
Adult Support and Protection Policy (Scotland)

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Ver 1.0	05/09/2021	Policy Development	Following discussion at Policy review group, it was agreed that a Trust policy for Adult Protection for services in Scotland was required rather than incorporating into the adults Safeguarding policy.
Ver 2.0	10/05/2023	Section 5.4 Amendment	Revision in line with the amended Admission Criteria.



Contents

1	Introduction	3
2	Purpose	3
3	Responsibilities	4
4	Legislation	4
5	Procedure	5
6	Training	17
7	Monitoring compliance	18
8	Other Considerations	19
9	References	19
10	Appendix 1	20
11	Appendix 2	26
12	Appendix 3	28
13	Appendix 4	30
14	Appendix 5	32
15	Appendix 6	33



1 Introduction

- 1.1.1 Brainkind prioritises the protection and safety of all people every day above all other operating principles, ensuring that people are aware of their roles and responsibilities across all of our services.
- 1.1.2 Brainkind promotes that all supported people are empowered and enabled to live their fullest life while supported by our provision. Brainkind promotes multi agency working to achieve the best outcomes for the people we support and ensure they are enabled to make their own choices about their lives, and to live as independently as their personal circumstances may permit.
- 1.1.3 Brainkind believes in an open and transparent approach to the care and support we provide and aim to ensure that the individuals Brainkind supports will not encounter harm of any form while living in our services.
- 1.1.4 Brainkind expects that if any form of harm or abuse is suspected or occurs then it will be managed in line with this policy and procedure, reported both internally and externally to the service and investigation will occur inclusive of the person affected and in conjunction with other external agencies in order to learn lessons that will be shared to minimise risk of recurrence.
- 1.1.5 Brainkind aims to ensure that employees and people who come in contact with our services will be alert to the possibility that they may become aware of adults requiring support and protection who are not customers e.g., relatives, friends, visitors etc. In all cases employees will report their concerns using the internal and external reporting procedures.

2 Purpose

- 2.1.1 This policy applies to all employees and workers of Brainkind in services in Scotland, including secondees into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract.
- 2.1.2 For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as 'staff' in this document.
- 2.1.3 In developing this policy, Brainkind recognises that protecting adults at risk is a shared responsibility, with the need for effective joint working between statutory and non-statutory agencies, and professionals with different roles and expertise.



3 Responsibilities

- 3.1.1 Responsibilities of specific roles in regard to adult protection can be found in Appendix 5 of this policy.
- 3.1.2 Brainkind structure for adult protection can be found Appendix 6

4 Legislation

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

[Adults with incapacity \(Scotland\) Act 2000](#)

- 4.1.2 This Act imposes duties on local authorities in relation to the making of enquiries in respect of adults who lack capacity, and the creation, application and supervision of proxy decision making powers in respect of such adults.
- 4.1.3 Under the terms of Section 10 of the Act, the local authority must investigate 'any circumstances made known to them in which the personal welfare of an adult seems to be at risk'. This means that the local authority must investigate allegations of abuse involving an adult who lacks the capacity to make or convey decisions for him or herself, whether the adult concerned agrees to the investigation or not.
- 4.1.4 It is the function of the Public Guardian to investigate situations of suspected financial abuse involving adults who lack capacity under Section 6 of the same Act.

[Mental Health \(Care and Treatment\) Scotland Act 2003](#)

- 4.1.5 Mental Health (Care and Treatment) Scotland Act 2003. This Act imposes duties on, and assigns functions to, local authorities and health boards in respect of social and mental health well-being, the making of enquiries in respect of persons who appear to have a mental disorder, and (where necessary) the application of compulsory measures in relation to the assessment and treatment of persons having a mental disorder.

[Adult Support and Protection \(Scotland\) 2007](#)

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



- 4.1.7 It is the responsibility of adult protection agencies such as Social Work Services and the Police to make enquiries (proactive and reactive) and to carry out appropriate investigations to establish:
- whether or not an adult is at risk from harm or suspected harm; and, if so,
 - which, if any, of the protective measures available in terms of the legislation are most appropriate to an adult at risk's individual circumstances.
- 4.1.8 It is everyone's responsibility to report concerns regarding any adult who is, or who appears to be, at risk of harm. If you are concerned that a person is at risk of exposure to criminal activity such as fraud, then Police must be notified as well.
- 4.1.9 However, to avoid confusion and to have clear lines of accountability, staff should report concerns directly to their manager in the first instance. When the manager is suspected to abuse then the concerns should be raised to their line Manager or Brainkind Adult Protection / Adult Protection Lead.
- 4.1.10 The Adult Support & Protection (Scotland) Act 2007 ("ASP Act") identifies an "adult" as a person aged 16 or over.
- 4.1.11 Please note if the adult is 16 or 17 years of age, it is possible that they are already subject to a Supervision Order or other Order under the Children (Scotland) Act, 1995, or other social work or childcare legislation. If staff are aware that such an order is in place then this should be reported to their line manager, who will liaise with Social Work Services as they are responsible for carrying out such investigations.

5 Procedure

5.1 Who is an adult at risk?

- 5.1.1 Under the Adult Support and Protection (ASP) (Scotland) Act 2007 'adults at risk' are defined as adults over the age of 16 who are:
- a) are unable to safeguard their own well-being, property, rights, or other interests,
 - b) are at risk of harm, and
 - c) 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.

The ASP Act states harm includes all harmful conduct and includes:



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

5.2 Types of abuse

Harm can be a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult. Harm can take the form of the following types of abuse:

- Physical
- Sexual
- Emotional
- Psychological
- Domestic
- Acts of neglect or omission
- Financial and material abuse
- Withholding of information.

The abuse can be singular or multiple, involving some or all of the above.

5.3 Where can abuse occur?

Harm and abuse can occur in any setting:

- when an adult life alone or with a relative
- within nursing, residential, supported living or day care settings
- in hospitals
- custodial situations
- care and support services
- in people's own homes
- other places previously assumed safe
- in public places.



5.4 Historical abuse

Staff should be aware that people admitted to our services may have been previously subject to harm and they should have access to a support plan that identifies ways that may affect the individual and how the person can be supported.

A person may be at risk of harm after they come to the service, for example from

- someone coming into the service from outside.
- another person.
- an employee.

People referred to our services who are subject to multi agency public protection arrangements will be fully risk assessed prior to admission, where the risk remains in relation to the protection arrangement, they may be deemed unsuitable for our services.

Please refer to the [admissions criteria](#).

On some occasions the perpetrator of the abuse might be at risk of abuse themselves, such as a person who regularly becomes inebriated and puts other persons or employees into a state of fear.

All parties involved can be considered as being potentially at risk however, the person behaving abusively can also be treated as an adult at risk.

There is an expectation where the perpetrator of abuse is suspected to be an employee that an internal investigation will not take precedence over reporting concerns to allow an investigation by Social Work Services and/or Police.

5.5 Types of Harm (see Appendix 1 for indicators of abuse)

5.5.1 Physical Abuse

The following are types of abuse – the lists provided are not exhaustive and if staff are concerned then they should discuss immediately with the person in charge of the shift.

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

- Physical assault by punching, pushing, slapping, tying down, giving food or medication forcibly, or denial of medication



- Use of medication other than as prescribed
- Inappropriate restraint.

5.5.2 Emotional/Psychological Abuse

Abuse resulting in mental distress to the adult at risk, for example:

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

5.5.3 Financial or Material Abuse

Abuse involving the exploitation of resources and property belonging to the adult at risk, for example:

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

5.5.4 Sexual Abuse

Abuse involving activity of a sexual nature where the adult at risk cannot or does not give consent, for example:

- Incest
- Rape
- Acts of gross indecency
- Inappropriate touching or verbal or physical sexual harassment
- Exposure to intimate body parts without consent
- Exposure to sexual images without consent

5.5.5 Neglect and acts of omission

Acts by others charged with the care of the adult, including ignoring medical or physical care needs, for example:

- Failure to provide access to appropriate health, social care and or education.
- Withholding of the necessities of life such as nutrition, appropriate heating, etc.
- Not completing activities without rationale.

5.5.6 Exploitation

The deliberate targeting of vulnerable adults for personal benefit. This may involve:



- human trafficking - the trade of humans for the purpose of forced labour
- sexual slavery
- commercial sexual exploitation for the trafficker or others.

5.5.7 Discriminatory abuse

Treating one person less favourably than another due to personal preference or due to preference of others.

5.5.8 Information abuse

Deliberately giving erroneous information or withholding information.

5.5.9 Human rights abuse

The deprivation of any human rights according to the [Human Rights Act](#).

5.5.10 Multiple Forms of Abuse

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

5.5.11 Random Violence

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

5.5.12 Domestic Violence

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

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



5.6 Confidentiality

There is a requirement to co-operate in relation to the protection of adults seen to be at risk of harm.

Staff must report any concerns with regard to adults' protection within the incident Management system (Datix), to their line manager and to the relevant Adult Protection teams or Police if appropriate.

If staff are unclear of reporting systems, they should discuss with their line manager or local adult protection champion (**See Appendix 5**).

Staff will also ensure that any ongoing involvement and assistance required is provided, in consultation with the relevant statutory agencies, to ensure effective risk management and continuing support to the person.

To ensure appropriate protective measures can be put in place, it is recognised that confidential information will need to be shared with other workers, managers and other agencies on a "need to know" basis.

Where an adult is seen to be at risk of harm, this will always override a professional or organisational requirement to keep information confidential, subject to the provisions of the data protection legislation.

The disclosure should be limited to the relevant parties only. It is the responsibility of those employed to take appropriate action to ensure the adult deemed to be at risk is protected from harm. Failure to disclose important information may result in disciplinary action.

Guidance should be sought from Brainkind Data Protection Officer via email dpo@brainkind.org and via the Data Protection Policy.

5.7 Reporting and Information Sharing

The protection of adults at risk of harm is placed above all other operating principles and supersedes the principle of confidentiality. Any concerns staff may have regarding the safety and well-being of an adult at risk of harm should be brought to the attention of their manager immediately.

Although it is recognized that a person's privacy must be protected at all times, in situations where abuse is suspected, there must be free communication between participating agencies throughout the investigation.



Under no circumstances will information on an adult be withheld from Social Work Services because the holder of the information thinks that it might compromise a third party. If an employee is given information relating to adult abuse 'in confidence' they must make clear that any information relating to adult or child abuse must be passed on via reporting systems for further reporting to Social Work Services and/or Police for investigation.

5.7.1 Communicating reporting with the person involved

The person with capacity must be involved in any such referral where possible and, if not, a documented rationale must be provided.

In all cases of suspected adult abuse, it must be recognized that children involved in the situation might also be at risk and that the Child Protection Procedures might have to be invoked.

If the adult has difficulty communicating and requires the services of an appropriate support worker, one should be appointed to work with the adult.

Difficulties with communication should be considered and other forms of assistance to communicate should be utilised if the adult cannot communicate using speech.

If the adult does not speak English and requires the services of an interpreter, an interpreter from the Interpreting Service should be appointed to work with the adult. This should be arranged in consultation between the local authority or Health Board.

Using a member of the adult's family as an interpreter or communication support worker should be avoided to ensure impartiality.

5.8 Named Person (Adult Protection Champion)

Brainkind acknowledges that having a specific employee as a named person/post in respect of adult protection is good practice. The named persons details will be displayed for all staff, individuals we support and visitors to the service to see.

The Head of Nursing details will also be displayed as the named Adult Protection lead for Brainkind.

The roles and responsibilities of the roles can be found in Appendix 5.

The named person/post will be a manager within the service who has sufficient knowledge/expertise to deal with any concerns raised.



Brainkind recognises that providing a named person ensures that all allegations of abuse are reported to a central point to allow a consistent response and to maintain an overview of reports from employees. Concerns can then be passed on quickly and appropriately.

5.9 Reporting Concerns of Harm and Abuse

If an incident or allegation of harm or abuse has been made staff should ensure the safety of the individual as a priority.

The service users should be advised that the information will be reported on Datix and to adult support and protection teams and that work may be required to investigate further.

If there is immediate concern for the immediate safety and well-being of a person, then emergency services i.e., ambulance and police should be contacted immediately, without delay.

If there is a suspicion that abuse has taken place and has resulted in major harm or death the Police should be contacted immediately, and steps should be taken to preserve evidence.

When it is appropriate to leave the person, who is disclosing the abuse, the information given by the person should be passed on immediately to the manager or shift lead who will contact the relevant local Adult Support and Protection team.

If staff do not feel that the management team have managed the situation well, they should discuss this further with the next line manager.

If the Adult Support and Protection Team do not accept a referral and the staff member feels this is not appropriate, they should raise this Named Person who will decide whether the Regulatory body should be informed).

NOTE: You should follow the above procedure for all instances of suspected abuse.



5.10 Recording

The nature of the concern should be documented in the persons file and also reported on Datix.

Relevant documents should be uploaded on Datix and used within future investigations.

The record should be documented by the staff member involved and using the words of the individual as far as possible.

If notes are taken the person involved (with capacity) should read through the notes and sign as agreed where possible and this information should be used within referral to ASP services.

As much information as possible should be recorded and should only include facts and no opinions or assumptions should be included.

The referral form for the ASP team should be used these can be found. <https://www.glasgow.gov.uk/article/24198/Adult-Protection-Referral---AP1>

The referral should be sent to socialcaredirect@glasgow.gov.uk for care homes

If the person is from out of area, then you may need to refer to the local authority for that individual – please discuss with the management team.

This information will be kept and securely stored in line with the Data Protection Policy.

Records will be maintained within Datix.

Where there is an allegation against staff this will be locked down to Directors and agreed staff only will be able to access the record.

5.11 Referral (Appendix 4)

The procedure for managing an adult protection concern can be found in Appendix 4 of this policy

The shift lead/ manager must ensure the safety of the person (s)involved. When the person has received treatment and is safe and comfortable the shift lead must communicate the incident/allegation with relevant people both internal and external to the service.



All communication must happen as soon as possible after the incident, ideally within the hour but certainly on the same shift and relevant support be sought as required. Where this has not occurred, a rationale must be provided.

Staff should inform the manager of the incident. When an incident occurs out of hours the person in charge of the shift should contact the on-call manager for advice regarding referral to the ASP team.

If the on-call manager is not contactable this must be escalated to the Regional Manager or Director on call for support and advice.

The manager/ on call manager will advise on who will make the referral through to adult protection using the referral form in line with timescales stated in this policy

The referral form for the ASP team should be used these can be found. <https://www.glasgow.gov.uk/article/24198/Adult-Protection-Referral---AP1>

The referral should be sent to socialcaresdirect@glasgow.gov.uk for care homes

Any discussions should be documented on Datix and any correspondence sent via the system or uploaded into the documents section. Discussions should also be documented in the persons notes.

The person contacting the ASP team and/or the Police must make a note of the following:

- The date and time that contact was made. Where contact cannot immediately be made, the reason for this must be recorded. Details of all unsuccessful attempts to make contact must also be recorded.
- Name, address, and full details of those contacted.
- Details of who should be contacted for future follow-up/agreed further action including Next of Kin, Power of Attorney or Guardian if this is available.

The ASP team will allocate the matter to a member of their staff who has sufficient knowledge and expertise to deal with the investigation.

Where the individual involved or affected by the incident is from out of the area of the service their Care Manager should be copied into the email for information and future communication.

When the individual has a named Legal Guardian, they should be informed of the incident also.



5.12 Allegations Involving Employees

When an allegation involves a staff member the allegation against staff process (Appendix 4) should be followed.

Confidentiality should be maintained at all times.

Brainkind's Freedom to Speak up and Whistleblowing Policy can be found [here](#).

Brainkind has a Freedom to Speak Up Guardian. See policy link above.

5.13 Frequent Complaints without Foundation

At times a person may make frequent allegations or complaints about an individual or the service, which after full investigation are found to be vexatious, these cannot be ignored.

In such cases it is good practice to always follow the above reporting procedures. The allegation must be reported in the same way as any other allegation and the pattern of allegations must be reviewed regularly in case abuse is taking place.

5.14 Following referral

5.14.1 External investigations

The ASP team will make enquiries to investigate matters of concern in relation to the protection of an adult deemed to be at risk of harm as defined by the legislation. Where it is alleged that a crime has been committed against the adult, investigation is likely to be progressed jointly in consultation with the Police.

The investigating officers may need to speak to the employee from whom the concerns originated. All staff must co-operate fully with any enquiries, and managers will ensure employees are facilitated in this.

The manager will take advice from the investigating officer about the suitability of seeking an Advocacy Worker and/or Appropriate Adult to work with the adult.

Advocacy service information can be sourced via the adult Protection lead in the service; this is usually via the advocacy.



The appropriate regulatory body will be contacted by the Service Manager to report incidents of alleged abuse within the service, the reporting process can be found via the links below.

Link to CIS Notification portal <https://www.careinspectorate.com/index.php/ci-digital-portal>

Link to HIS notification portal <https://hisportal.scot.nhs.uk/Account/Login>

5.14.2 Internal Investigation

If the ASP team request an internal investigation the manager will appoint an appropriate person with adequate skills and knowledge to complete the investigation and will follow the serious Incident review process on Datix.

When complete the incident report should be shared with the ASP team as agreed.

In any investigation the service user and family, where appropriate, must be kept fully up to date with investigation findings and all discussions documented in the persons notes.

Where there is an allegation against staff then the allegations against staff with adult protection flow chart should be followed.

5.15 Supporting the Adult at Risk of Harm

It is important that all employees and those involved directly with the adult thought to be at risk of harm, act throughout in a supportive manner and continue to deliver services as normal.

Employees should avoid being judgmental and should not discuss personal or third-party experiences of harm. Every effort should be made to enable the adult to express their wishes and to make decisions to the best of their ability, where appropriate, but, within a duty of care, the overriding concern is the protection of the adult from harm.

When the investigation is complete the persons care and support plan may be reviewed and an amended care plan put in place to support the person to avoid future risk.



5.16 Supporting Employees

The employees involved in continuing to support the person will be offered support and counselling as appropriate to allow them to continue to deliver care and support in a professional manner.

If staff are finding things difficult and need to speak to somebody Brainkind provide an Employee Assistance Program on 0117 934 2121, where they can speak to somebody via the telephone.

Staff will all so be supported with an individual or group debrief following incidents or can discuss directly with their line manager ensuring confidentiality is met.

5.17 Recruitment

Recruiting managers must seek guidance from Peoples Services, to determine the level of Protecting Vulnerable Groups and disclosure check required for a role. The manager must ensure the check is completed before the applicant commences employment and a copy of these checks must be filed on staff files to demonstrate compliance.

Brainkind's Recruitment Policy can be found [here](#).

6 Training

As an allegation of abuse can come to the attention of any employee at any time, all employees will complete training in Adult Protection Procedures as part of an initial induction, and as part of their ongoing training programme as follows:

All staff are expected to complete the following training:

- On induction Adult Support & Protection Workshop – completed face to face thereafter repeated every 3 years.
- Refresher eLearning Adult Support and Protection every 3 years Safeguarding adults eLearning every 3 years (under review) Safeguarding children and young people every 3 years.
- Adults with Incapacity Scotland eLearning completed every year.



Employees will be made aware of the existence of the Adult Support and Protection Policy and Procedure, and their responsibilities in relation to the Adult Protection process:

- Through the provision of training – delivered as e-learning during induction and again as part of mandatory refresher training as appropriate to each job role.
- Brainkind’s Learning and Development team is committed to ensuring that all staff are effectively trained and expects them to be trained in Child and Adult Protection.
- Higher levels of training will be determined by role functions and the responsibilities set out in job descriptions.
- Adult protection issues are and training needs should be discussed during 1:1 meetings between line manager and staff member.
- Learning from adult support and protection incidents should be discussed at staff meeting.
- Individual tutorial should be completed as required with staff to support with adult protection incidents.
- Support, supervision, and mentoring will be provided for adult protection leads through meetings every quarter in line with personal development needs.
- Head of Nursing and Service Managers jointly recommend the level of Adult Protection training required for each staff.

7 Monitoring compliance

Brainkind monitors compliance with this policy via the Quality Performance and Risk Committee. The Policy Review Group ensures all policies are fit for purpose and up to date.

The Head of Adult Protection is responsible for the monitoring, revision and updating of this policy and its implementation. This policy is reviewed and monitored regularly with regard to its implications for equality and diversity.



8 Other Considerations

8.1 Equality and health inequalities analysis

Promoting equality and addressing health inequalities are important to Brainkind. Throughout the development of the policies and processes cited in this document, we have:

- Considered the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Considered the need to reduce inequalities between service users, and in securing those services are provided in an integrated way, where this might reduce health inequalities.

9 References

- [Adult protection significant case reviews: interim framework](#)
- [Adult Support and Protection Act 2007.](#)
- [Adult Support and Protection National Strategic Forum](#)
- [Adults with Incapacity \(Scotland\) Act 2000](#)
- [Appropriate adults - guidance for local authorities](#)
- [ASP Code of Practice \(revised\)](#)
- [Care Inspectorate](#)
- [Carers \(Scotland\) Act 2016](#)
- [Criminal Justice \(Scotland\) Act 2016](#)
- [Data Protection Act 2018](#)
- [Equality Act 2010](#)
- [European Convention on Human Rights \(ECHR\)](#)
- [Guidance on Prevent Multi-Agency panels](#)
- [Health \(Tobacco, Nicotine etc., and Care\) \(Scotland\) Act 2016](#)
- [Inclusive-communication and accessible-communication-formats](#)
- [Learning from Adverse Events \(healthcareimprovementscotland.org\)](#)
- [Matrimonial Homes \(Family Protection\) \(Scotland\) Act 1981](#)
- [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)
- [Office of the Public Guardian \(Scotland\)](#)
- [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- [Royal Society of Speech and Language Therapists](#)



- [Scotland Act 1998](#)
- [Scottish Independent Advocacy Alliance](#)
- [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)
- [Supporting disabled children, young people, and their families: guidance - gov.scot](#)
- [Talkingmats.com](#)
- [Trauma-informed practice: toolkit - gov.scot \(www.gov.scot\)](#)

A glossary of terms can be found via the link below:

[Glossary of terms used in the Adult Support and Protection Act](#)

10 Appendix 1

10.1 Harm and Abuse indicators

Indicators of Harmful Behaviour towards an Adult at Risk

These can include one or a combination of the following harmful actions. The following indicators however can be used as a guide only as most of the signs could also be explained by a variety of reasons. It is important therefore not to make assumptions about the reasons for such signs and to place them in context of what is known about the individual and their particular circumstances.

Also, the foregoing recognition and signs should not be used as a predictor kit. Using it in this way could be detrimental to adults at risk of harm and their carers. It is an aid to the exercise of professional judgement and assessment.

Physical Harm – involving actual or attempted injury to an adult defined as at risk e.g. Physical assault of punching, pushing, slapping, tying down, giving food or medication forcibly, denial of medication.

- Use of medication other than as prescribed.
- Inappropriate restraint.
- Bruises
- Black eyes are particularly suspicious if, both eyes are black (most accidents cause only one) there is no bruise to the forehead or nose or suspicion of skull



fracture (black eyes can be caused by blood seeping down from an injury above).

- Bruising in or around the mouth.
- Grasps marks arms – or chest.
- Finger marks (e.g., you may see three or four bruises on one side of the face and one on the other).
- Symmetrical bruising (especially on the ears).
- Outline bruising (e.g., belt marks, hand prints).
- Linear bruising (particularly on the buttocks or back).
- Bruising on soft tissue with no obvious explanation.
- Different age bruising (especially in the same area).
- Abrasions, especially around wrists and /or ankles.

NB Most falls or accidents produce one bruise on an area of the body - usually on a bony protuberance. An adult who falls downstairs generally has only one or two bruises.

Bruising in accidents is usually on the front of the body as most people generally fall forwards. In addition, there may be marks on their hands if they have tried to break their fall.

The following are uncommon areas for accidental bruising, back of legs, buttocks (except, occasionally, along the bony protuberance of the spine), neck, mouth, cheeks, behind the ear, stomach, chest, underarm, genital, and rectal area.

10.2 Bites

These can leave clear impressions of the teeth.

10.3 Burns and Scalds

It can be very difficult to distinguish between accidental and non-accidental burns, but as a general rule burns or scalds with clear outlines are suspicious. So are burns of uniform depth over a large area.

Also slash marks about the main burn area (caused by hot liquid being thrown).

NB Concerns should be raised where a carer responsible for an adult at risk of harm has not checked the temperature of the bath.



10.4 Scars

Many adults have scars, but notice should be taken of exceptionally large numbers of differing aged scars (especially if coupled with current bruising), unusually shaped scars e.g., round ones from possible cigarette burns or large scars from burns or lacerations that did not receive medical treatment.

10.5 Fractures

Should be suspected if there is pain, swelling, discolouration over a bone or a joint. The most common non-accidental fractures are the long bones i.e., arms, legs, ribs.

Emotional/Psychological Harm – resulting in mental distress to the adult at risk e.g.

- Excessive shouting, bullying, humiliation.
- Manipulation or the prevention of access to services that would enhance life experience.
- Isolation or sensory deprivation.
- Denigration of culture or religion.

The following indicators should be considered by workers when concerns regarding emotional harm arise. In some situations, the following will be applicable

- Carers' behaviour.
- Carers' history.
- Pressure exerted by family or professional to have someone committed to care.
- Weight change / loss of appetite or overeating.
- Withdrawal confusion (could be caused by dehydration which produces toxic confusion).
- Loss of confidence.
- Extreme submissiveness or dependence in contrast with known capacity.
- Demonstration of fear of another person by the vulnerable adult.
- Where care services, including residential care, are refused under clear pressure from potential inheritors.
- Unusual purchases unrelated to the known interests of the adult at risk.



10.6 Sexual Harm

involving activity of a sexual nature where the adult at risk cannot or does not give consent e.g.

- Incest.
- Rape.
- Acts of gross indecency.
- Sexual Harm can occur when adults at risk of harm are involved in sexual relationships or activities which they have not consented to or are pressured into consenting to

Such activities could include unwanted sexual contact such as rape or incest, inappropriate touching including sexual harassment either verbal or physical, indecent exposure, displaying pornographic material and inappropriate sexual material.

10.7 Physical indicators of sexual harm:

The possibility that the following behaviour or injury could be as a result of the Adult at Risk of Harm's normal observed behaviour over a substantial period of time should always be taken into account. It is noted changes in an adult at risk of harm out with their normal behaviour that is significant not the presence of the following in isolation

- Adult aversion to being touched.
- Tendency to withdraw and spend time in isolation.
- Deliberate self-harm.
- Depression and withdrawal.
- Wetting or soiling, day, or night.
- Sleep disturbances or nightmares.
- Anorexia or bulimia.
- Unexplained pregnancy.
- Phobias or panic attacks.

The following are more specific indicators

- Recurrent illnesses, especially venereal disease.
- Injuries in genital area.
- Infections or abnormal discharge in the genital area.
- Complaints of genital itching or pain.
- Presence of sexually transmitted diseases.



- Excessive washing.

Neglect and acts of omissions by others charged with care of adult at risk – including ignoring medical or physical care needs

- Failure to provide access to appropriate health social care or educational services.
- Withholding of the necessities of life such as nutrition, appropriate heating etc. The following indicators, singly or in combination, should alert workers to the possibility that the adult at risk needs are being neglected:
- Lack of appropriate food.
- Lack of adequate clothing.
- Circulation disorders.
- Unhygienic home conditions.
- lack of protection or exposure to dangers including moral danger, or lack of protection or
- exposure to dangers including moral danger, or lack of supervision appropriate to the adult's
- ability to manage harm

or

- Exposure to dangers including moral danger, or lack of supervision appropriate to the adult's ability to manage harm.
- Lack of protection or exposure to danger including moral danger, or lack of supervision appropriate to adults age and ability which have arisen due to familial abuse of substances.
- Failure to seek appropriate medical attention.
- A delay or failure in seeking medical treatment which is obviously needed.
- An adult at risk is found at home or in a care setting in a situation of serious but avoidable risk.
- Unnecessary delay in employee responses to resident's requests.
- Serious or persistent failure to meet the needs of the adult at risk.
- A prolonged interval between illness/injury and presentation for medical care.
- Non-attendance at social care or educational service.
- Evidence of withholding of necessities of life such as medication, adequate nutrition, and heating.

10.8 Self-harm by adult at risk

- Refusal to eat or drink.
- Cutting, burning, scalding, or hitting parts of own body.
- Swallowing harmful substances or objects.



- Overdosing.

10.9 Self-neglect and acts of omissions by adult at risk

- Lack of ability to care for own basic needs e.g., food, clothing, personal hygiene.
- Lack of ability to care for living environment e.g., dirty or unsafe living conditions, inadequate heating or lighting.
- Loss of weight or being constantly underweight.
- Inappropriate dress for the conditions or time of day.
- Not requesting medical assistance and/or failing to attend appointments.



11 Appendix 2

Professional Role	Responsibilities
Trustee	<ul style="list-style-type: none">• Has ultimate accountability and responsibility for Adult Protection in the Trust• Agreeing the strategic plan to implement the 'Adult protection policy• A named Trustee will provide robust scrutiny and challenge of Adult Protection arrangements at Board level
Director of Governance and Quality assurance	<ul style="list-style-type: none">• providing overall assurance to the Trustees and the CEO on the effectiveness and quality of the Adult Protection arrangements to ensure that the Trust complies with its statutory duties and that best practice is observed throughout all services• review and sign off the annual report and inform the Trust's Board..
Quality Performance and Risk Group	<ul style="list-style-type: none">• Monitoring key performance indicators monitoring the assurance framework for this policy and assuring The Board of Trustees on compliance with the implementation of this policy and ongoing Adult Protection reports• Agreed periodic review of audit to monitor compliance, quality and views of the people that use the Trust service• Ensure processes are in place for learning lessons from cases where service users die, or are seriously harmed, and abuse or neglect is suspected
Head of Nursing	<ul style="list-style-type: none">• Producing an annual review that provides assurance that:• Ensuring that reporting systems and Datix are working effectively to safeguard children and adults at risk of harm or abuse.• Providing assurance that the Trust is meeting its specific Adult Protection duties in relation to service users.• Working closely with Adult Protection Champions.



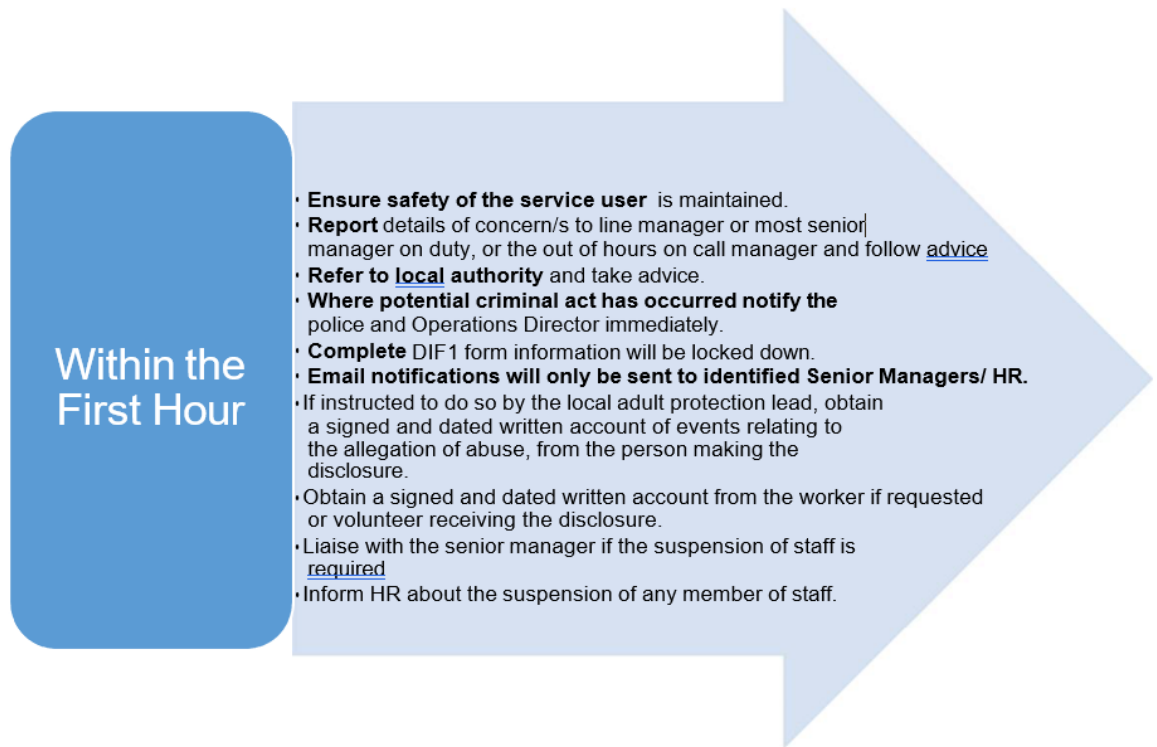
Adult Protection champion	<ul style="list-style-type: none">• To ensure all staff take appropriate action and complete required documentation when there is an adult protection concern.• To advocate involvement of the person affected by an incident and throughout any adult protection involvement.• To receive automated email notifications of adult protection incidents and liaise with relevant DIF2 managers to confirm if the incident requires referral to external adult protection teams.• To circulate relevant national and local information, guidance, and policy to the service• To support relevant training within their own service.• To help build stronger ties between the service and adult protection teams to promote the roles and responsibilities of all sta.• Responsible for liaison and quality review in their service of all adult protection activity by:<ul style="list-style-type: none">• Checking, in conjunction with DIF2 managers, that all reported Incidents are accurate and fully completed.• Ensuring Action plans are in place and executed and that all appropriate adult/child protection activity is undertaken.• Ensure Team Management Review takes place if required.
Quality Assurance Business Partners	<ul style="list-style-type: none">• Ensure effective systems are in place for responding to incidents of abuse and neglect of children and adults, to ensure that timely and appropriate referrals are made
Regional Managers	<ul style="list-style-type: none">• Monitoring the implementation and service and staff compliance of this policy, the procedure, guidance, and any standard operating procedures (SOP's) that is published by The Trust.
Service Managers and Area Managers	<ul style="list-style-type: none">• Implementing the policy and adhering to it in their Services• Identifying Training and Education needs and ensuring they are met.• Ensuring requirements for implementation of the policy are built into the delivery planning process.• Staff having received and are aware of and comply with all relevant policies and supporting documents.• Ensuring volunteers and contractors are aware they are required to follow The Trust Policies and Procedures for the service.• working with external agencies to end any abuse that is occurring



All Staff (including bank & agency staff)	<ul style="list-style-type: none">• Compliance with the policy and any relating documents, be they Trust-wide or Service specific.• Identifying own training needs in respect of policies and procedures and bringing them to the attention of their line manager.• Ensuring e-learning is up to date.• Attending training / awareness sessions• Engage with external partners.
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12 Appendix 3

12.1 Adult Protection referral process





IMPORTANT NOTE

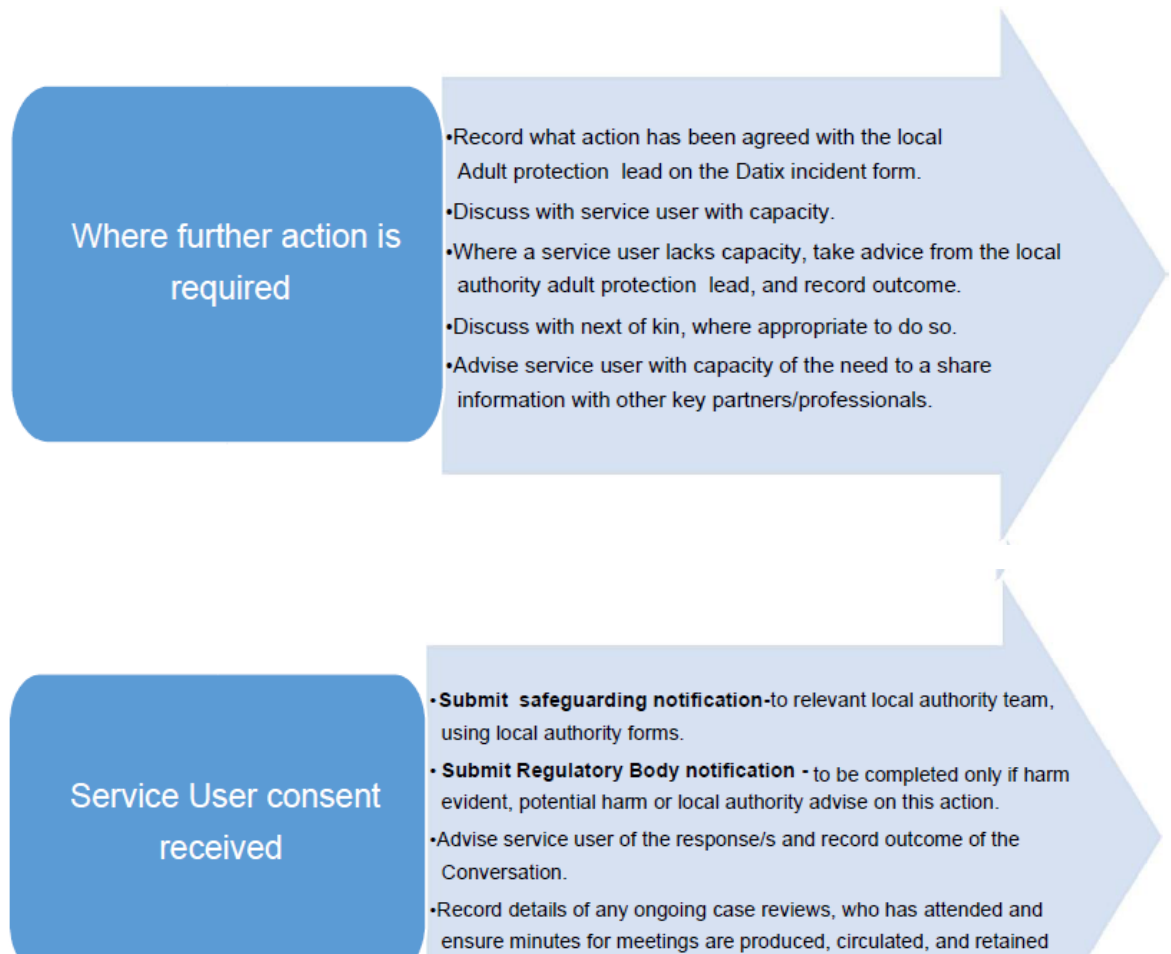
- Do not start any investigation as the Local Adult Protection Team has to determine who will lead the investigation.
- Do not take statements from the service user or relatives as this could jeopardise any Police Investigation.
- Records must be uploaded onto the Datix Incident reporting system. Hard copies should be kept securely as per data protection requirements.
- Once the Local Adult Protection Team has confirmed The Disabilities Trust is to investigate the matter the Operations Director and Director of Governance and Quality Assurance will agree who the internal investigation responsibilities will rest with, and what the terms of reference for the investigation are:
- The investigator will then collect evidence and conduct investigations.
- Complete Disciplinary Investigation Notification Form for any staff suspended within 48 hours.
- Consider and make referral to PVG and disclosure criteria have been met after discussion with HR.



13 Appendix 4

13.1 Managing allegation process







14 Appendix 5

14.1 Adult Protection Lead names and locations

Adult Protection leads by Scotland August 2021			
Region	Regional Manager	Service	Name
Scotland	Kerri Tunstall	GAH	Sandra Wylie
		East Fields	Marie McConway
		Colston Road	Lesley Orr

14.2 Brainkind Adult Protection Lead

Helen Giblin
Head of Nursing
Contact Details 07884865382



15 Appendix 6

