

Scottish Borders Council



Adult Protection Local Procedures March 2020

"Everyone in the Scottish Borders has the right to live free from abuse, harm and neglect".

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Scottish Borders Adult Protection Procedures

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Adult Protection Procedures

Introduction

These procedures are provided to support staff to understand the changes to the way Adult Protection will work, with the Public Protection arrangements which includes the introduction of the Adult Protection Officer who has a key role in decision making, Support and Quality Assurance of Adult Protection.

All staff will be required to contribute to the new procedures and understand the changes involved.

The procedures are by necessity prescriptive however it is vital that we keep the person at the centre and use our process to get the best outcomes possible. In order to achieve this there will be occasions where there will be a need to vary the way of working to suit the circumstances. This may mean for example, the order of the various steps may change to suit the need. When it is necessary to deviate from the process it is important that this is fully discussed and agreed with managers, Adult Protection Officers and inter-agency partners as required. In all such situations there MUST be clear recording to evidence why these decisions were made.

The introduction of the Adult Protection Officer offers the opportunity for discussion and debate between the Council Officer, Team Leader and Adult Protection Officer and this is one of the main benefits of the Scottish Borders Adult Protection Procedures. The officers involved should consider each other's professional view and attempt to resolve any disagreements by consensus, where the disagreement cannot be resolved, the Adult Protection Officer will make the decision making a clear recording of the views and the reason for the decision. Any of the professionals involved can request escalation to Line Managers if agreement can't be reached or there continues to be a view that the Adult Protection Officer decision is not in the best interest of the Adult.

Where there is disagreement about a decision, efforts should be made by involved professionals to reach resolution by meeting to discuss the case. Where no resolution can be reached, cases can be escalated through Line managers. For external disagreement the Dispute resolution protocol is also available to assist in resolving difficulties. It is important that staff take responsibility for resolving disagreements. This is not a negative process but is a positive way of taking professional responsibility for joint decision making in the best interest of the Adult involved.

Throughout these procedures reference is made to the role and tasks of the Council Officer. It is accepted that on occasion tasks will, in the best interest of the adult, be allocated to other staff already known to the adult or with a required area of expertise. Where this occurs it must be with the agreement of the Adult Protection Officer or Team Leader and the staff under the guidance of the responsible Council Officer.

Tell someone Telephone 0300 100 1800

AP REFERRAL –Immediately
“Know or believe an adult is”

- Unable to safeguard (is there evidence or undue pressure)
- At risk of harm (of what and from whom?)
- Have a disability, illness, infirmity or disorder which makes them more vulnerable than others.

Only thing recorded in the AP Referral is the Referral



INTERVENTION

AP INQUIRY
(Phase 1)

- Initial inquiries
- **Background and record checks**
- Phone calls, emails , letters or reports
- Communication with partner agencies

2 working days

Multi-agency IRD
(Formal conversations)

- Information sharing
- **Formal discussion**
- Agree what further investigation is required
- Agree need for APCC
- **Record of risk**
- **Agree who leads**
- Conclude IRD

AP INVESTIGATION
(Phase 2)

- **Visits**
- **Interviews**
- Examinations
- Records request
- **Bank statements**

15 working days



OUTCOME – Case Conference within 22 working days

- AP Case Conference (Risk assessment includes a protection plan) **within 22 work days**
- Continue under case management / risk management (protection plan)
- Sign post to a specialist service
- NFA – with rationale
- Note - only the APU can only decide and sign off the outcome

Role of the Adult Protection Unit within a Public Protection Service	
1.0	<p>Role of the Adult Protection Unit within a Public Protection Service</p> <p>Protection concerns may be raised by partner agencies or by members of the public via Scottish Borders Council Customer Services, Social Care and Health Teams and/or Specialist Teams (Mental Health Team/Learning Disability Service)</p> <p>The Adult Protection Unit will work as a key component of a Public Protection Service and all services will work with partner agencies on Adult Protection issues following a 'Think Family' approach, considering and appropriately reporting Adult Protection concerns and wider Public Protection concerns for action.</p> <p>The Adult Protection Unit will direct and manage the Adult Protection process and make decisions in consultation with NHS Borders and Police Scotland colleagues; Team Leaders of Social Care and Health Teams and Specialist Teams (Learning Disability Service, Mental Health Team) will be consulted throughout the Adult Protection process where available. During the investigation it may be necessary for the Team Leader to make decisions about the order of tasks being undertaken and direct the Council Officer to ensure effective and safe action is taken timeously. The Team Leader will attempt to consult with and agree action with the APO but if the APO is not available this should not delay any necessary action.</p> <p>The Adult Protection Unit will also provide expertise, advice and guidance on Adult Protection issues to professionals only.</p>
1.1	<p>Protective legislation</p> <p>The Adult Support and Protection (Scotland) Act 2007 forms part of a suite of protective legislation for Adults, which also includes the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000.</p> <p>Not all referrals will proceed under the Adult Protection process, for example where the Adult is subject to, or requires protective measures under the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.</p> <p>Discussion should take place with the relevant professional to determine the most appropriate legislative and procedural response. Cases are often complex and therefore should not be viewed through a single legislative lens as interventions may span different protective laws.</p> <p>Where a case may have crossover in protective legislation, advice can be sought from the Adult Protection Unit on Tel: 01896 664159 or Professional Lead for Mental Health.</p>
Reporting concerns about Adults who may be at risk of harm	
2.0	<p>Timescale: Members of staff should proceed with raising an Adult Protection Referral immediately.</p>

2.1	<p>Raising an Adult Protection Referral</p> <p>The Adult Support and Protection (Scotland) Act 2007 (the Act) defines 'Adults at risk' under Section 3 of the Act as those aged 16 years and over who are:</p> <ol style="list-style-type: none"> 1. Unable to safeguard their own well-being, property, rights or other interests; 2. At risk of harm (including neglect); <p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 3. Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected. <p>This definition is known as the 'three point test'.</p> <p>Where any Adult is known or believed to be an 'Adult at risk', a member of staff must immediately raise an Adult Protection Referral on Mosaic.</p> <p>It is the responsibility of the staff member raising and recording the Adult Protection Referral to include as much relevant information as possible, focusing on concerns about risk of harm to the Adult.</p> <p>The Adult Protection Referral step should then be assigned to the Adult Protection Duty Worker or Emergency Duty Team (EDT) out of hours and a phone call must be made to the Adult Protection Unit (APU) to ensure APU staff members are aware of the Adult Protection Referral. This will also allow the Duty Adult Protection Officer to ask further questions if required.</p> <p>On occasion a referral will be made which the professional referring describes as an Adult Protection referral but the Duty worker taking the referral does not think it meets the criteria and considers a lower level of support to be more appropriate. The Duty worker should agree this with their manager and ensure the reasons are recorded and feedback is given to the referrer.</p> <p>It is important to ensure that the referrer understands why the referral is being dealt with differently and are advised they can discuss this with an Adult Protection Officer if they disagree. This is not available to members of the public</p> <p>This is important to ensure inter-agency understanding and that the message that Adult Protection is everyone's responsibility is not affected by professionals being confused about when to make a referral.</p> <p>Adult Protection Unit - Tel 01896 664159</p>
2.2	<p>It is the responsibility of the staff member receiving the information to complete or update their chronology to record that an Adult Protection referral has been raised.</p>
2.3	<p>It is the responsibility of the Team Leader/Team Manager or Emergency Duty Team worker to prioritise all Adult Protection Referrals.</p> <p>When an Adult Protection Referral has been raised by a member of staff, the Adult Protection Unit will oversee and direct the Adult Protection process, unless out of hours where the Emergency Duty Team (EDT) will oversee the Adult Protection process.</p>
2.4	<p>Adult Protection Referrals: Consent of the Adult</p>

	<p>It is good practice to seek consent from an Adult to raise an Adult Protection Referral and to share the nature of Adult Protection concerns with the Adult, wherever appropriate.</p> <p>However where there is risk of harm to the Adult, or wider Public Protection concerns, the local authority can share information where it is deemed relevant, proportionate and necessary to protect an Adult at risk of harm or others, with or without consent. The reason should be recorded.</p> <p>Where it is known or believed that a person is an 'Adult at risk' as defined under Section 3 of the Act and protective action is needed, there is a legal/professional and/or contractual duty for professionals to report the facts and circumstances of the person's case to the social work department.</p> <p>The issue of consent should not be a barrier to information sharing within an Adult Protection or Public Protection context.</p> <p>The Adult Support and Protection (Scotland) Act 2007 places a legal duty on local authorities to inquire and investigate risk of harm in an Adult Protection context even in situations where the Adult refuses to engage in the Adult Protection process.</p>
2.5	<p>People placed outwith the Local Authority</p> <p>Where a risk is identified to a Scottish Borders adult who is placed in a resource outwith the Scottish Borders the responsibility to protect the Adult lies with the local authority in which the adult resides. However, Scottish Borders Council should ensure that necessary action is taken by providing appropriate information and requesting information from the Investigating Authority to ensure the Adult is being appropriately protected. It may be necessary to pursue the information if the responsible authority is not communicating effectively. If there is a difficulty in communicating with another authority this can be escalated via managers or to the CSWO to speak to counterparts in the other area.</p> <p>Consideration should be given to the appropriateness of the placement and whether a return to a suitable resource in Scottish Borders is necessary. This applies to people placed within Scotland and people placed in Scottish Borders from another local authority area.</p> <p>People placed in Scottish Borders from another Local Authority</p> <p>It is the responsibility of Scottish Borders Council to apply these procedures to any adult living in Scottish Borders who is placed here by another local authority. In such situations it is important to ensure the placing authority is included in the adult protection process and at all stages is provided with appropriate information to advise that the adult be moved to a suitable resource elsewhere.</p> <p>If any difficulties arise it may be necessary to escalate to line manager or CSWO who can speak to their counterpart elsewhere.</p>
2.6	<p>Screening of Social Work Referrals</p> <p>Social work referrals may be raised by members of the public or partner agencies such as Police Scotland, NHS Borders, Scottish Fire and Rescue Service and NHS 24.</p> <p>Particular attention must be given by members of staff to repeated referrals where there is domestic abuse, serious or dangerous self-harm or</p>

	<p>alcohol/substance misuse; alongside disability, mental disorder, illness or infirmity.</p> <p>Social work referrals from any agency or member of the public must be reviewed on receipt of new information and assessed on the presenting risk, including whether an Adult Protection Referral should be raised.</p> <p>Should Social Care and Health Teams/Specialist Teams receive repeated referrals from Police Scotland (Police Concern Forms) or any other agency, then each referral should have a rationale for decision and the outcome recorded on Mosaic. The risk should be considered alongside the history to ensure incidents are not seen as a 'one off'.</p> <p>A chronology should be recorded for each referral to provide tracking and identification of any risk patterns.</p>
2.7	<p>If an allegation of harm is made against a member of staff it will be followed up as per these procedures, but the name of that staff member should be omitted from the clients file.</p> <p>Currently information will be held in the Adult Protection Unit until there is provision on Mosaic to record this via a provider chronology.</p> <p>The Team Leader and Adult Protection Unit will hold information about allegations of harm against staff members. Any staff member noting on file that there has been an allegation against a staff member of concerned about a staff member should contact the APU for further information and advice.</p> <p>Where applicable follow Human Resource Guidance on Adult Protection available on the intranet for SBC, or in discussion with an APO.</p> <p>Any concerns about risk posed by a member of staff must be discussed with the APU who will hold information about any previous concerns raised against staff members or particular providers.</p> <p>The provider should also be contacted and asked if there are any previous concerns. This is especially important if the referral is made out of working hours when the APU is unavailable.</p>
2.8	<p>Adult Protection Referral: Gathering and recording information</p> <p>Information to include/consider in the Adult Protection Referral:</p> <ul style="list-style-type: none"> • Is the Adult aware of the Adult Protection concern? • Has the Adult agreed/consented to the Adult Protection Referral? <p>N.B. All reports of concerns about an Adult at risk will be subject to an Adult Protection process, even where the Adult does not wish to engage in the process and/or where the individual reporting risk of harm wishes to remain anonymous. Professionally qualified members of staff from any agency should be discouraged from making an anonymous referral unless there is a safety concern for the staff member, however all information will be treated sensitively and consideration given to when the referrer will be named. It may be necessary to allow carers to remain anonymous when it would compromise their work or they live and work in the community, it is the responsibility of the person taking the referral to be sensitive to the needs of the referrer whilst ensuring the safety of the Adult involved.</p> <ul style="list-style-type: none"> • Check departmental records for previous relevant information concerning the Adult. • Include the names and telephone numbers of all other professionals

	<p>involved, including the Adult's General Practitioner (GP).</p> <ul style="list-style-type: none"> • The name of the alleged perpetrator should be included if known, as well as his/her address, telephone number and relationship with the Adult. If the alleged perpetrator is a member of staff, this information should not be recorded on Mosaic only initials should be on file and the APU should be contacted for further advice. • A description should be provided of presenting risks, alleged harm, suspicion of harm and relevant information available to date. • Consider whether there are wider Public Protection concerns, e.g. risk to children, risk to partners, risk to service users, risk to the public. • Clarify the Adult's living arrangements, particularly whether there are children or other Adults at risk in the setting. • The individual reporting the Adult Protection concern should be asked to provide his/her name, telephone number and a description of the nature of his/her involvement with the Adult or connection to any of the people involved. • Does the Adult have any communication or support needs? • Where a concern/report is received from a member of the public, the staff member receiving this information should reassure them that their concern will be subject to inquiries. Members of the public can remain anonymous. If the referral is from a member of the public the worker receiving the referral must inform that their call will be taken seriously but due to confidentiality they will not receive feedback. However, should they see further incidents or concerns continue they should call back as issues are not always resolved first time. • Caution should be exercised by staff members with regards to information which could prejudice or compromise parallel inquiries and investigations, for example: potential Police Scotland criminal inquiries and investigations or staff disciplinary proceedings.
Duty to Inquire	
3.0	<p>Timeframe for the Duty to Inquire:</p> <p>The Duty to Inquire should be undertaken with appropriate urgency. This should be no longer than 2 working days from Adult Protection Referral. If this standard is not being met, the reasons must be clearly recorded and agreed with the APO and TL.</p>
3.1	<p>The council has a legal duty to inquire into concerns where it is known or believed that a person is an Adult at risk and that action may be needed to protect the Adult, under the Adult Support and Protection (Scotland) Act 2007.</p>
3.2	<p>The purpose of the duty to inquire is to gather initial information (e.g. via telephone calls, email communication, records-checks, liaison with partner agencies) in order to establish facts and evidence, and to ascertain the circumstances around the Adult Protection concern.</p> <p>All inquiries under the Adult Support and Protection (Scotland) Act 2007 must be approached in a flexible and professional manner. The views of the Adult and their Carer should always be sought (where possible and appropriate) and the reason for the Adult Protection inquiry explained in a clear and open manner, where this would not prejudice the inquiry process or increase risk of harm to the Adult or others.</p> <p>Consideration should always be given to the Adult's communication support needs, abilities, background and characteristics (including the Adult's age, gender, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage). If it is necessary to telephone an adult, where necessary, an interpreter should be used to ensure the adult fully understands the discussion and that their views are included in the process.</p>

3.3	<p>Multi-agency staff members must have regard to the Principles of the Adult Support and Protection (Scotland) Act 2007 throughout the inquiry process.</p> <p>The Principles of the Act must be demonstrated in decisions and interventions in the Adult Protection process.</p>
3.4	<p>As part of an Adult Protection inquiry process, it is sometimes necessary to make contact with the Adult or Carer via telephone call. Information obtained from such calls is considered part of the Adult Protection Inquiry process.</p> <p>However sometimes it is necessary to visit or interview the Adult or relevant others (e.g. relatives, friends or staff members).</p> <p>Visits or interviews conducted under the Adult Protection process are considered Adult Protection Investigations and must be recorded in the Investigation step on Mosaic, not the Inquiry step.</p> <p>An allegation of harm is an allegation without prejudice, the Adult Protection inquiry process is used to gather facts and evidence.</p>
3.5	<p>Where there is concern whether the adult has capacity to make decisions, and the Council Officer considers there is a need to seek more information, the officer must indicate the area of decision making where they consider an absence of capacity, and seek – where relevant and proportionate – a medical opinion of capacity from person’s GP or other relevant healthcare professional.</p>
3.6	<p>All information recorded in the Adult Protection inquiry should be factual, based on the information obtained and must adhere to professional standards for recording.</p> <p>A clear outcome from the information gathered during the inquiry process should be recorded by the Council Officer.</p> <p>The Council Officer should record an assessment and recommendation in the Inquiry step on Mosaic.</p> <p>The Adult Protection Unit will consult with the Team Leader/Team Manager where available to discuss their recommendations for decision/outcome from the Adult Protection inquiry process.</p>
3.7	<p>Independent Advocacy</p> <p>The council has a legal duty to consider independent advocacy and other support services for an Adult at risk, under the Adult Support and Protection (Scotland) Act 2007.</p> <p>Consideration of independent advocacy and other appropriate support services, e.g. communication support is an integral part of the Adult Protection process.</p> <p>The Council Officer and Adult Protection Unit should consider referral of the Adult to Borders Independent Advocacy Service where indicated and appropriate e.g. for instructed advocacy with the consent of the Adult or for non-instructed advocacy where the Adult lacks capacity to consent.</p>

	Borders Independent Advocacy Service – Tel: 01896 752200
3.8	Where an Adult is 16-18 years old the Council Officer must consult with the relevant Children & Families social work team to share information and ensure the correct documentation has been completed.
3.9	<p>The Duty to Inquire should consider/clarify the following points:</p> <ol style="list-style-type: none"> 1. What is the view of the Adult or relevant others (where available/appropriate)? 2. What is the multi-agency view? 3. Does the adult meet the three point test or is further information or assessment required to clarify this? 4. Does a partner agency have information relevant to the inquiry? 5. Does the case require an Interagency Referral Discussion (IRD) or further investigation under the Adult Protection process? 6. Are there wider Public Protection concerns that need to be considered/reported e.g. risk to children, risk to partners, risk to service users, risk to the public? 7. Where risks have been identified during the inquiry process, a risk assessment and protection plan should be considered. <p>There may be occasions where an adult is well known and this may change the need for a full gathering of information – provided the above questions can be answered and this is recorded, an IRD will identify further information or investigation required.</p>
3.10	<p>Format for recording the Duty to Inquire</p> <p>Information should be recorded in the Inquiry step on Mosaic.</p> <ol style="list-style-type: none"> 1. Reason for Adult Protection inquiry; 2. Information gathered (add as required); 3. Council Officer assessment and recommendation; 4. Public Protection Service decision and outcome. <p>Any facts and evidence recorded should be accurate and adhere to professional standards for recording. Professional judgement and the analysis of risk alongside the evidence base should inform decision making in the Adult Protection process.</p> <p>It is essential to separate fact from opinion and to gather, test and record the available information and evidence. All recording should be defensible.</p>
3.11	Where a specific case or incident is notifiable , the Adult Protection Unit must ensure that the relevant agency has been consulted and notified (e.g. Care Inspectorate and/or Mental Welfare Commission) as required by the relevant Notification Guidance. Where the notifiable incident to the CI is of high concern and all notifications to the MWC the AP/CP Lead Officer and the CSWO must be consulted prior to the notification being made. Information about what is notifiable can be provided by the APU.
3.12	Where the information and evidence obtained in the Adult Protection inquiry process indicates that the Adult is known or believed to be an Adult at risk, or where further Investigation is required, the case should proceed to Interagency Referral Discussion (IRD) .
3.13	<p>Where the Adult Protection inquiry process concludes that the Adult is not an Adult at risk, the rationale for this decision should be clearly recorded by the Adult Protection Unit.</p> <p>Where cases exit the Adult Protection process at Duty to Inquire stage, any risks identified require consideration of further risk assessment and/or support and protection planning and are the responsibility of the Area Team Leader.</p>

3.14	<p>Where there is disagreement about a decision, efforts should be made by involved professionals to reach resolution by meeting to discuss the case. Where no resolution can be reached, cases can be escalated through Line managers. For external disagreement the Dispute resolution protocol is also available to assist in resolving difficulties.</p> <p>It is important that staff take responsibility for resolving disagreements. This is not a negative process but is a positive way of taking professional responsibility for joint decision making in the best interest of the Adult involved.</p>
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Interagency Referral Discussion (IRD)	
4.0	<p>Timeframe for IRD:</p> <p>The IRD should be undertaken with appropriate urgency but should be no longer than 4 working days from Adult Protection Referral. If this standard is not being met, the reasons must be clearly recorded and agreed with the APO/TL. This timescale continues to be difficult for health but the issue is being progressed.</p>
4.1	<p>Threshold :</p> <p>An Interagency Referral Discussion (IRD) can happen where there is significant or serious harm and / or a possible crime.</p> <p>An IRD can be initiated by the designated AP Officer (or their deputy) from any partner agency: Social Work, NHS Borders and Police Scotland. This must include all three agencies where the above threshold is met.</p> <p>However an IRD can involve a Third Sector agency or a specialist service where applicable. For example the IRD should involve a Care Provider where an allegation of harm involves a member of staff.</p> <p>An IRD should only be convened by the Adult Protection Unit on behalf of the Public Protection Service, or by the Emergency Duty Team out of hours.</p> <p>The Duty Adult Protection Officer or Emergency Duty Team worker is responsible for conducting the IRD.</p> <p>For an IRD to be convened, wherever possible all three partner agencies must be involved in discussion. Not all cases will require action or ongoing involvement of all three partner agencies beyond the IRD process.</p> <p>Where a potential crime has been committed, Police Scotland must be involved in the IRD process.</p> <p>The staff member who completed the Duty to Inquire, Team Leader/Team Manager of the relevant Social Care and Health Team/Specialist Team should be consulted in the IRD unless they are unavailable within a safe timescale; however the Adult Protection Unit, or Emergency Duty Team (out of hours) is responsible for decision-making.</p> <p>In the case of Emergency Duty Team, it may be necessary to leave consultation of the third agency until the working day, provided this does not affect the risk to the adult.</p> <p>The IRD is a process which can involve more than one discussion or meeting as required.</p>
4.2	<p>An IRD will include the following:</p> <ol style="list-style-type: none"> 1. The IRD discussion should clarify what information is already known through the Adult Protection inquiry process; 2. The IRD should establish the possibility of crime; 3. The IRD must seek relevant information from key partner agencies. An example of this is where an allegation of harm involves a member of staff. The relevant manager of the employing agency/service should be included in the IRD process and should take appropriate advice from their Human Resources Department;

	<ol style="list-style-type: none"> 4. If the allegation of harm is against a paid staff member, it is not the role or responsibility of the social work department to take a decision to suspend or remove the staff member from their work environment. Should the staff member be a key agency employee the IRD must ensure the key agency representative in the IRD contacts HR and the line manager to ensure a decision is made [or considered?] to suspend or change the working practice of the staff member accordingly during the investigation. For other agency staff, providers, 3rd sector this responsibility lies with the employer 5. Note - Where an allegation of harm has been made against a paid staff member(s) please refer to Human Resource and Adult Protection Guidelines and Flowchart). 6. Are there wider Public Protection concerns to be considered/reported e.g. risk to children, risk to partners, risk to service users, risk to the public? 7. The IRD will agree whether any further information is required and who should obtain and record the information. 8. If the views of the adult have not already been sought and it is safe to do so, the IRD will agree who and how this will be undertaken. 9. The IRD will agree: <ul style="list-style-type: none"> - whether further investigation is required - whether an Adult Protection Case Conference is required. 10. The IRD must agree the Interim Safety Plan noting actions required and who is responsible for the immediate support and protection of the Adult at risk and any others at risk. Actions agreed should be recorded by the Duty Adult Protection Officer or Emergency Duty Team worker in the IRD step on Mosaic. 11. A summary and analysis of identified risks should be recorded by the Duty Adult Protection Officer or Emergency Duty Team worker. 12. The APO will agree with the TL who is best placed to offer immediate support/decision making with the Council Officer should the need arise. Good communication must be prioritised between the APO, TL and CO to ensure the best outcome for the Adult at Risk. Any disagreement should be resolved timeously and by consensus. Where this is not possible it should be clearly recorded and escalated to line managers. 13. If there is disagreement which cannot be resolved by the IRD participants, the Adult Protection Officer/Emergency Duty Team worker will make the decision and record dissent and any member can use the escalation process via line managers to raise concerns.
4.3	<p>Where an Adult is 16-18 years old the Duty Adult Protection Officer/Emergency Duty Team Worker must consult with the Children and Families Team as required under GIRFEC and the Children & Young Persons Act 2014.</p>
4.4	<p>Format and recording of the IRD</p> <p>The Adult Protection Unit Team and Emergency Duty Team are to follow the 6 steps below:</p> <ol style="list-style-type: none"> 1. Agree with the involved partner agency/agencies that an IRD is being convened; 2. Share relevant and proportionate information; 3. Agree and record a summary and analysis of risks to the Adult and any others e.g. children, partner, other service users; 4. Agree which agency leads on which part of the Adult Protection process and timeframes; 5. Agree updates; 6. Conclude the IRD and agree outcome.

4.5	<p>The outcome of the IRD must be completed and recorded by the Adult Protection Unit, or Emergency Duty Team out of hours, in the IRD step on Mosaic including information and evidence collated from the inquiry process, risks identified and initial actions agreed.</p> <p>This record of risk is a formal record of decision-making within the IRD process.</p> <p>All decisions made in the IRD process and recording of risk is audited through the Multi-agency IRD Review Group as an integral quality assurance measure in the Adult Protection process.</p>
4.6	<p>A decision may be taken in the IRD to proceed with a Police Scotland Criminal Investigation:</p> <p>The IRD process may decide that Police Scotland will lead an investigation where there is suspicion of crime.</p> <p>Risks to the Adult or others (e.g. children, partners or service users) must be assessed and managed.</p> <p>The roles and responsibilities of multi-agency staff involved must be agreed with the IRD Sergeant (or Duty Inspector out of hours) to ensure that any Adult Protection investigation does not prejudice or contaminate a Police Scotland criminal investigation.</p> <p>Roles, responsibilities and parameters for a Police Scotland investigation in the Adult Protection process should be clearly recorded in the IRD step by the Duty Adult Protection Officer, or Emergency Duty Team worker out of hours.</p>
4.7	<p>A decision may be taken in IRD to progress a case to Adult Protection Investigation.</p> <p>Should a decision be taken in the IRD to progress to an Adult Protection investigation, the parameters for the investigation and information required from this process should be agreed and recorded in the IRD step by the Duty Adult Protection Officer, or Emergency Duty Team worker out of hours.</p>
4.8	<p>A decision may be taken in the IRD to progress a case to Initial Adult Protection Case Conference.</p> <p>Consideration should always be given to holding a Case Conference as part of the Adult Protection process, particularly in situations where there is actual harm, or the threat or opportunity of ongoing harm. It is also important where the individual concerned has little or no insight into the risk to which he/she may be placing him/herself or others.</p> <p>(ELBEG Adult Support and Protection Multi-agency Guidelines 2013: https://www.scotborders.gov.uk/downloads/file/403/adult_support_and_protection_-_multi_agency_guidelinespdf)</p> <p>The three point test should not be used as a barrier to proceed to an Initial Adult Protection Case Conference. It is sufficient to know or believe that the person is an Adult at risk. Key information around the three point test may become apparent at Case Conference stage.</p>
4.9	<p>A decision may be taken in the IRD to consider Large Scale Inquiry</p> <p>The IRD may decide that Adult Protection concerns require consideration of a Large Scale Inquiry (LSI).</p> <p>Scottish Borders Council Large Scale Inquiry Protocol should be followed.</p>

4.10	<p>A decision may be taken in the IRD that no further action is required in the Adult Protection process.</p> <p>Where identified risks have been addressed by immediate actions taken, or where the Adult is not known or believed to be an Adult at risk, the outcome from the IRD may be that no further action is required in the Adult Protection process.</p> <p>Where cases exit the Adult Protection process at IRD stage, any risks identified require consideration of further risk assessment and/or protection planning.</p> <p>Further support to the Adult may be required as follows:</p> <ul style="list-style-type: none"> • Within a case management approach; • Under other relevant legislation; • Signposting/referring the Adult to other services; • Initiating the Vulnerable Young Person Procedure <p>Where a decision is taken in the IRD that no further action is required in the Adult Protection process, a clear rationale for this decision must be recorded by the Adult Protection Officer in the IRD step.</p> <p>Where, no further Adult Protection action is required responsibility for any further support agreed during the process will be transferred to the Team Leader/Assistant Team Leader.</p>
4.11	<p>Where there is disagreement about a decision, efforts should be made by involved professionals to reach resolution by meeting to discuss the case. Where no resolution can be reached, cases can be escalated through managers for internal disagreements or the formal Scottish Borders escalation process for disagreements between agencies.</p>
4.12	<p>The Adult Protection Unit should advise the referrer of the outcome if a decision from IRD is taken that no further action is required in the Adult Protection process.</p>
4.13	<p>Where the specific case or incident is notifiable, the Adult Protection Unit should inform and consult with the relevant agency (e.g. Care Inspectorate and/or Mental Welfare Commission) as required by the relevant Notification Guidance.</p> <p>Where the notifiable incident to the CI is of high concern and all notifications to the MWC the AP/CP Lead Officer and the CSWO must be consulted prior to the notification being made.</p> <p>Anyone requiring information on what is notifiable should contact the duty APO.</p>
Investigations	
5.0	<p>Timeframe for the Adult Protection Investigation to be concluded: The Adult Protection Investigation should be concluded with appropriate urgency but should be no longer than 15 working days from Adult Protection Referral. If this standard is not being met, the reasons must be clearly recorded and agreed with the APO/TL.</p> <p>The APO will contact the Team Leader to request an appropriate Council Officer is identified. In the best interests of the Adult at Risk this may be for example, a Council Officer who knows the Adult or has a specialist knowledge of the particular risk of vulnerability of the Adult. Where the TL is not available within the required timeframe the APO will appoint the Council Officer from the Council Officer rota.</p>

5.1	<p>The purpose of an Adult Protection investigation is to enable or assist the council to investigate the source, nature and level of any risk to the Adult.</p> <p>The Adult Support and Protection (Scotland) Act 2007 (the Act) provides legal authority to enable the council to conduct Adult Protection investigations.</p> <p>Adult Protection investigations may include:</p> <ul style="list-style-type: none"> • Visits under section 7 of the Act; • Interviews under section 8 of the Act; • Medical examinations by a doctor, nurse or midwife under section 9 of the Act; • Examination of records under section 10 of the Act. <p>The outcome of the Adult Protection investigation is to establish whether action is needed to support and protect the Adult.</p>
5.2	<p>Multi-agency staff members must have regard to the Principles of the Act throughout the Adult Protection investigation.</p> <p>The Principles of the Act should be demonstrated in decisions and interventions in the Adult Protection process.</p>
5.3	<p>Multi-agency members of staff involved in Adult Protection investigations must have regard to the Adult Support and Protection (Scotland) Act 2007 Code of Practice.</p>
5.4	<p>The council has legal authority and responsibility to conduct Adult Protection investigations under the Act.</p> <p>Adult Protection investigations must only be conducted by accredited Council Officers.</p>
5.5	<p>Adult Protection investigations can be delegated to a Scottish Borders Council/NHS Borders Integrated Team/Service, however the relevant Team Manager and Adult Protection Unit must ensure that Adult Protection investigations are only conducted by an accredited Council Officer.</p>
5.6	<p>Independent Advocacy</p> <p>The council has a legal duty to consider independent advocacy and other support services for an Adult at risk, under the Adult Support and Protection (Scotland) Act 2007.</p> <p>Consideration of independent advocacy and other appropriate support services, e.g. communication support, is an integral part of the Adult Protection process.</p> <p>The Council Officer and Adult Protection Unit should consider referral of the Adult to Borders Independent Advocacy Service where indicated and appropriate e.g. for instructed advocacy with the consent of the Adult or for non-instructed advocacy where the Adult lacks capacity to consent.</p> <p>Borders Independent Advocacy Service – Tel: 01896 752200</p>
5.7	<p>Adult Protection Investigation: Section 7 Visits</p> <p>A Council Officer may enter any place under section 7 for the purpose of enabling or conducting inquiries under the Act, to decide whether action is needed in order to protect an Adult at risk.</p> <p>A right to enter any place includes a right to enter any adjacent place for the same purpose.</p>

	<p>A Council Officer may be accompanied to a place being visited under section 7 of the Act by any other relevant person.</p> <p>Prior to undertaking a visit, a Council Officer and the Adult Protection Unit/Public Protection Service, or Emergency Duty Team out of hours must assess and manage identified risks involved in conducting a visit. This may involve liaison with multi-agency partners, including Police Scotland to gather further information and intelligence reports.</p>
5.8	<p><u>Section 8 Interviews –</u></p> <p>Consideration should always be given to the Adult’s communication support needs, abilities, background and characteristics (including the Adult’s age, gender, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage). If it is necessary to telephone an adult, where necessary, an interpreter should be used to ensure the adult fully understands the discussion and that their views are included in the process. The Learning Disability Service can also provide advice about communication where required.</p> <p>A Council Officer, and any person accompanying, may interview, in private, any Adult found in a place being visited under section 7.</p> <p>An Adult interviewed under section 8 of the Act is not required to answer any question.</p> <p>It is a legal requirement under the Act to inform any Adult interviewed of their right not to answer any question before the interview starts.</p> <p>The Adult and his/her Carer or Legal Appointee (Power of Attorney or Welfare Guardian where applicable) should be fully involved in the interview where possible/appropriate, where this would not prejudice the investigation or increase risk of harm to the Adult or others.</p> <p>The Council Officer should establish the Adult’s views and wishes in respect the Adult Protection concern, and clarify the outcome they wish to achieve from the Adult Protection process.</p> <p>The Council Officer should ascertain the views and wishes of the Adult’s Legal Appointee in respect of the Adult Protection process, where this would not prejudice the investigation or increase risk of harm to the Adult or others.</p> <p>The Council Officer can request to interview the Adult in private. This is an important consideration when interviewing an Adult e.g. are there concerns about undue pressure from another person(s)?</p> <p>The purpose of the interview is to investigate the Adult Protection concern:</p> <ul style="list-style-type: none"> • Investigate the source and nature of risk of harm to the Adult; • Investigate the Adult’s ability to safeguard themselves; • Are there factors which may increase the Adult’s vulnerability to harm, e.g. disability, mental disorder, illness, or infirmity? • Protective factors • Establish if action is needed to support and protect the Adult and the immediacy of this.
5.9	<p>Section 9 Medical Examinations</p> <p>A Council Officer conducting a visit under section 7 may be accompanied by a health professional (defined in the Act as a doctor, nurse or midwife).</p>

	<p>The health professional may conduct a medical examination of the Adult with his or her consent under section 9 of the Act.</p> <p>A medical examination may include a physical health assessment, mental health assessment and/or capacity assessment.</p> <p>The Adult must be informed of their right to refuse to be medically examined before a medical examination is carried out.</p>
5.10	<p>Section 10 Examination of records</p> <p>A Council Officer may require any person holding health, financial or other records about a person known or believed to be an Adult at risk, to give the records, or copies of them to the Council Officer, where this is relevant to the Adult Protection investigation, in order to protect an Adult at risk.</p> <p>Requests to examine records must be made only after careful consideration of the Principles of the Act and the Adult’s right to confidentiality.</p> <p>The requirement to produce records for examination can be made during a section 7 visit by a Council Officer.</p> <p>Requirements to produce records out with a section 7 visit must be made in writing by a Council Officer.</p> <p>Records may be inspected by the Council Officer or any other appropriate nominated person.</p> <p>Health records may only be examined by health professionals (defined in the Act as a doctor, nurse or midwife). This is a legal requirement under section 10(5) of the Act.</p> <p>Health records are any records relating to an individual’s physical or mental health which have been made by or on behalf of a health professional.</p>
5.11	<p>It is a criminal offence to refuse to comply with a request to examine records under section 10 of the Act. A person commits an offence by, without reasonable excuse, refusing or otherwise failing to comply with a requirement made under section 10 of the Act.</p>
5.12	<p>The Council Officer must complete an Adult Protection Risk Assessment as a mandatory requirement of the Adult Protection investigation process.</p>
5.13	<p>Recording the Adult Protection Investigation</p> <p>The Adult Protection investigation should be recorded in the Investigation step on Mosaic.</p> <p>Format for the content of the Adult Protection investigation:</p> <ol style="list-style-type: none"> 1. Reason for Adult Protection investigation ; 2. Information from Adult Protection investigation, including the views of the adult and family members. 3. Council Officer assessment and recommendation 4. Adult Protection Officer decision and outcome of investigation.

	<p>Any facts and evidence recorded in the investigation should be accurate and must adhere to professional standards for recording. Professional judgement and the analysis of risk alongside the evidence base should inform decision-making in the Adult Protection investigation process.</p> <p>It is essential to separate fact from opinion and to obtain, check and record available information and evidence. All records and decisions should be defensible.</p>
5.14	<p>Where an Adult is 16-18 years old the Council Officer must consult with the Children and Families Team as required under GIRFEC and the Children & Young Persons Act 2014.</p>
5.15	<p>Where the specific case or incident is notifiable, the Adult Protection Team Leader should inform and consult with the relevant agency (e.g. Care Inspectorate and/or Mental Welfare Commission) as required by the relevant Notification Guidance. If the Adult Protection Team Leader is unavailable, the Adult Protection Officer should consult their responsible manager and notify on behalf of the Team Leader.</p> <p>Where the notifiable incident to the CI is of high concern and all notifications to the MWC the AP/CP Lead Officer and the CSWO must be consulted prior to the notification being made.</p>
5.16	<p>At the conclusion of the Adult Protection investigation, the Council Officer should, where appropriate, seek Client and Carer feedback and record this in the Client and Carer section of the Investigation step.</p>
5.17	<p>Conclusion of the Adult Protection Investigation:</p> <p>The Duty Adult Protection Officer will consult with the relevant Team Leader/Manager where available to discuss the outcome of the Adult Protection investigation and recommendations for further steps/actions required.</p> <p>The Adult Protection Unit will record a decision and outcome from the Adult Protection investigation.</p> <p>Responsibility for directing and overseeing the Adult Protection process remains with the Adult Protection Unit on behalf of the Public Protection Service, or the Emergency Duty Team out of hours.</p> <p>The APO or EDT will ensure appropriate feedback has been provided to the Team Leader/ATL and be clearly recorded. Their responsibility includes providing feedback, where appropriate, to the referrer. This may be particularly important where the referrer is from a different area/agency and been required to participate in the API.</p> <p>Once the decision has been made, that no further Adult Protection action is required and responsibility returns to the Team Leader/Assistant Team Leader.</p>
5.18	<p>A decision may be taken by the Public Protection Service that no further action is required in the Adult Protection process.</p> <p>Where identified risks have been addressed by immediate actions taken, or where the Adult is not known or believed to be an Adult at risk, the outcome from the Adult Protection investigation may be that no further action is required in the Adult Protection process.</p>

	<p>Further support to the Adult may be required as follows:</p> <ul style="list-style-type: none"> • Within a case management approach; • Under other relevant legislation; • Sign-posting/referring the Adult to other support services; • Initiating the Vulnerable Young Person Procedure <p>Should a decision be taken that no further action is required in the Adult Protection process at investigation stage, a clear rationale for this decision must be recorded by the Adult Protection Unit.</p> <p>Once the decision has been made, that no further Adult Protection action is required and responsibility returns to the Team Leader/Assistant Team Leader.</p>
5.19	<p>Decision to hold an Adult Protection Case Conference</p> <p>Where it is known or believed that a person is an Adult at risk and in need of multi-agency support and protection, a decision may be taken (taking into account the views of partners at the IRD) by the Adult Protection Officer to progress a case to Initial Adult Protection Case Conference.</p> <p>Consideration should always be given to holding an Adult Support and Protection case conference, particularly in situations where there is actual harm, or the threat or opportunity of ongoing harm. It is also important where the individual concerned has little or no insight into the risk to which he/she may be placing him/herself or others. (ELBEG Guidelines, August 2013)</p> <p>Adult 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 support and protection plan put in place under Adult Support & Protection (Scotland) Act 2007.</p> <p>The three point test should not be used to exclude an Adult, or act as a barrier to proceeding to Initial Adult Protection Case Conference. The three point test criteria and assessment information may only become apparent at Adult Protection investigation and/or Case Conference stage.</p>
5.20	<p>Where there is disagreement about a decision, efforts should be made by involved professionals to reach resolution by meeting to discuss the case. Where no resolution can be reached, cases can be escalated through line managers.</p>
5.21	<p>Adult Support & Protection Cross Boundary Cases</p> <p>There is a national protocol for transfer in Case Conferences. <u>Cross Boundary Information Sharing</u></p> <p>Where it is apparent that an Adult at Risk of Harm has moved to another local authority area, the other local authority will be notified immediately and the details will be confirmed in writing or via secure email. Where it is known that an Adult at Risk of Harm has moved to this local authority the original local authority should be notified and relevant information should be requested.</p> <p>Consideration must be given to how any reduction or increase in risk the move may present. This will include consideration of the need for a transfer case conference and/or the essential information which should be shared, including:</p> <ul style="list-style-type: none"> • Is the adult known to the originating authority • Determination of the adult's legal status e.g. Adult at Risk of Harm, Guardianship, Power of Attorney etc. • Confirmation and sharing of any restricted information. • How the receipt of restricted information will be managed when

	<p>received.</p> <ul style="list-style-type: none"> • The need for a transfer case conference, who should be invited and any advocacy or other support issues. • Which Local Authority/IJB is responsible for chairing and minuting any conference • Timescales for case conference based upon level of risk. • Whether referral to advocacy services is required. • How transfers to and from areas out-with Scotland will be managed including timescales. <p>If a case conference is being called consideration will be given to the size of the meeting. The case conference will follow the same process as an Initial Adult Protection Case Conference.</p>
Initial Adult Protection Case Conference	
6.0	<p>Timeframe:</p> <p>The Initial Adult Protection Case conference should be undertaken with appropriate urgency but should be progressed to no longer than 10 working days from date of decision to progress. If this standard is not being met, the reasons must be clearly recorded and agreed with the APO/TL.</p> <p>Case Conference timescales are reported to the Adult Protection Delivery Group and Public Protection Committee on a regular basis.</p>
6.1	<p>Where a decision has been taken by the Adult Protection Officer to progress a case to Initial Adult Protection Case Conference, the Adult Protection Unit will instruct the Council Officer to prepare a report in advance of the Case Conference unless considered harmful to do so.</p> <p>The Council Officer report should be shared with the adult, advocate and supportive family members, as soon as possible prior to the Initial Adult Protection Case Conference.</p> <p>This allows the adult, advocate, and supportive family members the opportunity to understand the concerns which are going to be discussed at the Adult Protection Case conference. This should be part of the Council Officer’s presentation for the Adult Protection Case Conference, thus ensuring they understand the process, who will be in attendance, how the meeting will be run, the importance of their views and the decisions which will be made at the meeting.</p> <p>The Council Officer report should summarise key information from the Adult Protection inquiry, investigation and identified risks.</p>
6.2	<p>The Adult Protection Unit should discuss and agree invitees for the Initial Adult Protection Case Conference with the Council Officer and Team Leader/Manager. It is the Council Officer’s responsibility to advise the APO about staff who need to be invited and any specific considerations about how the conference needs to be run e.g. anyone with bail conditions meaning they can’t be in the room with someone else invited.</p> <p>The Council officer must attend. The Team Leader/Assistant Team Leader should attend alongside their staff member. The GP should always be invited. It is important to ensure that the correct people are at the meeting while considering the size of the meeting to ensure the Adult is able to attend.</p> <p>Responsibility for preparing the Adult and family members remains with the council officer although it may be undertaken by a professional who knows</p>

	<p>the Adult well.</p> <p>The Duty Adult Protection Officer should complete a Meeting Request Form and submit this to the Peripatetic Administration Team.</p>
6.3	<p>Inter-agency Involvement</p> <p>Invitation letters for the Initial Adult Protection Case Conference will be sent by the Adult Protection Unit Admin Team and a copy of these letters will be uploaded to the Adult's Mosaic Record.</p> <p>Adult Protection should be a priority for all agencies therefore involvement in the IRD and Case conference process must be given a priority by everyone. By necessity Case Conferences are held within a short timescale to ensure an inter-agency plan is in place to reduce or manage risk at the earliest opportunity. This will require flexibility from all concerned in prioritising attendance or arranging for a manager or colleague to be briefed and attend.</p> <p>All professionals must provide a report or letter to the Initial Adult Protection Case Conference which provides background information, an analysis of risks known to the agency, a view regarding whether the adult meets the criteria to require an Adult Support Protection Plan and what the agency will contribute to the Plan if any are known.</p> <p>The Adult Protection Officer will notify the Public Protection Committee Adult Protection Delivery Group representative when an agency representative fails to attend and provide a report.</p> <p>Where there is no-one available to attend the Chair should be notified and will require a report or letter be provided which provides background information, an analysis of risks known to the agency, a view regarding whether the adult meets the criteria to require an Adult Support Protection Plan and what the agency will contribute to the Plan.</p> <p>It is good practice for all reports to be shared with the adult, advocate, supportive family members prior to the meeting however given the timescale it may be appropriate to agree the Council Officer will share their report unless any agency is providing any information which has not been shared with the Council Officer. It is important to ensure there is not going to be difficult information shared which the adult/family/advocate are not expecting to avoid distress and give them the maximum opportunity to feel able to express their views.</p> <p>In planning the Conference the Chair and administrator will attempt to find a time and venue which suits all the key agency representatives provided this is within set timescales and taking regard of the safety and need of the adult.</p> <p>Should an Adult Protection Case Conference be cancelled at short notice due to a key agency not sending a representative or in agreement with the Chair, the Chair will provide an exception report to the Adult Protection Delivery Group.</p> <p>It is the responsibility of everyone involved to alert the Chair if they think there is a professional who should attend the conference who is not on the invite list. However it is important that no one attends the conference without the agreement of the chair, this includes the line managers of anyone other than the Council Officer.</p> <p>On being alerted that someone is recommended to attend or a manager wishes to attend with their staff member the APO will consider this sensitively but taking into account the need to ensure the meeting is not too large for the Adult at risk to be able to contribute.</p>

6.4	Follow Meeting Guidance and Template
6.5	<p>The Adult Protection Unit is responsible for allocating an Independent Chair for the Initial Adult Protection Case Conference.</p> <p>Wherever possible the allocated Chair will be an Adult Protection Officer or Adult Protection Unit Team Leader who has not directed the Adult Protection process for the case and will follow the adult through all the Adult Protection Case Conferences.</p> <p>Where this is not possible an Adult Protection Officer will be allocated.</p> <p>In situations where an Adult Protection Officer is unavailable or the case is urgent, the Adult Protection Unit may ask a Team Leader/Team Manager to undertake the role of Chair on behalf of the Public Protection Service.</p>
6.6	<p>Before the Initial Adult Case Conference, the Chair must consider:</p> <ul style="list-style-type: none"> • The venue • Client and carer attendance • Advocacy or communication support • Client and carer participation where they do, or do not wish to attend • Where the Adult is unable to attend due to incapacity, the relevant Power of Attorney/Welfare Guardian should be invited, where appropriate • Potential for conflict between attendees • Potential for the Adult to be subject to undue pressure from an attendee, particularly where a carer/family member is the alleged harmer <p>Where there may be potential for the Adult to be subject to undue pressure, e.g. from a carer/family member in attendance, action must be taken to ensure all views are heard appropriately. This may require invitees to attend for different parts of the Initial Adult Protection Case Conference or require the Adult to be supported by an Advocacy Worker to represent his/her views and wishes.</p> <p>The Chair may only exclude a person who is considered to present risk of harm to others, on grounds of safety and risk to attendees.</p> <p>Consideration should be also be given by the Chair as to whether the Initial Adult Protection Case Conference should be convened in two parts: e.g. restricted information, Adult's attendance thereafter.</p> <p>It is the responsibility of the Council Officer, Team Leader/Assistant Team Leader to alert the Adult Protection Officer to any issues relevant to the chairing of the Adult Protection Case Conference. Taking these views into account the decision lies with the Chair.</p>
6.7	<p>Role of the Chair in the Initial Adult Protection Case Conference:</p> <p>The Chair must be familiar with the process for convening Adult Protection Case Conferences.</p> <p>The Chair has a key role in promoting client and carer engagement, multi-agency and multi-disciplinary discussion and in ensuring that the views of all in attendance are heard and valued.</p> <p>Quorum For the meeting to be quorate there must be a Social Worker and at least one other professionals group present. It is preferable that 2 other agencies are present but it is acknowledged in some instances this may not be appropriate.</p>

	<p>The Chair should manage the agenda and pro-actively ensure:</p> <ul style="list-style-type: none"> • The purpose and aim of an Initial Adult Protection Case Conference is clearly explained: Initial Adult 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 Support and Protection Plan put in place under the Adult Support and Protection (Scotland) Act 2007. • Outline ground rules for the Initial Adult Protection Case Conference and clarify confidentiality. • Ensure restricted information is clarified and recorded appropriately. <p>The Chair should ensure that information is presented and communicated in a manner to maximise engagement and participation of the Adult and attendees.</p> <p>The Chair should ensure that information from submitted multi-agency reports is included in the Initial Adult Protection Case Conference for review and discussion.</p> <p>The views and wishes of the Adult and Carer should be represented at the Initial Adult Protection Case Conference either by the Adult or Carer in attendance, with the support of Advocacy, or should be sought and represented by a nominated person. This can be delegated to the Council Officer where necessary. Adult and carer views must be clearly recorded in the minute.</p> <p>The Chair will promote open, fair communication and will facilitate full participation and decision-making. The Chair must remain impartial and should not influence or lead decisions.</p> <p>The Chair will ensure that risks are identified and summarised for the minute.</p> <p>Any disputes or disagreements should be aired and recorded in the minute.</p> <p>The Chair will summarise decisions of the group using the information and evidence presented and will proceed with the group to identify a Support and Protection Plan to address the identified risks.</p> <p>Actions assigned to attendees should be clarified by the Chair and timescales made clear.</p> <p>The Chair may have a view on the case and should only share this view at the conclusion of group discussion, prior to summarising the decisions of the Initial Adult Protection Case Conference.</p>
6.8	<p>Agenda for the Initial Adult Protection Case Conference:</p> <p>The Agenda must focus on the Adult and identified risks and will include:</p> <p>Introductions: Purpose and format of the Initial Adult Protection Case Conference;</p> <p>Information Sharing: What are we worried about? The focus of the Initial Adult Protection Case Conference is to reduce and manage identified risks through multi-agency partnership working. Focused reports should be used as much as possible to ensure information sharing is relevant and concise;</p>

	<p>Assessment and Analysis: What is the information telling us? Consider the rights of the Adult to self-determination with risk of harm and the impact of this;</p> <p>Support and Protection: What do we need to do? The group should identify actions to reduce and manage identified risks. A Support and Protection Plan should be agreed.</p> <p>Decisions: Attendance at an Adult Protection Case Conference comes with a responsibility to contribute to the safety of the adult on behalf of your agency. All attendees are expected to provide appropriate and considered information, to consider the information and views of the other participants, to make a recommendation.</p> <p>It is important that the Chair tries to gain consensus about decisions. Each professional at the Conference, apart from the advocate and the Chair must give a view about whether the adult is an Adult at Risk and requires an Adult Protection Plan. In the event that there is no consensus, and the vote is balanced, the Chair will have a casting vote.</p> <p>Should there be a significant imbalance of professionals present (e.g. 4 from Health, 1 from Social Work and 1 from Police Scotland) the Chair will decide how the vote should be conducted in a way which accurately reflects the view of each of the agencies.</p> <p>If there are significant differences of view which cannot be resolved at the conference, the Chair must summarise those differences and ensure that dissent is noted in the minute of the meeting.</p> <p>Line managers can become involved if required.</p> <p>Where a Chair has required to use their casting vote, the Adult Protection/Child Protection Lead Officer should be notified and will request the Adult Protection Team Leader or Adult Protection Quality Assurance Officer to review the circumstances and provide a brief report to the Adult Protection Delivery Group.</p> <p>Summarise and agree next steps:</p> <ul style="list-style-type: none"> • Clarify the Adult Protection Risk Assessment and Support and Protection Plan. • Establish whether the Adult should remain in the Adult Protection process and whether a further Review Adult Protection Case Conference is required. • If a further Review Adult Protection Case Conference is required, agree the timescale and identify a date. • If a further Review Adult Protection Case Conference is required, agree a date for the first Core Group and clarify membership of this • A Core Group should take place within three weeks of the Initial Adult Protection Case Conference, where the Adult is to continue to be supported and protected in the Adult Protection process.
6.9	<p>Where there is disagreement about a decision, efforts should be made by involved professionals to reach resolution within the Initial Adult Protection Case Conference.</p> <p>Where no resolution can be reached, cases can be escalated through Scottish Borders Council Escalation Process.</p>
6.10	<p>The Chair is accountable for ensuring that the Initial Adult Protection Case Conference is conducted in line with ELBEG Adult Support and Protection Multi-agency Guidelines & Scottish Borders Council Procedures.</p>

6.11	Professionals invited to attend the Case Conference should be prepared and responsible for the standard of their contribution.
6.12	Where the Initial Adult Protection Case Conference determines that a Protection Order is required under the Adult Support and Protection (Scotland) 2007 Act, refer to section 12 of Scottish Borders Adult Protection Procedure.
6.13	<p>Adjournment of case conference</p> <p>If at any point in the case conference the Chair considers there is a need to adjourn they will do so. For example:</p> <ul style="list-style-type: none"> • New information becomes available which requires consideration or clarification. • Anyone present becomes distressed or angry to the extent it disrupts the meeting <p>The adjournment could be for a few minutes to make a phone call for clarification to allow professionals to consider their views or it may be for a longer time in which case the conference will decide if an interim plan is required. If it is then an Adult Support & Protection Plan should be agreed.</p>
6.14	<p>Exclusion from a case conference</p> <p>In exceptional circumstances professionals may request that the Adult, or their family or carer be excluded from all or part of the Adult Protection Case Conference (APCC). A decision to exclude someone from all or part of the APCC rests with the conference Chair. This should only be considered if it is in the best interest of the adult, bearing in mind the presumption towards the right to attend. The reasons for deciding to exclude someone from all or part of a conference include the following:</p> <p>There is strong risk of violence or intimidation at or following the conference. The Police, Procurator Fiscal (if criminal proceedings have begun) are concerned by an alleged perpetrator's attendance.</p> <p>Confidential information regarding another person needs to be discussed. The Police need to provide information which is subject to legal proceedings, the sharing of which may compromise those proceedings.</p> <p>There are serious concerns about the well-being of another family member should they attend.</p> <p>Someone is clearly under the influence of drugs or alcohol to the extent that their participation in the conference would be disruptive.</p> <p>A bail or other legal restriction order in in place.</p> <p>In every instance where there is consideration of excluding someone from a conference prior to this decision being confirmed, the reasons for such a decision needs to be discussed with the Line Manager and the APO, clearly documented and the exclusion should only be for as long as is necessary. Other means of getting the views of the excluded family member, sharing these views at the conference and reporting the outcome of the conference back to the excluded member, should be offered. This should be recorded in the minutes.</p>
6.15	<p>The Adult Protection Unit Admin Team is responsible for recording the actions agreed in the Support and Protection Plan within one working day of the Initial Adult Protection Case Conference.</p> <p>This Support and Protection Plan should be approved by the Chair and sent to attendees by the Adult Protection Unit Admin Team within two working days of the Initial Adult Protection Case Conference.</p> <p>The Adult Protection Unit Admin Team must ensure that the Support and Protection Plan is marked 'professional copy' and 'client copy' as appropriate.</p>

6.16	<p>Minutes should be completed by the Adult Protection Unit Admin Team within 10 working days of the Initial Adult Protection Case Conference.</p> <p>A draft minute should be approved by the Chair prior to sending out to attendees, who will be asked to request any amendments via the Chair within 15 working days of the minute being distributed.</p> <p>The Chair must ensure that all restricted information is recorded as such in the minute.</p> <p>The Adult Protection Unit Admin Team must ensure that any minute with restricted information, or where the Adult has not attended for part of the Case Conference, is marked with 'professional copy'. The professional copy of the minute must only be distributed to relevant professionals.</p> <p>The Adult should receive a client copy of the minute, which does not include restricted information, and from the point at which they attended the Initial Adult Protection Case Conference. The Adult Protection Unit Admin Team must ensure that the client minute is marked with 'client copy'.</p> <p>Minutes must be an accurate record of the information shared and issues discussed and must adhere to professional standards for recording.</p> <p>All meeting participants have a responsibility to review the minutes and inform the Chair of any inaccuracy within 15 working days. If there are no changes notified the minute will be considered an accurate record.</p> <p>It is the responsibility of all meeting participants to ensure the minute and any resulting Plan is appropriately filed in their agency records.</p>
6.17	<p>Where the Adult or Carer has not attended the Initial Adult Protection Case Conference, the outcome from this should be fed back to the Adult or Carer by a nominated person identified by the Chair.</p> <p>The nominated person could be an Advocate, a Legal Appointee such as a Power of attorney/Welfare Guardian or the Council Officer.</p> <p>The Adult or Carer's view on the outcome of the Initial Adult Protection Case Conference should then be recorded as an addendum and included in the final approved minute.</p>
6.18	<p>The Adult Protection Risk Assessment should be updated by the Council Officer to reflect the Support and Protection Plan actions agreed at the Initial Adult Protection Case Conference.</p>
Adult Protection Core Groups	
7.0	<p>The Core Group will be identified at the Adult Protection Case Conference. It is made up of the adult, advocate, the adult's family members, and the professionals who work most closely with the adult. The professionals who form the core group have responsibility for ensuring an appropriate adult protection plan is in place and being actioned.</p> <p>The first core group meeting should take place within 15 working days and will be chaired by an Adult Protection Officer. The Adult Protection Officer is responsible for ensuring a robust protection plan and contingency plan is agreed. Thereafter, the Council Officer and/or their Team Leader/Assistant Team Leader is responsible for chairing and ensuring the core groups occur at the intervals agreed in the Adult Protection Case Conference and notifying all agencies of any change to the plan or significant circumstances.</p> <p>The Team Leader will ensure the Council officer has any appropriate support</p>

	<p>or debriefing required at the conclusion of their involvement.</p> <p>How to do it</p> <p>The plan should take into account the views of the adult and their family, so long as this is consistent with keeping the adult safe.</p> <p>The Core Group will focus on tracking the progress of actions in the Support and Protection Plan and will agree further actions required to manage newly identified risks.</p> <p>Subsequent Core Groups will be held every four weeks and will be Chaired by the identified Council Officer, agreed at the Initial Core Group.</p> <p>All members of the Core Group have responsibility for the outcomes in the plan and should work together to ensure its success.</p> <p>Any major changes to the plan needs to be referred to an Adult Protection Officer who will decide if another Case Conference is required.</p> <p>The Core Group will report progress of actions and review of identified risks into the Review Adult Protection Case Conference.</p> <p>A decision to exit the Adult Protection process cannot be taken within a Core Group but in exceptional circumstances, a recommendation can be made to recall a Case Conference with a view to exiting the AP process.</p> <p>Any decisions whether a case should remain in, or exit the Adult Protection process can only be taken within a Review Adult Protection Case Conference.</p> <p>Please see the core group guidance note.</p>
7.1	<p>Administration of Core Groups</p> <p>Admin Teams in Social Care and Health (SCHT)/Specialist Teams will be notified of an Initial Core Group date by the Adult Protection Unit Admin Team.</p> <p>Admin Teams in SCHT/Specialist Teams are responsible for the administration of Core Groups. This includes sending invitations to Core Group members, booking venues and taking a formal record of the Core Group meeting. The record will include:</p> <ul style="list-style-type: none"> • The date, time and venue of the meeting. • The attendees and any absentees. • A record of any written or electronic submissions. • A summation of the areas discussed. • Any recommendations or decisions made, agreed and any dissenting voices. • The proposed date of the next meeting of core group or case conference.
Review Adult Protection Case Conference	
8.0	<p>A Review Adult Protection Case Conference will be held within three months of the Initial Adult Protection Case Conference to formally review the Support and Protection Plan, unless there is an identified need to review this more urgently. Thereafter reviews will take place six monthly.</p> <p>Continuing risks in the Adult Protection process will be regularly reviewed, updated and progressed through Core Groups.</p> <p>There are occasions where new information or further risk is identified once an Adult is in the Adult Protection process. In this case it is important to</p>

	<p>agree which Adult Protection Officer will take responsibility. It is accepted as good practice that the Adult Protection Officer who conducted the IRD does not chair the APCC. However there may be occasions if risk is identified at APCC the Chair is considered to be most appropriate to take responsibility to direct any further action required.</p> <p>It is the APO's responsibility to ensure appropriate feedback has been given to everyone necessary.</p>
8.1	<p>A Review Adult Protection Case Conference is a formal multidisciplinary meeting at which the Support and Protection Plan agreed at the Initial Adult Protection Case Conference is reviewed and updated. Multiagency information and updates will be shared by attendees to identify progress of the actions in relation to identified risks.</p>
8.2	<p>Follow meeting guidance and Template</p>
8.3	<p>It is the responsibility of the Council Officer, Team Leader/Assistant Team Leader to alert the Adult Protection Officer to any issues relevant to the chairing of the Adult Protection Case Conference. Taking these views into account the decision lies with the Chair.</p> <p>It is the responsibility of everyone involved to alert the Chair if they think there is a professional who should attend the conference who is not on the invite list. However it is important that no one attends the conference without the agreement of the chair, this includes the line managers of anyone other than the Council Officer.</p> <p>On being alerted that someone is recommended to attend or a manager wishes to attend with their staff member the APO will consider this sensitively but taking into account the need to ensure the meeting is not too large for the Adult at risk to be able to contribute</p> <p>It is important for the Council Officer and the APO to consider those who are the correct people to attend the RAPCC as it may be that this is different from those invited to the IAPCC.</p> <p>Any professional invited to a RAPCC who considers they are no longer involved must contact the Chair to make them aware of this and if appropriate, suggest a colleague who has taken over their role be invited. It is not acceptable to ignore an invite to an APCC nor to send someone else without discussion with the Chair.</p> <p>Before the Review Adult Case Conference, the Chair must consider:</p> <ul style="list-style-type: none"> • The venue • Client and carer attendance • Advocacy or communication support • Client and carer participation where they do, or do not wish to attend • Where the Adult is unable to attend due to incapacity, the relevant Power of Attorney/Welfare Guardian should be invited, where appropriate • Potential for conflict between attendees • The potential for undue pressure, particularly where a carer/family member is the alleged harmer • Potential for the Adult to be subject to undue pressure from an attendee <p>Where there may be potential for the Adult to be subject to undue pressure, e.g. from a carer/family member in attendance, action must be taken to ensure all views are heard appropriately. This may require invitees to attend for different parts of the Review Adult Protection Case Conference or require the Adult to be supported by an Advocacy Worker to represent his/her views and wishes.</p> <p>The Chair may only exclude a person considered to present risk of harm to</p>

	<p>others, on grounds of safety and risk to attendees.</p> <p>Consideration should be given by the Chair as to whether the Review Adult Protection Case Conference should be convened in two parts: e.g. restricted information, Adult's attendance thereafter.</p>
8.4	<p>Role of the Chair in the Review Adult Protection Case Conference:</p> <p>The Chair must be familiar with the process for convening Adult Protection Case Conferences.</p> <p>The Chair has a key role in promoting client and carer engagement, multi-agency and multi-disciplinary discussion and in ensuring that the views of all in attendance are heard and valued.</p> <p>Quorum</p> <p>For the meeting to be quorate there must be a Social Worker and at least one other professionals group present. It is preferable that 2 other agencies are present but it is acknowledged in some instances this may not be appropriate.</p> <p>The Chair should manage the agenda and pro-actively ensure:</p> <ul style="list-style-type: none"> • The purpose and aim of a Review Adult Protection Case Conference is clearly explained: A Review Adult Protection Case Conferences is a formal meeting under the Adult Support and Protection (Scotland) Act 2007 to review the Support and Protection Plan and risks discussed at the previous Case Conference and agree a multi-agency response based on updates, legislation and information shared. • Outline ground rules for the Review Adult Protection Case Conference and clarify confidentiality. • Ensure restricted information is clarified and recorded appropriately. <p>The Chair should ensure that information is presented and communicated in a manner to maximise engagement and participation of the Adult and attendees.</p> <p>The Chair should ensure that information from submitted multi-agency reports is included in the Review Adult Protection Case Conference for review and discussion.</p> <p>The views and wishes of the Adult and Carer should be represented at the Review Adult Protection Case Conference either by the Adult or Carer in attendance, with the support of Advocacy, or should be sought and represented by a nominated person. Adult and carer views must be clearly recorded in the minute.</p> <p>This can be delegated to the Council Officer where necessary. The Chair will promote open, fair communication and will facilitate full participation and decision-making. The Chair must remain impartial and should not influence or lead decisions.</p> <p>The Chair will facilitate review of the Support and Protection Plan and risks discussed at the previous Case Conference and Core Groups, identify any new risks and agree a multi-agency response based on updates, legislation and information shared.</p> <p>The Chair will ensure that previous risks are reviewed and newly identified risks identified and summarised for the minute.</p> <p>The Support and Protection Plan should be reviewed and updated and</p>

	<p>progress of actions recorded.</p> <p>New actions for attendees should be clarified and timescales explained and made clear.</p> <p>Any disputes or disagreements should be aired and recorded in the minute.</p> <p>The Chair may have a view on the case and should only share this view at the conclusion of group discussion, prior to summarising the decisions of the Review Adult Protection Case Conference.</p>
8.5	<p>Agenda for the Review Adult Protection Case Conference:</p> <p>The Agenda must focus on the Adult and identified risks and will include:</p> <p>Introductions: Purpose and format of the Review Adult Protection Case Conference;</p> <p>Information Sharing: Share information to clarify progress made to reduce and manage identified risks. The focus of the Review Adult Protection Case Conference is to provide updates, share information, identify any new risks and review the Support and Protection Plan. Focused reports should be used as much as possible to ensure information sharing is relevant and concise;</p> <p>Assessment and Analysis: What is the information telling us? Does the Adult remain at risk of harm? Are there newly identified risks? Consider the rights of the Adult to self-determination with risk of harm and the impact of this;</p> <p>Support and Protection: What do we need to do? The group should review the Support and Protection Plan and agree multi-agency actions for any newly identified risks, which should be added to the Support and Protection Plan.</p> <p>Decisions: Attendance at a Review Adult Protection Case Conference comes with it a responsibility to contribute to the safety of the adult on behalf of your agency. All attendees are expected to provide appropriate and considered information, to consider the information and views of the other participants, to make a recommendation.</p> <p>It is important that the Chair tries to gain consensus about decisions. Each professional at the Conference, apart from the advocate and the Chair must give a view about whether the adult is an Adult at Risk and requires an Adult Protection Plan. In the event that there is no consensus, and the vote is balanced, the Chair will have a casting vote.</p> <p>Should there be a significant imbalance of professionals present (e.g. 4 from Health, 1 from Social Work and 1 from Police Scotland) the Chair will decide how the vote should be conducted in a way which accurately reflects the view of each of the agencies.</p> <p>If there are significant differences of view which cannot be resolved at the conference, the Chair must summarise those differences and ensure that dissent is noted in the minute.</p> <p>Line managers can become involved if required.</p> <p>Where a Chair has required to use their casting vote, the Adult Protection/Child Protection Lead Officer should be notified and will request the Adult Protection Team Leader or Adult Protection Quality Assurance</p>

	<p>Officer to review the circumstances and provide a brief report to the Adult protection Delivery Group.</p> <p>Summarise and agree next steps:</p> <ul style="list-style-type: none"> • Clarify the Adult Protection Risk Assessment and Support and Protection Plan. • Establish with the group whether the Adult should remain in the Adult Protection process and whether a further Review Adult Protection Case Conference is required. • If a further Review Adult Protection Case Conference is required, agree the timescale and identify a date. • Core groups should be held every four weeks until the next Review Adult Protection Case Conference.
8.6	<p>Decisions</p> <p>A decision may be taken at Review Adult Protection Case Conference to exit the Adult Protection process if the Adult is no longer considered to meet the three point test, or risks have reduced and/or are being robustly and actively managed.</p> <p>There should always be consideration given to the need for a final Core Group following the exit of the Adult Protection process. For some adults the risks will be reduced and ongoing support will be provided for others the final core group is key to ensure that support continues to the adult. It is the role of the Final Core Group to ensure consideration is given to the adult's needs and to be clear how these needs will be met. It may be necessary at this point to nominate a new Lead Professional as a Council Officer will no longer be required.</p> <p>The decision regarding whether a final core group is required should be clearly noted in the minute. If it is required no agency should withdraw support until the core group has taken place.</p> <p>Attendance at a Review Adult Protection Case Conference comes with a responsibility to contribute to the safety of the adult on behalf of your agency. All attendees are expected to provide appropriate and considered information, to consider the information and views of the other participants, to make a recommendation.</p> <p>It is important that the Chair tries to gain consensus about decisions. Each professional at the Conference, apart from the advocate and the Chair must give a view about whether the adult is an Adult at Risk and requires and Adult protection Plan. In the event that there is no consensus, and the vote is balanced, the Chair will have a casting vote.</p> <p>Should there be a significant imbalance of professionals present (e.g. 4 from Health, 1 from Social Work and 1 from Police Scotland) the Chair will decide how the vote should be conducted in a way which accurately reflects the view of each of the agencies.</p> <p>If there are significant differences of view which cannot be resolved at the conference, the Chair must summarise those differences and ensure that dissent is noted in the minute.</p> <p>Line managers can become involved if required.</p> <p>Where a Chair has required to use their casting vote, the Adult Protection/Child Protection Lead Officer should be notified and will request the Adult Protection Team Leader or Adult Protection Quality Assurance</p>

	Officer to review the circumstances and provide a brief report to the Adult protection Delivery Group.
8.7	Where there is disagreement about a decision, efforts should be made by involved professionals to reach resolution within the Review Adult Protection Case Conference. Where no resolution can be reached, cases can be escalated through Scottish Borders Council Escalation Process.
8.8	The Chair is accountable for ensuring that a Review Adult Protection Case Conference is conducted within ELBEG Adult Support and Protection Multi-agency Guidelines & Scottish Borders Council Procedures.
8.9	Professionals invited to attend the Review Adult Protection Case Conference should be prepared and responsible for the standard of their contribution and prepare to provide their views – it is not acceptable to abstain.
8.10	Where the Review Adult Protection Case Conference determines that a Protection Order is required under the Adult Support and Protection (Scotland) 2007 Act, refer to section 12 of Scottish Borders Adult Protection Procedure.
8.11	The Adult Protection Unit Admin Team is responsible for recording the review of actions and new actions agreed in the Support and Protection Plan within one working day of the Review Adult Protection Case Conference. This Support and Protection Plan should be approved by the Chair and sent to attendees by the Adult Protection Unit Admin Team within two working days of the Review Adult Protection Case Conference. The Adult Protection Unit Admin Team must ensure that the Support and Protection Plan is marked 'professional copy' and 'client copy' as appropriate.
8.12	Minutes should be completed by the Adult Protection Unit Admin Team within 10 working days of the Review Adult Protection Case Conference. A draft minute should be approved by the Chair prior to sending out to attendees, who will be asked to request any amendments via the Chair within 15 working days of the minute being distributed. All meeting participants have a responsibility to review the minutes and inform the Chair of any inaccuracy within 15 working days. If there are no changes notified the minute will be considered an accurate record. It is the responsibility of all meeting participants to ensure the minute and any resulting Plan is appropriately filed in their agency. The Chair must ensure that all restricted information is recorded as such in the minute. The Adult Protection Unit Admin Team must ensure that any minute with restricted information or where the Adult has not attended part of the Case Conference, is marked 'professional copy'. The professional copy of the minute must only be distributed to relevant professionals. The Adult should receive a client copy of the minute, which does not include restricted information, and from the point at which they attended the Review Adult Protection Case Conference. The Adult Protection Unit Admin Team must ensure that the minute is marked as 'client copy'.

	Minutes must be an accurate record of the information shared and issues discussed and must adhere to professional standards for recording.
8.13	<p>Where the adult or carer has not attended the Review Adult Protection Case Conference, the outcome from this should be fed back to the adult or carer by a nominated person identified by the Chair.</p> <p>This nominated person could be an Advocate, a Legal Appointee such as a Power of attorney/Welfare Guardian or the Council Officer.</p> <p>The adult or carer's view on the outcome of the Review Adult Protection Case Conference should then be recorded as an addendum and included in the final approved minute.</p>
8.14	<p>Should an adult continue in the Adult Protection Case Conference process for over 15 months, the Adult Protection/Child Protection Lead Officer will be informed and request a review is undertaken by the Adult Protection Team Leader and reported to the Adult Protection Delivery Group to consider if there is any learning which can be shared.</p> <p>If the decision of the Adult Protection Case Conference is that the adult is no longer an Adult at Risk and does not require a Protection Plan, responsibility will pass to the Team Leader/Assistant Team Leader to ensure a final Core Group should be arranged to ensure appropriate supports are in place. Should the adult not agree to this meeting taking place, the reason should be clearly recorded and Core Group members notified in writing.</p>
	PLEASE NOTE THIS HAS NOT CHANGED
	Large Scale Investigation (LSI)
9.0	<p>An initial inquiry into the situation of an Adult, referred as at risk of harm, may establish that the person is a resident of a care home, supported accommodation, an NHS hospital ward or other facility, or receives services in their own home. Further enquiries 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>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 Investigation.</p>
9.1	Use Process Flow chart and decision making process
9.2	<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 the Adult Protection Unit must be notified. The Team leader, Adult Protection Unit, and Group manager will agree who should co-ordinate and lead the Inquiry / Investigation. The Community Care Review Team should be notified of any allegation in a care home setting.</p>
9.3	<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 nominate others</p>

	<p>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 a Risk Management Meeting or Professional meeting and Core group follow on monitoring.</p>
	<p>Warrants for Entry</p>
10.0	<p>Under section 37 of the 2007 Act – Warrants for entry</p> <p>(1)A “warrant for entry” is a warrant which authorises—</p> <p>(a)A Council Officer to visit any specified place under section 7 or 16 together with a constable, and</p> <p>(b)A constable who so accompanies a Council Officer to do anything, using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit.</p> <p>(2)A warrant for entry—</p> <p>(a) Expires 72 hours after it is granted, and</p> <p>(b) Does not entitle any person to remain in a place which that person has entered in pursuance of the warrant after the warrant has expired.</p>
	<p>Protection Orders</p>
11.0	<p>The Adult Support and Protection (Scotland) Act 2007 provides three Protection Orders that can be applied for to complete an Adult Protection investigation or to provide support or protection to an Adult at risk of serious harm.</p> <p>Please refer to the Adult Support and Protection (Scotland) Act 2007 and Code of Practice.</p> <p>The Principles of the Act must be upheld and demonstrated when considering and applying for a Protection Order.</p> <p>A Protection Order can be applied for at any time in the Adult Protection process.</p> <p>The Protection Orders are as follows:</p> <p>Assessment Order A council may apply to the Sheriff for an order (“an assessment order”) which authorises a Council Officer to take a specified person from a place being visited under section 7 in order to allow—</p> <p>(a)A Council Officer, or any council nominee, to interview the specified person in private, and</p> <p>(b)A health professional nominated by the council to conduct a private medical examination of the specified person for the purposes set out in subsection (2).</p> <p>(2)Those purposes are to enable or assist the council to decide—</p> <p>(a) Whether the person is an Adult at risk, and</p> <p>(b) If it decides that the person is an Adult at risk, whether it needs to do anything (by performing functions under this part or otherwise) in order to protect the person from harm.</p> <p>(3) An assessment order—</p> <p>(a) Is valid from the date specified in the order, and</p> <p>(b) Expires 7 days after that date.</p>

Removal Order

(1) A council may apply to the Sheriff for an order ("a removal order") which authorises—

- (a) A Council Officer, or any council nominee, to move a specified person to a specified place within 72 hours of the order being made, and
- (b) The council to take such reasonable steps as it thinks fit for the purpose of protecting the moved person from harm.

(2) A removal order expires 7 days (or such shorter period as may be specified in the order) after the day on which the specified person is moved in pursuance of the order

Banning Order

(1) A banning order is an order granted by the Sheriff which bans the subject of the order ("the subject") from being in a specified place.

(2) A banning order may also—

- (a) Ban the subject from being in a specified area in the vicinity of the specified place,
- (b) Authorise the summary ejection of the subject from the specified place and the specified area,
- (c) Prohibit the subject from moving any specified thing from the specified place,
- (d) Direct any specified person to take specified measures to preserve any moveable property owned or controlled by the subject which remains in the specified place while the order has effect,
- (e) Be made subject to any specified conditions,
- (f) Require or authorise any person to do, or to refrain from doing, anything else which the Sheriff thinks necessary for the proper enforcement of the order.

(3) A condition specified in a banning order may, in particular, authorise the subject to be in the place or area from which the subject is banned in specified circumstances (for example, while being supervised by another person or during specified times).

(4) The Sheriff must, before including a condition of the type mentioned in subsection (3), have regard to any relevant representations made by—

- (a) The applicant for the order,
- (b) The Adult at risk,
- (c) Any other person who has an interest in the Adult at risk's well-being or property, and
- (d) The subject.

(5) A banning order expires on the earliest of the following dates—

- (a) Any specified expiry date,
- (b) If the banning order is recalled, the date on which it is recalled,
- (c) The date which falls 6 months after the date on which it is granted.

Power of arrest can be attached to an Application under Section 25 of the Act;

(1) The Sheriff may attach a power of arrest to any—

- (a) Banning order, or
- (b) Temporary banning order.

(2) Any such power of arrest—

- (a) Becomes effective when it is served (together with such documents as may be prescribed) on the subject of the order, and
- (b) Expires together with the order to which it is attached.

The Banning Order expires up to 6 months after it was first granted.

Evidence for Protection Orders under the Adult Support and Protection (Scotland) Act 2007

If a decision is taken to proceed with an application for a Protection Order, multi-agency staff members will take specialist advice from SBC Legal Services to proceed. Key information required will include facts, information and evidence that a person is an Adult at risk of **serious harm** and the rationale for why a Protection Order is required.

1. Describe why the Adult is unable to safeguard his or her own wellbeing, property, rights or other interests, including evidence of this to be presented in Court.

2. Describe **risk of serious harm** to the Adult.

3. Identify the adult's disability, mental disorder, illness or physical or mental infirmity, which makes the adult more vulnerable to harm than other adults who are not so affected and impacts on the adult's ability to safeguard him/herself.

Please note - All three conditions of the three point test criteria, including that the Adult is at **risk of serious harm** must be met when applying for a Protection Order

Information required - listed below

Details of the Adults full name, address and date of birth.

- Full details of his/her address and whether he/she owns it or rents the property
- Details of the individual(s) causing risk of serious harm including their address, contact details and evidence of serious harm, i.e. chronology of events.
- Relevant facts, information, evidence, witnesses and corroboration that supports the need for application for a Protection Order.
- Information and evidence that application for the Protection Order is proportionate to safeguard the Adult's wellbeing, property, rights and other interests.
- Consent of the Adult for the application of the Protection Order; where the Adult has not consented, evidence must be provided that the Adult either lacks capacity to consent, or has been unduly pressurised to refuse consent.
- Where undue pressure is a factor, evidence how this impacts on the Adults consent for the Protection Order and their safeguarding ability.
- Timescale for a Banning Order - maximum is 6 Months.
- The extent of the scope of the Banning Order – exactly where is the subject to be banned from and any other conditions required.
- Is a Temporary Banning Order required, pending the outcome of the Banning Order court hearing?
- Confirm there is no other legal process to ban or eject the subject of a Banning Order from the address that they are to be banned from.

Inform SBC Legal Services if there are any bail/special bail conditions or other legal processes in respect of the subject of the Banning Order. Please note that where there are bail/special Bail conditions imposed on the subject by the Court there would be no requirement for a Banning Order until bail conditions have been removed by the Court.

11.1	<p>Applications for a Protection Order</p> <p>Unless there is an emergency, application for a Protection Order would usually be an agreed outcome from a multiagency Adult Protection Case Conference where all facts and evidence have been considered and where least restrictive options have been exhausted, and a Protection Order is deemed necessary to assess, support or protect the Adult from risk of serious harm.</p> <p>The Adult Protection Unit Team Leader, Senior Management Team and Chief Social Work Officer should be informed prior to applying to the Sheriff, for a Protection Order, unless an emergency necessitates this out of hours.</p> <p>Where a Protection Order is applied for out of hours, Senior Management must be notified at the earliest opportunity by the Emergency Duty Team.</p> <p>Application for a Protection Order is made in writing by the Council Solicitor, and requires evidence provided by the Council Officer. This may include a Chronology of events, a completed Adult Protection Risk Assessment, factual and accurate copies of case notes or specialist reports which evidence the need for the Protection Order.</p> <p>In order to satisfy the Sheriff that a Protection Order is required, the council will need to provide evidence that all attempts to support and protect the Adult at risk have been considered and will have to demonstrate how the Principles of the Act have been upheld.</p> <p>The Adult Protection Unit is available to provide professional advice in relation to Protection Orders as well as SBC Legal Services.</p> <p>Application for a Banning Order to the Court could be challenged by the subject and if so witnesses and evidence will be required at a Proof Hearing at a date set by the Sheriff.</p>
11.2	<p>Applications for a Protection Order in urgent situations:</p> <p>In an urgent situation or emergency, a Protection Order could be considered via the IRD process.</p> <p>Where it is not possible to access a Sheriff, it is possible to apply to a Justice of the Peace for either a Removal Order, or for a Warrant for Entry in respect of a Council Officer visit.</p> <p>Where applying for a Removal Order to a Justice of the Peace, the Warrant for Entry must be applied for at the same time.</p> <p>Please refer to the Adult Support and Protection (Scotland) Act 2007, Code of Practice and Principles.</p> <p>In such situations the Adult Protection Unit Team Leader, Senior Management Team and Chief Social Work Officer should be notified at the earliest opportunity.</p>
<p>Allegations against staff/Adult Protection allegations within NHS settings</p>	
12.0	<p>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. HR should be notified immediately or at the earliest opportunity. 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 to work in another area, or kept under supervision</p>

	<p>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 and refer to HR for guidance and direction. Refer to SBC policies and Procedures including SBC HR guidance on Adult Protection.</p>
12.1	<p>Allegations against a Senior member of SBC staff 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 and Procedures including SBC HR guidance on Adult Protection.</p>
12.2	<p>Vexatious complainer - 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.</p>
12.3	<p>Allegations against a Service user 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 co-operate 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.</p>
12.4	<p>Allegations against a Service provider 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. The Council Officer may make recommendations to a provider while inquiries are being carried out, but agencies have responsibility for their staff, and actions taken under that agency's HR process. In some situations the alleged harmer may be moved to another area of the organisation or kept under supervision during an inquiry. In other situations immediate suspension may be necessary. The organisation must abide by its own HR process. The provider must not co-ordinate its own Adult Protection Investigation but can carry out their own HR investigation.</p>
12.5	<p>Referral to other agencies 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.</p>
13.0	<p>Adult Protection within NHS Borders - See NHS AP Policy</p>

	<p>The agreed NHS AP Process has been designed to assist NHS Borders staff report into this overarching Scottish Borders Adult Protection Procedure - The process is as follows</p> <ol style="list-style-type: none"> 1. Suspicion of harm is reported to the NHS line manager at the date this is discovered 2. The line manager reports the harm to the Social Work team responsible and alerts the Consultant Nurse for Public Protection who will disseminate appropriately through the NHS. 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 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. 5. The outcome is discussed between SBC and senior NHS staff and necessary action is taken.
14.0	<p>End Of Process</p>
	<p>Change of status / Closure / Exiting the Adult Protection Process: The Team Leader / Assistant Team Leader 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. 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. The Adult / carers should be given contact numbers for support should their situation change to enable them to refer to the appropriate support service.</p>
15.0	<p>Incident Reviews / Significant Case Review:</p> <p>Where a significant incident or failure occurs involving an Adult "at risk of harm", consideration should be given to carrying out a Significant Case & Incident Review, as per the criteria in the 'SBPCC Joint Protocol for conducting SCRs'.</p> <p>The incident case review and serious case review must meet the criteria for ICR / SCR - please consult AP/CP Lead Officer. A review can be requested by any practitioner through their appropriate Adult Protection Delivery Group representative. A 'Request for Significant Case & Incident Review' should be submitted to the AP/CP Lead Officer for consideration.</p> <p>Where the case fails to meet the criteria in the 'SBPCC Joint Protocol for conducting SCRs' or where there are examples of practice, which require a practice review. This can be requested via the AP/CP Lead Officer - see 'Request for Adult Protection Interagency Practice Review'.</p>
16	<p>Quality Governance</p>
16.1	<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 Mosaic. Any documents which are received from other agencies should be uploaded into Mosaic 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>Risk assessments - Risk assessments and Protection plans 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 AP Risk assessment must be completed. Where cases have risk at a lower level then Protection Plans should be used to effectively record and evidence how risk is being managed or addressed. 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>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 complement the risk assessment. 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>
16.2	<p>Strategic Performance / Audit</p> <p>Mosaic episodes - Scottish Borders Council report to the Adult Protection Committee and to the Scottish Government with statistics and patterns and types of harm. The Mosaic 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 Public Protection Committee and Adult Protection Delivery 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>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</p>

	represented nationally and ensure research, national policy and guidance is disseminated to staff accordingly.
16.3	Disagreement / Escalation Process 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.