ADULT SUPPORT & PROTECTION
Ensuring rights and preventing harm
INFORMATION BOOKLET

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1.0 INTRODUCTION

This booklet provides basic but essential information on Adult Support and Protection and relevant legislation. It also tells what is expected from you if you suspect that harm has taken place, is taking place or that an adult may be at risk of harm, or if you witness any incidence of harm, or if a disclosure is made to you, you must report it.

Consistent, ongoing learning and development opportunities for those involved in providing services to the public are essential in order to ensure that staff work effectively with colleagues and other agencies in adult support and protection.

The Adult Support and Protection (Scotland) Act 2007 introduced new duties and powers to safeguard adults who may be at risk of harm. It places a duty on specified organisations to co-operate in investigating suspected or actual harm and introduces a range of protection orders.

The information contained in this booklet will help you:

- Define and identify who may be an adult at risk
- Identify types of harm
- Carry out your duty to report any concerns about actual or suspected harm
- Identify the procedures, guidelines and individual in your organisation that would support you in reporting concerns
- Demonstrate an understanding of the principles within adult support and protection legislation

2.0 SECTION A – ADULT SUPPORT & PROTECTION (SCOTLAND) ACT 2007

Who is an Adult at Risk?

Adults at risk are – adults aged 16 years and over who are:-

- Unable to safeguard their own well-being, property, rights or other interests
- At risk of harm
- Because they are affected by disability, mental disorder, illness or physical or mental infirmity, more vulnerable to being harmed than adults who are not so affected.

ALL THREE POINTS MUST BE MET TO CONSIDER USING THE LEGAL PROVISIONS OF THE ACT

NB: It is the responsibility of the Council Officer to lead in the decision making with relevant professionals, following a Duty to Inquire, whether the adult is an adult at risk.
Adult Support and Protection (Scotland) Act 2007

The purpose of the Adult Support and Protection (Scotland) Act 2007 is to provide ways in which support and protection can be offered to people with disability and illness, where the disability and illness affect the person's ability to protect themselves from harm.

It sets out new legal terms, duties and powers. These include:

- Definitions of adult at risk and harm as legal terms
- A duty for Councils* to inquire and investigate adult protection concerns
- A duty for Public Bodies to co-operate with each other to investigate concerns
- A duty for services to consider support services such as independent advocacy
- Protection Orders
- Requirement for each Local Authority area to establish an Adult Protection Committee

* The term Councils relates to Local Authority organisations such as City of Edinburgh Council, Midlothian Council, East Lothian Council, West Lothian Council or Scottish Borders Council.

General Principles of the Adult Support and Protection (Scotland) Act

A public body or office holder must be satisfied that an intervention in an adult's affairs:

- Will provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs; and
- Is, of the range of options likely to fulfil the object of the intervention, the least restrictive to the adult's freedom

These principles apply to any public body or office holder authorising any intervention or carrying out a function in relation to an adult. For example, they apply to any social worker, care provider or health professional intervening or performing a function under the Act.

Guiding Principles of the Adult Support and Protection (Scotland) Act

In addition, public bodies or office holders in performing any functions under Part 1 of the Act must have regard to:

- The adult's ascertainable wishes and feelings (past and present)
- Any views of the adult's nearest relatives, primary carers, guardian or attorneys and any other person who has an interest in the adult's wellbeing or property
• The importance of the adult participating as fully as possible in the performance of the function, and providing the adult with such information and support as is necessary to enable the adult to participate

• The importance of the adult not being, without justification, treated less favourably than the way in which a person who is not an adult at risk of harm would be treated in a comparable situation

• The adult’s abilities, background and characteristics

**Definition of Harm**

Harm includes all harmful conduct and, in particular includes:

• Conduct which causes physical harm

• Conduct which causes psychological harm (e.g. by causing fear, alarm or distress)

• Unlawful conduct which appropriates or adversely affects property, rights or interest (e.g. theft, fraud, embezzlement or extortion)

• Conduct which causes self-harm

An adult is at risk of harm if:

• Another person’s conduct is causing, or is likely to cause, the adult to be harmed; or

• The adult is engaging, or is likely to engage, in conduct which causes, or is likely to cause, self-harm

**Types of Harm**  
*(For further information on indicators of harm please refer to page 16)*

We will now look at the different forms harm can take.

• **Physical** harm can include hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions

• **Sexual** harm can include rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent or was pressured into consenting

• **Psychological** harm can include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks
• **Financial or Material** harm can include theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits

• **Neglect and Acts of Omission** can include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition or heating

• **Discriminatory** harm includes actions (or omissions) and / or remarks of a prejudicial nature focusing on a person’s age, gender, disability, race, colour, sexual or religious orientation

• **Information** harm is for example, failure to adhere to the relevant ‘Data Protection Act’ guidance, failure to provide adequate and appropriate information about Complaints / Customer Services procedures etc.

• **Human Rights** harm can include denial of an understanding of Criminal Justice processes (Article 5) or a fair hearing (Article 6)

• **Institutional harm** is when an institution or organisation is run for the ease and benefit of the institution and its staff, not for the benefit of the clients or patients

• **Self Harm** is when an individual engages, knowingly or unknowingly, in any behaviour or activity that, directly or indirectly, can cause harm/serious harm to their physical, psychological or social well-being. Self-harm is a broad term and is seen as a way of expressing very deep distress. People may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose or swallowing or putting other things inside themselves. Less obvious forms are staying in an abusive relationship, developing an eating problem (anorexia or bulimia), being addicted to alcohol or drugs, or simply not looking after their own emotional or physical needs.

• Although there is no definition for Serious Harm, this needs to be assessed on an individual case by case basis

**Duty to Inquire**

Under the Act, Councils have a **duty** to make inquiries about a person’s wellbeing, property or financial affairs if they know or believe that the person is an adult at risk and that they might need to intervene to take protective action.

As part of the duty to inquire, it is good practice to consult a health professional to establish whether the adult has a learning disability and what are the implications of that for any criminal investigation and / or prosecution.
This would include considering other statutory provisions e.g. Vulnerable Witnesses (Scotland) Act 2004. It would also include considering use of the Appropriate Adult Scheme.

Councils also have a duty to consider the provision of appropriate support services to the adult, including, in particular, independent advocacy. Click on the following link to learn more about Scottish Independent Advocacy Alliance [http://www.siaa.org.uk/](http://www.siaa.org.uk/)

**Duties of Co-operation**

The Act sets out Duties of Co-operation for certain public bodies and their office-holders: Councils; NHS Boards; the Police; the Care Commission; the Mental Welfare Commission; and the (Office of) Public Guardian.

**Members and staff of all of these bodies have a duty to:**
- Report the facts and circumstances to the local council when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm
- Co-operate with the Council and each other to enable or assist the Council in making inquiries

**Protection Orders**

The Act introduces 3 different types of Protection Orders – these can be considered when it is assessed that the adult at risk is at risk of serious harm and is under undue pressure or there are no informal measures that can be taken with the adult’s consent to protect them from harm.

- An Assessment Order allows for an adult at risk of serious harm to be taken to a more suitable place in order to conduct an interview and/or a medical examination in private
- A Removal Order permits an adult who is likely to be seriously harmed if not moved to another place to be moved to a suitable place for up to 7 days (A warrant for entry must also be granted when either of these orders is made)
- A Banning Order, or Temporary Banning Order, bans the subject of the order from being in a specified place, or be subject to specified conditions, for up to 6 months. Serious harm must be evidenced.

**Protection Orders and Undue Pressure**

An adult at risk may be considered to have been unduly pressurised to refuse to consent if it appears that:

- The level of harm is considered to be serious for the adult at risk
- The harm which the Protection Order is intended to prevent is being, or is likely to be, inflicted by a person in whom the adult at risk has confidence and trust
- The adult at risk would consent if they did not have confidence and trust in that person
- Or that the adult at risk is being unduly pressurised in another way e.g. being intimidated or bullied

3.0 SECTION B - ADULT SUPPORT AND PROTECTION GUIDELINES

The Lothian and Borders Interagency Guidelines, written in May 2003, were reviewed in line with the new Adult Support and Protection (Scotland) Act 2007 in 2009. These new Adult Support and Protection Multi-agency Guidelines were launched in late 2009.

You should use these Multi-agency Guidelines, in conjunction with the Adult Protection Procedures for the area where you work.

These Multi-agency Guidelines and the Adult Protection Procedures for the area where you work describe the process you must follow and who should be contacted.

**Where can you find these documents in your workplace?**

Your line manager / supervisor should have a copy.
You may also be able to find a copy on your organisation’s intranet / internet

![Adult Support and Protection Multi agency Guidelines](image)

**If Needed, Contact Emergency Services**

Emergency services may be required if the adult at risk appears to be in immediate physical danger or there is evidence of sexual and / or physical harm.

Please remember:

- You should never put yourself at risk

SUPPORTING SAFER COMMUNITIES
• Always record any action taken

**Consultation with your Line Manager**

If you witness, suspect or receive information regarding an adult at risk of harm then you must:

• Discuss suspected or actual risk, harm or abuse with your supervisor / line manager **without delay**
• If your manager is not available, discuss with a suitable alternative manager
• Describe fully the circumstances of the situation
• Identify actions to be taken
• Ensure a written record is made: date and time of discussion, with whom, actions planned and decisions taken

**The 6 situations where further action must be taken**

• Where there is an imminent threat to the adult
• Where there is an issue of public safety
• The alleged perpetrator is a service provider
• When the person’s level of capacity is in question
• Where it is believed that the adult at risk has been unduly pressurised
• Where it appears that a crime may have been committed

**What Might Happen Next?**

After reporting your concerns to your line manager there may be an Interagency Referral Discussion or Adult Support and Protection Case Conference.

The aim of the interagency referral discussion (IRD) between Social Work, Police and Health is to share information. Those involved will assess available information and risks, consider whether a crime may have been committed and identify the roles and responsibilities of each agency in relation to the Adult Protection concern.

The adult support and protection case conference is a multi-agency meeting to share information and to consider the risks to the adult at risk. The purpose is to identify actions that need to be taken to support and protect the adult at risk. This is called an Adult Support and Protection Plan. The adult at risk and their representative, carer or relative usually will be invited to this meeting.

Staff support: Staff who have raised a concern or are asked to attend an Adult Support and Protection Case Conference may request support from their line manager.
Whistle-blowing

The Public Interest Disclosure Act 1998 states that every service should have a whistle-blowing procedure.

What is whistle-blowing?

- The disclosure by an employee of information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace.
- Whistle-blowing procedures describe the steps you can take to raise a concern if you are worried that your concerns are not being investigated or taken seriously.
- This means that you can report a concern to your employer and know your employer should listen to you and treat you fairly.

4.0 SECTION C – LEGISLATION

General Guidance

A range of documents are available to assist:

- Codes of Practice or Conduct
- National Care Standards and Care Commission Report
- Complaints and Comments Procedures

Codes of Practice or Conduct

These are standards of conduct for workers and practitioners set by Professional Bodies to ensure no action or omission of action harms a service user. These set out the appropriate conduct and practice for social care or health care staff as they go about their work.

All social care staff must follow the Scottish Social Services Council (SSSC) Code of Practice www.sssc.uk.com

Allied Health Professionals must follow the Health Professionals Council (HPC) Code of Practice www.hpc-uk.org

Registered Nurses must follow the Nursing & Midwifery Council (NMC) Code of Conduct www.nmc-uk.org

Medical Professionals must follow the General Medical Council (GMC) Good Practice Guidance www.gmc-uk.org

National Care Standards and Care Inspectorate Report

National Care Standards have been created by the Scottish Government to make sure that a wide range of care services provide good quality care.

The Care Commission regularly inspects care services to make sure these standards are met. www.careinspectorate.com
**Complaints and Comments Procedure**

All organisations will have a complaints and comments procedure so that services can listen to service users and carers concerns about the quality of their service and take action where necessary.

Your line manager / supervisor should have a copy. You may also be able to find a copy on your organisation’s intranet / internet.

**Existing Legislation**

Most people with mental illness, physical or learning disabilities or other care needs manage to live their lives independently or with assistance. However, for some, this may affect their ability to protect themselves from harmful situations, such as neglect, abuse or exploitation.

Some people need help to keep themselves safe, therefore, legislation, guidelines and procedures have been written to help staff know what to do if they are worried about someone’s safety or well being.

Legislation is the term used to describe laws which define what we must do. Some laws govern how we should behave when we work with people, setting out principles to follow when applying the legislation. Laws tell us what standards service users or members of the public should expect when receiving a service e.g. Human Rights Act 1998. There are also laws which help us to provide ways of offering protection to those that need support e.g. The Adults with Incapacity (Scotland) Act 2000, Mental Health, Care and Treatment (Scotland) Act 2003, The Adult Support and Protection (Scotland) Act 2007.

Good practice guidelines help us apply legislation correctly. These may be written by a variety of specialist organisations and services such as The Mental Welfare Commission, Nursing and Midwifery Council. Guidance can be related to specific topics e.g. consent to treatment.

A procedure is a course of action set out by your organisation to ensure that we work to the required standard and meet our legal obligations. For example, Local Authorities have Adult Protection Procedures for this purpose.

**Legislation – Working with People**

The next section will look at legislation that governs how we should work with people who may need support and protection.

The Adults with Incapacity (Scotland) Act 2000 describes ways in which help can be given to people who are not able to independently manage their own affairs.

The Mental Health, Care and Treatment (Scotland) Act 2003 sets out legal arrangements where necessary for the detention, care and treatment for persons with a mental disorder.
The Adult Support and Protection (Scotland) Act 2007 sets out the duties and powers of statutory agencies to investigate and plan measures of support and protection for people where their disability or illness affects their ability to safeguard their interests or wellbeing.

Human Rights Act 1998

Each of us is entitled to have our basic human rights respected, but equally, we must respect the rights of others. Human rights may be described as the most basic and fundamental values on which European society has been built. These include the right to:

- Life
- Freely express your views
- Respect for your private and family life
- Liberty and security of person
- Be free from harm and from the threat of harm

It is unlawful for Public Authorities to act in a way which is incompatible with the Convention of Rights

Regulation of Care (Scotland) Act 2001

The Regulation of Care (Scotland) Act 2001 established a system of care regulation in Scotland. The Act’s purpose is to provide greater protection for people in need of care services. The Care Commission regulates care services in Scotland and works to improve the quality of these care services.

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 is a list of regulations care services must follow.

The core principle of the Regulations is stated as:

“A provider of care shall provide the service in a manner which promotes and respects the independence of service users and, so far as is practicable to do so, affords choice in the way in which the service is provided to them”

An example of a Regulation

Regulation 4 - Welfare of Users

Providers shall:
(a) Make proper provision for health and welfare of service users
(b) Provide services in manner which respects privacy and dignity of service users
Forced Marriage (Protection and Jurisdiction) (Scotland) Act 2011

Part One makes provision for forced marriage protection orders to protect people from being forced to enter into marriage without their free and full consent and for protecting those who have been forced to enter into marriage without such consent (and makes provision for connected purposes, such as the issuing of guidance on matters connected with forced marriage.

Part Two sets out the jurisdiction of the sheriff courts in relation to declarators of nullity of marriage.

Part Three makes provision in relation to ancillary orders, subordinate legislation, Crown application and commencement.

Domestic Abuse (Scotland) Act 2011

The Act introduces two main changes to the remedies which are currently available (under existing legislation) to people in that situation:

- The Act removes the requirement for a person, who is the victim of the harassment, to show that there has been a ‘course of conduct’ before a Non Harassment Order will be granted. Now, under the Act, evidence of only one such incident of harassment will be needed for such an order to be granted.
- The Act now makes it a criminal offence for a person to breach a Domestic Abuse Interdict or Interim Interdict which has a Power of Arrest attached to it.

Prohibition of Female Genital Mutilation (Scotland) Act 2005

This legislation makes it an offence for a person to carry out specified female genital mutilation procedures on another person or to aid or abet another person to carry out such procedures. This includes making it an offence to send a girl abroad for the purpose of female genital mutilation. Female genital mutilation (FGM) has been unlawful in Scotland since 1985 by virtue of the Prohibition of Female Circumcision Act 1985. The 2005 Act re-enacts the existing offences and extended protection by giving those offences extra-territorial effect thereby covering those being sent abroad to have FGM carried out. It also increased the penalty on conviction from indictment from five years to fourteen years imprisonment.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000, (AWI) allows action to be taken to intervene with regard to the property, finances and welfare of adults where the adult does not have the ability to make a decision in a particular aspect of their life. The ability to make clear decisions about property, finances and welfare is referred to as capacity.
When someone is not able to make a decision this may be because of an illness, disability or severe communication difficulty. This is referred to in the Adults with Incapacity (Scotland) Act 2000 as **incapacity**.

Incapacity is when person is incapable of:

- Acting on or,
- Making decisions on or,
- Communicating decisions or,
- Understanding decisions or,
- Retaining the memory of decisions or
- By reason of mental disorder or communication difficulty that cannot be rectified by human or mechanical means

**Adults with Incapacity (Scotland) Act 2000 – Making Decisions**

Factors that can affect decision-making can include:

- Mental health
- Disability
- Substance misuse
- Severe communication difficulties
- Lack of information about choices or risks, difficulty in understanding information
- Undue pressure or bullying from someone else

Decision-making is **situation-specific** - a person may not have the ability to make clear decisions in one area of their life but be capable of making decisions in other areas.

Concerns about someone’s capacity must be formally assessed by an appropriate health professional.

There is an assumption of capacity until a formal assessment proves otherwise – if a person makes what may be perceived as a poor choice, this does not automatically mean that person lacks the capacity to make that choice.

**Poor choices do not necessarily mean the person lacks capacity.**

**Principles of the Adults with Incapacity (Scotland) Act 2000**

The principles of the Adults with Incapacity (Scotland) Act 2000 are that any intervention in an adult’s affairs must:

- Benefit the adult
- Be the least restrictive measure possible
- Take into account the adult's past and present wishes
- Take into account the views of relevant others
- Encourage the adult to maintain their skills
The Mental Health, Care and Treatment (Scotland) Act 2003

Most people who have mental health care and treatment needs receive support on a voluntary basis. This Act provides measures to deal with situations where it is believed that mental health care and treatment cannot be provided on a voluntary basis. This may be because the person’s mental disorder is severe and that the person is too ill to make a decision about treatment or they are very ill and refuse to accept the appropriate care or treatment for their condition.

This Act sets out legal arrangements where necessary for the detention, care and treatment for persons with a mental disorder. This may be because the person’s mental disorder or illness is severe enough to affect their ability to keep safe and that they may be a risk to themselves or someone else.

Mental Disorder can be defined as any mental illness, personality disorder and/or learning disability however caused or manifested. This can include:

- Acquired Brain Injury / Acquired Brain Damage
- Dementia
- Anxiety Disorders

Protection of Vulnerable Groups (Scotland) Act 2007

The Protection of Vulnerable Groups Scheme is set to go live February, 2011. The PVG Scheme is Scotland’s response to the principal recommendation of the Bichard Inquiry Report which was undertaken following the tragic murders in Soham in 2002. This recommendation called for a system for all those who work with children and adults who may be at risk of harm in the UK that would confirm that there is no known reason why an individual should not work with these client groups. The Scottish Government is committed to helping local communities flourish and become stronger, safer places to live. It has built upon what has been learned from current disclosure and disqualification services in Scotland to develop an efficient membership scheme that will strengthen protection for vulnerable groups and reduce bureaucracy.

5.0 HATE CRIME/DISABILITY HATE CRIME

Legislation to better protect disabled people and those from lesbian, gay, bisexual and transgendered communities came in to force March, 2010. The Offences (Aggravation by Prejudice) (Scotland) Act 2009 will extend hate crimes to cover disabled people as well as those in Lesbian, Gay, Bi-sexual and Transgender (LGBT) communities.

The Act creates aggravations, similar to those which exist for race and religion hate crime, for crimes motivated by prejudice relating to disability, sexual orientation and transgender status. It means that courts, when sentencing crimes motivated by malice or ill-will based on a victim’s actual or presumed sexual orientation, transgender identity or disability, must take into account the motivation for the offence. This may then result in an alternative or a more severe sentence.
6.0 SUPPORTING PEOPLE TO WORK WITH THE POLICE – THE APPROPRIATE ADULT SCHEME

If a person who has, or is suspected to have a mental disorder is to be interviewed by the police, whether as a victim, witness, suspect or accused, then the assistance of an Appropriate Adult should be sought.

The Local Authority work with the police to provide an Appropriate Adult Scheme to ensure that no person with a mental disorder is disadvantaged within the criminal justice system. The scheme provides skilled people known as Appropriate Adults to help the person being interviewed to fully understand police procedure and their questions.

An Appropriate Adult should:
- Be contacted by police when needed
- Be independent of police and interviewee
- Be trained in their role
- Have an understanding of and/or experience of mental disorders
- Facilitate communication
- Not advise whether to answer questions, object to questions, offer support after interview
- Be present throughout custody procedures, interviews, medical examinations and any other investigation procedure

7.0 VOLUNTARY & INDEPENDANT SECTOR

The Council would expect Service Providers, Voluntary and Independent agencies and their Staff:

- To have in place Adult Support and Protection procedures that direct staff to the Multi Agency Adult Support and Protection Guidelines used across the Edinburgh, Lothian’s and Borders areas.
- Report any allegations, suspicions or actual harm.
- Report directly to the local authority if you have reason to believe your line manager and/or organisation is colluding in harm; or follow your employer’s whistle blowing procedures.
- Call emergency services if there is imminent or immediate danger.
- Attend to the needs of the adult, who may also be an adult at risk if they are the alleged perpetrator in order to reduce the risk.
- Record details of the allegation in the service’s recording system and service users file as soon as possible unless to do so would put you or the adult at risk of harm at further risk.
- Use the services disciplinary procedures and discuss your action with the local authority and care commission if the alleged perpetrator is a member of staff.

Care Management will:

- Carry out a Duty to Inquire.
- Conduct an IRD (Interagency Referral Discussion) and assess if the individual is an adult at risk as per definition.
- Follow Adult Support and Protection procedures.
8.0 SUMMARY

The key messages in this booklet can be summarised as:

- The Adult Support and Protection (Scotland) Act 2007 enshrines good practice within Statute and describes principles for any intervention
- We all have a duty to report concerns and to work together
- The Council has a duty to inquire into concerns
- The main goal is to work with the adult at risk to prevent harm occurring or continuing

9.0 POSSIBLE INDICATORS OF HARM

Possible indicators of: Neglect and acts of omission

- Unkempt appearance
- Inappropriate or inadequate clothing (e.g. adult is kept in nightclothes during the day)
- Medication is withheld and/or not given as prescribed
- Failure to seek medical attention or appropriate medical care
- Lack of food
- Malnourishment
- Dehydration
- Unexplained weight loss
- Poor personal hygiene
- Poor physical condition
- Urine sores or pressure sores
- Carers reluctant to accept contact/support from services
- Sensory deprivation (e.g. adult has no access to hearing aids, glasses etc)
- The adult is denied / doesn’t have access to necessary aids e.g. mobility aids
- Hazardous or unsafe living conditions (e.g. inadequate heating or lighting)
- Unsanitary or unclean living conditions (e.g. dirty bedding)

Possible indicators of: Financial harm / exploitation

- Unpaid bills
- Unexplained inability to pay for household shopping or bills
- Disparity between the adult’s assets and living conditions
• The adult has insufficient food / essential items
• Sudden changes in the adult’s bank account or banking practice
• Unauthorised withdrawal of the adult’s funds
• Unexplained disappearance of funds or valuable possessions
• Signature on cheques that do not resemble the adult’s
• The inclusion of additional names on the adult’s bank account
• Abrupt changes to or sudden establishment of wills
• The sudden appearance of previously uninvolved relatives claiming their rights to an adult’s affairs or possessions
• The unexplained sudden transfer of assets from the adult to another person
• Visitors whose only visits and interest in the adult always coincide with the day that the adult cashes his/her benefits
• Unusual and extraordinary interest, knowledge and involvement in the adult’s assets
• Missing items from the adult’s home

Possible indicators of: Psychological harm
• An allegation of harm made by an adult at risk
• Denial that anything is amiss or wrong
• Changes in the adults mental state (e.g. confusion, anxiety, paranoia)
• Changes in the adults behaviour (e.g. agitated, aggressive, withdrawn, fearful, challenging behaviour, anger and verbal or physical outbursts)
• Feelings of worthlessness / hopelessness
• Low mood / depression
• Insomnia or excessive sleep
• Changes in appetite
• Unusual bouts of crying / tearfulness
• Resignation (the adult accepts that being ill-treated is to be expected and is part of his/her life)
• Low self esteem
• Poor confidence
• Difficulty making decisions
• Silence or restricted communication when the perpetrator is present
• Subdued personality when the perpetrator is present
• Lack of interest / concern / consideration for the needs of the adult
• Denial of choices
• The adult is not allowed to express his/her views or opinions
• The adult is denied privacy
• Denial of access to the adult
Possible indicators of: Physical harm

- An allegation of harm made by an adult at risk
- Denial that anything is amiss or wrong
- Changes in behaviour e.g. fearful, anxious, withdrawn, seeking attention and/or protection from others, anger and verbal or physical outbursts
- The adult’s liberty or freedom of movement is denied or restricted (e.g. being locked in a room, being tied up, inappropriate restraint)
- Unexplained, unusual or suspicious injuries (e.g. multiple bruising and/or fractures, not consistent with a fall)
- Unusual or unexplained behaviour of carers (e.g. delay in seeking advice & dubious or inconsistent explanations for injuries)
- A delay between an injury and seeking medical care
- Difficulty in interviewing the adult (e.g. another adult unreasonably insists on being present)
- Difficulty moving (because of hidden or undisclosed physical injury)
- Over-medication / Under-medication (e.g. apathy, slurring of speech, excessive sleep, lack of sleep, continual pain/distress)

Possible indicators of: Physical harm (cont)

- Medication is not given as prescribed or is being given against the adult’s will or without the adult knowing e.g. being hidden in food***

***unless there is legislation in place for this to happen: Adults with Incapacity (Scotland) Act 2007 or Mental Health (Care & Treatment) (Scotland) Act 2005

Possible indicators of: Sexual harm

- An allegation of harm made by an adult at risk
- Denial that anything is amiss or wrong
- Unexplained difficulty walking / sitting
- Stained undergarments/bed linen
- Changes in behaviour / mental state (e.g. fearful, anxious, withdrawn, seeking attention and/or protection from others, sleep disturbance, nightmares, poor eye contact, anger and verbal or physical outbursts)
- Bruising/injury to genital/rectal area or inner thighs etc
- Infections (e.g. urinary tract infections, sexually transmitted infections)
- Complaints of pain/discomfort from genital/rectal areas
- Fearful of or retreating from any form of physical touch or contact
- Sexualised behaviour / language
- Inappropriate attachments (e.g. if adult is being ‘groomed’ he/she may want to spend time with perpetrator)
- Attempts to avoid contact with perpetrator
- Perpetrator engineering time alone with the adult
- Enforced pregnancy / withdrawal of contraception
- Signs of ‘Grooming’
Possible indicators of: What is ‘grooming’?

- Grooming is when a perpetrator tries to ‘set up’ and ‘prepare’ another person to be the victim of harm, often sexual abuse.
- Grooming can be used by those known to the adult or by strangers.
- A grooming process can last for months or even years.
- It can be very subtle – those who are being groomed often do not realise that they are being manipulated, nor do their relatives or carers.
- A perpetrator of sexual abuse may use many techniques to ‘groom’ and prepare an adult for abuse, such as:
  - Giving an inappropriate level of attention to the adult
  - Telling the adult that he/she is ‘special’
  - Giving the adult ‘special’ treatment, favours and privileges
  - Offering, promising and/or giving gifts
  - Offering to help family/carers to gain access to the adult
  - Manipulating the adult through threats or coercion
  - Openly or ‘accidentally’ exposing the adult to nudity / sexual material
  - Sexualising physical contact
  - Having inappropriate boundaries (e.g. sharing ‘problems’)

Possible indicators of: Discriminatory harm

- Offensive remarks/slurs/harassment/ based on the adult’s age, gender, disability, race, colour, cultural background sexual or religious orientation
- Changes to the adults mental state and behaviour (e.g. fearful, anxious, withdrawn, angry, frustrated)
- Loss of self-esteem
- Bullying
- Degradation
- Providing unacceptable food/diet
- Failure to provide for cultural needs
- Lack of sensitivity, care or interest to cultural diversity
- Isolation (e.g. due to barriers to communication)
- Verbal abuse
- ‘Hate crime’
- Lack of opportunities and equity
- Not allowing for individual choice or difference
- Social isolation and exclusion
- The adult is refused access to services or is excluded appropriately

10.0 RESOURCES

For further information on Adult Support and Protection visit:

www.scotland.gov.uk - on the Scottish Government home page, type Adult Protection in the search bar and you will be directed to the appropriate webpage.
Related legislation and other information sources

- Social Work (Scotland) Act 1968
- NHS and Community Care Act 1990
- Public Disclosure Act 1998
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Regulation of Care (Scotland) Act 2001
- Forced Marriage (Protection and Jurisdiction) (Scotland) Act 2011
- Domestic Abuse (Scotland) Act 2011
- Prohibition of Female Genital Mutilation (Scotland) Act 2005
- Protection from Abuse (Scotland) Act 2001
- Care Standards by the Scottish Commission for the Regulation of Care 2002
- The Mental Health (Care & Treatment) (Scotland) Act 2003
- The Vulnerable Witness (Scotland) Act 2004
- Adult Support and Protection (Scotland) Act 2007
- The Protection of Vulnerable Groups (Scotland) Act 2007
- The Office Of The Public Guardian website: www.publicguardian.gov.uk
- The Mental Welfare Commission website: www.mwcscot.org.uk
- The Care Inspectorate website: www.careinspectorate.com
11.0 CONTACTS

Emergency: 999

NHS 24: 08454 242 424

Lothian and Borders Police: 0131 311 3131

Local Police Public Protection Unit, Dalkeith (Midlothian & East Lothian): 0131 654 5528

Midlothian Social Work Services: 0131 271 3900

East Lothian Social Work Services: 01875 824309

Edinburgh Social Work Services – Social Care Direct: 0131 200 2324

West Lothian Social Work Services: 01506 775 000 out of hours 01506 777 401/2

Emergency Social Work (Edinburgh, East Lothian and Midlothian): out of hours and weekends 0800 731 6969

Scottish Borders Council Social Work Services: Contact 0300 100 1800, or 01896 752 111 when local office is closed

Denice Lilley, Lead Officer Adult Protection East & Midlothian: 0131 653 5158
Email: dilley@eastlothian.gcsx.gov.uk

Helen Skinner, Adult Protection Training Officer East & Midlothian: 0131 653 5154
Email: hskinner@eastlothian.gcsx.gov.uk

Bernadette Stein, Public Protection Administrative Assistant: 0131 653 5152
Email: bstein@eastlothian.gcsx.gov.uk

East & Midlothian Public Protection Office, Brunton Hall, Musselburgh:
Tel: 0131 653 5150
Email: emppo@eastlothian.gov.uk

Scottish Government website
http://www.scotland.gov.uk/Topics/Health/care/VAUnit/ProtectingVA