Adult Support and Protection

Importance of Multi-agency Working

Adult Support & Protection (Scotland) Act 2007

Definitions:
"adults at risk"
"risk of harm"

Duty to inquire

Duty to co-operate

Duty to consider Advocacy & other services

Visits

Principles

Benefit

Least restrictive

Adult's past & present wishes

Views of relevant others

Adult's participation

Non-discrimination & Equality

Respect for the adult's diversity

Protection Order Applications

Warrants for entry

Consent of adult at risk

Banning & Temp Banning orders

Removal orders

Assessment orders

Interviews

Medical examinations

Examination of records etc

Who is an Adult at Risk of Harm – "The three-point test"

"Adults at risk" are persons aged 16 or over who –

are UNABLE TO SAFEGUARD own well-being, property, rights or interests

are AT RISK OF HARM of harm and

BECAUSE they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to harm than other adults not so affected

NB: 'capacity' is NOT one of the criteria

'ability to safeguard'

- The ASP code of practice discusses ability to safeguard in terms of having the
- Skills
- Means
- Opportunity
- Also the difficult assessment of 'ability' vs' willingness' to safeguard – a focus on people's 'willingness' at an early stage can lead to exclusion from necessary support and a narrow focus

What is Harm?

Harm - all harmful conduct and includes

 physical / psychological harm, unlawful conduct which appropriates or adversely affects property, rights or interests;

Types of Harm –

- set out in broad categories
- list is not exhaustive
 & no category of
 harm is excluded

Individual Assessment -

 definition as "adult at risk of harm" requires individual assessment

Types of harm

- Neglect
- Physical
- Financial
- Emotional / Psychological
- Domestic
- Sexual

- Self-harm
- Self-injury incl. Self-Poisoning
- Self-neglect incl. Hoarding
- Radicalisation / Extremism
- Forced Marriage
- Human Trafficking

Indicators of harm

- Physical signs e.g. bruising, unexplained injuries
- Non-seasonal/ inappropriate clothing
- Change in mood and or behaviour e.g. becoming quiet, withdrawn, upset or depressed

- Reluctance to be left alone with a person/carer/ relative
- Environmental /housing conditions
- Missing financial documents or person expressing suspicions

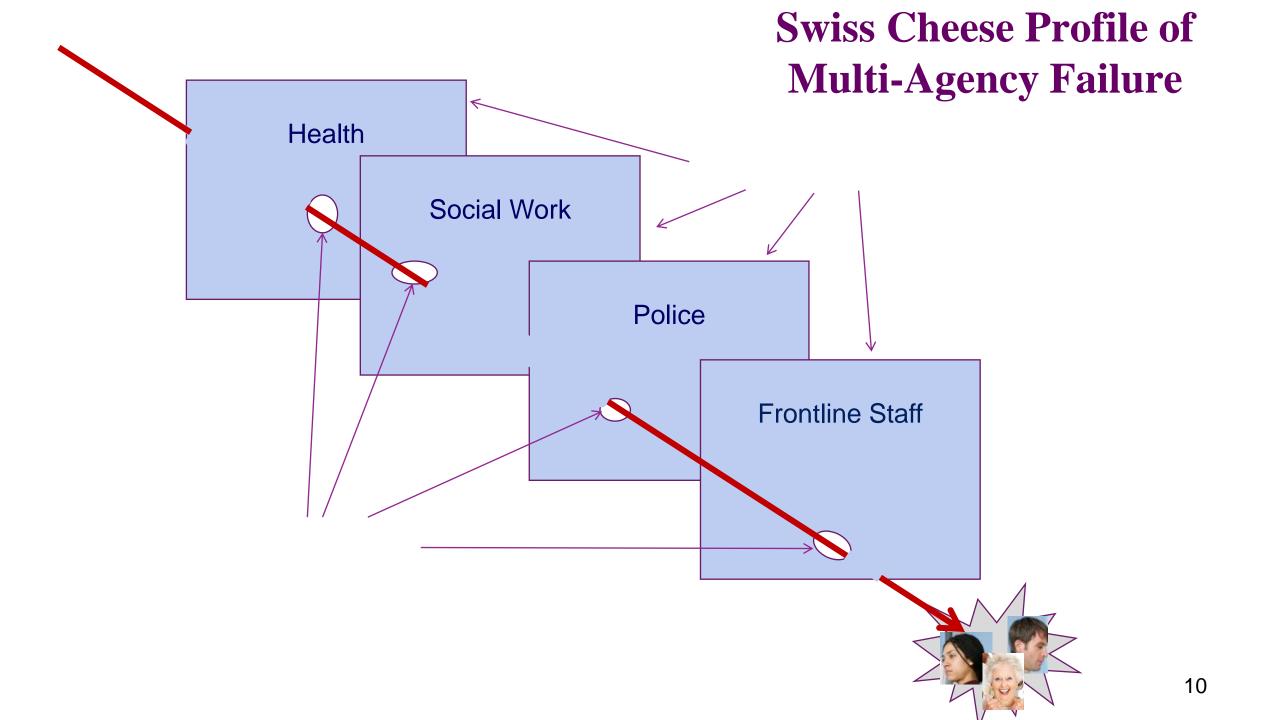
Duty to Co-operate

Statutory duties for those public bodies and office-holders –

- Where they know or believe that a person is an adult at risk
 - must report the facts and circumstances of the case to the council
 - must co-operate with a council making inquiries and with each other
- It is an offence to
 - prevent or obstruct any person from acting under the Act
 - refuse, without reasonable excuse, to provide information

Duty to Cooperate

- Councils and Integrated Partnerships
- Health Boards (incl. Scottish Ambulance Service and NHS 24)
- Police
- Services and providers with a service level agreement with NHS or the Council
- Mental Welfare Commission for Scotland
- Care Inspectorate
- Office of the Public Guardian
- Any other public body / office-holder Scottish ministers may specify



Swiss Cheese? Learning Lessons from Steven Hoskin

- Steven Hoskin, Aged 39 years
 - > St. Austell, Cornwall



- July 2006
 - Murdered by Darren Stewart, aged 29, and Sarah Bullock, aged 16
 - Martin Pollard, aged 21, was found guilty of manslaughter
- SCIE (Social Care Institute of Excellence) shows in a short video how services were operating in Cornwall at that time
- Steven had 75 contacts seeking help from ALL service in the last 18 months of his life
- Each had a piece of the jigsaw and did not share with others

Messages for practice

- Sharing information and partnership working between agencies is vital for the effective safeguarding of adults.
- People who are on the margins of social care eligibility criteria and receiving little or no support may highlight their need by repeatedly calling on emergency services.
- Such people may be at risk of either being abused or abusing others more vulnerable to abuse than themselves.
- Staff in all front-line health and social care services should be trained in the identification of indicators of abuse.

No Consent -Information Sharing

- Confidentiality is important, but it is not an absolute right
- Existing law allows information to be disclosed without consent where –
 - Required by law e.g. court order or statute
 - Crime prevention, detection & prosecution
 - ➤ In the public interest
- Consult your own agency Info Governance and Info Sharing Procedures
- It may <u>not</u> be possible to obtain consent where
 - the situation is so urgent that obtaining consent would cause undue delay
 - adult lacks the mental capacity to consent
 - adult is unwilling to consent because of 'undue pressure' by someone else
 - the person acting with powers is unavailable or unwilling to give consent

Information sharing – If in doubt rule it in!!!

When you are informed of risk or potential risk

- Don't stop someone from recalling events or making a complaint
- Don't badger person for more details if more details are needed this can be done during subsequent investigation
- Don't promise to keep secrets
- Don't contact any alleged abuser or other alleged victims
- Don't make promises you are unable to keep

Chief Officers Group – Public Protection

"If a child, young person or vulnerable adult may be at risk of harm, we must always share information."







Information Sharing

CONTACT SOCIAL CARE DIRECT

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If in doubt rule it in !!!