



SHA Adult Protection Policy

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1.0 INTRODUCTION

- 1.1 The protection of adults at risk of harm is not an option but a responsibility across agencies. The expectation for all “at risk” adults in our communities is that they are empowered, through support from all the public services including social work services, police, health, housing and care organisations to be free from any preventable harm or exploitation. They are enabled to make their own choices about their lives and to live as independently as their personal circumstances permit.
- 1.2 Southside Housing Association supports and protects anyone who receives our services. We are committed to the protection of adults at risk of harm, and the safeguarding and promoting of the interests and well-being of such adults is of paramount concern.
- 1.3 Southside Housing Association strives to ensure to the best of its ability that service users will not encounter harm of any form while in its care, and that, if abuse is detected, the situation will be reported immediately to allow investigation by the appropriate statutory agencies.
- 1.4 Southside Housing Association undertakes to ensure it will protect adults it works with from exploitative relationships. In such circumstances where it is found that an adult is at risk then we undertake to liaise with Glasgow City Health and Social Care Partnership Social Work Services to ensure that the adult continues to receive a service as agreed as appropriate.
- 1.5 Southside Housing Association will ensure that staff will be alert to the possibility that they may become aware of adults requiring support and protection who are not service users e.g. relatives, friends, visitors etc. In all cases staff will report their concerns using the Southside Housing Association reporting procedure.
- 1.6 Southside Housing Association recognises that the protection of adults at risk of harm is placed above all other operating principles and supersedes the principle of confidentiality in relation to disclosures to the relevant authorities.
- 1.7 This policy has been developed making reference to the following:
 - Health and Social Care Standards;
 - Scottish Social Services Council Code of Practice for Employers and Employees;
 - Glasgow Adult Support and Protection Committee Guidance, and;
 - Southside Housing Association’s other related policies including Complaints Handling Procedure, Privacy Policy, Employment Conditions of Service and Health & Safety Control Manual.

2.0 PURPOSE OF POLICY

- 2.1 This policy and procedure is mandatory for all Southside Housing Association staff and volunteers. The purpose of this policy is to ensure that all Southside Housing Association staff and volunteers are fully aware of what they should do if they are faced with a concern for a Vulnerable adult. It also sets out the process that vulnerable adults and their families should expect from the Association when staff have a concern about them.

3.0 PRINCIPLES

- 3.1 Southside Housing Association staff at all levels and volunteers should use the principles of policy as a guide in all their contact with vulnerable adults and their families/carers.
- 3.2 Staff should understand their role and responsibilities in keeping vulnerable adults safe.
- 3.3 Staff should ensure that vulnerable adults and their families can express their views, especially when a concern is raised.
- 3.4 All staff should have appropriate training to identify vulnerability and indicators of abuse or neglect. Staff should be able to identify early signs support needs or evidence that safeguarding measures needs to be put in place.
- 3.5 All staff should be able raise concerns about a vulnerable adult's safety or wellbeing with their line manager/Named Person at the Association without delay.
- 3.6 All staff should be able to understand what, how and when to report information to keep vulnerable adults safe while maintaining confidentiality when possible. However, when there is reasonable cause to believe that that there is high risk of harm, the Association will share relevant information with key agencies.
- 3.7 All staff should work together with the vulnerable adult and seek their consent and cooperation when raising a concern. This may not be possible when securing someone safety needs to be prioritised.
- 3.8 Staff should be able to work in partnership with other agencies such as social work, NHS and the Police Scotland to ensure the safety of vulnerable adults.
- 3.9 All staff should have appropriate support and supervision (when working frontline with vulnerable adults) to discuss any concerns in relation to safety and wellbeing.
- 3.10 The Association will maintain records of all relevant concerns in relation to safeguarding and wellbeing.

3.11 Southside Housing Association requires checks of all relevant staff and volunteers through Protecting Vulnerable Groups Scheme or Disclosure Scotland Scheme as per the Recruitment Policy, to ensure that children and young people who live or visit our properties are protected.

4.0 CRITERIA – WHO NEEDS PROTECTION?

4.1 The Adult Support and Protection (Scotland) Act 2007 refers throughout to an 'adult'. In terms of Section 53 of the Act, 'adult' means a person aged 16 or over.

4.2 An 'adult at risk' as someone who meets **all** of the following three criteria (commonly known as the three-point test):

- that they are unable to safeguard their own well-being, property, rights or other interests;
- that they are at risk of harm; and
- that because they are affected by disability, mental disorder, illness or physical or mental infirmity they are more vulnerable to being harmed than adults who are not so affected.

4.3 The definition of an adult at risk includes people aged 16 and over with disabilities and or mental disorders, illness, or physical or mental infirmity and who are at risk of harm from themselves or others. Adult Protection practitioners should pay particular attention to the needs and risks experienced by young people in transition from youth to adulthood, who are more vulnerable to harm than others. As other legislation and provisions exist which include persons up to 18 (and sometimes up to age 26 or even beyond), support under these other provisions may be more appropriate for some young persons. The responsibilities of the council and other agencies for persons aged 16-18 will extend beyond adult protection legislation.

4.4 Young people may already be receiving services from a range of children's services, or as looked after children. This is not to say that they will or will not become adults at risk in terms of the Act simply because they have reached a particular age. Each case will need to be considered individually. Staff should refer to the Association's Child Protection Policy to consider if it applies.

4.5 In Scotland, there are four Acts of the Scottish Parliament which relate specifically to adult protection. These are:

- **Adult Support and Protection (Scotland) Act, 2007 (ASP)**. This offers greater protection to adults at risk of harm or neglect. The Act defines adults at risk as those aged 16 years and over who are unable to safeguard their own well-being, property, rights or other interests. Everybody has the right to be safe and well looked after. The Act is there to protect adults vulnerable to harm and /or abuse.

<http://www.legislation.gov.uk/asp/2007/10/contents>

- 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. 2007 Act allows local authorities to make enquiries where they would otherwise have no power to do so. Following this initial enquiry, the local authority may choose to use proceed under the Act or using another Act or non-legislative route, such as developing a care plan.
- A Code of Practice for local authorities and practitioners provides information on the 2007 Act's guiding principles and its measures, including guidance on when and where it would normally be appropriate to use the powers it provides. For more information on the Act and what it does, visit the Act Against Harm website which provides details of who to contact when you believe that someone is at risk of harm. The website contains other useful information.

<http://www.actagainstharm.org>

- **Mental Health (Care & 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.
- **Mental Health (Scotland) Act 2015.** Changes to the Mental Health Act come into force on 30.06.2017. These were made by the Mental Health (Scotland) Act 2015 and associated regulations.
- **Adults with Incapacity (Scotland) Act, 2000.** This Act imposes duties on, and assigns functions to, 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.

4.6 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 in order 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.
- 4.7 It is, however, **everyone's** responsibility to report concerns regarding any adult who is, or who appears to be, at risk of harm to Social Work Services. If you are concerned that a vulnerable adult is at risk of exposure to criminal activity such as fraud then Police must be notified as well as Social Work. However, in order to avoid confusion and to have clear lines of accountability, Southside Housing Association staff should report concerns directly to their line manager/named person in the first instance.
- 4.8 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), and;
 - Conduct which causes self-harm.

5.0 CAPACITY AND CONSENT

- 5.1 It is important to be alert to the cognitive capacity which can increase the vulnerability of people where they have a reduced ability to make informed decisions in the moment. This may be transient (e.g. due to fear, shock, injury or illness or more long term (e.g. due to learning differences, disability, mental health issues).
- 5.2 Whilst this is a complex issue, it should not get in the way of staff and volunteers genuinely seeking to ensure that all individuals are respectfully consulted in relation to participation in activities and/or sharing information about them.
- 5.3 A young person aged 16 or older is presumed by law to have capacity to consent, unless there is evidence to the contrary. Capacity to consent is not simply based on age, however, particularly where learning and communication difficulties and disabilities are identified. You should also consider the person's capacity to understand the consequences of giving or withholding their consent. They should not be treated as unable to make a decision until all practicable steps to help them to do so have been taken.
- 5.4 When assessing a person's understanding you should seek to explain the issues using their preferred mode of communication and language.

5.5 The following criteria should be considered when assessing whether a person has sufficient understanding at any time to consent, or to refuse consent, to sharing information about them or participating in specific activities:

- Can the person understand the question being asked of them?;
- Are they taking an active part in the discussion?;
- Can they rephrase the question in their own words?;
- How would they explain it to someone else?;
- Do they have a reasonable understanding on what the risks or benefits of giving their consent or saying no?;
- What do they say they think would happen if they agree to the action being suggested?, and;
- Can they appreciate and consider the alternatives, weighing up one aspect against another and express a clear and consistent personal view?

6.0 TYPES OF ABUSE

6.1 **Physical 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, and;
- Inappropriate restraint.

6.2 **Emotional/Psychological 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, and;
- Denigration of culture or religion

6.3 **Financial or Material Abuse-** involving the exploitation of resources and property belonging to the adult at risk. For example:

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

- 6.4 **Sexual 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, and;
 - Inappropriate touching or verbal or physical sexual harassment.
- 6.5 Neglect and acts of omission 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 or educational services, and;
 - Withholding of the necessities of life such as nutrition, appropriate heating, etc.
- 6.6 **Exploitation-** the deliberate targeting of vulnerable adults for personal benefit.
- 6.7 **Discriminatory Abuse-** for example, treating one service user less favourably than another.
- 6.8 **Information Abuse-** deliberately giving erroneous information or withholding information.
- 6.9 **Human Rights Abuse-** for example deprivation of a right to family life or to a fair hearing.
- 6.10 **Multiple Forms of Abuse-** This 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.
- 6.11 **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 victimisation in a community or neighbourhood, local authority Adult Protection procedures may also apply in respect of effective multi-agency intervention.
- 6.12 **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.

6.13 **Cuckooing** - Practitioners should also be alert to reports which may indicate someone's home has been taken over by intimidation or other means for the purpose of criminal activities.

6.14 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.

7.0 INDICATORS OF RISK

7.1 When Southside Housing Association staff make judgements about the risks and needs of a vulnerable adult, there are a range of indicators that should trigger assessment of risk and, when appropriate, action. Not all indicators are common, nor should their presence lead to any immediate assumptions about the level of risk. Where identified, though, staff should act promptly.

7.2 Any report that an adult may be at risk of harm, including anonymous referrals, should be taken seriously. All cases should be considered with an open mind. In all instances, the information given must be reported immediately to your line manager/named person.

7.3 In the event that you become aware that an adult may be at risk of harm, or you are told directly by a service user that they are being/have been abused, you should be aware that the adult may be feeling vulnerable or upset when disclosing this information.

7.4 You should be supportive and reassure the adult by listening carefully, but do not ask unnecessary questions. It is not your role to investigate.

7.5 You should immediately take steps to ensure the safety of the vulnerable adult involved.

7.6 A list of possible indicators of abuse is attached as **Appendix 1**

8.0 REDUCTION OF RISK

8.1 Southside Housing Association will ensure that policies regarding the recruitment, selection and screening of staff reflect their commitment to ensuring that staff and volunteers are suitable, skilled and trained to meet their commitment to protect vulnerable adults. The Association is committed to ensuring services are directed to reducing the risk of abuse occurring and that staff receive appropriate support, supervision and training.

- 8.2 The Association will ensure that all staff and volunteers involved in recruitment, training and supervision, are aware of this policy and have received appropriate training and support to ensure its full implementation.
- 8.3 Staff will work closely with Social Work Services in assisting vulnerable adults who are assessed as being abused and/or where they are considered to be particularly at risk.
- 8.4 Tenants will be made aware of the Association’s Complaints Procedure.

9.0 CONFIDENTIALITY

- 9.1 There is a clear requirement across agencies to co-operate in relation to the protection of adults seen to be at risk of harm. Southside Housing Association will ensure appropriate mechanisms are in place for staff to report any concerns to Social Work Services and/or the Police, as may be appropriate in the circumstances. Southside Housing Association will also ensure that appropriate mechanisms are in place in relation to any ongoing involvement and assistance by us, in consultation with the relevant statutory agencies, towards effective risk management and continuing support to the service user.
- 9.2 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.
- 9.3 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 Act 1998. It is the responsibility of those employed or involved with Southside Housing Association to take appropriate action to ensure the adult deemed to be at risk is protected from harm.

10.0 DATA PROTECTION

- 10.1 Southside Housing Association tenants and service users have a right to request copies of the personal information the Association keeps about them under the United Kingdom General Data Protection Regulation (UKGDPR) and Data Protection Act 2018. All staff should be aware that any personal information they record and/or process in relation to an individual may be accessed by that individual under the rights of access provided by the UKGDPR and Data Protection Act 2018.

- 10.2 The issue of information sharing between services and in respect of children and young people is noted in the Adult Support and Protection (Scotland) Act 2007: Guidance for General Practice¹
- 10.3 The UKGDPR and Data Protection Act 2018 introduce new elements to existing data protection law and staff must have due regard to the relevant data protection principles which allow them to share information, and which place increased importance on the Association being transparent and accountable in how we process personal data.
- 10.4 UK Data Protection laws do not prevent or limit the sharing of information for the purposes of keeping vulnerable adults safe. As set out at Section 9.3 of this policy concerns about sharing information must not obstruct the need to protect the welfare or prevent harm or raising concerns with regard to welfare and harm.
- 10.5 Where there is an adult protection concern, relevant information should be shared with police or other agencies without delay provided it is necessary, proportionate and lawful to do so. The Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows information sharing legally without consent if unable to, or where someone cannot reasonably be expected to gain consent from the individual, or if gaining consent could place an individual at risk.

11.0 STAFF TRAINING AND DEVELOPMENT

- 11.1 As an allegation of abuse can come to the notice of any member of staff at any time, all staff members will receive training in Adult Protection Procedures, either as part of an initial induction, or as part of an ongoing training programme.
- 11.2 Employees / volunteers will be made aware of the existence of the Adult Protection Policy and Procedure, and their responsibilities in relation to the Adult Protection process through the provision of induction and training.
- 11.3 Staff can access the most up to date version of this policy on the Shared Drive – Policies and Procedures, or by request from your manager.
- 11.4 In addition staff can access Guidance for Adult Protections in Scotland via the Glasgow Adult Support and Protection Committee here:

<https://www.glasgowadultprotection.org.uk/index.aspx?articleid=11135>
- 11.5 These procedures outline how all organisations work together to identify, investigate and respond to child protection concerns.

¹ *Adult Support and Protection (Scotland): Guidance for General Practice* pg. 13 - 22 – Scottish Government, July 2022

- 11.6 The Staff Training and Development plan identifies how staff ongoing training needs around adult protection will be identified and met. Managers are responsible for ensuring that staff and volunteers are adequately trained and updated, especially where there are changes to guidance and legislation.
- 11.7 Staff development and training are necessary to support competence, confidence and supervisory understanding in child protection across all departments of the Association.
- 11.8 Staff directly involved in the identification, support and protection of adults at risk of harm are advised to be familiar with the National Trauma Training Programme.

<https://www.nes.scot.nhs.uk/our-work/trauma-national-trauma-training-programme>

Staff should seek further resources on trauma informed practice by accessing the trauma informed practice toolkit produced by Public Health Scotland

<https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/>

12.0 RECORDING INFORMATION

- 12.1 All reported suspicions or allegations of abuse will be recorded by staff following the Association's general Incident Reporting Procedure.
- 12.2 The incident report must be completed with full details of the incident or grounds for suspicion and must include time, date, location, who was involved and details of mood and behaviour. Staff must record all known details of the vulnerable adult and anyone else involved in the incident (age, date of birth, known disability or communication needs), Anything the vulnerable adult may have told you using, so far as possible, their own words should also be recorded. There must be a clear distinction made between factual information and subjective opinion. Staff must be aware that reports may form the basis for later legal action.

This information will form the basis of the referral and will also be required if there is an investigation. All information being shared with Social Work Services must be submitted on the **Multi Agency Referral Form (AP1) (Appendix 4)**

- 12.3 Recorded information may be viewed and accessed by the vulnerable adult, their family members and multi-agency professionals within the adult support and protection process and/or via rights of access set out in UK data protection laws.
- 12.4 Using this procedure will ensure that incidences are monitored and reviewed, and where appropriate, statistics made known to the Care Inspectorate or other relevant bodies.

- 12.5 Given the potentially sensitive nature of such information, records, including any ongoing records, must only be accessed on a need-to-know basis and therefore should be stored accordingly to ensure that there is limited access to the information.
- 12.6 Any physical evidence should be preserved if possible.
- 12.7 If the adult is profoundly deaf and requires the services of a sign language interpreter or communication support worker, one should be appointed to work with the adult. This should be arranged in consultation between Southside Housing Association and Social Work Services as required. Other forms of assistance to communication should be utilised if the adult cannot communicate using speech.
- 12.8 If the adult does not have English as a first language 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 Southside Housing Association and Social Work Services as required.
- 12.9 Using a member of the adult's family as an interpreter or communication support worker should be avoided.

13.0 REPORTING OF ABUSE

- 13.1 Be supportive. Listen with care and ensure that the vulnerable adult understand that they are being taken seriously. You should advise the adult that the information is required to be passed to your line manager/named person and that Social Work Services may be required to investigate further.
- 13.2 When you feel it is appropriate to leave the service user who is disclosing the abuse, the information given by the service user should be passed on immediately to your line manager/named person.
- 13.3 Where you are concerned for the immediate safety and well-being of an individual, contact emergency services i.e. ambulance and Police immediately. Do not delay. You can contact your line manager/named person once you are satisfied that the person is safe.
- 13.4 If you suspect that a criminal act has been committed, for example in cases of physical or sexual abuse, you should contact the Police immediately and steps should be taken to preserve evidence. You can then contact your line manager/named person who will contact the relevant authority.
- 13.5 If you are unhappy with the response from your line manager/named person, you should contact the Chief Executive Officer who may contact Social Work

Services and outline your concerns and the basis for them.

13.6 If you are unhappy with the response from Social Work Services you can raise this through the Complaints procedure and/or the Care Inspectorate. (See **Appendix 3**: Contact List for details).

13.7 **NOTE**: You should follow the above procedure for all instances of suspected abuse, for example where you become aware of:

- Abuse by another service user;
- Abuse by someone from within the community (family/friend or carer, and);
- Abuse by a member of staff or volunteer.

13.8 When any Southside Housing Association staff report a concern to statutory services, do not delay in sharing this even if you do not have all the information below. The **Multi Agency Referral Form (AP1) (Appendix 4)** outlines the information required.

14.0 NEXT STEPS

Actions to be taken

14.1 In the first instance you should discuss your concerns with your line manager and alert the named person, if appropriate.
You need to prepare referral information that may be requested, either on a AP1 form or over the phone, this may include:

- Details of the person completing the referral;
- Details of the person subject to the referral, including name, date of birth, address;
- If known (e.g. learning disability, mental health, dementia, substance misuse, acquired brain injury, physical disability);
- Any communication needs of the adult at risk;
- Harm type(s) suspected; • Whether the adult at risk is aware of the referral.
- Details of the concern, including as much information as possible about the incident(s), dates, alleged harmer(s), previous concerns, any safeguarding activity undertaken.
- An overview of the “three-point criteria”:
 - Is the adult able to safeguard their own wellbeing, property, rights or other interests?;
 - In your opinion, is the adult at risk of harm? ;
 - In your opinion, is the adult affected by disability, mental disorder; illness or physical or mental infirmity, making them more vulnerable to harm?;
- Confirmation of whether police have been contacted if a crime is suspected, and;
- Any relevant relationships, proxy decision makers (guardian or Power of Attorney), and/or caring responsibilities of the adult.

Named Person

- 14.2 Southside Housing Association acknowledges that having a specific member of staff as a named person/post in respect of adult protection is good practice. Our named person/post will be a manager within the organisation who has sufficient knowledge/expertise to deal with any concerns raised. Details are in **Appendix 2**.
- 14.3 Southside Housing Association 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 staff.
- 14.4 Concerns can then be passed on quickly and appropriately without delay.
- 14.5 The named person/post will monitor issues and detect trends as these occur. The manager/named person is responsible for following up any notifications of concerns and AP1 forms submitted to SWS. Referrals submitted to SWS should be followed up as soon as practicable, ideally within 24 hours if the member of staff/manager has not received acknowledgement of the referral by SWS.

15.0 ACTION TO BE TAKEN BY SOCIAL WORK SERVICES OR THE POLICE

- 15.1 It is the duty of Social Work Services to investigate matters of concern in relation to the protection of vulnerable adults. Where it is alleged a crime has been committed against them the matter is likely to be investigated jointly with the Police.
- 15.2 The investigating Social Worker / Police Officer may require to speak to the person with whom the concerns originated. Staff should co-operate fully with any future enquiries.

16.0 WHAT TO DO IN AN EMERGENCY

- 16.1 If you are concerned about the immediate safety of a vulnerable adult, for example where there is a risk of immediate harm or injury, contact the local Police office immediately. Do not delay, as this could result in serious injury to a child.
- 16.2 For contacts see **Appendix 2** or call 999.

17.0 ALLEGATIONS REGARDING A STAFF MEMBER

- 17.1 It is recognised that Southside Housing Association staff may work with vulnerable adults either in their housing or housing support capacity.
- 17.2 If you have observed a member of staff acting in a way that has caused you to be concerned or where allegations or suspicions about the behaviour of a member of staff are made, you should immediately contact Norma Taylor, Depute Chief executive Officer, outlining your concerns and the basis for them. Whenever possible, the Chief Executive Officer should also be informed. The named person will take your concerns seriously and decide on an appropriate course of action. This may involve use of the Association's Disciplinary Procedure and/or a referral to Social Work Services/Police.
- 17.3 An interview should be arranged to advise the member of staff that the allegations have been made and that an investigation will be carried out, except when the police have been contacted and have advised a different course of action.
- 17.4 If the concerns involve the named person, this should be reported directly to the Chief Executive Officer or Social Work Services/Police.
- 17.5 Action, as is deemed necessary, should be taken to ensure the protection of all involved. This may include limiting duties or suspension pending the outcome of the investigation.
- 17.6 All allegations will be dealt with in the strictest confidence.
- 17.7 All members of staff should be aware that any inappropriate relationship with a vulnerable adult in the course of their work constitutes gross misconduct and as such is subject to disciplinary action. It may also lead to a criminal prosecution and where the employee is a member of a registered body, e.g. SSSC or NWC, they will be notified. Notification will also be made to the Care Inspectorate and the funding body in line with registration and contractual requirements.

18.0 ALLEGATIONS REGARDING A RELATIVE OR CARER

- 18.1 The usual procedure for reporting and recording must be followed. However, there must be no delay in contacting the Social Work Services/Police.

19.0 ALLEGATIONS REGARDING A TENANT

- 19.1 The Named Person will consult the Housing Manager as soon as possible and Social Work Services/Police will be notified.

20.0 REFERRAL TO THE POLICE

- 20.1 The Association acknowledges the right to contact the Police immediately if they become aware of allegations of abuse of a child whether from a tenant, a relative, friend or member of staff.

21.0 WHAT TO DO IF YOU HAVE GENERAL WELFARE CONCERNS ABOUT A VULNERABLE ADULT

- 21.1 There are many circumstances that may cause harm and require a response but fall short of a concern that a vulnerable adult is being abused. Nevertheless, a build-up of concerns over time may in time become serious enough that the vulnerable adult is considered to be at risk of abuse.
- 21.2 Where you have general welfare concerns about a vulnerable adult you should:
- Address the incidents as they arise within the practice guidance of your organisation;
 - Discuss your concerns with your line manager;
 - Liaise with other agencies that are working with them, and;
 - Record your actions and note your concern on the chronology of significant events. This can be done through case recording notes if applicable, and through the Incident Reporting process.
- 21.3 You should review general welfare concerns periodically, to see whether the build-up of concerns is significant enough to pass on to Social Work Services.

22.0 STAFF SUPPORT

- 22.1 Staff involved in any investigation of abuse will be offered ongoing support from the Association, including the opportunity to access Employee Counselling.

Appendix 1

INDICATORS OF HARMFUL BEHAVIOUR TOWARDS AN ADULT AT RISK

- 1.0 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.
- 1.2 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. It can take the form of physical, sexual, emotional, psychological or domestic abuse, acts of neglect or omission, financial and material abuse and the withholding of information. The abuse can be multiple, involving some or all of the above.
- 1.3 Harm can occur in any setting: when an adult lives alone or with a relative; within nursing, residential, supported living or day care settings; in hospitals, custodial situations, support services in people's own homes and other places previously assumed safe, or in public places.
- 1.4 Staff will be aware that adults using Southside Housing Association service(s) might have come to the service because they have been subject to harm, in their own home, in the community or having been abused by a relative, friend or acquaintance
- 1.5 Alternatively, adults might be at risk of harm after they come to the service, for example from someone who is not a service user coming into the service from outside, another service user, a member of staff.
- 1.6 On some occasions the perpetrator of the abuse might be at risk of abuse themselves, such as a service user who regularly becomes inebriated and puts other service users or members of staff 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.
- 1.7 There is an expectation where the perpetrator of abuse is a member of staff that an internal investigation will not take precedence over reporting concerns to allow an investigation by Social Work Services and/or Police.
- 1.8 Also the foregoing recognition and signs should not be used as a checklist or an arithmetical aid or 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, and;
- 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), and;
- 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.

Bites

- These can leave clear impressions of the teeth.

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.

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.

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, and;
- 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;
- Sudden changes in behaviour in the presence of certain persons;
- Rejection;
- Denigration;
- Scapegoating;
- Denial of opportunities for appropriate socialisation;
- Under stimulation;
- Sensory deprivation;
- Isolation from normal social experiences, preventing the adult at risk from forming friendships;
- Marked difference in material provision in relation to others in the household;
- Unrealistic expectations of the vulnerable adult;

- Asking for an adult at risk to be removed from home or indicating difficulties in coping with an adult at risk, about whose care there are already doubts;
- Fear of carers;
- Refusal to speak, and;
- Severe hostility/aggression towards other adults.

FINANCIAL OR MATERIAL HARM - involving the exploitation of resources and belongings of the adult at risk e.g.

- Theft or Fraud;
- Misuse of money, property or resources without informed consent;
- Important documents are reported to be missing;
- Unexplained or sudden withdrawal of money from accounts;
- Contradiction between known income and capital and unnecessary poor living conditions especially where this has developed recently;
- Personal possessions of valuables going missing from the home without satisfactory explanation;
- Someone has taken responsibility for paying rent, bills, buying food etc – but this is not happening;
- Unusual interest taken by relative, friend, neighbour or other in financial assets, especially if little real concern shown in other matters;
- Next of kin refuse to follow advice regarding control of property via continuing/welfare power of attorney;
- Where care services, including residential care, are refused under clear pressure from or other potential inheritors, and;
- Unusual purchases unrelated to the known interests of the adult at risk.

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 or they cannot understand, and;
- 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.

Physical indicators of sexual harm:

The possibility that the following behaviour or injury could be as a result of the Adult at Risk of Harms 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, and;
- 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, and;
- 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 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 a 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;
- A adult at risk is found at home or in a care setting in a situation of serious but avoidable risk;
- Unnecessary delay in staff 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;
- Nonattendance at social care or educational service, and;

- Evidence of withholding of necessities of life such as medication, adequate nutrition and heating.

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, and;
- Overdosing.

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, and;
- Not requesting medical assistance and/or failing to attend appointments.

MULTIPLE FORMS OF HARM

This may occur in an ongoing relationship or service setting or to more than one person at a time. It is important therefore to look beyond single incidents and consider underlying dynamics and patterns of harm.

RANDOM VIOLENCE

An attack by a stranger on an adult defined, as at risk is an assault, 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 victimisation in a community or neighbourhood, Adult Protection Procedures may apply in respect of effective multi-agency intervention.

DOMESTIC ABUSE

Association of Chief Police Officers Scotland (ACPOS) and Crown Office Procurator Fiscal Service (COPFS) Joint Protocol defines domestic abuse as “*Any form of physical, sexual or mental and emotional abuse which might amount to criminal conduct, and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere*”.

While available evidence suggests that the most prevalent instances of domestic abuse are male violence towards women, this definition acknowledges and includes female violence towards men and violence between partners or ex-partners.

‘CUCKOOING’

Practitioners should also be alert to reports which may indicate someone’s home has been taken over by intimidation or other means for the purpose of criminal activities.

Indicators of cuckooing might include:

- bags of clothing or bedding around the address;
- increased visitors throughout the day or night;
- increased vehicles outside the address, including taxis, new vehicles and hire cars;
- increased anti-social behaviour in the area;
- disengagement with support services;
- drug paraphernalia around the address, and the smell of drugs such as cannabis, and;
- barricades within and around the address, including weapons.

APPENDIX 2

NAMED PERSON FOR SOUTHSIDE HOUSING ASSOCIATION LTD	
Name	Norma Taylor
Position within Organisation / Title:	Depute Chief Executive Officer
Address	Southside House 135 Fifty Pitches Rd Glasgow G51 4EB
Telephone Number [Daytime]:	0141 422 1112 Extn. 112 / 0141 422 2340 (Direct)
STAFF TO BE CONTACTED IN THE ABSENCE OF THE NAMED PERSON FOR SOUTHSIDE HOUSING ASSOCIATION LTD	
Name	Pauline Fletcher
Position within Organisation / Title:	Head of Housing and Communities
Address	As Above
Telephone Number [Daytime]:	0141 422 1112 – Extn. 144 / 0141 251 0254 (Direct)
Name	Eleftheria Galani
Position within Organisation / Title:	Team Leader
Address	As Above
Telephone Number [Daytime]:	0141 422 1112 Extn. 161 / 0141 422 2345 (Direct)

APPENDIX 3

GLASGOW CITY HEALTH AND SOCIAL CARE PARTNERSHIP SOCIAL WORK SERVICES OFFICES	
Contact Health and Social Care Connect	0141 287 0555
Out with Office Hours Phone	0300 343 1505
Local Office Information	https://www.yoursupportglasgow.org/directory/providerlist/451

POLICE SCOTLAND	
How to report abuse?	Greater Glasgow division police stations
If you suspect someone is in immediate danger, call 999. If it is not an emergency please get in touch by: <u>Calling 101</u> Visiting a <u>Police Station</u> in person	https://www.scotland.police.uk/police-stations/greater-glasgow-police-stations/
Police Scotland’s Domestic Abuse and Forced Marriage Helpline on 0800 027 1234.	

OTHER USEFUL CONTACTS	
Glasgow Adult Support & Protection Committee Website	
https://www.glasgowadultprotection.org.uk/index.aspx?articleid=11206	
Office of the Public Guardian	
https://www.publicguardian-scotland.gov.uk/	
Mental Welfare Commission for Scotland	
https://www.mwscot.org.uk/	
SCSWIS (The Care Inspectorate)	
Paisley - Renfrewshire House, Cotton Street, Paisley, PA1 1BF	
Tel: <u>0345 600 9527</u>	https://www.careinspectorate.com/
SSSC	
https://www.sssc.uk.com/	
Advocacy Services	
https://www.siaa.org.uk/find-an-advocate/?wpv_view_count=5284&area=glasgow&topic=0&model=0	

APPENDIX 4

GLASGOW ADULT SUPPORT & PROTECTION COMMITTEE

SHARED REFERRAL FORM (AP 1)

The Adult Protection Referral Form and further guidance and information is available from

<http://www.glasgowadultprotection.org.uk/index.aspx?articleid=11135>

When dealing with any adult protection concerns, please use the checklist below.

ADULT PROTECTION AND SAFEGUARDING CHECK LIST FOR ACTION

To be read in conjunction with Southside Housing Association Adult Protection Policy and Procedure

The “Four Referral Rs”

- Recognise** – be aware of adult protection issues and how an adult at risk of harm may present. Consider trauma, undue pressure etc., and the adult’s ability to safeguard themselves.
- Report** – where you have a named person for adult protection report the matter to them, discuss with appropriate colleagues the need to make a referral but ensure this does not adversely delay referring.
- Refer** – Refer the individual and their circumstances through GCC referral process. Where the matter is urgent contact the relevant emergency services without delay.
- Record** – use the individual’s file (if applicable) or recorded system to note the issues that arose, the circumstances, the decisions made/actions you took, and the rationale for your actions. If the matter is urgent e.g. there is imminent risk of danger or significant harm has happened, contact the relevant Emergency Service – Police/Fire/Ambulance



Southside Housing Association

T: 0141 422 1112

F: 0141 424 3327

E: CSD@southside-ha.co.uk

A: Southside House, 135 Fifty Pitches Road, G51 4EB