



# **Protecting Vulnerable Adults**

## **Good Practice Guidance and Procedures**

**Revised September 2005**

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# PROCEDURE AND PRACTICE GUIDANCE FOR STATUTORY AND NON STATUTORY AGENCIES WORKING IN THE HIGHLANDS

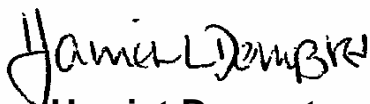
## 1. FOREWORD

NHS Highland, Northern Constabulary and Highland Council Social Work Services are committed to working together to protect vulnerable adults from abuse. These procedures, which have been reviewed in the light of reports by Social Work Services Inspectorate and the Mental Welfare Commission on the handling of cases in the Scottish Borders, are one strand of Highland's strategy to safeguard vulnerable adults.

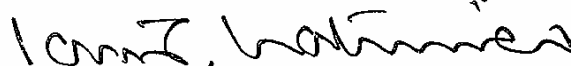
They are complemented by training and the establishment of an interagency committee to over see matters and ensure the right balance is being struck between promoting and respecting an individual's right to independence and self determination whilst recognising their vulnerabilities and their rights to protection.

The abuse of vulnerable adults is a difficult and disturbing area where there are uncertainties and where a high degree of sensitivity, skill and knowledge is required. The purpose of this document is to build on existing good practice and provide a robust framework within which agencies can effectively work together. This is an area of work where we recognise the need for public confidence in agencies working well together and the importance of supporting staff in what at times can be a distressing area of work.

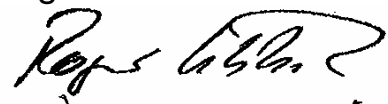
These procedures and guidelines have not been written in a vacuum but seek to take account of A Joint Future, The Same As You, and the Mental Health Care and Treatment (Scotland) Act 2004. Their aim is to ensure that the needs of the vulnerable adult remain the central focus. They are designed to be followed by all staff in the Northern Constabulary, NHS Highland and Highland Council regardless of setting and in so doing promote a consistent and professional approach to the safeguarding of vulnerable adults in Highland.



**Harriet Dempster**  
**Director of Social Work**  
**Highland Council**



**Ian Latimer**  
**Chief Constable**  
**Northern Constabulary**



**Dr Roger Gibbins**  
**Chief Executive**  
**NHS Highland**

## 2. GUIDANCE

### 2.1 INTRODUCTION

Adult abuse can occur in many different settings and situations. It is usually a very complex area of work. Therefore employees need to be aware of situations which may put a vulnerable adult at risk. This has highlighted the need for guidelines and procedures for Social Work Services, Police, Health Services, and independent providers.

This multi-disciplinary approach is designed to address the abuse of vulnerable adults in community, hospital and institutional settings, with the focus on both informal and formal carers. These procedures require any responsible person to act with regard to any information which comes to their attention giving reasonable grounds to suspect that a vulnerable adult has been abused. *In all instances these procedures and key steps will be followed by all agencies, units and establishments.*

These procedures and practice guidelines refer to cases where abuse has occurred and specific action is required to ensure the protection of the vulnerable person. However, it is recognised that the protection of vulnerable people is best ensured by an active monitoring and support network across the whole range of services and agencies. Clearer assessment of need, appropriate care planning and vigorous monitoring and reviewing processes will contribute greatly to the prevention of abusive situations arising. Such an approach is essential, when recognising that health and social care improvements, and the political drive to provide more care in peoples homes, have led to a situation where larger numbers than ever before of very dependent people are now cared for in community settings, rather than as was historically the case, in large residential units. It is therefore essential that agencies and services respond to the increasing needs of vulnerable people and their carers in order to address and alleviate the stress factors which can lead, sadly in a number of cases, to direct abuse being experienced by vulnerable people.

These procedures and guidance take into account the Human Rights Act 1998, and the authors consider them to be compliant with that Act in terms of legality, necessity, proportionality and transparency.

## 2.2 POLICY STATEMENT

All vulnerable adults have a right, and should be enabled to achieve that right, to live and receive services in an environment which is free from prejudice and safe from abuse.

Where abuse is suspected, all agencies will work co-operatively to provide a service which:

### *Is prompt*

and at a pace of delivery which ensures the immediate and ongoing health and safety of the vulnerable person.

### *Is sensitive*

to vulnerable adults and their representatives/carers and to staff.

### *Is effective*

in providing solutions which are as simple and practical as possible and aimed to prevent the risk of abuse recurring.

### *Is balanced*

Agencies must exercise responsibilities and duties appropriately, and ensure that all intervention in people's lives, those abused, their family, and staff, is justified, with the reasons being fully documented (recorded).

### *Is aware*

and does not discriminate against a person because of their religious and cultural beliefs, age, disability, gender, race or sexuality.

## 2.3 DEFINITION

A vulnerable adult is one who is, or is likely to be, dependent on another, or others, for care, whether as a result of ageing, illness, physical, mental or learning disability, or a combination of all or some of these factors.

Abuse is when a person, or persons, have caused harm, or may be likely to do so, to the physical, sexual, emotional, financial or material wellbeing of a vulnerable adult.

Harm may be caused by direct acts, or by failure to provide adequate care. It may be systematic and repeated or may consist of a single incident.

## 2.4 VALUES & PRINCIPLES

The Adults with Incapacity (Scotland) Act 2000 has five basic principles which the authors of this document fully endorse, namely:-

- (i) Benefit: There should be no intervention in the affairs of an adult unless such an intervention will benefit the adult;
- (ii) The principle of minimal intervention;
- (iii) The vulnerable adult's wishes should be taken account of at all times;
- (iv) There should be consultation with relevant others, including the adult's carers, any guardian and any other relevant person;
- (v) The vulnerable adult should be encouraged to exercise whatever skills he or she has.

Where a vulnerable adult is clearly able to make choices, he/she must be advised of the options available and his/her wishes respected, unless, exceptionally, a statutory responsibility to intervene arises. If intervention is necessary to prevent further risk, actions should be pursued in a way that causes the least disruption for that individual's way of life.

Finally, it should be remembered that in jointly determining appropriate action, every effort must be made to enable the vulnerable adult to express his/her wishes in a way that is appropriate for them. Basic human and civil rights must be respected.

During the initial action, investigation and outcome, the primary focus and concern must at all times be the welfare of the vulnerable adult.

It is essential that all parties are involved in inter-agency co-operation and that the implementation of this procedure and guidance maintains such an approach. This will involve consideration at all times of:

### ***Self determination***

Is the vulnerable adult able to make their own decisions and choices and do they wish to do so?

### ***Consent***

Did the person subject to abuse consent, and did he/she consent willingly? The presence or absence of consent is not the single determining factor as to whether formal investigation occurs.

### ***Capacity***

Does the person subject to abuse have the capacity for self determination, the capacity to understand to what they are consenting, or alternatively the capacity to refuse?

## 2.5 ADVOCACY

### **Why Vulnerable People Need Independent Advocates** *(Why Advocacy Matters – a Guide for Commissioners – March 2000)*

Individuals who rely on service systems often have limited personal power and resources to argue their case. This is especially true for people who do not use words to communicate, for people who cannot read or write in the language of the system, for people who are physically frail, and for people who are regarded as incapable of making decisions.

If these individuals do not have well motivated and capable family and friends to speak up for them, they are at risk. They may not have their own views, wishes and feelings taken into account properly, as is their right. They are also the least likely people independently to exercise their right to make a complaint.

Where abuse is suspected or known, the role of advocacy services should be considered at the start of any investigation or procedural process. This may be in relation to the victim and also, in cases where the suspected perpetrator may also be a vulnerable adult, for the suspected perpetrator him or herself.

The role of the advocate is to ensure the voice of the vulnerable adult is heard, and consultation is evident throughout the procedural process.

Where an independent advocate is in place in relation to these procedures, the independent advocate will be invited to all Assessment Meetings and Planning Meetings in regard of the person for whom they have the advocacy role.

In instances where the advocate suspects abuse, this will be reported, with the permission of the vulnerable adult, in accordance with these procedures.

The role of the advocate can be important for the facilitation and support to the vulnerable person throughout the key steps.

## 2.6 LEGAL ASPECTS

### LEGAL ISSUES IN RELATION TO PROTECTION OF VULNERABLE PERSONS

Protection is available to vulnerable people through the Criminal and Civil Courts. Further protection is available through various other mechanisms including, for example, powers of attorney and guardianship applications. Such protection is aimed at both preventing abuse and, on occasion, taking action against the abuser. Action against the abuser is more likely to arise in the Criminal Courts although a civil action for damages may be possible.

#### 1. Criminal Law

The Criminal Law in Scotland permits the prosecution of any person accused of a criminal action. In order to decide whether or not a particular circumstance or alleged offence is within the criminal law it will be necessary to liaise with the local Police force. If as a result of any police investigation, sufficient evidence of a crime is found, the police will submit a report to the Procurator Fiscal, who will decide on any subsequent prosecution. The Procurator Fiscal will take into account the public interest, the evidence which is available and the interest of the victim. The Procurator Fiscal will in some cases have statements provided to him from the Police and it will therefore be necessary to co-operate with the Police in any criminal investigation. In serious cases staff of the Procurator Fiscal Office may require to precognosce (interview) the adult to obtain further information.

Various crimes can be committed against vulnerable persons. Examples of these will include assault (including sexual assault), crimes of dishonesty (including “bogus workmen cases”) and crimes against property. More specifically there are laws in place which are intended to provide particular and further protection to people who are considered vulnerable. There are provisions in the Mental Health (Scotland) Act 1984 which relate to crimes against people who are considered to be mentally disordered within the context of that Act and include the offence of unlawful sexual intercourse, ill treatment and neglect. It is an offence pursuant to this Act for any person to ill-treat or wilfully neglect a patient who is under their guardianship or care.

Such crimes will be investigated by the Police. It is also an offence pursuant to the Adults with Incapacity (Scotland) Act 2000 for any person exercising powers under that Act in respect of the personal welfare of an adult to ill-treat or wilfully neglect that adult.

The fact that a victim of a crime is an elderly or vulnerable person will often result in the case being considered to be aggravated ie more serious. The intentional targeting of vulnerable persons must be viewed as being especially pernicious.

Regard must always be taken of the disproportionate inconvenience and upset that criminal investigation and prosecution has upon a vulnerable adult. The Procurator Fiscal will endeavour to treat a vulnerable witness as a special witness and to be alert to the needs of that witness.

## **2. Civil Law**

A vulnerable person who has been abused may pursue an action in damages against his or her abuser. He or she may also be able to take proceedings preventing the abuser from acting improperly or contacting him or her further.

Criminal injuries compensation may also be available to anyone who has been the victim of a serious violent crime and it is worth remembering that such compensation may be available even if there has been no prosecution in respect of the crime in question.

Civil law is, however, perhaps more relevant in considering whether there are other means available to protect a vulnerable person to ensure that he or she does not become the victim of abuse in the first place. Several statutes are relevant in providing mechanisms to protect a vulnerable person. The law seeks in various ways to assist vulnerable people in the administration of their financial affairs and in respect of their property and personal welfare. There are several techniques available under the Adults with Incapacity (Scotland) Act 2000 ('The 2000 Act') when considering action to protect a vulnerable person's property and/or welfare:-

**(a) Appointment of Guardians**

A vulnerable person *who lacks the capacity to make informed decisions* may have a Guardian appointed to deal with financial and/or welfare matters. The court will appoint a Guardian and although The Chief Social Work Officer of a local authority may be a welfare guardian, local authority staff cannot deal with a vulnerable person's financial affairs. The powers of Guardian can be tailored to meet the needs of a vulnerable adult as they emerge over time.

A financial Guardian may deal with a vulnerable person's property and financial affairs. A Welfare Guardian can deal with many issues and can decide for example, where a vulnerable person should live and can deal with appointments for and consent to medical treatment, education, training or work. Such a Welfare Guardian can also ensure that doctors and other specified persons have access to that vulnerable person. The Highland Council has published procedures setting out how appointments are made and which factors will be taken into account by the Sheriff. The Procedures are accessible on the Adults with Incapacity site within the Highland Council web-site and should be followed if Guardianship is under consideration. An application to have a Guardian appointed can be made by any person having an interest in that vulnerable person's affairs but the Local Authority must apply where an order is necessary to protect a vulnerable person's interests and is not being sought by anyone else. A local authority can also oppose a 'private' Guardianship application if it was felt that the appointment would be detrimental to the adult concerned.

These provisions replace the previous guardianship provisions made pursuant to the Mental Health Act and also the common law provisions which dealt with appointments of Curators Bonis and Tutors Dative.

An application can also be made to The Sheriff for an **Intervention Order** by a local authority or any interested person. Intervention orders are used when only one power is required, for example in signing a tenancy agreement or transferring property ownership. Intervention orders are rare in practice.

**(b) Attorneys**

Under Part 2 of the 2000 Act, an adult can grant Power of Attorney to an individual, usually a close relative or friend, so that the attorney is able to make decisions on the adult's behalf if he or she loses capacity in the future. The adult must have the capacity to understand the nature and extent of the Power of Attorney at the time of granting it.

Both welfare and financial powers can be granted and the menu of powers available is the same as those available under Guardianship. If a Power of Attorney is granted, it obviates the need for Guardianship or other interventions under the 2000 Act if the adult loses capacity in the future.

It should be noted that an Attorney has the duty to abide by the principles of the 2000 Act and their actions must benefit the adult and take account of their wishes.

Local authorities have a duty to investigate where a welfare attorney may be abusing their powers; The Office of The Public Guardian has a parallel duty in respect of Financial Attorneys.

Where there are concerns, a check should be made initially as to the validity of the Power of Attorney.

**(c) Management of the Finances of a Vulnerable Person**

A person, usually a carer of a vulnerable person, may apply to the Public Guardian for authority to withdraw funds from the account of such a vulnerable person in order to provide for that person's day to day care under Part 3 of the 2000 Act. This only applies if the person has lost capacity to manage their financial affairs.

This is a procedure referred to as "Intromission with Funds" and the Public Guardian's Office will assist in making such an application. Such an application cannot be made by Local Authority staff but they may be required to support a vulnerable adult or a member of his or her family in making such an application.

Clearly this is a situation which could give rise to abuse and, as such, the Public Guardian has investigative powers to ensure that such power is not abused by the person exercising it.

Similarly a person can be appointed as a Social Security Appointee for the purpose of dealing with the entitlement of a vulnerable person pursuant to the Social Security Acts.

**(d) Management of Resident's Finances**

Authorised establishments namely hospitals and care homes are permitted under Part 4 of the Adults with Incapacity (Scotland) Act 2000 to manage the funds of a resident adult up to a prescribed limit. The Act sets out the procedure in this respect and makes provision for a supervisory body to protect the interests of the vulnerable adult. The Public Guardian also has an investigatory role in this matter if necessary.

**(e) Consent to Medical Treatment – Part 5 of The Act 2000**

A vulnerable person may be able to consent to medical treatment in which case his or her wishes should be respected. If, however, a person lacks the capacity to give informed consent to medical treatment, a medical certificate of incapacity must be completed by the 'medical practitioner primarily responsible' for their treatment. There is no authority to treat without this certificate. Welfare Attorneys and Guardians may have the power to consent to treatment, and doctors must take this into account.

There is an appeals mechanism, if the adult and/or their Attorney or Guardian does not agree with a proposed course of treatment.

**(f) Investigations**

A Local Authority has the responsibility to receive and investigate complaints relating to the personal welfare of a vulnerable adult who lacks capacity and this may therefore mean that an investigation will take place into a vulnerable person's affairs. Such an investigation will be conducted by the Local Authority and may be in connection with any matter pertaining to a vulnerable adult's welfare. This could include, for example, an investigation of a Welfare Guardian or a Welfare Attorney. The Public Guardian's Office has similar powers in relation to the supervision of persons acting in relation to a vulnerable person's financial affairs.

**(g) Protection Pursuant to the National Assistance Act 1948**

This Act permits the local authority to remove persons in need of care and attention to suitable premises such as a hospital or nursing home. This legislation should only be used where the person has capacity to make decisions, and does not have a mental disorder. The Social Work Service may make an application to the Sheriff for authorisation for such a removal and this can be done on an emergency basis. Such a duty arises when the local authority considers that the patient is unable to protect his or her property and no other arrangement has been made. A local authority is obliged to take steps to prevent damage or loss to the patient's property. The vulnerable person's property is thus protected in this way.

When dealing with the legal position in relation to vulnerable adults, reference should be made to the Codes of Practice issued pursuant to the Adults with Incapacity (Scotland) Act 2000. It is important to remember that this Act has introduced new principles which should be taken into account when dealing with Adults with Incapacity. These are dealt with on page 7 of this guidance.

Agencies should be aware when dealing with a vulnerable person that a situation may arise where there is a conflict of interest between the vulnerable person and the carer. This could arise, for example, when a vulnerable person's property is to be dealt with and the person so dealing is a beneficiary of the vulnerable person's estate.

Equally a conflict situation may arise when a vulnerable person is being provided with services and the carer is an employee of that service provider. Agencies should, therefore, be aware of the need to consider involving an independent advocate, to protect the vulnerable person's interests.

If a court application is made and the vulnerable person is not represented the Sheriff may appoint a Curator Ad Litem in an advocacy type role to safeguard that vulnerable person's interests.

## 2.7 THE ROLE OF THE NOMINATED OFFICER

1. Each agency will have a nominated officer.
  - For Social Work Services it will be the Social Work Area Community Care Manager
  - For NHS Highland it is the Locality Manager  
(Please refer to [Appendix 6 for contact details](#)).
  - ***For the Ross & Cromarty and Inverness Command areas it is the Chief Inspector. For the other Command areas it is the Inspector.***
  
2. **The General Responsibilities** of the Nominated Officer are to: -
  - Promote the consistent use of the Good Practice Guidance and Procedures within their area and agency.
  - Act as a professional advisor for staff within their agency on the protection of vulnerable adults.
  - Ensure that required local training is provided.
  - Provide and arrange for support for staff, carers and others when these guidance and procedures are being followed.
  - Contribute to the ongoing review of the guidance and procedures along with the identification of training needs

3. **The Specific Responsibilities** in relation to individual cases are to: -
- Receive information from appropriate staff within their agency concerning the possible abuse of individuals.
  - Consult with nominated officers of particular agencies, and the local police station if appropriate, and agree how the concerns referred to them are progressed. This could include who carries out any investigation and the position of any staff member who is the subject of an allegation of abuse.
  - Co-ordinate and Chair (Nominated Officer Social Work only) the Initial Inter Agency Meeting and the subsequent Planning Meeting ensuring that clear arrangements are in place for assessment, ongoing monitoring and review.

## **3. PROCEDURES**

### **3.1 Introduction**

Suspected abuse may come to the attention of staff in a variety of settings, for example, Social Services, Health, in voluntary or independent providers, or residential and day care. These procedures and practice guidance apply in all settings, substituting Unit Manager for Team Manager where appropriate, and should be followed in all instances of suspected abuse. In all cases of alleged abuse, wherever they arise, these procedures will be followed, substituting the appropriate term eg Ward Sister, Charge Nurse, for 'Line Manager' as appropriate.

In all cases the decision on the investigative process, if any, of the alleged abuse will be made following consultation between the local Nominated Officers, Health and Social Work, and the Police.

In cases where a criminal offence is alleged or suspected it is likely that any formal investigation will be conducted, or lead, by the Police.

At any stage of the application of these procedures, the Nominated Officer (Social Work) will determine whether there is a need to discuss with Highland Council's Corporate Services any issue that might lead to the consideration of legal steps being taken.

The Mental Health Care and Treatment (Scotland) Act 2003 includes learning disability in its definition of mental disorder. Consequently the Act must be considered when dealing with such a vulnerable adult. The Act deals with both civil and criminal circumstances. The criteria to be applied includes that 'the patients ability to make decisions about the provision of medical treatment is significantly impaired'. Circumstances and the capacity of the vulnerable adult will dictate the course of action, however it would be good practice and in keeping with the Borders Report recommendations to seek consultation with the relevant MHO at the earliest opportunity.

The perpetrator of a crime can at one and the same time also be a vulnerable person as defined and may well require to be dealt with in terms of the Act.

It is recognised that other agencies have developed an expertise in relation to abuse of vulnerable people, for example, Age Concern. In recognition of this, a voluntary organisation may be deemed to be the appropriate lead agency in following through the key steps in this procedure.

All allegations of abuse against vulnerable adults will be responded to using these procedures including situations where abuse is suspected from a staff member. In the event of an allegation of abuse involving staff, the employing agency will require to consider whether any disciplinary investigation is required.

Where the person who is alleged to have been abused is in a residential or hospital setting, consideration must be given to the appropriateness of that person remaining in that setting. All decisions must be taken based upon the welfare, safety and best interests of that person. Possible outcomes could include a temporary or permanent transfer to another ward or establishment.

There will be instances where a vulnerable adult, or someone on their behalf, makes an allegation of abuse which is subsequently withdrawn. The appropriate Nominated Officer (Social Work) will maintain a record of all such incidences. To ensure that any pattern of behaviour is identified early each incident will be examined in its own right and reviewed against previously recorded incidents. The Nominated Officer (SWS) will, where this research provides identified areas of symmetry, and in any case after three such incidents are recorded, convene an Initial Inter-Agency meeting to consider:-

- The circumstances of the allegations
- Whether any further action is required
- Agree an action plan which will detail –
  - The Risk Assessment
  - The action required including the ongoing arrangements for monitoring and review.

All meetings convened under this process will follow the procedural requirements of section 3.4 Initial Inter-Agency meeting.

The outcome of all activities initiated under these procedures will be forwarded by the Nominated Officer (Social Work) to the Head of Operations – Community Care (Social Work) who will ensure the database is amended to include summarised information on all abuse allegations, irrespective of whether these have been established to the criminal standard of proof.

At any stage of the application of these procedures, there may be instances where there is disagreement between the agency Nominated Officers as to how to proceed on the information available.

In all such cases, the dispute will be resolved by agreement between the Head of Operations - Community Care (Social Work), the Director of Community Care (NHS Highland) and the relevant Area Commander (Police).

Where, following the use of these procedures, a member of staff of an agency expresses concerns over the way another agency is handling the case, that agency's relevant person i.e. Head of Operations - Community Care (Social Work), Director of Community Care (NHS Highland) and the **Head of Operations (Northern Constabulary)** will:-

- **Review the case papers**
- **Meet with the professional concerned**
- **Record for the case papers the outcome of the "review"**

In order to ensure a consistent high standard of case recording and risk assessment, the Head of Operations - Community Care (Social Work), or agreed nominee, will routinely inspect on a three monthly basis a random sample of the case files of service users who have been the subject of investigations under these procedures.

### **3.2 INITIAL ACTION**

The objectives of an adult abuse investigation will be to:

- **establish the capacity of the vulnerable adult to understand the processes involved.**
- **establish matters of fact**
- **assess the needs of the vulnerable adult for protection, support and redress, concurrent with any investigation,**
- **decide what sanctions are necessary with regard to the perpetrator**
- **it may also be relevant for any agency to consider if the service or its management, has been culpable, ineffective or negligent**

Good practice would dictate that if a vulnerable adult is unable to express/communicate their wishes about further action, it is the professional's duty to follow the procedures as appropriate to each individual situation.

Initial action should include information gathering and any emergency action that does not form part of the formal investigation. It should not extend into any action or practice which might compromise any future criminal investigation. **If there is any doubt, the police must be consulted.**

If the level of risk is such that immediate action is required, which cannot be achieved on a voluntary basis, legal advice must be sought to determine whether there are any statutory powers which require to be invoked.

All referrals relating to the wellbeing of a vulnerable adult will be acknowledged in writing to the referrer by the relevant Nominated Officer (Social Work) within two working days of receipt of the referral.

### **3.3 INITIAL DISCLOSURE STAGE**

In all cases, incidents and allegations must be reported immediately, to meet physical and medical needs, and to protect the vulnerable person. All courses of action must first be agreed with the vulnerable adult, involving, where appropriate other agencies. **If a criminal act is suspected or alleged, the Police must be consulted as to the next stage of the process.**

If abuse is suspected the matter must be immediately discussed with the Line Manager of the person to whom the allegation of abuse has been made. The Line Manager will then refer the matter to the Nominated Officer, Health and Social Work, and Police as appropriate, who will determine how the matter will proceed and be responsible for the investigation of the matter.

Each Social Work Area will have a specified Nominated Officer. For cases arising outwith normal working hours, the Standby Co-ordinator will have the role of Social Work Nominated Officer. They will refer the matter, with details of actions taken to date at the start of the next working day, by fax or e-mail to the relevant Nominated Officer (Social Work) of the address where the vulnerable adult resides. A copy of all such records will also be forwarded at that time in the same manner to the Head of Operations – Community Care (Social Work). For the police, this will be by means of normal contact with the local police station

Where interviewing and information gathering is required, it must be initiated within a maximum of 24 hours. If not a party to the disclosure, except in cases where the alleged abuser is the carer, good practice would involve consultation with the carer and other appropriate family members/advocates throughout this and subsequent key stages.

Staff must be sensitive that the affect of multiple interviews on the vulnerable adult may be abusive and should be avoided by good inter-agency co-ordination.

During that 24 hour time frame, the person's accommodation and living arrangements, including their bedroom, will be seen.

Deviation from these requirements **can only be authorised** by agreement between the relevant Nominated Officers of the agencies, ***based upon a risk assessment of the information currently available.***

In all cases, the pre-planning will include contingency action to be taken if no one is at home or access is denied during a home visit.

Interviews, in cases where the Police are not conducting or leading a formal criminal investigation, will normally be carried out by a qualified worker from the Social Work Service in consultation with their Line Manager, and in accordance with the decisions of the Nominated Officer, Health and Social Work and the Police. Good practice means that choice will be given to the suspected abused vulnerable adult about who will carry out this initial task. This is to minimise the risk that inadvertently we may include the suspected abuser in the investigation process. In cases arising in a hospital setting, the Nominated Officer, Health and Social Work and in collaboration with the Police, may decide the task should be carried out by someone within a Health setting. If there is to be Police investigation of an alleged criminal offence the police will determine how the investigation will be carried out in consultation with the Nominated Officers.

Allegations of harm or neglect of any vulnerable adult will require there to be a named social worker, irrespective of how the initial interviews are to be conducted. The Nominated Officer (Social Work) will ensure the named social worker is aware of what action is required and to what timescale, and how this will be monitored and reviewed. ***The Nominated Officer of the Investigating Agency will ensure the named Social Worker in these instances is advised, at a minimum of a daily basis, of the progress of the investigation.***

At whatever stage of these procedures an interview is to take place, it is important that the structure and approach to be taken in these interviews is agreed and understood beforehand. How this is undertaken on an individual case will depend on the process as agreed by the Nominated Officers for the purpose of proceeding with the investigation, but it will normally be formulated by discussion between the Nominated Officers and Investigating Officers as appropriate. Such preparation is essential, especially where the suspected vulnerable adult has a learning disability or lacks capacity. In these situations the preparation should include consideration of:-

- The venue of any interview to ensure there is a safe environment for the person
- Ensure that the proposed interviewers have the necessary skills to conduct the interview. This may include consideration of the involvement of an Appropriate Adult.
- The emotional support the vulnerable adult might require
- The use of necessary communication aids or interpreters
- Who will undertake the detailed written recording of the interview

At any stage, when following these procedures if it is considered that staff might be at risk of potential violence, the Nominated Officers will agree an investigative plan which will ensure the health and safety of all staff involved in the investigation.

### **3.4 INITIAL INTER AGENCY ASSESSMENT MEETING**

Where there is cause for concern, even where urgent action has been taken, an Assessment Meeting will be convened and chaired by the appropriate social Work Area Community Care Manager. This meeting will involve the relevant statutory agencies i.e. Police, Social Work and Health and an invitation will always be extended to Highland Council's Corporate Services to seek legal representation. The vulnerable adult will be considered to have a right to attend any inter-agency meeting and will be appropriately supported as necessary to do so. If there are reasons why the vulnerable adult will either not attend the meeting or only attend part, then these reasons must be advised to all attending the meeting and be recorded in the minutes of the meeting. The meeting will be completed within 5 working days of the suspected abuse becoming known.

Anyone involved may ask for a protected period during which time they may share information with other professionals, which they cannot share with the parties involved. They should ask the Chairperson before the meeting if they want a protected period and give clear justification as to the reasons why

Protected periods should only be used in exceptional circumstances where there is information:

- That has only just come to light and has not been discussed with the parties involved;
- Of an evidential nature that may damage the investigation should the alleged perpetrator learn of it;
- Which may put others at risk should it or the source of it come to light, e.g. suspected domestic violence or information from a vulnerable adult

Where an allegation of abuse is made concerning a vulnerable adult living in a private, voluntary or Local Authority care home, the Care Commission must be consulted and invited to any Assessment Meeting or Planning Meeting concerned.

The Assessment Meeting will consider information about each agency's involvement with the vulnerable adult, and any information obtained from any investigation of the current allegations. The purpose of the Assessment Meeting is to:

- exchange information in a multi-disciplinary forum;
- make decisions and recommendations which are to be implemented eg to carry out a joint interview with the vulnerable adult;
- decide what further action, if any, is needed;
- decide whether the media/information officer needs to be alerted with regard to any possible press interest.
- Identify and record in the minutes of the meeting a key worker and details of their protection responsibilities
- Consider and record in the minutes of the meeting whether the vulnerable adult:-
  - Requires advocacy or legal representation
  - Should be the subject of a claim for Criminal Injuries Compensation
  - Has a guardian in place and if that guardian is a suitable person to represent and support the vulnerable adult during this process
- Record in the minutes a detailed risk assessment and action plan based on the content of that risk assessment, using the Highland Council Corporate Risk Assessment document for this purpose.
- Forward the outcomes of the meeting to the Head of Operations – Community Care (Social Work)

More than one Assessment Meeting may be required to share further information. A written record of all Assessment Meetings will be made and sent to all agreed relevant professionals within five working days of the Assessment Meeting taking place.

It is important to ensure that at all times the vulnerable adult is kept fully aware of progress, and their wishes are respected, and a place of safety, if appropriate, is found, and support networks are in place.

### 3.5 INITIAL ASSESSMENT

At this first contact, staff should listen and record accurately what the person has actually said, using the persons terminology, incorporating staff observations of his/her behaviour and physical condition. It is important that leading questions are not asked, for example "did he touch you inside your clothing?" The questions should be open, and should never lead to, or suggest, an answer, and should not pressure the person to provide an answer. All hand-written notes are to include the exact questions staff have asked, stating the exact wording used, and must be kept.

The outcome of this first contact will be relayed to the Line Manager, who will agree any further action in accordance with these procedures.

If sexual or physical abuse is suspected, immediate action must be taken to preserve all forms of evidence, and this must be done by referring the matter to the Nominated Officer, Health and Social Work and the Police. Responsibility for preservation of evidence rests with the local Police. The scene relevant to any crime should be preserved until the arrival of the Police. Attempting to secure evidence without training could compromise the admissibility of such evidence in any subsequent prosecution.

If the alleged abuser is another client or resident or patient, suitable plans must be made for the protection of the suspected abused vulnerable adult, and others, who may be potentially at risk. When considering this issue, the desired outcome is the least possible disruption for the abused adult.

Where a risk assessment concludes the alleged victim and the alleged abuser should not remain in the same building, then there will be a general presumption that it will be the alleged abuser who is moved, either by relocation or temporary suspension, as appropriate.

Where necessary, appropriate alternative resources should be sought for the alleged abuser or the adult at risk, but the same worker should not be involved in investigation and/or support for both the alleged victim and the vulnerable person.

If the alleged abuser is the vulnerable adult against his/her carer, then the carer's needs must be recognised and assessed. It should also be noted that in certain circumstances, the carer may be a vulnerable adult in their own right, for example an elderly carer.

If the alleged abuser is a member of staff, his/her Line Manager must be informed immediately.

Any member of staff has the right to make a direct referral to the Care Commission. Consideration will be given to any action required under the appropriate disciplinary procedures.

Under no circumstances will the suspected staff member be advised of the allegation until consultation with the Nominated Officer, Health and Social Work, and, as appropriate, the Police, has taken place and a course of action agreed. This may include a decision to temporarily suspend, without prejudice, the staff member as a precaution whilst the matter is progressed.

Information relating to alleged abuse must be brought into a consistent and co-ordinated framework for investigation and further work.

There are a number of procedures and processes that will need to be followed, co-ordinated and managed in parallel including:

- investigation of the complaint including an investigation by the Police of any criminal matter;
- assessment and care planning for the vulnerable person who has been abused;
- use of complaints and grievance procedures;
- action with regard to criminal proceedings;
- action by employers such as disciplinary proceedings, suspension, action to remove the perpetrator from the professional register;
- arrangements for care of the abuser if appropriate;
- consideration of the implications relating to Regulation, Inspection and Contract Monitoring.

Any allegation of abuse will be taken through the following stages:

- reporting to a single referral point;
- recording the precise factual details of the alleged abuse;
- joint discussion, decision and case planning to protect the abused adult and take action with regard to the perpetrator;
- implementation of the agreed action plans;
- monitoring and reviewing.

### **Enquiries into suspected or alleged criminal offences will be conducted or lead by the Police**

There may be occasions when an allegation arises from an anonymous source. All such allegations will be investigated in accordance with these procedures.

Where a known informant wishes to remain anonymous, they should be advised that whilst all reasonable steps in this regard will be taken, there can be no guarantee of absolute anonymity, in particular when a case proceeds to a Court Hearing.

The Vulnerable Witnesses (Scotland) Act 2004 defines a vulnerable witness as:-

- A child (i.e a person under 16 at the time of the complaint or indictment is served on the accused); or
- An adult witness, the quality of whose evidence (as defined in Subsection (4)) may be diminished either as a result of a mental disorder (as defined by Section 328 of the Mental Health (Care and Treatment)(Scotland) Act 2003), or due to fear or distress of the witness associated with giving their evidence.

The provisions of this Act should be borne in mind when dealing with someone in these circumstances and the Area Procurator Fiscal contacted for advice.

Where allegations of abuse are received from an anonymous source, eg unsigned letter, all reasonable steps must be taken, by gathering information, in order to allow for an informed assessment of the credibility of such allegations to be made.

All agencies are responsible for maintaining confidentiality at all times.

### **3.6 THE PLANNING MEETING**

If a planning meeting is required, it must be called by the Social Work Area Community Care Manager within ten working days of the first Assessment Meeting, to formulate the initial care plan. Attendance at, and conduct of, these meetings, will be in accordance with the processes detailed in the Initial Inter-agency Assessment Meeting section which will include representation from all relevant statutory agencies and Highland Council's Corporate Services. In addition to the key people involved, the vulnerable adult must be consulted as to who he/she would like to attend. The appropriate manager should consult with the advocate (carer if appropriate) where the vulnerable adult's wishes cannot be ascertained.

The vulnerable adult and/or advocate where appropriate must be invited to the planning meeting. If the carers (formal/informal) have been informed about the allegations of abuse then they must also be invited to the planning meeting to contribute to the formulation of the care plan. Other relevant people must also be invited if it is acceptable to the vulnerable adult.

If the carer (formal/informal) is the alleged perpetrator, then consideration needs to be given as to whether or not they are invited to the planning meeting. The determining factor in this regard will be the wellbeing of the person who has been abused.

The Area Community Care Manager will convene and chair the planning meeting and ensure that an appropriate record of the meeting is kept. The recording of the planning meeting should accurately reflect the agreements reached, and note the work that is to be undertaken and by whom it is to be done. It will show the dates of the next meeting(s), if any, and will be circulated to all involved at the planning meeting within five working days of the planning meeting taking place.

If there are several vulnerable adults involved, a separate planning meeting must be called for each person.

If the alleged perpetrator is a vulnerable adult a planning meeting must also be convened to look at his/her needs.

The agreed plan of action will:

- nominate a worker to provide a focal point for liaison and communication and ensure that the action plan is followed;
- specify the responsibilities and roles for each named agency worker;
- Indicate if advocacy or legal representation is required
- Consider if the individual should be the subject of a claim for Criminal Injuries Compensation
- Consider whether the vulnerable adult has a guardian in place and if that guardian is a suitable person to represent and support the vulnerable adult during this process
- Contain in the minutes of the meeting a detailed risk assessment and action plan based on the content of that risk assessment.
- Make arrangements for monitoring, support and counselling
- Review the action plan to a timescale specified by the planning meeting which must be within a maximum of six months
- Decide on any further action
- Record a contingency plan in the event of a breakdown in care arrangements or any other significant change in the vulnerable adult's circumstances
- Continue to monitor that the persons living arrangements remain appropriate to their needs and safety
- Forward the outcomes of the meeting to the Head of Operations – Community Care (Social Work)

The Nominated Officer (Social Work) will monitor the attendance of appropriate professionals and agencies at all inter-agency meetings held under these procedures, and convey such information to the Head of Operations – Community Care (Social Work) at 6 monthly intervals.

If relevant, a Senior Police Officer from the local Police station will ensure that the vulnerable adult, carers (formal/informal), if appropriate and the nominated worker are all informed of the progress and outcome of any Police investigation that may have taken place.

Vulnerable adults can be at risk of one, or several, of the following categories of abuse. The following list is not exhaustive.

### 1. Physical

- hitting
- kicking
- inappropriate physical restraint
- force feeding
- inappropriate sanctions

### 2. Emotional/Psychological/Social

- threat of harm or abandonment
- intimidation by word or deed
- humiliation
- harassment
- enforced social isolation or withdrawal from support networks
- verbal or racial abuse

### 3. Financial

Misuse and/or misappropriation of monies, benefits and/or property including:

- theft
- fraud
- pressure in connection with wills
- property or inheritance or financial transfer

### 4. Neglect/Deprivation

- deprivation of food, warmth, clothing, medical attention, or aids
- neglect of physical and emotional needs

### 5. Misuse of Medication

- the withholding of appropriate medication
- over sedation

## 6. Sexual Abuse

This occurs when vulnerable adults are involved in sexual relationships or activities which they have not consented to, or they cannot understand and are in a situation where they are being exploited or pressured into consenting.

Such activities could include, eg

- unwanted physical and sexual contact
- indecent exposure
- sexual harassment (verbal or physical)
- displaying pornographic literature or videos

## 7. Dietary Misuse

e.g. too little or too much appropriate dietary input to sustain an appropriate nutritional status and good health

### 1. Some Possible Indicators of Physical Abuse:

- unexplained skin bruising
- unexplained cuts or abrasions
- unexplained burns
- unexplained fractures etc

However, please remember some physiological processes/medical conditions can cause changes which are hard to distinguish from some aspects of physical abuse.

### 2. Some possible Indicators of Neglect:

- poor hygiene
- malnutrition
- inappropriate clothing
- broken skin

### 3. Some Possible Psychological and Emotional Indicators:

- withdrawal
- depression
- cowering and fearfulness
- sudden changes in behaviour
- deliberate self harm

### 4. Some Possible Indicators of Sexual Abuse:

- unexplained marked fluctuation of mood changes
- gentia-urinary infection
- pain, bruising or bleeding in genital or anal areas
- inappropriate sexually related activities/behaviour

### 5. Some General Indicators Which May Suggest Abuse:

- seeking shelter or protection
- unexplained reactions towards particular settings
- frequent or regular visits to the GP, or hospital casualty department, or hospital admissions
- frequent or irrational refusal to accept investigations or treatments for routine difficulties
- inconsistency of explanation

### 1. Where the following "trigger" behaviours are apparent, these may be additional indicators that abuse is occurring:

- destruction of physical environment
- turning night into day/sleep disturbance
- chronic incontinence
- extreme physical and/or emotional dependence
- verbal abuse and aggression towards the carer
- changes in personality – caused by illness and/or medication
- non compliance with carers wishes
- obsessive behaviour
- wandering/absconding
- self harm

### 2. The following problems exhibited by the carer may increase the risk and likelihood of an abusive situation:

- alcoholism
- mental illness
- stress
- chronic fatigue
- frequent medical consultation

### 3. There may also be a variety of other contributing factors such as:

#### Family History:

- marital violence
- child abuse
- previous relationship difficulties
- conflicting demands of other family members

#### Family Problems:

- housing
- financial
- employment
- lack of support
- lack of respite

### **Individual Unmet Need:**

- lack of appropriate opportunities for the experience and development of all types of personal relationships
- lack of appropriate opportunity for individual autonomy and choice
- lack of knowledge of information/support

### **Organisational Factors:**

- weak or oppressive management
- inadequate staffing (numbers, competence)
- inadequate staff supervision or support
- "closed" communication

### 4.4 CHECKLIST FOR INVESTIGATION

Calling for medical assistance should be the first action by any worker should the vulnerable person require this.

Where a criminal act is alleged and a decision made that a formal criminal investigation conducted or lead by the police is to take place, workers should obtain the following information.

- Source of referral, brief details and background
- Name of vulnerable adult
- Address/telephone
- Date of Birth
- General Practitioner details
- Exact words used by the vulnerable person in making the allegation

The worker should remain on site until the police arrive

In all cases the following information may be helpful and can be obtained from sources of information, such as records, without needing to speak to the vulnerable adult any further at this stage:

- Establish who are the key people in the alleged abused adult's life, e.g. family, neighbours
- Find out who else is involved with the alleged abused adult or has been involved in the past – e.g. Social Services, Home Care, Health Visitor, District Nurse, Community Psychiatric Nurse, Community Learning Disability Nurse
  - ◆ Agency involvement
  - ◆ Contact Person
  - ◆ Address
  - ◆ Telephone

- Check if the vulnerable adult is known to any local hospitals – as an out-patient, in-patient, respite patient – have there been frequent visits to Casualty, frequent admissions to hospital, is a consultant involved?
- What are the current injuries, medical problems, medical history?
- What is the vulnerable adult saying about this investigation?
- Is the current investigation for physical, sexual, emotional or financial abuse or for neglect?
- Date of incident.
- Has the abuse been ongoing?
- In cases of physical abuse, who has seen the injuries? Who has reported the incident? Have the injuries been investigated by a GP or consultant?
- Who is suspected of abusing the vulnerable adult? – name and address if possible.
- What evidence is there for considering this a case of abuse?
- Where did the alleged abuse take place?
- Is anyone else aware of, or is a possible witness to, the alleged abuse?
- Is there any other form of physical evidence available, e.g. soiled or bloodstained clothing?

No case where there are concerns and/or allegations of harm to a vulnerable adult will be closed until:-

- **The vulnerable adult has been interviewed in person outwith the presence of the alleged perpetrator of the abuse**
- **The vulnerable adult has been spoken to alone**
- **Their accommodation has been visited**
- **The views of all relevant professionals have been sought and considered**
- **There is agreement that their welfare will be safeguarded and promoted after the case is closed.**

### 4.5 SUPPORT NEEDS DURING AND FOLLOWING PROCEEDINGS

To provide adequate support structures there has to be awareness at all levels of the need for immediate, short and long-term support for all those affected. All those making complaints, allegations or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that:

- they will be taken seriously;
- their comments will be treated in accordance with the normal parameters on the receipt of information and aspects of confidentiality;
- they will be given support and afforded protection if necessary;
- they will be dealt with in a fair and equitable manner;
- they will be kept informed of action that has been taken and its outcome.

However, anyone making a complaint or allegation must be advised that anonymity cannot be guaranteed, particularly if cases proceed as far as Court.

#### 1. People who have been the Subject of Abuse

- ensuring immediate and future safety;
- awareness that symptoms may be immediate or can be delayed;
- therapeutic interventions;
- access to sex education/assertiveness training in relation to sexual abuse:
- preparation for court appearance.

#### 2. Care Worker for the Person who has been the Subject of Abuse

- willingness and ability to bear to hear the pain which may be very stressful for the worker;
- access to supervision/consultation (both personal and professional), perhaps from outside the agency;
- support from management colleagues.

#### 3. Staff (Who Report Abuse)

- good faith allegations encouraged and responded to appropriately.

#### **4. Other Staff Trying to Cope With Alleged Abuse – Guilt, Anger, Shock etc.**

- opportunities for de-briefing and incident-specific training;
- shared strategy for supporting distressed service users;
- information on safety plan for people who have been the subject of abuse;
- some information on progress of the case(s).

#### **Managers/Home Owners**

- personal and professional support;
- possibility of further training.

#### **5. Parents, Children, Carers, Partners, Advocates**

- sensitive telling;
- counselling possibilities;
- involvement, as appropriate, in safety plans;
- relevant information on progress of case.

#### **6. Other Service Users (as appropriate)**

- acknowledgement of likely distress/anxiety;
- explanation;
- education/training to reduce risks.

#### **7. Support for Alleged Abuser**

- support worker;
- plan for short and long-term;
- awareness of possibility of past history/victimisation;
- training and education of abusers if due to ignorance.

#### **8. Support for Alleged Perpetrator if Staff Member**

- awareness of professional and legal rights;
- adherence to specified procedures for investigating and for handling proven and non-proven cases.

## 9. Sources of Support to Consider When Abuse Has Occurred

- psychiatric services;
- psychological services;
- psychotherapy services;
- counselling services;
- occupational support/counselling services;
- child protection teams;
- Police;
- local solicitors;
- self-advocacy organisations;
- victim support;
- rape crisis centres;
- probation services;
- helplines eg Samaritans and other helplines.

The immediate support needs of any or all of the above categories of people, as appropriate, will be addressed at every stage of this process, by the appropriate Nominated Officers and Managers.

## 4.6 USEFUL CONTACTS AND AGENCIES

## APPENDIX 6

### Social Work Nominated Officers

<u>Agency</u>	<u>Address</u>	<u>Telephone Number</u>	<u>E-mail Address</u>
<b>Caithness</b>	Area Community Care Manager High Street Wick	01955 605040	
<b>Sutherland</b>	Area Community Care Manager Main Street Golspie, KW10 6RB	01408 633033	
<b>Inverness</b>	Area Community Care Manager Town House Inverness, IV1 1 JJ	01463 724220	
<b>Lochaber</b>	Area Community Care Manager Tweeddale Buildings High Street Fort William, PH33 6EL	01397 703397	
<b>Nairn, Badenoch &amp; Strathspey</b>	Area Community Care Manager Corsee Resource Centre Victoria Street Nairn IV12 4HH	01479 810251	
<b>Ross &amp; Cromarty, Skye &amp; Lochalsh</b>	Area Community Care Manager Council Offices High Street Dingwall, IV15 9QN	01349 868569	

### Local Health Nominated Officers

<u>Agency</u>	<u>Address</u>	<u>Telephone Number</u>	<u>E-mail Address</u>
<b>Caithness</b>	Assistant General Manager North Highland Community Health Partnership, Caithness General Hospital Wick	01955 605050	
<b>Sutherland</b>	Assistant General Manager North Highland Community Health Partnership, Lawson Memorial Hospital Golspie	01408 664052	
<b>Ross &amp; Cromarty</b>	Assistant General Manager Mid Highland Community Health Partnership, Maywood Dingwall	01349868793	
<b>Skye &amp; Lochalsh</b>	Assistant General Manager Mid Highland Community Health Partnership, MacKinnon Memorial Hospital Skye	01471 822137	

**Lochaber** Assistant General Manager 01397 702481  
 Mid Highland Community Health  
 Partnership,  
 Belford Hospital  
 Fort William

**Inverness & Nairn** Assistant General Manager 01463 704622  
 South East Highland  
 Community Health Partnership,  
 Royal Northern Infirmary  
 Inverness

**Badenoch & Strathspey** Assistant General Manager 01540 661219  
 South East Highland  
 Community Health Partnership,  
 St Vincents Hospital  
 Kinguissie

**New Craigs Hospital** General Manager  
 New Craigs Hospital  
 Leachkin Road  
 Inverness

**Specialist Advisors**

<u>Agency</u>	<u>Address</u>	<u>Telephone Number</u>	<u>E-mail Address</u>
<b>Adults with Incapacity Advice</b>	Bill Cook Highland Council Kinmylies Building Inverness	01463 703422	
<b>Service Development Officer</b>	Michael Perera New Craigs Inverness	01463 242860	

**Local CHP Nominated Officers**

<u>Agency</u>	<u>Address</u>	<u>Telephone Number</u>	<u>E-mail Address</u>
<b>Caithness &amp; Sutherland</b>	General Manager, North Highland Community Health Partnership, Caithness General Hospital, Bankhead road, Wick, KW1 5NQ	01955 605050	
<b>Mid Highland: Lochaber, Wester Ross, Skye &amp; Lochalsh, East Highland</b>	General Manager, Mid Highland Community Health Partnership, Maywood, Ross Memorial Hospital, Ferry Road, Dingwall, IV15 9QT	01349 868789	
<b>South-East Highland: Nairn/Ardersier, Badenoch &amp; Strathspey</b>	General Manager, South East Highland Community Health Partnership, RNI Community Hospital, Ness Walk, Inverness	01463 704624	

### **Other Useful Contacts**

#### **Action on Elder Abuse**

Astral House  
1268 London Road  
SW16 4ER  
Tel: 020 8764 7648  
Email: [aea@ace.org.uk](mailto:aea@ace.org.uk)

#### **Elder Abuse Response Helpline**

Tel: 080 8808 8141

(Aims to prevent abuse in old age by raising awareness, encouraging education, promoting research and the collection and dissemination of information).

#### **Age Concern Scotland**

Causewayside House  
160 Causewayside  
Edinburgh  
EH9 1PR  
Tel: 0845 833 0200  
Fax: 0845 833 0759  
Email: [enquiries@acscot.org.uk](mailto:enquiries@acscot.org.uk)  
[www.ageconcernscotland.org.uk](http://www.ageconcernscotland.org.uk)

#### **The Scottish Helpline for Older People (SHOP)**

10am - 4pm Monday to Friday  
Tel: 0845 125 9732  
Textphone: 0845 226 5851  
email: [enquiries@acscot.org.uk](mailto:enquiries@acscot.org.uk)

#### **Alzheimer Scotland - Action on Dementia**

22, Drumsheugh Gardens  
Edinburgh  
EH3 7RN  
Tel: 0131 243 1453

#### **Dementia Helpline**

Tel: 080 8808 3000

(Provide information and education, support for carers and quality day and home care campaigns for improved health and social services and greater public understanding of dementia).

#### **Accountant of Court Office**

Supreme Court  
Parliament House  
Edinburgh  
EH1 1RF  
Tel: 0131 225 2595

#### **Victim Support Scotland**

15-23 Hardwell Close  
Edinburgh  
EH8 9RY  
Tel: 0131 668 4486

(Provide information and support to victims of crime)

**Carers National Association**

Ruth Pitter House  
20-25 Glasshouse Yard  
London  
EC1A 4JS  
Tel: 020 740 8898

**Carers Line:** 080 8808 7777

**Ann Craft Trust**

Centre for Social Work, Law and Social Services Building  
University of Nottingham  
NG7 2RD  
Tel: 0115 951 5400

(A national organisation working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse).

**BASE**

The Guildford Institute  
Ward Street  
Guildford  
GU1 4LH  
Tel: 01483 451036

(BASE provides education, training and consultancy services for those working with older people and other adults who need care and support).

**POPAN** (Provential of Professional Abuse Network)

1 Wyvil Court  
Wyvil Road  
London  
SW8 2TG  
Tel: 020 7622 6334

(POPAN helps people who have been abused by health or social care professionals and seeks to prevent future abuse).

4.7 FLOW CHART  
RESPONDING TO ALLEGED ABUSE – KEY STEPS

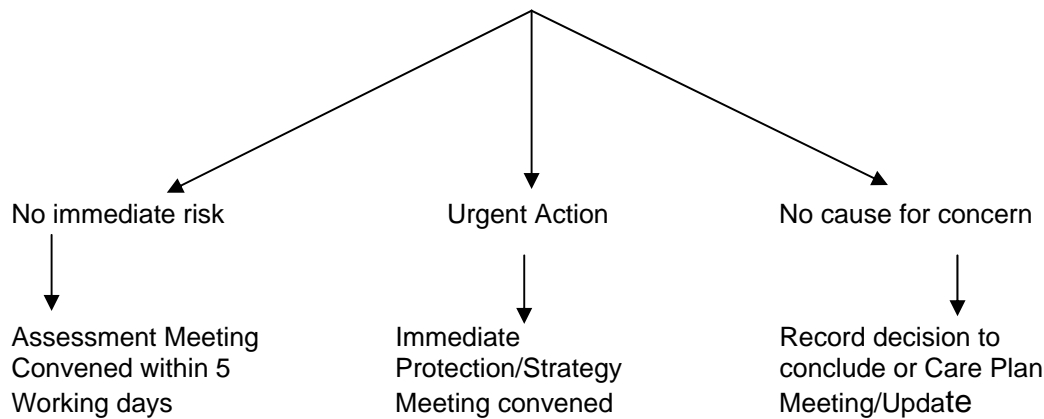
1. Information received or concerns exist regarding possible risk/abuse of a vulnerable adult

- RECORD – MONITOR –

2. Immediate consultation with first Line Manager or Senior Duty Manager of the person to whom the alleged abuse has been disclosed

- RECORD – MONITOR –

3. Line Manager to report to Nominate Officer (Police/Social Work/Heath): who will determine initial risk and key personnel to be involved in any subsequent action

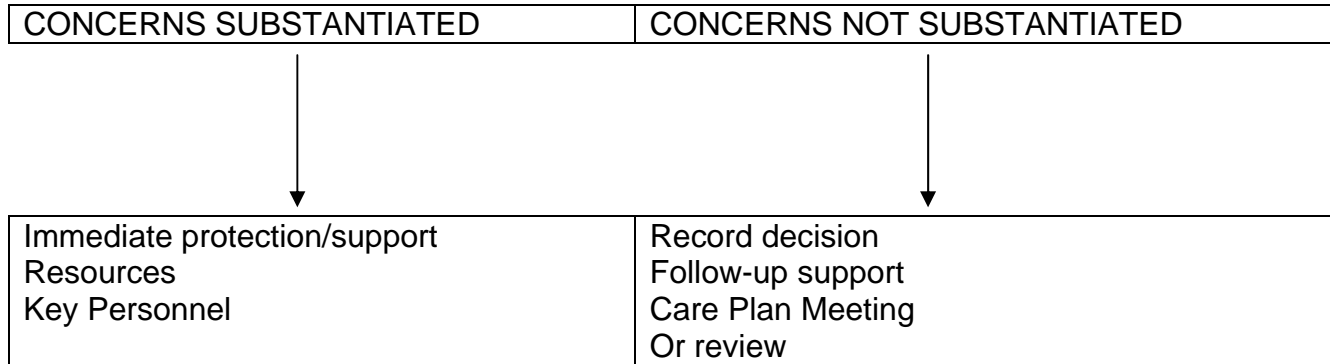


- RECORD – MONITOR –

4. Lead agency/keyworkers identified and gather further information/immediate investigation to commence within 24 hours

5. An Assessment Meeting is held within 5 working days involving (Police, Social Work, Health, other key personnel and agencies)

# THE ASSESSMENT MEETING DETERMINES



**Planning Meeting** within 10 working days of initial assessment meeting

The **Planning Meeting** will develop an agreed action plan as per procedural requirement

**Example of People involved in Case Conference as appropriate in each case**

- Vulnerable adult
- Carer\*
- Advocate
- Key agency staff and professionals – Social Work, Police, Health, Primary Care Trusts, Acute Trusts, Voluntary organisations
- Private Providers
- Line Manager\*

In some instances it may not be appropriate for some of the above to attend.