Outwith office hours the EDT worker will oversee the process</p> <p>Where there is disagreement the Team Leader will discuss case with the AP Coordinator. Should there still be disagreement the case will escalate through the SBC escalation process.</p>	
6.0	<b>Investigation</b>	
6.1	<b>Timeframe for the Investigation – 15 working days.</b> The timeframe is managed and monitored by the Team Leader based on a timely and proportionate response to the initial and ongoing risk assessment.	Team Leader
6.2	The purpose of the investigatory powers provided by the 2007 Act is to enable or assist the council, to investigate the source, nature and level of any risk to the adult. The outcome of the Investigation is to establish whether action is needed to support or protect the adult. The Investigation may involve any visit to the adult, under section 7, and/or any interview under section 8; and/or a medical examination by an accompanying health professional under section 9; and/or a request to examine records under section 10. Note the legal requirement that any Health records which are requested by the local authority under section 10 must only be examined by a health professional.	Council officer
6.3	The local authority has the statutory responsibility for Adult Protection investigations under the 2007 Act. Cooperation of partner agencies is required to ensure a multi-agency response to Adult Protection investigations. Police Scotland is responsible for criminal investigations. NHS Borders are responsible for providing specialist advice and input around the health issues relevant to the investigation which will include, but is not exclusive to medical examinations under section 9 of the 2007 Act, or examination of health records under section 10 of the 2007 Act.	Team Leader / APU / Council officer / Partner agencies
6.4	Independent agencies should not be conducting their own Adult Protection investigations; statutory responsibility sits with the local authority. Independent agencies may follow their own disciplinary process or whistle blowing process, but responsibility for Adult Protection investigations remains with the local authority.	Team Leader / APU / Council officer
6.5	Where there is doubt as to whether the adult at risk has capacity to make decisions, a medical opinion should be sought from the relevant health professional, e.g. GP, Psychiatrist	Council officer / G.P.
6.6	Interviews - The aims of such an interview will therefore be to: <ul style="list-style-type: none"> <li>• Establish if the adult has been subject to harm</li> <li>• Establish if the adult feels his or her safety is at risk and from whom, and that they are in need of support or protection under the Act.</li> </ul> <p>Discuss what action, if any, the adult wishes or is willing to take, or what action the local authority may need to take to support or protect the adult at risk.</p>	Council officer / Team Leader
6.7	An interview may take place within any place being visited. This could be, for example, the adult's home, a day centre, care home or hospital. The decision about where to conduct the interview will be taken by the council officer and all those involved in planning of the investigation on the basis of information received. This will involve a judgement based on the wishes of the adult themselves and ensuring that the adult can participate as fully and freely as possible. <b>Any adult interviewed under section 8 of the 2007 Act must be informed that they are not required to answer any questions before the interview starts. This is a legal requirement under section 8(2) of the 2007 Act and must be explained to them prior to Investigation.</b>	Council officer / Team Leader
6.8	In keeping with the Act's principles an adult must be assisted to participate as fully as possible throughout the Adult Protection process.	Council Officer / Nominated

	<p>Prior to an interview with the adult, the Council Officer should identify, plan and arrange the support required to assist the adult to participate as fully as possible during the interview. This may require for example, the use of independent advocacy; communication support or any other appropriate support provision.</p> <p>In some situations an adult may not fully understand the purpose of the interview but should be supported to participate as fully as possible, whilst taking account any expressed wishes of the adult.</p>	person
6.9	<p>Joint visit/interview - a Council Officer may be accompanied by another person to assist the investigation in a number of ways, for example by: allowing the council officer to jointly investigate concerns with a key worker, a police officer, health professional, or the care inspectorate. The accompanying person may be nominated to make records of the interview process. The role of each professional involved in an interview should be clearly established prior to the interview.</p>	Council Officer / Colleague / nominated health person / Police
6.10	<p>All Council Officers should follow the SBC Adult Protection interview training guidance, provided through SBC's council officer training.</p>	Council officer
6.11	<p>A Council Officer may request to interview the adult in private. This is particularly important when the alleged perpetrator lives with or may have undue influence over the adult at risk.</p>	Council officer
6.12	<p>The Council Officer may visit the adult's place of residence as part of an investigation. The Council Officer has the right to enter any place during a section 7 visit and to inspect any part of the place relevant to the investigation. The Council Officer does not have the right to force entry.</p>	Council officer
6.13	<p>Staff safety when visiting a home is paramount, where there is a threat of resistance including the threat of verbal or physical violence. Steps should be taken by staff to support and protect themselves in the planning and execution of their duties. Refer to lone working policy and work related violence policy. There may be times where the Council Officer is refused entry to the premises. Where this happens, the Council Officer should initially consider how entry may be achieved without resorting to seeking a warrant authorising entry as a first course of action. Provided delay would not increase the risk to the adult, it would be good practice to have a multi-disciplinary discussion and plan to co-ordinate action by those involved before deciding whether to apply for a warrant. Particular regard should be given to minimising distress and risk to the adult.</p>	Council officer Team leader APU
6.14	<p>A medical examination may be required as part of an investigation for a number of reasons including: the adult's need of immediate medical treatment for a physical illness or mental disorder; to provide evidence of harm to inform a criminal prosecution under police direction or application for an order to safeguard the adult; to assess the adult's physical health needs; or to assess the adult's mental capacity. A medical examination may only be carried out by a health professional as defined under Section 52(2) as: a doctor; nurse; or midwife; or any other type of individual described (by reference to skills, qualifications, experience or otherwise).</p>	Council Officer / Nominated Health person
6.15	<p>Examination of records – The adult's consent should be obtained prior to a request to examine records whenever this is possible and practicable. Where such consent cannot be obtained, the adult should, if possible be informed about the information sharing retrospectively. If the adult lacks capacity to consent to this decision, any person who has a welfare proxy power to make this decision under the Adults with Incapacity (Scotland) Act 2000 should be consulted. Any request to examine records must be relevant and proportionate to the nature of the Adult Protection concern and must reflect the principles of the 2007 Act, which in particular includes the principles of benefit, least</p>	Council Officer / Nominated Health person

	<p>restriction and the ascertainable past and present wishes of the adult regarding the sharing of this information.</p> <p>The Council Officer may require any person holding health, financial or other records relating to an individual whom the officer knows or believes to be an adult at risk, to give the records, or copies of them to the officer under section 10 of the 2007 Act.</p> <p>Requests to examine records can be made at the time of a section 7 visit. Requests to examine records out with a visit should be made in writing by the Council Officer.</p> <p>Health records can be requested and obtained by a council officer but can only be examined by a health professional. This is a legal requirement under section 10(5). The identified Lead from NHS Borders for examination of health records under section 10 will report to the Council Officer within a timely and reasonable timescale</p>	
6.16	. NHS Borders staff should refer to Health AP Policy for sharing of information with the police to promote the prevention and detection of crime, while respecting and safeguarding the interests of patients and the public in the confidentiality of personal health information.	Nominated Health person
6.17	At the end of the Investigation process the council officer should seek the client / carer / legal representative's permission for Borders Independent advocacy service to conduct an impartial phone survey. The purpose of this confidential survey is to get valuable client / carer/ legal representative feedback, and to help us improve our service delivery.	Council officer
6.18	<p><b>Conclusion of the Investigation</b> – The Team Leader will conclude the Investigation in consultation with the AP Unit and partner agencies where required. The outcome of the investigation may be further action is required and the case could proceed to Adult Protection Case Conference. Another option available where the risk is significant, and there is not enough evidence to proceed to full Adult Protection case conference, may be to hold a Risk Management professionals meeting or a Risk Management meeting (where all can attend) before considering next steps.</p> <p><b>Where the Investigation concludes that there is not a genuine cause for concern or where the adult is assessed as not being an adult at risk of harm under the Act.</b> The Team Leader will direct the course of action. The expectation is that Team Leaders will consult with the APU for support or advice. Should a Team Leader not contact the APU for consultation then the rationale and reason for their decision should be recorded clearly in the decision and outcome box.</p> <p>Responsibility for the adult protection process remains with practice teams not the APU.</p> <p>Outwith office hours the EDT worker will oversee the process</p> <p>Where there is disagreement the Team Leader will discuss case with the AP Coordinator. Should there still be disagreement the case will escalate through the SBC escalation process.</p>	Team Leader / APU



7.0	<b>Risk Management Meeting ( Only where Applicable )</b>	
7.1	<p><b>New local proposals for Adult Protection meetings below Adult Protection Case Conference Threshold</b></p> <p><b>All cases which meet the adult at risk criteria (all three points of the test) following inquiry / investigation and require a Case Conference should go to Adult Protection Case Conference.</b></p> <p>However we recognise that, in some cases, it remains unclear whether someone meets all three points of the test. Sometimes a meeting is required to gather the necessary information for this assessment and to clarify the risks in order to proceed to APCC.</p> <p><b>In other situations, where someone meets part of the three point test, but the risks are serious or significant. Research &amp; serious case review support the need for a multiagency approach to managing risk.</b> We are therefore changing the Professional meeting to an AP Risk Management meeting under our local Adult Protection Process. This offers greater flexibility to hold a meeting below the Adult Protection Case Conference level with professionals only, or to hold a Risk Management meeting with client and families involved. Meetings must be discussed with locality Team Leader or APU to agree this meeting is appropriate to the specific case.</p> <p>Criteria for a Risk Management meeting</p> <p>1. Where following inquiry and investigation <b>it remains unclear that the adult meets all three points of the adult at risk test</b> required to proceed to Adult Protection Case Conference. It may be that Professionals are asked to convene and share their assessment of the risks and concerns under the form of a professional's only Risk Management meeting. The purpose of this meeting will be to clarify the assessment of the situation, share information and revisit the three point test. <b>The outcome will be whether or not, to proceed to a full Adult Protection Case Conference.</b></p> <p>2. In situations where there is serious risk of harm, but <b>where either the adult is deemed not to meet all 3 points of the adult at risk criteria, but the risks are serious enough, to warrant a Multiagency response and Risk Action plan.</b> The purpose of this meeting will be to meet as a multiagency group including the client and representatives in order to formulate a response to the risk, and to have a formal record of the discussion and action plan. <b>The outcome of this meeting is that all involved are signed up to an action plan which records and takes steps to reduce and minimise risk.</b> The case could then move over to case management. Any follow on review would be done through case management or through a core group of people meeting.</p> <p><b>Note - Risk Management meetings in SBC are at a level below Adult Protection Case Conference – They promote multiagency discussion, agreed understanding and assessment of risk and in certain cases will contain an action plan to manage or reduce risk. Risk management meetings are for serious or significant risk only, and/or where current arrangements have no plan in place, or where current arrangements are not sufficient and that Social work may need to intervene under a duty of care to meet or clarify unmet need.</b></p>	<p>Team Leader APU Professionals Client and Carer Advocacy</p> <p>Professionals only</p> <p>All involved Include client and carer or advocacy</p>

8.0	<b>Adult Protection Case Conference - Within 30 working days</b>	
8.1	Adult Support & Protection Case Conferences are formal multidisciplinary meetings at which information regarding the possible harm or risk of harm to an adult is shared, considered and a Protection Plan put in place under Adult Support & Protection (Scotland) Act 2007. Cases which proceed to Adult Protection Case <b>Criteria for an AP Case Conference is that case must meet all three points of the adult at risk 3 point test.</b>	
8.2	Follow meeting guidance and Template (Appendix 8 )	Chair Person / Team Leader
8.2	Where a decision has been made to proceed to an Adult Protection Case Conference. The timescale for this should be as soon as possible in urgent cases, but no longer than 30 working days from the initial Adult Protection Referral. There may be situations where this does take longer to arrange, the Team Leader and Adult Protection Unit should be notified and the reason recorded.	Chair Person / Team Leader / APU
8.3	The Team Leader can decide to chair the Case Conference themselves. Or request that an Adult Protection Officer chairs on their behalf. The Team Leader should discuss invitees with the chairperson. Team Leader selects 'SCH Adult Protection Case Conference' Episode in Framework and passes to the chairperson for completion. The Team Leader must send, or inform their administration staff to send, invitations (see Appendix); and upload any invitation letter to the clients record. The Team Leader must complete the AP meeting request template and email the Adult Protection Unit to request a minute taker on <a href="mailto:sw.apu@scotborders.gsx.gov.uk">sw.apu@scotborders.gsx.gov.uk</a> The chairperson must enter the names and addresses of all invitees in the episode.	Team Leader / APU
8.4	<p>Before the Case Conference, Chair considers:</p> <ul style="list-style-type: none"> <li>• The venue</li> <li>• client and carer attendance</li> <li>• use of advocacy or communication support</li> <li>• client and carer participation where they do not wish to attend</li> </ul> <p>it may be that the council officer or advocate presents the client view and someone is tasked at the meeting to feed information back to the client post meeting</p> <ul style="list-style-type: none"> <li>• where they are unable through capacity / mental disorder the relevant power of attorney / welfare guardian is invited (where applicable)</li> <li>• possible conflict between attendees</li> <li>• the potential for undue pressure, particularly where the carer is the alleged harmer</li> </ul> <p>Where there may be potential undue pressure or undue influence on the adult at risk, from a carer / family member who attends a meeting with the adult at risk. Care must be taken, to capture all views appropriately. This may require information, from the adult, without undue pressure, or require advocacy support, to present the adults perspective.</p> <p>Consider with Team Leader if this Case Conference should be in 2 parts: restricted information then adult at risk present.</p>	Chair Person / Team Leader
8.5	Council officer considers and arranges advocacy/support for adult at risk.	Council officer
8.6	<p>Role of Chair - During the Conference</p> <p>The Chair of an Adult Protection Case Conference must be familiar with the process and framework for holding Adult Support and Protection Case Conferences. The Chair has a key role in promoting multi-disciplinary discussion and to make sure everyone's views is heard and valued.</p>	Chair Person / Team Leader

	<p>The Chair should manage the agenda and pro-actively ensure:</p> <p>The purpose and aims of a Case Conference are clearly explained. Adult Support &amp; Protection Case Conferences (ASPCC's). ASPCC's are formal multidisciplinary meetings at which information regarding the possible harm or risk of harm to an adult is shared &amp; considered. Outline ground rules re process &amp; confidentiality. Any restricted information is clarified.</p> <p>All present agree that the adult meets the definition of being an adult at risk under the criteria set out by the Adult Support &amp; Protection (Scotland) Act 2007.</p> <p>The agenda is set and focus must remain on the adult at risk and harm identified.</p> <p>All reports submitted and the views of all attendees are discussed. The client and carer perspective should be presented either through themselves; advocacy or their view should be sought and brought to the meeting by a nominated other. This can be delegated to the council officer by the Team Leader where necessary.</p> <p>The Chair will promote open fair communication &amp; facilitate decision-making and full participation. The Chair must remain impartial and not influence or lead the group's decision about an adult at risk of harm. The Chair may have a view on the adult at risk and may share this view at the end of the group discussion about the adult at risk prior to summing up.</p> <p>Any disputes &amp; disagreements are aired, risks are identified and everyone who participates is heard.</p> <p>The Chair will then summarise the group's decisions using the evidence presented and proceed to draw up the Adult Support &amp; Protection Plan. Any actions for the group are clarified and timescales explained and made clear.</p> <p>The Chair will thank attendees for their input and the Case Conference is brought to an effective conclusion.</p>	
8.7	<p>The Chair is accountable for ensuring that Case Conference is conducted within ELBEG Guidance &amp; Scottish Borders Council procedures. Professionals: for the standard of their own contribution &amp; actions from implementing the ASP Plan.</p>	Chair Person / Team Leader
8.8	<p>Adult Protection minutes should be completed within 10 working days where possible and the draft should be agreed by the chair prior to sending out to all attendees. Minutes must be recorded in a professional style and manner and be an accurate reflection of the topics and issues discussed within the meeting.</p>	APU Admin Chair Person / Team Leader
8.9	<p>Where the client or carer has not attended the Adult Protection Case Conference the outcome of the meeting should be fed back to the Client and Carer by a nominated person via the Chair. This nominated person could be an advocate, a responsible person such as a Welfare Guardian / Power of attorney or the council officer. The adult or carer view on the outcome of the Case Conference should be recorded as an addendum and go out with the final copy of the Adult Protection minute.</p>	Chair Person / Team Leader /Council officer / APU Admin
8.10	<p>The Team Leader may decide that a Core Group meeting is required between the Adult Protection Case Conference and the Adult Protection Review.</p>	Team Leader / ATL / Council officer

	This Core group can be facilitated by the Council officer and Assistant Team leader and Team leader appraised of progress. The Core group can comprise of agencies involved and should be used to track and monitor progress.	
8.11	The majority of Adult Protection Case Conferences should go to Adult Protection Review to allow the multiagency group and Team Leader to review the effectiveness of the intervention in terms of support or protection. There will however be a small number of cases which may exit the Adult Protection process following Case Conference. This decision should always be agreed by the Team Leader and APU, and necessary steps taken to ensure appropriate supports are in place, and that all are informed of this decision.	Chair Person / Team Leader / APU
9.0	<b>Adult Protection Case Conference Review</b>	
9.1	Adult Support & Protection Review Case Conference is a formal multidisciplinary meeting at which the Adult Support and Protection Action and Protection Plan is reviewed. Multiagency information should be shared and progress and effectiveness measured and considered.	
9.2	Follow meeting guidance and Template (Appendix 9 )	Chair Person / Team Leader
9.3	The Adult Support & Protection Action Plan will be formally reviewed within 6 months. Unless there is a need to review this more urgently. If there are continuing risks this can be done either through an Adult Protection Review Case Conference or through a Core group meeting, which feedback to the Team Leader to chart and monitor progress.	Chair Person / Team Leader / APU
9.4	If there are continuing risks this can be done either through a sooner Adult Protection Review Case Conference or through a smaller Core Group, nominated by the Chair / Team Leader.	Chair Person / Team Leader / APU
9.5	<p>Before the Case Conference Review , Chair considers:</p> <ul style="list-style-type: none"> <li>• The venue</li> <li>• client and carer attendance</li> <li>• use of advocacy or communication support</li> <li>• client and carer participation where they do not wish to attend</li> </ul> <p>it may be that the council officer or advocate presents the client view and someone is tasked at the meeting to feed information back to the client post meeting</p> <ul style="list-style-type: none"> <li>• where they are unable through capacity / mental disorder the relevant power of attorney / welfare guardian is invited (where applicable)</li> <li>• possible conflict between attendees</li> <li>• the potential for undue pressure, particularly where the carer is the alleged harmer</li> </ul> <p>Where there may be potential undue pressure or undue influence on the adult at risk, from a carer / family member who attends a meeting with the adult at risk. Care must be taken, to capture all views appropriately. This may require information, from the adult, without undue pressure, or require advocacy support, to present the adults perspective.</p> <p>The Chair may only exclude the person, who is thought to be harming, on grounds of safety &amp; risk to others attending the meeting.</p> <p>Consider with Team Leader if this Case Conference should be in 2 parts: restricted information then adult at risk present.</p>	Chair Person / Team Leader

9.6	<p>The Adult Protection Review Case Conference Manage the Agenda and Pro-actively ensure:</p> <p>Purpose/aims of Case Conference are explained. The Adult Support &amp; Protection Case Conference is a formal multidisciplinary meeting at which information regarding the possible harm or risk of harm to an adult is shared &amp; considered. Outline ground rules re process &amp; confidentiality. Any restricted information is clarified.</p> <p>The agenda is set and focus must remain on the adult at risk and harm identified.</p> <p>Council officer and views of attendees or reports are discussed. The client and carer perspective should be presented either through themselves; advocacy or their view should be sought and brought to the meeting by a nominated other. This can be delegated to the council officer by the Team Leader where necessary.</p> <p>The Chair will promote open fair communication &amp; facilitate decision-making and full participation.</p> <p>Discussions are summed up, disputes &amp; disagreements are aired, risks are identified and everyone who participates and is heard.</p> <p>The Chair must remain impartial and not influence the group's decision, about the adult at Risk of harm, the chair will promote discussion and summarise the group's decision using the evidence presented.</p> <p>The group should all revisit the adult at risk, 3 point test, and either agrees the adult remains at risk, or that following intervention the adult is no longer an adult at risk, under the Adult Support &amp; Protection (Scotland) Act 2007.</p> <p>Adult Support &amp; Protection Plan is drawn up and the Case Conference is brought to an effective conclusion.</p>	Chair Person / Team Leader
9.7	<p>Where the adult is no longer an adult at risk, the case can transfer over to a case management approach or in some cases a case closure. This should always be discussed with the Team Leader and in agreement with the APU. The usual procedure and Adult Protection Process must be completed in the Framework episode.</p>	Team leader / APU
10.0		
10.1	<b>Large Scale Inquiry</b> - An initial inquiry into the situation of an adult,	All staff

	<p>referred as at risk of harm, may establish that the person is a resident of a care home, supported accommodation, a NHS hospital ward or other facility, or receives services in their own home. Further inquiries may indicate that the risk of harm is from another resident, a member of staff or some failing or deficit in the management, regime, or environment of the establishment or service.</p> <p><b>The possibility that other residents, patients or service users may be at risk of harm from the same source may require the initiation of a large-scale inquiry (LSI).</b></p>	
10.2	Refer to Appendix 11 - for Process Flow chart and decision making process	All Staff
10.3	<p>It is crucially important to inquire / investigate any allegation of harm, in a timely manner. Where a crime has been potentially committed an Interagency Referral Discussion (IRD) should happen. (refer to IRD Section).</p> <p>Any allegation should be passed to the Team Leader of the locality and <b>the Adult Protection Unit must be notified</b>. The Team leader, Adult Protection unit, and Group manager will agree who should Coordinate and lead the Inquiry / Investigation. The Community Care Review Team should be notified of any allegation in a care home setting.</p>	<p>All Staff</p> <p>Team Leader / APU / Group Manger/ CCRT</p>
10.4	<p>The purpose of the inquiry / investigation should be to gather the facts, evidence and circumstances around an incident and to assess whether there is genuine cause for concern and that there is clear evidence that a wider group of adults are at risk of harm, from an alleged source of harm.</p> <p>The Team Leader should appoint a council officer and nominated others where applicable. Particularly where specialist knowledge can help with the assessment process. This may be NHS Borders staff, Police Scotland, or other consultancy relevant to the type of harm. It must be stated that the Local Authority has lead responsibility for the Adult Protection Process. Police Scotland will lead on any criminal allegations.</p> <p>The outcome of the inquiry / investigation will be fed back to the Team Leader who will consult with the Adult Protection unit and the Group manager. Information will be sent to the head of service who decides whether to enter the Large Scale Inquiry process or whether to consult with partner agencies or whether to manage the risk through a different route. e.g. - Individual Case Conferences or through Risk Management Meeting or Professional meeting and Core group follow on monitoring.</p>	<p>Team Leader / APU / Group Manger/ CCRT / Council officer / Police</p> <p>Head of service</p>

11.0	<b>Warrants for Entry</b>	
11.0	<p>Under section 37 of the 2007 Act – A warrant for entry authorise a council officer alongside a police officer to visit a place listed in section 7. The Police officer is authorised to use reasonable force where necessary, in order to fulfil the objectives of the adult protection visit.</p> <p>When undertaking a warrant for entry under the act, Human rights, cultural and religious sensitivities, should be taken into account.</p> <p>Where a warrant of entry is required under the Act, it must be established, in advance whether the property is owner occupied, rented through SBC, housing association or through a registered social landlord. Where forced entry is required, arrangements should be made to secure the property.</p> <p>The Warrant expires 72 hours after it has been granted, and does not allow anyone to remain in the place they have obtained entry to beyond the 72 hours.</p>	Council officer / Team Leader / APU
12.0	<b>Protection Orders</b>	
12.1	<p>The Adult Support and Protection (Scotland) Act 2007 allows for 3 types of orders to be applied for in order to complete an Investigation or to provide Support or Protection to the adult at risk of harm. An Order can be applied for at any time in the Adult Protection process.</p> <p>The Orders are as follows</p> <p><b>An Assessment Order</b> - The Assessment Order enables the Council officer to take the adult at risk, to a specified place to be either interviewed or for assessment. The purpose of this Order is to ascertain whether the adult is at risk of harm, and where they may be in need of Support or Protection under the Act. <b>The Order expires 7 days after the Order was granted</b></p> <p><b>The Removal Order</b> - The Removal Order allows the Council officer to remove the adult at risk, to a specified place, to remove and protect them from harm. <b>This Order must be used within 72 hours of the Order being granted.</b></p> <p><b>The Banning Order</b> - The council officer, the adult at risk, or other interested party may apply for a Banning Order. This Order can ban a perpetrator from a specified place, and may have powers of arrest attached to the Order. <b>The Banning Order expires 6 months after it was first granted.</b></p>	Council officer / Team Leader / APU  SBC Solicitor
12.2	<p><b>Applications for a Protection Order</b> - Unless there is an emergency an application for a Protection Order would usually be an outcome of a Multiagency Adult Protection Case Conference where all facts and evidence has been considered and where all less restrictive options had been exhausted and an Order is the only way forward, to assess, support or protect the adult from harm.</p> <p>The application would be made in writing by the SBC council solicitor, and would require a base of evidence provided by the Council officer. This may include a Chronology of events, a completed JIT risk assessment, factual and accurate copies of case notes or specialist reports which evidence the need for the Order. In order to satisfy the Sherriff that an Order is required, we will have to provide evidence that all attempts to Support or Protect the adult at risk, have been tried and that the Order is absolutely necessary. Advice on evidence and reports can be taken from the Adult Protection Unit.</p>	<b>Council officer / Team Leader / APU</b>  <b>SBC Solicitor Council officer / APU</b>

12.3	<b>Applications for a Protection Order in Urgent situations</b> - In an urgent situation a Protection Order could be considered through the IRD process, only in Emergency situations. (Where it is not possible to access a Sherriff) It is possible to apply to a Justice of the Peace for either a Removal Order or for a Warrant for entry in respect to a visit. Where applying for a Removal Order through this process, the Warrant for entry must be applied for at the same time. Refer to legislation and codes of practice for timeframes and principles.	Council officer / Justice of the Peace / Adult Protection Coordinator / Management on Call
13.0	<b>Allegations Against Staff</b> Allegations against SBC staff member - Where an Adult Protection allegation is made against an SBC staff member the relevant line manager and Locality Team Leader must be informed immediately. All allegations must be treated in a serious, confidential and professional way. Further inquiry / investigation may be required. In some cases staff may be removed from an area of work while inquiries are carried out. In other situations immediate suspension may be necessary. The Council should also consider the Disciplinary process where gross misconduct or clear evidence of harm is clear. Refer to SBC policies	Staff Manager / Team Leader
13.1	<b>Allegations against a Senior member of SBC staff</b> Allegations may happen against Staff Managers or Team Leaders and the next level line manager / head of service must be informed immediately. All allegations must be treated in a serious, confidential and professional way. Further inquiry / investigation may be required. In some cases staff may be removed from an area of work while inquiries are carried out. In other situations immediate suspension may be necessary. The Council should also consider the disciplinary process where gross misconduct or clear evidence of harm is clear. Refer to SBC policies	Higher level Manager / Head of Service
13.2	<b>Vexatious complainer</b> - Situations where a service user makes frequent complaints alleging harm, which after full investigation are found to be vexatious, cannot be ignored. In such cases it is good practice to always follow the above procedures as referred to in paragraph(s) 13.0, 13.1 13.2 & 13.3. Where we receive an allegation from a vexatious complainer, the allegation must be reported to the appropriate line manager. The appropriate line manager must ensure there is a system in place to monitor the alleged harm and that the situation is reviewed regularly until the situation is resolved.	Appropriate Line Manager
13.2	<b>Allegations against a Service user</b> Where an Adult Protection allegation is made against another SBC service user, the Team Leader must be informed in order to inform the assessment of risk to the alleged harmer, the alleged victim and potential others, at risk within the environment. The Team Leader will cooperate with the necessary people / agencies and ensure the necessary steps are taken to address the risks, and risk manage the situation with key people required. Allegations should be taken and treated seriously and inquiries / investigations should be tailored accordingly.	Team Leader / Support services
13.3	<b>Allegations against a Service provider</b> Where an allegation is made against a member of staff from a service provider, the Team Leader will discuss the substance of the allegation with the appropriate line manager / area manager of that organisation. Staff may be removed from an area of work while inquiries are carried out. In other situations immediate suspension may be necessary. The organisation must not coordinate its own Adult Protection Investigation but may consider their own Disciplinary process where appropriate.	Team Leader / Support services Manager / Group Manager
13.4	<b>Referral to other agencies</b> Consideration should be given to Referral to other agencies as appropriate e.g. – Police Scotland, Care Inspectorate, Mental Welfare Commission, Office of the Public Guardian and any Regulatory body such as SSSC following gross misconduct or dismissal.	Team Leader / Support services Manager / Group Manager



13.5	<p><b>Adult Protection in NHS Borders - See NHS AP Policy</b></p> <p>The agreed <b>NHS AP Process is</b> as follows</p> <ol style="list-style-type: none"> <li>1. Suspicion of harm is reported to the NHS line manger at the date this is discovered</li> <li>2. The line manager reports the harm to the Social work team responsible , and NHS alerts the associate director of Nursing</li> <li>3. Where harm has not been highlighted via NHS, the local authority will raise an AP Concern / Referral and update the associate director of Nursing</li> <li>4. The locality team liaise with Senior NHS Borders colleagues and agree that SBC lead the investigation and an appointed NHS Borders person work alongside SBC, to conclude the investigation.</li> <li>5. The outcome is discussed between SBC and senior NHS staff and necessary action is taken.</li> </ol>	<p>Staff member Locality Team Leader</p> <p>Inform the</p> <p>AP Coordinator Associate director of Nursing</p>
14.0	<p><b>End Of Process</b></p>	
	<p><b>Change of status / Closure / Exiting the Adult Protection Process: The Team leader / Assistant team should agree with the worker the request to close or remove from the adult protection process and consultation must happen with the Adult Protection unit.</b> All key professionals should be consulted which ever part of the process the case will exit. All professionals should be in agreement with the closure of the case under Adult Protection guidelines. The adult will then be supported through the care management process as necessary. A case involving an adult at risk should not be closed without there being discussion with the adult and a reassessment of their living circumstances being undertaken. <b>The adult / carers should be given contact numbers for support should their situation change to enable them to refer to the appropriate support service.</b></p>	<p>Staff member Team Leader / ATL / APU</p>
15.0	<p><b>Incident Reviews / Significant Case Review:</b> Where a significant incident or failure occurs involving an adult "at risk of harm", consideration should be given to carrying out a Significant Case &amp; Incident Review, as per the criteria in the 'Adult Protection Audit Subcommittee Procedure'.</p> <p>The incident case review and serious case review must meet the criteria for ICR / SCR - please consult AP Coordinator. A review can be requested by any practitioner through their appropriate Adult Protection Committee representative. A 'Request for Significant Case &amp; Incident Review' (See Appendix 13) should be submitted to the Adult Protection Coordinator for consideration.</p> <p>Where the case fails to meet the criteria in the 'Adult Protection Audit Subcommittee Procedure', or where there are examples of practice, which require a practice review. This can be a requested via the Adult Protection Coordinator - see 'Request for Adult Protection Interagency Practice Review' (Appendix 13).</p>	<p>Any person Adult Protection Coordinator</p>
1.0	<p><b>Quality Governance</b></p>	
	<p>Records - One of the most important parts of the Adult Protection process is record keeping, case notes, risk assessments and chronologies should be completed in a reasonable timeframe. Team Leaders / Assistant Team Leaders should audit adult protection cases and progress of these through the supervision process.</p> <p>Case notes should be kept factual and accurate and adult protection case notes highlighted using the significant tick box in framework. Any documents which are received from other agencies should be uploaded into framework</p>	<p>All staff Team Leader /ATL / APU</p>

	<p>and a relevant case note signposting staff to the appropriate document.</p> <p>Emails should not be uploaded into case notes in their informal state. The case note can read email received from professional, and a brief summary of their opinion is recorded. The adult can request case note access under freedom of information, through an agreed route, case notes should be considerate of this.</p> <p>Information may be withheld only where other people are named and there is a need to protect their rights, or where information given to the adult, may put the adult at greater risk of harm. Advice should always be taken from the Data Protection officer / Freedom of Information officer as some information may need redacted.</p> <p><b>Risk assessments - Risk assessments are crucial to adult protection and for complex cases, involving high risk. Where cases proceed to Adult protection Case Conference, or are very complex and involve high risk, the JIT risk assessment must be completed.</b> Team leaders and Assistant Team Leaders will monitor these through the supervision process where this applies. The adult protection unit will regularly commission an audit of adult protection cases for quality assurance purposes and this will be fed back through the multiagency Adult Protection Audit Subgroup.</p> <p><b>Chronologies - Are a key part of monitoring patterns of harm over a timeline. Significant incidents only should be added to a chronology and this should compliment the risk assessment.</b> In some situations a brief current chronology can be very useful as part of a council officer report at case conference advice can be taken from the adult protection unit. The adult protection unit will regularly commission an audit of adult protection cases for quality assurance purposes and this will be fed back through the multiagency Adult Protection Audit Subgroup.</p>	
1.2	<p><b>Strategic Performance / Audit</b></p> <p>Framework episodes - Scottish Borders Council report to the Adult Protection Committee and to the Scottish Government with statistics and patterns and types of harm. The Framework system is used to capture and measure these statistics, it is therefore vital that episodes are completed fully on time, and the data collected is in line with Scottish Government requirements to aid accurate recording of information.</p> <p>The Care Inspectorate has a regulatory role in service provision and adult protection. It is important that all adult protection records are recorded professionally completed within timescales and that appropriate risk assessments, chronologies and actions plans are followed through, reviewed and meet required standards.</p> <p>The Adult Protection Committee and Adult Protection Audit sub group regularly review cases and information received and have a role in monitoring Scottish Borders Council's overall performance and direction. Audit function - both Team Leaders, Assistant team leaders will regularly audit adult protection cases through the supervision process to ensure the Care Inspectorate requirements are met in Scottish Borders.</p>	<p>Team leaders</p> <p>Care Inspectorate</p> <p>AP Committee Audit Sub Team leaders / ATL</p>

	<p>As a quality assurance process the Adult Protection unit will also audit cases, this offers an independent view of thresholds, recording, risk assessments and chronologies. The audit process should be a supportive process with the aim to deliver and improve high standards of service delivery throughout the adult protection process. The Adult Protection unit will also spot, track and monitor patterns of harm and training and focus can be directed to meet challenges.</p> <p>The Adult Protection Coordinator will ensure Scottish Borders Council is represented nationally and ensure research, national policy and guidance is disseminated to staff accordingly.</p>	<p>APU</p> <p>AP Coordinator</p>
1.3	<p>Disagreement / Escalation Process</p> <p>Responsibility for the Adult Protection process, stays with the Local Authority, however there may be disagreement either within Scottish Borders Council or from partner agencies, around a decision to proceed or not under adult protection. Scottish Borders Council has a disagreement / escalation policy in place, and this process should be followed where this applies. See Appendix 16</p>	<p>All staff / all partner agencies</p>
1.4	<p>Appendix list</p>	
1.4	<p>Appendix 1 AP Flow chart</p> <p>Appendix 2 LSI Flow chart</p> <p>Appendix 3 Letter response to AP Referral</p> <p>Appendix 4 Client and Carer involvement through the Adult Protection Process</p> <p>Appendix 5 JIT Risk assessment tool</p> <p>Appendix 6 Letter invitation to AP Case Conference</p> <p>Appendix 7 AP Case Conference Aide Memoir &amp; Case Conference Review Aide Memoir</p> <p>Appendix 8 Standard APCC Minute form</p> <p>Appendix 9 Practice standards APCC minutes</p> <p>Appendix 10 LSI full Process ( Currently under review )</p> <p>Appendix 11 Significant Case and Incident Review protocol</p> <p>Appendix 12 Request for Significant Case Review or Practice Review</p> <p>Appendix 13 BGH A&amp;E Tool</p> <p>Appendix 14 AP in an SBC Service provision flow chart</p> <p>Appendix 15 NHS Borders local Adult Protection policy</p> <p>Appendix 16 Disagreement / Escalation protocol</p>	