



ADULT SUPPORT  
& PROTECTION

## **Adult Support and Protection in Highland**

# **Inter-agency Procedures for the Implementation of the Adult Support and Protection (Scotland) Act 2007**

**April 2017**



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# Preface

*Working as part of the “Safer Highland” partnership structure, the Highland Adult Support and Protection Committee has an important role in ensuring that robust arrangements are in place to protect and support adults who are at risk of harm and from the risk of harm.*

*These inter-agency procedures have been developed alongside practitioners to establish the common framework for the implementation of the Adult Support and Protection (Scotland) Act 2007 across Highland. In order to ensure that they remain current and fit for purpose, the Procedures are regularly reviewed and updated.*

*Alongside these procedures are a number of other initiatives which are being progressed. These include raising awareness amongst the public about the types of harm that people may be exposed to and how they can be supported to highlight any circumstances where they believe that someone they know might be at risk of harm. An extensive training programme has also been developed to support the implementation of these procedures. This is key to ensuring that staff who work in the partner agencies and in the independent sector are suitably equipped to use these procedures competently and confidently.*

*The effectiveness of all of these arrangements will be answered in time by adults at risk of harm and the people who care for them. As a result of all our efforts, including implementation of these procedures, our aim must be to ensure that they feel safer and better protected.*

*Pam Courcha*

*Independent Chair*

*Highland Adult Support and Protection Committee*

## INTRODUCTION TO THE ACT

These updated Highland Inter-agency Procedures for Adult Support and Protection - referred to throughout this document as “the Procedures” - have been developed by the partnership of agencies that have primary responsibility for keeping adults safe in the Highlands – The Highland Council, NHS Highland and Police Scotland - along with other partners.

They are designed to ensure consistent intervention and practice across the agencies and are supported by a programme of joint training.

The Procedures support the effective implementation of the **Adult Support and Protection (Scotland) Act 2007**<sup>1</sup>, which is referred to throughout this document as “the Act.” The Procedures are also informed by the **Adult Support and Protection (Scotland) Act 2007: Code of Practice**<sup>2</sup> which provides more detail in respect of how the Act should be implemented.

The Act provides a range of measures that can be used to support and protect adults who are unable to safeguard themselves, their property and their rights.

The Act places duties to make inquiries where it believes that someone is an Adult at Risk. Integration of Health and Social Care services in Highland in April 2012 means that NHS Highland now has responsibility for the delivery of Adult Social Care Services. Other public bodies such as the Police have a duty to inform NHS Highland if there is concern about an adult.

Public bodies are required to work together to take steps to decide whether someone is an Adult at Risk, and to ensure that the adult is protected and supported as necessary. The Act balances the need to intervene in certain circumstances with an adult’s right to live as independently as possible.

The Act completes a suite of Scottish legislation that provides a strong legal framework that ensures that situations where an adult is being harmed are dealt with properly. The main complementary legislation are the **Adults with Incapacity (Scotland) Act 2000** and the **Mental Health (Care and Treatment) (Scotland) Act 2003**.

This is the third edition of the Procedures and supersedes the editions published in 2010 and 2013.

Under the current provisions section 15(1) of the Community Care and Health (Scotland) Act 2002, The Highland Council is not able to delegate functions under

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<sup>1</sup> [Adult Support and Protection \(Scotland\) Act 2007](#)

<sup>2</sup> [Adult Support and Protection \(Scotland\) Act 2007: Code of Practice](#)

Part 1 of the Adult Support and Protection (Scotland) Act 2007 to NHS Highland. Consequently, the Scottish Government published revised regulations<sup>3</sup>, which enable certain functions to be delegated by a local authority to an NHS body. Any reference in Part 1 of the Act to a 'Council Officer' is to be read to include a reference to an employee of NHS Highland and any reference to a 'Council nominee' is to be read as including a reference to a nominee of NHS Highland.

For the purpose of the lead agency arrangement in Highland, these roles are delegated to registered social workers employed by NHS Highland by the Chief Social Work Officer, on the basis of structures and practices set out in the professional social work leadership model, overseen by the Head of Adult Social Care. Any other revisions to roles and responsibilities resulting from integration, including those of the Nominated Officer, are also clarified.

The Highland Adult Support and Protection Committee will continue to maintain an overview of the Procedures and to ensure that they are regularly reviewed and updated to ensure currency and fitness for purpose.

The Procedures are set out in four parts:

**Part One:** Definitions, principles, consent, forms of harm, legislation and key roles;

**Part Two:** The step by step approach to be followed when harm has occurred or is suspected;

**Part Three:** The legal provisions; and

**Part Four:** Applications that should be used in the implementation of these procedures along with relevant contact details.

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<sup>3</sup> Scheme of Delegation of Highland Council functions for Adult Social Care Services (February 2012) Community Care and Health (Scotland) Act 2002 (Incidental Provision)(Adult Support and Protection) Order 2012, Section 2.

# PART ONE

## DEFINITIONS

This section of the Procedures discusses definitions of key terms relating to Adult Support and Protection and the Act.

### Who is an Adult?

In these Procedures, an **adult** means any person aged 16 years old or over, who is not subject to childcare legislation.

### Who is an Adult at Risk?

Section 3 of the Act defines an **Adult at Risk of harm** as an adult who:

- is unable to safeguard his/her own well being, property rights or other interests; **and**
- is at risk of harm; **and**
- because they are affected by disability, mental disorder, illness or physical or mental infirmity is more vulnerable to being harmed than an adult who is not so affected.

This definition is commonly referred to as the “three point test”. **All three** of the conditions stated above must be satisfied in order for an adult to be considered as an Adult at Risk of harm.

It is important to recognise that vulnerability and risk are not condition-specific. In other words, an adult may be affected by disability but still be able to safeguard his or her wellbeing.

Similarly, it must be recognised that not meeting the “three point test” does not necessarily imply that an adult is not vulnerable or may not need a referral for an assessment of need or for some kind of care or support.

In terms of section 3 of the Act, an Adult is at Risk of harm if:

- another person’s conduct is causing (or is likely to cause) the adult to be harmed;  
**or**
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Section 53 of the Act defines ‘harm’ as all harmful conduct and, in particular, includes:

- conduct which causes physical harm;
- conduct which causes psychological harm e.g. by causing fear, alarm or distress;
- unlawful conduct which appropriates or adversely affects property, rights or interests e.g. theft, fraud, embezzlement or extortion; and
- conduct which causes self-harm.

The Act's Code of Practice notes<sup>4</sup> that harm also includes neglect, other failures to act and actions which are not planned or deliberate, but have harmful consequences.

The Code of Practice specifically makes reference to what it describes as 'problematic alcohol and drug use'<sup>5</sup> citing the temporary nature of some presentations which would not meet the "three point test" but also urging care when considering long term use which may result in or contribute to mental disorders or alcohol-related brain damage.

Often central to decisions about risk and harm is the issue of capacity. This should be considered at an early stage in any inquiry or investigation. The law assumes that all adults have capacity until or unless it is established that they lack capacity. Definitions relating to adults who lack capacity can be found in the Adults with Incapacity (Scotland) Act 2000. Importantly, where an adult has capacity, Health and Social Care professionals cannot make or impose decisions regarding how the person should behave, although it may be possible to apply for protection orders if undue pressure can be established.

Any initial enquiry into suspected or actual harm must consider as early as possible whether or not the adult has capacity.

## **PRINCIPLES**

Sections 1 and 2 of the Act set out the general and specific principles to be followed. Whilst considering principles under the Act, it is important to remember that agencies and individuals should ensure that they do not cause the person undue distress or add unnecessarily to any harm already suffered. Agencies should make sure that adults at risk of significant harm receive the highest priority and a speedy response.

### **General principles**

A person may intervene or authorise an intervention only if satisfied that the intervention:

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<sup>4</sup> Code of Practice, Chapter 3, paragraph 20

<sup>5</sup> Code of Practice, Chapter 3, paragraphs 13-16

- will provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs; and
- is, of a range of options, the least restrictive to the adult's freedom

### **Specific principles** governing functions in Part 1 of the Act

A public body or office-holder performing a function in relation to an adult **must**, if relevant, have regard to:

- the general principle (see above);
- the adult's ascertainable wishes and feelings, both past and present (the adult may wish to have an independent advocate to assist them to express their wishes and feelings)
- the views of the adult's nearest relative, primary carer, guardian, attorney or any person with an interest in the adult's wellbeing or property and who are known to the public body or office-holder;
- the importance of the adult's full participation in the performance of the function and the provision of information and support to the adult to enable them to do so;
- the importance of the adult not being treated less favourably than another adult in a comparable position; and
- the adult's abilities, background and characteristics (including age, gender, sexual orientation, religious persuasion, ethnic group and cultural heritage)

## **CONSENT**

The consent of the individual is central to the successful implementation of the Act.

However, where a person refuses to cooperate with inquiries being undertaken, this refusal does not absolve NHS Highland and its partners from completing their inquiries and assessing the degree of risk the person is subject to and the person's ability to understand the possible consequences of their refusal to cooperate.

In making inquiries, professionals should always be aware of the possibility that the adult may be subject to undue pressure in refusing support and/or protection. It may also be that the Adult does not have capacity to consent, or refuse to consent to any inquiries and this too should be considered.

Where it is not possible to obtain consent for an interview or medical examination, e.g. where the person lacks capacity or has difficulty in communicating, it will be necessary to involve any proxy in place with relevant decision-making powers. Any Power of Attorney or Guardianship documentation should be requested and scrutinised in order to confirm validity and powers conferred on named proxies.

Where there is no proxy in place, and the Adult has been assessed to lack capacity, consideration should be given to the use of the provisions of the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2003.

## **FORMS OF HARM**

Essential to the implementation of the Act is the assessment of actual harm and the risk of harm. There are a number of indicators of harm that are recognised as being helpful and reliable in highlighting signs that an adult at risk has been exposed to harmful behaviour. These include:

### **Physical Harm and its Signs**

Physical harm can include punching, kicking, biting, shaking, pushing, slapping, tying down, forcing food or medication.

Physical Signs of harm might include:

- bruising;
- bite marks;
- burns and scalds;
- scars – particularly unusually shaped ones; large numbers of different ages; and
- fractures – especially if there is also pain, swelling, discolouration.

### **Neglect and its Signs**

Neglect can include denying someone food or drink, heat or shelter, privacy or dignity, medical or physical care, or access to other services. It can also include self-neglect. Self-harm, as defined in the Act, will often include self-neglect e.g. through excessive alcohol use leading to a person's failure to care for them self or their environment.

Signs of neglect might include:

- lack of appropriate food, clothing or shelter;
- circulation and skin disorders;
- poor self care;
- lack of protection from or exposure to dangers; and
- failure to seek or delay in seeking appropriate medical attention.

### **Emotional and Psychological Harm and their Signs**

Emotional and Psychological Harm can include being humiliated, intimidated, being shouted at, threatened, bullied in person or on line, or constantly criticised. It can also mean being controlled by someone, ignored or left alone.

Emotional and Psychological Signs might include:

- the behaviour and/or history of the carer (paid or unpaid);
- pressure exerted by family members or others to have someone committed to care;
- significant weight change, loss of appetite or over-eating
- loss of confidence and self-esteem;
- submissiveness or dependence in contrast with known capacity;
- demonstration of fear of another person, including fear of a carer or professional person;
- sudden changes in behaviour in the presence of certain people; and
- being prevented from having appropriate opportunities for socialisation.

### **Financial and Material Harm and their Signs**

Financial and Material Harm can include feeling under pressure to hand over money or possessions, exploitation of property or welfare benefits or stopping someone accessing their money or possessions, stealing, cheating or fraud. It might also be being under pressure to write a Will.

Financial and Material Signs might include:

- misuse of a person's money or resources, without informed consent;
- unexplained or sudden withdrawals from accounts;
- disparity between known income and capital with unnecessary poor living conditions – especially where this has happened recently;
- personal possessions or valuables being damaged or going missing without satisfactory explanation;
- abundance of junk mail e.g. indicating the possibility of significant financial rewards; and
- any unusual interest taken by a relative, friend, neighbour or others, in the person's financial assets, where there is no real concern shown in other matters.

### **Sexual harm and its signs**

Sexual harm can include any sexual activity that a person does not feel comfortable with, want or understand.

Signs of sexual harm might include:

- an aversion to being touched;
- a tendency to withdraw from contact with others and a tendency to spend time in isolation;
- wetting or soiling, day or night, especially if a new behaviour;
- an unexplained pregnancy;
- unexplained sexually transmitted diseases;
- sleep disturbances or nightmares;

- injuries and bruising in the genital area; and
- excessive washing.

### **Domestic Abuse**

Domestic Abuse is not specifically covered in these guidelines. It is, however, recognised that the use of the ASP legislation may well be appropriate in certain cases of domestic abuse.

**Please note** that the current MARAC process within the Highlands of supporting adults affected by Domestic Abuse does not override the Adult Support and Protection Process in cases where there are adults at risk of harm.

MARAC stands for Multi Agency Risk Assessment Conference. It's a meeting where representatives from a number of organisations in the Highlands talk about the safety, health and well-being of people experiencing domestic abuse and draw up an action plan to help make them feel safer. The MARAC process is about reducing the risk of being harmed.

It is important to emphasise that the list of signs as set out above is not an exhaustive list. The kinds of harm that people may be exposed to are continually developing. Such additions may include trafficking, female genital mutilation, hate crimes, stalking and radicalisation.

An individual's experience of harm can vary widely. It is important to look beyond a single incident, as there may be underlying dynamics and patterns of harm.

It is also necessary to be aware that sometimes a random attack by a stranger may take place on an adult who is defined as being at risk. This is an assault and is a criminal matter that should be reported to the police. However, where it is a possible that the violence may be part of a pattern of victimisation in a community or neighbourhood, these Inter-agency Procedures may apply.

### **SUPPORTING LEGISLATION**

#### **The Social Work (Scotland) Act 1968 (as amended by the NHS and Community Care Act 1990 and the Community Care and Health (Scotland) Act 2002)**

The Act identifies a general duty to assess needs in relation to the provision of community care services and to give carers a right to have their needs assessed by the Council. It is expected that wherever possible intervention will take place under the Social Work (Scotland) 1968 as amended or will revert to this legislation whenever practicable.

#### **Adults with Incapacity (Scotland) Act 2000**

The Adults with Incapacity (Scotland) Act 2000 is concerned with 'adults' aged 16 or over who are defined as being;

*“Incapable of acting, making decisions, communicating decisions, understanding decisions or retaining the memory of decisions, by reason of mental disorder or physical disability.”*

An adult with an inability to communicate which can be “made good” by human or physical aid does not fall within the definition of the Act.

### **Principles of the AWI 2000 Act**

All decisions made on behalf of an adult with impaired capacity must

- Benefit the adult
- Take account of the adult’s wishes
- Take account of the wishes of the nearest relative or primary carer, and any guardian or attorney
- Restrict the adult’s freedom as little as possible while still achieving the desired benefit
- Encourage the adult to use or develop their existing skills in the relevant areas of decision making

Capacity is not an “all or nothing” state: an adult may be able to make decisions relating to some aspects of their life, but not others.

The Act places responsibility on a number of different agencies who are concerned with the welfare of adults who are incapacitated.

- In relation to medical treatment and research a medical practitioner has the authority to provide treatment to “safeguard or promote physical and mental health”
- A Local Authority has a duty to apply for an **Intervention Order** or **Guardianship Order** to protect the property, finances or welfare of an adult if no-one else will do so.
- A Local Authority has a responsibility to investigate the circumstances of any individuals at risk who come under the powers/functions of the Act
- A Local Authority can apply for an Intervention Order to resolve short term issues such as financial, on a one off basis.
- Power of Attorney can assist in preventing financial Harm
- The Local Authority has a responsibility to investigate the circumstances of any individual at risk who comes under the powers/functions of the Act; and the Local Authority also has a duty to investigate any circumstance made known to them in which the personal welfare of an adult seems to them to be at risk.
- The **Mental Welfare Commission** protects the interests of adults who lack capacity as a result of mental disorder.

### **Intervention Order (AWI 2000 Act)**

Section 53(3) provides that where it appears to the local authority that:

- (a) The adult is incapable as mentioned in section 53(1); and
- (b) No application has been made or is likely to be made for an order under this section in relation to the decision to which the application under this section relates; and
- (c) An intervention order is necessary for the protection of the property, financial affairs or personal welfare of the adult,

They shall apply for an intervention order under section 53.

### **Guardianship Order (AWI 2000 Act)**

Section 57(2) of the 2000 Act provides that where it appears to the local authority that:

- a) An adult is incapable in relation to decisions about, or of acting to safeguard or promote his or her interests in his or her property, financial affairs or personal welfare, and is likely to continue to be so incapable; and
- b) No other means provided by or under the 2000 Act would be sufficient to enable the adult's interests in his or her property, financial affairs or personal welfare to be safeguarded or promoted; and
- c) No application for guardianship has been made or is likely to be made; and
- d) A guardianship order is necessary for the protection of the property, financial affairs and/or personal welfare of the adult,

They shall apply for a Guardianship Order under section 57.

### **Mental Health (Care & Treatment) (Scotland) Act 2003**

The MH 2003 Act defines mental disorders as any mental illness, personality disorder or learning disability, however caused or manifested

**Sections 25-27** place **duties** on the local authority to provide:

- Care and support services
- Services to promote well being and social development
- Assistance with travel

For people who have a mental disorder.

**Section 33** of the Act places a duty on the local authority to make inquiries where it appears that a person aged 16 or over in their area has a mental disorder and:

- the person may be or may have been subject or exposed to ill-treatment; neglect; or some other deficiency in care or treatment  
or
- the person's property may be suffering or have suffered loss or damage; or may be at risk of loss or damage  
or

- the person may be living alone or without care and unable to look after themselves or their property or financial affairs  
or
- the person is not in hospital and, because of the mental disorder, the safety or some other person may be at risk.

**Section 34** gives the local authority powers to request the assistance of a range of agencies, in carrying out enquiries. These include Health Boards, Care Commission, the Public Guardian, the Mental Welfare Commission, and a National Health Service Trust.

**Section 35** provides power for a Mental Health Officer to apply to a Sheriff or Justice of the Peace for warrants to support the purposes of Section 33 enquires if required. These warrants can only be applied for by a Mental Health Officer.

There are 3 different powers that can be requested within a Section 35 warrant.

These are:

- To authorise entry, with the assistance of police constable
- To authorise the detention of the person in situ for up to 3 hours for the purposes of medical examination by a medical practitioner named in the warrant
- To authorise a specified medical practitioner to access and inspect medical records.

In addition to authorising the MHO and police constable, the warrant can authorise specified persons, and this may include a medical practitioner or health staff.

**Sections 36 and 44** provide a person with a mental disorder to be admitted and detained in a psychiatric hospital for assessment and treatment.

**Section 63** allows for application to be made to the Mental Health Tribunal, for a compulsory treatment order, that can either authorise care and treatment in hospital or in the community.

**Section 292** permits any person authorised under the Act to apply for a warrant to enter premises and to take a patient who is already subject to the Act to any place or into custody.

**Section 293** allows a Mental Health Officer to apply to a Sheriff for a Removal Order. A Removal Order authorises a police constable to enter premises and it authorises the removal of a person aged 16 or above to a place of safety for a period not exceeding 7 days.

**If required advice should be sought from a Mental Health Officer.**

## **KEY ROLES**

### **THE COUNCIL OFFICER**

The Act places a range of duties to intervene and to make inquiries or investigate where an adult may be at risk of harm. The key role referred to in the legislation is that of a Council Officer.

The integration in 2012 of Health and Social Care services means that NHS Highland has responsibility for the delivery of Adult Social Care services. Accordingly, the legislation has been amended to permit the Council Officer role to be undertaken by employees of NHS Highland. Social Workers employed by the Highland Council in Mental Health Officer and Criminal Justice Services are also eligible to practise as Council Officers where it is relevant for them to do so.

Council Officer is a formal, legal title afforded to a discrete group of professionals. In Highland the role is held by social work professionals who are registered with Scottish Social Services Council, have a minimum of one year of experience in identifying, assessing and managing adults at risk and have undergone specialist training. The Council Officer's powers and duties include:

- entering any place for the purpose of enabling or assisting Highland Council / NHS Highland in conducting inquiries to decide whether it must act to protect an adult at risk from harm;
- interviewing an adult in private;
- arranging for a medical examination to be carried out by a health professional
- requesting and examining social care, financial, health and other records relating to an adult at risk (only a health professional may examine health records); and
- applying to the Sheriff for the granting of a Protection Order

It should be noted that in the exercise of the powers and duties set out above the Council Officer requires to obtain the consent of the Adult.

In their inquiries and investigations, Council Officers will report to and be guided and supported by their line managers acting as Nominated Officers together with other Nominated Officers and key professionals as appropriate. The process of inquiry and investigation is enriched through the contributions of all relevant staff as well as through the adult and those closest to them.

In conducting any interview for the purpose of investigation, Council Officers are required to show evidence of their authorisation to visit, to state the object of the visit and to inform the adult of their right not to answer questions.

## THE NOMINATED OFFICER

Throughout the Highland area there will be Nominated Officers identified for each of Health, Social Work and Police partner agencies. Nominated Officers have been identified according to their role and experience in relation to Adult Protection. All Nominated Officers have general responsibilities in relation to Adult Support and Protection which include:

- to ensure that the Procedures and related documentation are consistently applied within their own agency;
- to act as a professional adviser for staff within their own agency on matters relating to the protection of adults at risk of harm;
- to ensure that the training needs of their staff are identified and responded to;
- to provide and/or arrange support for staff, carers and others as required; and
- to contribute to the ongoing review of the Procedures by the Highland Adult Support & Protection Committee.

In respect of specific concerns and allegations, the responsibilities of the Nominated Officers are:

- to receive and record information from staff within their agency and from other referral sources concerning adults at risk of harm; and
- to consult with the Nominated Officers of the partner agencies to discuss and jointly agree:
  1. whether the adult who is the subject of the concern or allegation meets the “three point test”;
  2. any concerns that are referred to them and how they will progress;
  3. roles and responsibilities in any proposed investigation;
  4. actions to mitigate harm and protect the individual; and
  5. the position of any employee who is the subject of an allegation.

In addition to the general responsibilities detailed above, the Nominated Officer for Social Work has enhanced responsibilities:

- to co-ordinate and chair case conferences;
- to ensure the standardised use of adult support and documentation with an accurate record of actions taken, decisions made and agreed outcomes at each stage of the process;
- to ensure regular communications between all key staff and involved parties; and
- to ensure that all documentation is circulated.

## Please note the following points

- a worker cannot be a Council Officer and Nominated officer for the same case; and
- if two different Social Work teams are working with the same service user, such as Criminal Justice Service(CJS) and an Adult Care Services team, then agreement must be taken as to who will take on the Council Officer role and the Nominated Officer role. It must not be assumed that one team will take on the responsibility before the other.
- CJS work with people subject to statutory supervision for set periods of time only, on average between 12 – 24 months, but not all will have an allocated Social Worker. As a guiding principle, if a person is an open case to CJS but not to adult services, has an allocated CJS Social Worker (e.g. a Community Payback Order with a Supervision Requirement or a prison licence), and the period of supervision has more than 3 months to run, CJS may be best placed to fulfil the Council (and Nominated) Officer role subject to agreement. Where a person does not have a Social Worker, CJS would not ordinarily fulfil these roles.

## POLICE SCOTLAND

The Police have a duty to investigate reports of crime. Where it is believed that a crime has or may have been committed against an Adult at Risk of Harm the details **must** be reported to the police at the earliest opportunity by the responsible **Nominated Officer** and an Inter agency Referral Discussion must take place. If there is dubiety about the possibility of a crime, contact should still be initiated as this decision will be made by the Police.

Where a crime has been committed against an adult at risk of harm, the Police will be the lead agency for the investigation. However through the Inter agency Referral Discussion decisions will be made jointly to ensure the safety of the Adult at Risk of Harm.

The Police will always be responsible for the gathering and preservation of evidence but other agencies and individuals who have crimes reported to them have an important role in ensuring evidence is not lost. The noting of statements will be undertaken by the Police. Any information gathered by other agencies should be recorded appropriately and provided to the Police to assist with the investigation.

Where there is a report of physical or sexual assault the Police must be consulted immediately and any medical examination (other than essential emergency medical treatment) should be carried out under the direction of the Police. Evidence of injury

will be examined and recorded by a Forensic Physician on behalf of the Police. Where appropriate, a trained Police photographer will photograph any injuries. Where the victim does not consent to examination by a Forensic Physician the Police may involve the victim's own G.P. (if consent is given for this). Examination will not be carried out unless consent has been given. Where there is concern about the victim's capacity to consent to examination the Adults with Incapacity procedures will be followed.

In many cases there may be no bodily or physical evidence to be gathered, for example, where financial harm or psychological harm has happened; nevertheless, the investigation can still gather evidence and gain convictions, for example, through the corroboration of statements, paper records and agency records.

Through the Inter agency Referral Discussion the Police and Social Work Services will agree any actions necessary to protect the adult at risk during any investigation. It is recognised that the perpetrator may also be the adult's carer and Social Work Services may need to take action to ensure the adult's support needs continue to be met during any investigation by Police.

Police Scotland has dedicated Adult Support and Protection Coordinators based within the Concern Hub at Police Headquarters in Inverness. These Co-ordinators act as the Single Point of Contact in respect of Adult Support and Protection Case Conferences and Adult Concerns.

## **ADVOCACY**

In the 2007 Act Section 6 places a duty on the Council, if it considers that it needs to intervene in order to protect an adult at risk of harm, to consider the provision of appropriate services, including independent advocacy services, to the adult concerned, after making inquiries under section 4 of the Act.

Independent advocacy aims to help people by supporting them to express their own needs and make their own informed decisions. Independent advocates aim to help people by supporting them to express their own needs and wishes and to make their own informed decisions. Independent advocates support people to gain access to information and explore and understand the options available to them.

Independent advocacy can also provide support to a carer to support the carer to express their views about their own situation or their views about the person they care for.

Advocacy contact details can be found in Appendix 1.

## **ADULT PROTECTION COMMITTEE**

The 2007 Act creates an obligation on councils to establish multi-agency Adult Protection Committees (APCs).

The functions of the APCs include:

- a) to keep under review the procedures and practices of the public bodies;
- b) to give information or advice to any public body in relation to the safeguarding of adults at risk within a council area, and
- c) to make, or assist in the making of, arrangements for improving the skills and knowledge of employees of the public bodies.

In performing these functions, APCs must have regard to the promotion and support of co-operation between each of the public bodies. The public bodies involved are the relevant council(s), the relevant Health Board, the Police Scotland Divisional Commander in the council area, and any other public body as may be specified by Scottish Ministers.

APC membership must include representatives of the relevant local authorities, NHS Board and Police Scotland. The Care Inspectorate, the Mental Welfare Commission, Health Improvement Scotland and the Office of the Public Guardian also have the right to attend and must be informed of Adult Protection Committee Meetings.

The Highland Adult Support and Protection Committee take the view that every adult is entitled to:

- live in a home-like atmosphere without fear of violence or harassment;
- make informed choices about intimate relationships without being exposed to exploitation or sexual abuse;
- have his/her money and property treated with respect;
- be empowered (through support if necessary) to make choices about his/her life; and;
- be given information about keeping safe and exercising his/her rights as a citizen.

It is important that any assistance or intervention must be well planned so that wherever practicable the adult is provided with the right kind of support and that the situation does not escalate to the point where they feel that their perspective is not being actively considered.

# PART TWO

## THE TEN STEP PROCESS

Highland operates a Ten Step Process to Adult Protection.

**Steps 1 - 5** relate to the actions that must be taken by staff of any agency where there are concerns about an adult at risk of harm.

**Steps 6 - 10** describe actions that must be taken after a concern has been reported to the NHS Highland Health and Social Care District Team, Highland Council Mental Health Officer Team or Criminal Justice Team.

### Step 1

#### Initial concern about an adult at risk

##### People responsible

The staff member who witnesses, suspects or receives information about an adult being harmed or being at risk of harm, mistreatment or neglect.

**It should be noted that staff members of all public health and social care organisations and their partners including independent and third sector organisations have a responsibility to report concerns and to disclose information about adults at risk of harm. The Law only imposes a legal duty on public bodies but any person, including a member of the public can report a concern.**

##### Action to be taken

If you have witnessed or been informed of an incident and the adult requires urgent medical attention, go to Step 3.

If the adult does not require immediate medical attention but you suspect or have witnessed harm, mistreatment or neglect, consider the immediate wellbeing of the adult and the wellbeing of others who may be affected and speak to the adult about your concern. If harm is suspected, the adult should be advised that you must share your observations and the adult's response with your line manager.

If the adult chooses to disclose a previous incident to you, you must listen to what they have to say and carefully record all the relevant information. It is important that the information obtained is reported to your line manager to allow assessment of the

situation. It is very important that **no detailed interview** of the adult is carried out at this stage.

If you have received information from any source or have witnessed an incident, record your conversation / findings carefully and, if possible, check with the adult that you have accurately recorded your discussion. Record the adult's actual words in relation to their description of the event and their feelings about the outcome. Include the date and the time that the record was made.

Reiterate that you are going to report the details of your conversation/findings to your line manager. Go to Step 4.

### **Will reporting harm breach a duty of confidentiality?**

Function of a public body making a referral will include being bound by a duty of confidentiality in relation to personal and sensitive information. It is noted however under Section 5(3), if the public body or office holder knows or believes that person is an adult at risk of harm and that action is needed to be taken under Part 1 of the 2007 Act to protect them from harm then the facts and circumstances of the case **must** be reported to the council for the area in which it considers the person to be located.

All partner agencies are required to share relevant & proportionate information where harm or a crime may have occurred or may occur.

**Voluntary and private sector agencies should consider if Data Protection Act 1998 exemptions apply.**

**Please note: Any person identifying a concern must not contaminate evidence which may be sought by Police Scotland in the event of a crime. Contamination of evidence can include asking leading questions of the adult at risk, clearing up anything that may have been relevant as evidence, e.g. blood spillage. This should not however deter any individual staff member from ensuring the immediate safety of the adult.**

If the Adult does not give consent to your proposed actions, go to Step 2.

It is vital to note whether there are any other adults and / or children who may be at risk

## Step 2

### Where an adult at risk does not give consent to action being taken

**People Responsible** - The staff member and their line manager

#### **Action to be taken**

If the adult at risk does not consent to any action being taken, his or her wishes should be respected unless any of the following applies:

- it is not clear if the adult has capacity (in such cases there should be an assessment of capacity);
- the adult has been assessed to lack capacity;
- there is evidence that a criminal offence has been committed;
- there is evidence of mental disorder and the 2003 Act can be considered; or
- it is suspected that the adult may be under undue pressure and the adult meets the 3 point test.

If there is a child at risk, contact must be made with the local child protection team/service in accordance with Multi- Agency Child Protection Guidelines.

[http://www.forhighlandschildren.org/2-childprotection/index\\_62\\_4235895155.pdf](http://www.forhighlandschildren.org/2-childprotection/index_62_4235895155.pdf)

If the adult is a resident of a care home, a patient in a hospital or being cared for by regulated services, it is important that any suspected or alleged incidents of harm, mistreatment or neglect are reported in order to protect other residents or patients regardless of the adult at risk's wishes. In these circumstances, it must be explained to the adult that the concern has to be passed to the local Adult Social Care Team. The team will make inquiries and if it is found that there are other adults at risk of harm within the same service, a multi-agency planning meeting will be convened to decide whether a Large Scale Investigation will be initiated. The large Scale Investigation protocol can be found in Section 1, Policies and Procedures on the Adult Support and Protection web page at:

<http://www.nhshighland.scot.nhs.uk/Services/ASC/AdultSupport/Pages/welcome.aspx>

Record your conversation with the adult at risk carefully. Record the adult's **actual** words about what they want to happen. Include the date and time the record was made.

Tell the Adult that you are going to report the details of your conversation to your line manager.

## Step 3

### Where there is a need for immediate medical assistance or police involvement because a crime may have been committed

**People Responsible** - The staff member

#### **Action to be taken**

Urgent medical assistance should be provided and issues of consent or capacity should not prevent this. Contact the appropriate emergency service particularly if an adult at risk appears to be in immediate need of medical attention.

**Contacting the Police** - If the incident is of a serious nature and requires an immediate response call 999. If the incident does not require an immediate response or is something which has not happened recently then discuss with your manager to arrange reporting to Adult Social Care and police.

Staff must be aware of the need to preserve evidence. This may include:

- Securing the scene and keeping the area as sterile as possible until police arrive. This may not be possible if urgent medical attention is required.
- Leaving any blood stains or other body fluids.
- Preserving any clothing and bedding.
- Leaving any potential weapon in situ, unless it is causing a danger.
- Pointing out any potential CCTV evidence to police.
- Listening and recording carefully anything the adult, any potential perpetrator or suspect and any possible witnesses tell you about the incident. **Do not question them** regarding what has happened. Listen and record.

All action taken must be recorded and discussed with a line manager or another senior member of staff. Do not delay contacting the police where necessary if you are unable to contact your line manager. Go to Step 4.

Staff members should not put themselves at risk and should follow their agencies procedures and guidance on safe working practices.

## Step 4

### Consultation with a Manager

**People Responsible** - The staff member and the line manager.

#### **Action to be taken**

The staff member will discuss the suspected or alleged harm, mistreatment or neglect with his/her line manager as soon as possible. If his or her line manager is not available, the staff member will discuss the concerns with a suitable alternative manager.

The following points, amongst others, should be taken into account in decision-making and in the formulation of the plan of action:

- A telephone referral to Adult Social Care (which is the lead agency) to clearly identify the Adult Concern issues. That is, unless it is known that the adult is open to Criminal Justice Service or a Mental Health Officer in which case the referral should go straight to that team. This must be followed up with a written referral - the Adult Concern Referral Form can be used for this. If it is not possible for the referrer to identify the appropriate team then they can access the Highland Adult Protection Line, within working hours only, on **0800 902 00 42** - this must not be used for urgent referrals outside of these times. The Out of Hours standby team can be contacted outside of office hours and at weekends on **0845 601 4813**.
- The person's level of capacity and consequent involvement in actions, choices and decisions should be recognised and their views taken into account where ever possible.

## Step 5

### Referral to NHS Highland Adult Social Care Service (or Criminal Justice Service or Mental Health Team if known to be an open case to the team)

**People Responsible** - The staff member making the referral

#### **Action to be taken**

The staff member reporting the concern to the Adult Service should include all the relevant details where known relating to the case. The staff member receiving the referral should gather as much information as is possible including:

- name, address, date of birth, ethnic origin, gender, religion, type of accommodation, family circumstances, support networks, physical health, any communication difficulties, mental health and any associated statutory orders, and any other information which is deemed relevant and is available;
- the staff member's job title and the reason for their involvement;
- the nature of the allegation or concern;
- details of any care givers and/or significant others;
- details of the alleged perpetrator(s), where appropriate, and his/her/their current whereabouts and likely movements over the next 24 hours, if known;
- details of any specific incidents (e.g. dates, times, injuries, witnesses, potential evidence, (such as, bruising));
- background relating to any previous concerns;
- details on whether police have been notified if a crime has been suspected;
- details on whether medical attention has been required due to the nature of the harm;
- any information given to the adult, and
- the adult's expectations and wishes, if known.

**Communication** – Be clear with regards to any communication difficulties, i.e. English not being first language, use of sign language, extra support needs. If known, record what practical and emotional support the person would require communicating their views and wishes. Inform of any mobility, or sensory difficulties which could impact on the adult's ability to be involved in the Adult Support and Protection process.

A referral can be made by telephone. Any person referring must confirm the referral in writing, although this should not delay or impede action.

## Step 6

# Receiving a Referral into NHS Highland Adult Social Care Service (or CJS or MHO service) – REFERRAL AND INQUIRY PROCESS

**Adult Protection referrals must take priority over all other work. Referrals must be the subject of an immediate assessment.**

**People Responsible** - The staff member receiving the referral; the Nominated Officer determining action to be taken; and the allocated worker undertaking the Inquiry process.

### **CareFirst Process and Timescales**

- Complete referral recording process **ASP1 REFERRAL** on CareFirst within 24 hours of receiving a referral.
- Complete Inquiry recording process **ASP2 INQUIRY** on CareFirst as soon as the Inquiry has been completed. This should be no more than 3 days following the referral. If there is a delay this should be recorded in Observations

### **Action to be taken**

The staff member receiving the referral should ensure that the details in Step 5 are covered. In all cases where adult protection concerns have been expressed, deciding how to respond, and planning to do so is the responsibility of the Nominated Officer.

CareFirst should be checked to ascertain if the person or any alleged perpetrator is known to the Adult Social Care Service, Children's Services, Mental Health Officer Service or Criminal Justice Services.

**Initial Inquiries involve the gathering of information which will assist the Nominated Officer determine whether or not grounds exist to initiate a formal investigation.**

Section 4 of the Act states that "A council must make inquiries about a person's well-being, property or financial affairs if it knows or believes:

- a) That the person is an adult at risk, and
- b) That it might need to intervene (by performing functions under this Part or otherwise) in order to protect the person's well-being, property or financial affairs".

It is the Nominated Officer's decision as to who to allocate the inquiry to. At the gathering information stage of inquiry it may not be necessary to allocate a Council Officer. If the inquiry moves quickly onto an Investigation due to the information received the Nominated Officer will be required to allocate to a Council Officer. Any visits undertaken will have to be undertaken by a Council Officer.

**For detailed information on Inquiries please refer to the Local Operational Guidance for Inquiry Workers, Council Officers and Nominated Officers.**

## **Step 7**

### **Assessment and Decision Making – INVESTIGATION PROCESS**

**The purpose of an Adult Support and Protection Investigation is to gather comprehensive information on the risks that are present for the adult along with detailed information in relation to the adults capacity and communication level.**

**People Responsible** - The Nominated Officer, the allocated Council Officer (and Police if required)

**CareFirst Process** – Complete the **ASP3 INVESTIGATION** process on CareFirst as soon as the investigation has been completed. If there is a delay for any reason this must be recorded in Observations.

#### **Action to be taken**

The Council Officer should undertake an investigation including an assessment of risk. This should involve staff from other agencies, as appropriate, in the gathering of information. Certain public bodies have a duty to cooperate under Section 5 of the Act. The investigation should take account of any previous concerns or reports about, or incidents involving, the adult at risk. Prior to the investigation interview, consideration should be given to ensuring a safe interviewing environment, the use of communication aids, the use of an independent advocacy, and/or an interpreter or of a support person. The person's living arrangements should be seen.

**For detailed information on Investigations please refer to the Local Operational Guidance for Inquiry Workers, Council Officers and Nominated Officers.**

## Step 8

### Adult Support and Protection Case Conference

**People Responsible** – The Chair

**CareFirst Process** – Complete the **ASP4 Case Conference** process on CareFirst within 5 working days of the meeting. The ASP3 Investigation process must be completed before ASP4 is opened.

#### **Action to be taken**

An initial Adult Protection Case Conference should be held within ten working days of the completion of an investigation by Adult Social Care Services, CJS or MHS Service. If this is not possible the reasons must be recorded.

#### **Purpose of a Case Conference**

A case conference is a multi-disciplinary meeting at which information relevant to concerns about harm or risk of harm is shared and considered. All Adult Protection Case Conferences and Review Case Conferences must be chaired by a Team or Service Manager / Senior Practitioner / Advanced Practitioner or equivalent, from within NHS Highland Adult Social Care, Highland Council Mental Health Officer Service or Criminal Justice Service. (The chair should never be the investigating Council Officer)

#### **The purpose of a case conference is:**

- to consider information obtained during the investigation
- to hear from all those involved including the adult and or carer/representative
- to make a decision about the nature and level of risks
- to consider whether other adults are at risk
- to ascertain the capacity of the adult at risk
- to consider the principles of the ASP legislation
- to decide whether to continue plan under ASP procedures
- to consider the use of other legislation e.g. Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003
- to agree an adult protection plan.

**For detailed information on Case Conferences please refer to the Local Operational Guidance for Inquiry Workers, Council Officers and Nominated Officers.**

## Step 9

### Implementation of Adult Protection Plans

**People Responsible** - Social Work Nominated Officer

#### **Action to be taken**

As soon as practicable, after the Adult Protection Case Conference, a meeting of the core group must be convened and chaired by the supervising Social Work Nominated Officer. The core group meeting shall agree how the work of the core group is to be co-ordinated and the timeframe for subsequent meetings at which progress will be reviewed.

If significant changes to the adult protection plan appear to be needed, or if the group considers that the adult protection status of the case should be reviewed, the Nominated Officer must be asked to convene a Review Adult Protection Case Conference.

The Social Work Nominated Officer will:

- monitor implementation of the Protection Plan to ensure that actions are carried out within timescales;
- ensure that ongoing Risk Assessment will be carried out to take account of changing circumstances and needs;
- chair the core group and be responsible for ensuring that the communication plan is adhered to. He or she will make sure that the core group meets monthly. The core group can be convened at any time following a request from any member of the group;
- ensure that there is clear plan in place as to who communicates what and to whom; and
- ensure that a copy of the Adult Protection Plan is held by every member of the core group. He or she will also ensure that core group meetings are recorded and minutes distributed.

The Core Group will include workers who are to be directly involved in the delivery of the protection plan. It may include others at the discretion of the case conference chair.

## Step 10

### Adult Protection Case Conference Review

**People Responsible** - Team Manager (Adult Care Review Team)

**CareFirst Process** – Complete the **Review Case Conference ASP5** on CareFirst within 5 working days of the meeting

#### **Actions to be taken**

All Adult Protection Plans must be considered at a Review Case Conference the date of which will have been agreed at the initial or subsequent review case conference. The meeting shall consider progress made in implementing the Adult Protection Plan and make a decision about the current nature and level of risks and agree changes to the detail of the Plan as appropriate.

Adult Protection Review Case Conferences should take place within 3 months of an initial Adult Protection Case Conference, or more frequently if required.

All relevant paperwork should be completed prior to Review Conference by the Council Officer.

The Review will consider the changes that have been made and will re-assess the level of risk for the adult at risk.

If there are still significant risks, the case will be monitored by Core Group meetings and regular Adult Protection Review Case Conferences.

A decision that the adult protection status of the case should cease may be made at a review case conference if changes have taken place which significantly and demonstrably lower the risks.

The Team Manager (Adult Care Review) will ensure that essential recording takes place.

# PART THREE

## Protection Orders

Three Protection Orders are defined in the Act:

1. An **Assessment Order** allows a Council Officer to conduct an interview in private and/or health professional to conduct a medical examination in private. This may be required to establish whether the person is an Adult at Risk and if further action is required to protect him/her.
2. A **Removal Order** allows the Council to remove the Adult at Risk to a specified place in order to assess the situation and to support and protect him/her.
3. **Banning Orders and Temporary Banning Order** will ban the subject of the order from a specified place. They may have other conditions attached, for example contact under certain conditions.

In order to apply for a Protection Order, the Council Officer must provide evidence that the adult is at risk of 'serious harm.'

Neither the Act, nor the Code of Practice, provides a definition of 'serious harm'. Practitioners will need to determine in each individual case whether they consider that there is evidence of a risk of serious harm.

Serious harm could include injury, long-term psychological harm or sustained financial exploitation. However, some adults may be more vulnerable to serious harm than others in the same situation.

The principle of consent is fundamental to the successful implementation of Protection Orders and indeed the use of the Act generally. The issue of consent is generally mentioned throughout the Act and Code of Practice.

Any action taken under the Act, including a Protection Order, can only be used when the adult at risk has consented. Where the person has not consented, evidence must be given that the adult has been placed under 'undue pressure' to refuse consent by another person as defined under Section 35 (3) and (4). A sheriff may grant a Protection Order if he or she is satisfied that the Adult has been unduly pressurised to refuse consent and there are no other steps which could be taken which would protect the Adult.

Such 'undue pressure' may come from a person, i.e. a family member or carer in whom the adult has trust, and could come in the form of threats, physical assault, intimidation or more subtle psychological pressure. This person is not necessarily the person alleged to have caused harm. Undue pressure may also be applied by a person that the Adult is afraid of or who the Adult does not trust.

The Sheriff will not approve a Protection Order if the adult has refused consent and insufficient evidence is given that the Adult was subject to 'undue pressure' in refusing such consent.

Where evidence is provided to the Sheriff that an adult at risk of harm lacks capacity, the requirement to prove undue pressure does not apply. If an adult does not have capacity to give consent, a guardian or an attorney may be empowered to do so on the Adult's behalf if that guardian or attorney has the power to do so. If there is no guardian or attorney for an Adult who lacks capacity, the Code of Practice states that there is no requirement to show consent or undue pressure. It will however be necessary to provide evidence of incapacity and the consent of an attorney or guardian if available.

## **Assessment Orders (Section 11)**

### **Powers**

- Allow a Council Officer, or any Council nominee, to interview the specified person in private, and
- Allow Health professional nominated by the Highland Council, or NHS Highland under delegated powers, to conduct a private medical examination.

### **Criteria**

- Reasonable cause to suspect that the person in respect of whom the order is sought is an adult at risk who is being, or is likely to be, seriously harmed.
- Purpose is to "establish whether the person is an adult at risk, and being, or likely to be, seriously harmed".
- There is a place available and suitable for the interview and examination.

### **Timescales**

- Valid from the date specified in the Order.
- Expires 7 days after that date.

### **Applying for an Assessment Order**

An Assessment Order should only be applied for if there are serious concerns about an adult who may be at risk of harm and where it has not been possible to make a proper assessment. An Order should not be applied for unless attempts have already been made to undertake an assessment, and these have proved unsuccessful, for example, because access has not been allowed to the adult.

If it has already been established that the adult is at risk of serious harm, an Assessment Order may not be appropriate, and other legal powers should be sought if required.

The Council Officer must liaise closely with the Highland Council's Legal Services in making such an application using the appropriate application. (See applications in Part Four)

Information required to complete the application includes:

- evidence for the suspicion that the adult is at risk of serious harm;
- reason(s) why an assessment is required;
- where the adult will be taken to, i.e. the 'suitable place';

- whether, in an urgent case, the Sheriff will be asked under Section 41(2) to dispense with notice to the adult of the hearing, providing this does not adversely affect any other person; and
- where the adult has not consented to the Order, evidence must be given of any 'undue pressure' applied to the person by others, e.g. family members, friends or acquaintances, not to consent. If there is no evidence of 'undue pressure' and the adult does not consent, the application should not be made unless the Adult lacks capacity.

The application for an Assessment Order must be forwarded to the Sheriff at the Court relevant to the person's home address. If the situation is urgent, the application should be delivered by hand or emailed following discussions with the Sheriff Clerk at the Court. It is the responsibility of the Council Officer, in conjunction with the Council's Legal Services, to lodge the application.

There is a requirement to give notice of the application to the adult at risk and a copy should be served on the person as soon as the application is lodged in Court and warranted by the Court.

If the Sheriff disappplies the requirement to give notice and grants the Assessment Order, it should be implemented without delay. Consideration should be given as to how to affect the order, including the involvement of Police Officers and other colleagues. Involving someone who knows the adult may be helpful.

### **Warrants for Entry**

When an application for an Assessment Order is made it should include an application for a Warrant for Entry. The Warrant can then be used if entry to premises is refused. Where entry has been, or is likely to be refused, the Police must be involved, as only a Police Officer can use reasonable force to gain entry. It is preferable to gain entry without the use of a Warrant wherever possible, but it should be applied for at the outset to avoid the possibility of delay.

### **Suitable place for assessment**

A suitable place to take the adult for assessment will depend on the individual and the purpose of the assessment. Possible places include a General Practice Surgery if a medical examination is required, a hospital if the adult has suffered injury or is unwell, the local Adult Social Care office, residential home, day care centre or if appropriate, the home of a family member or friend. Neither the Act, nor the Code of Practice, specifies what would be a suitable place. Such a place should be specified in the application. The owner of the place should be consulted and willing to co-operate

### **Right of Appeal**

There is no right of appeal against an Assessment Order.

## **Removal Orders (Section 14)**

### **Powers**

- Allows a Council Officer, or any Council Nominee, to move a specified person to a specified place.

- Allows the Highland Council or NHS Highland under delegated powers, to take such reasonable steps as it thinks fit to protect the person from harm.

### **Criteria**

- The person subject to a Removal Order is an adult at risk who is likely to be seriously harmed if not moved to another place.
- There is a place available and suitable for the person to be moved to.

### **Conditions**

- The order may require The Highland Council, or NHS Highland under delegated powers, to allow any specified person to have contact with the adult at risk at specified times and under specific conditions. This includes the alleged perpetrator.

### **Timescales**

- Expires 7 days after the day on which the adult is moved, so that authority to keep the Adult in the place to which the Adult is removed will only last 7 days
- The adult must be moved within 72 hours of the Order being granted.

Only a Council Officer or a Police Officer may enter any place in order to move an adult in the terms set out by the warrant issued by the Court.

### **Applying for a Removal Order**

The Council Officer must liaise with the Council's Legal Services in making the application, using the appropriate application.

Information required to complete the application includes:

- evidence that the adult is at risk of harm;
- the reason why removal of the adult is required, rather than an assessment at home or a banning order on another person;
- where the adult will be taken to, i.e. the 'suitable place';
- whether there is a person or people who should have access to the adult during the period of removal and the nature of their relationship with the adult;
- whether the adult has consented and if not, what undue pressure has been applied not to consent; and
- whether notice to the adult should be dispensed with and why.

A Removal Order should be used when there are serious concerns about an adult and the only way of protecting the adult is by removing them to a safe place. It should be noted that the Order only lasts for a maximum of 7 days from the date of removal and cannot be renewed. This means that consideration must be given before the order is applied for as to what will happen when it expires. If the adult has capacity and wishes to return home after 7 days, there is no legal mechanism to prevent this. In such cases, a Protection Plan must be devised as soon as possible. Note that steps must be taken by the Council to protect the property of the adult.

### **Warrant for entry**

Application for a Warrant for Entry should be made at the same time and on the same form as the application for the Removal Order. The warrant expires 72 hours after it is granted.

### **Specified place for Removal Order**

The place where the adult at risk is taken, i.e. the 'specified place,' requires to be suitable and the sheriff will require to be satisfied in this respect. The specified place is likely to be a care home, or another place where the adult feels safe, which could for example be the home of a family member. It will not be a hospital, unless this meets the adult's needs because of injury or illness.

### **Urgent cases**

Where it is not practicable to apply to the Sheriff and the adult is likely to be harmed if there is any delay, an application may be made to a Justice of the Peace (JP). In this case, the appropriate application should be used. This includes a Warrant for Entry. Where the application is granted by a Justice of the Peace, it must be implemented within 12 hours. Any Removal Order granted by a JP expires 24 hours after the adult is removed, rather than the 7 days, had it been granted by the Sheriff.

### **Right of appeal**

There is no right of appeal against a Removal Order but an Adult can apply to have it recalled whilst it is in place.

## **Banning Order (Section 19)**

### **Powers**

- Bans a person ('the subject') from being in a specified place or the vicinity of that place.
- Allows the Sheriff to make other orders which might be necessary for example preserving the adult's property, ejecting the subject from a specified place or area, or anything else which will ensure the protection of the adult.

### **Criteria**

- The adult at risk is being, or is likely to be, seriously harmed by another person.
- It would be better to remove the perpetrator from the house than to remove the adult at risk.
- The adult at risk is entitled to occupy the property concerned or neither the adult nor the subject is entitled to occupy the place from which the subject is to be banned.

### **Timescales**

- Valid for up to 6 months or until recalled or varied by the Sheriff.
- The Order cannot be renewed but a new application can be made after expiry.
- Comes into operation only after the Order is served on the subject.

### **Applying for a Banning Order**

The adult him or herself, or any other person entitled to occupy the property, can apply for a Banning Order. The Highland Council, or NHS Highland acting under delegated powers, must apply if satisfied that the criteria apply and no one else has made or is likely to make an application.

The Council Officer must liaise closely with the Highland Council's Legal Services in making the application. The appropriate application should be used.

Information required to complete the application includes:

- evidence that the adult is at risk of serious harm;
- evidence of why the adult will be better safeguarded by removing the subject rather than removing the adult at risk;
- evidence of the adult's entitlement to occupancy or lack of entitlement of both the adult and the subject;
- whether the Sheriff will be asked under Section 41(2) to dispense with notice to the adult of the hearing;
- where the adult has not consented to the Order, evidence must be given of the 'undue pressure' applied to the adult by others, e.g. family members, friends or acquaintances, not to consent. If there is no evidence of undue pressure, and the adult does not consent, the application should not be made;
- whether application should be made for a Power of Arrest;
- what powers and/or conditions are being sought (please see below); and
- whether, in more urgent cases, a Temporary Banning Order is being sought.

The application for a Banning Order must be made at the Court relevant to the adult's home address. If the situation is urgent the application should be delivered by hand or emailed following a telephone call to the Sheriff Clerk of that Court. It is the responsibility of Council Officer in conjunction with the Council's Legal Services to lodge the application.

If the Sheriff makes a Temporary Banning Order, it should be implemented without delay. Consideration should be given as to how to effect the order, including the involvement of Police Officers and other colleagues. Involving someone who knows the adult may be helpful. A Temporary Banning Order expires when the main application is determined or is required to be determined, when it is recalled or on a specific date, if an expiry date is specified.

### **Powers and/or conditions which may be sought**

The powers and/or conditions which may be sought are dependent on the adult's individual situation. They may include:

- banning and removing the subject(s) from the adult's home - consideration must be given to the impact that this will have on the adult if the subject is the main carer;
- banning the subject(s) from an area around the adult's home - this may be because a person, or persons, are harassing, intimidating or exploiting the adult by going to their house, or its vicinity, and for example demanding money;
- regulation of contact between the adult and subject(s);
- attachment of a power of arrest;
- direction re preservation of the adult's property;
- prohibition on the subject from removing any specified thing from the specified place; and
- anything else which is necessary to enforce the Order.

### **Right of appeal**

There is a right of appeal against a Banning Order to the Sheriff Principal, but only with leave of the Sheriff who granted the Order, and from the Sheriff Principal to the Court of Session.

# **PART FOUR**

## **FURTHER RELEVANT INFORMATION IN RELATION TO ADULT SUPPORT AND PROTECTION**

### **TRANSITION BETWEEN CHILD PROTECTION AND ADULT PROTECTION PROCESSES**

There is a clear need to ensure a consistency of approach and ease of transition between child protection and adult protection processes, especially for young people with disabilities.

This can refer to two separate groups:

- 1) Those between the ages of 16 and 18 who present as a new case.
- 2) Those where new concerns are raised in an existing case that is not on the Child Protection Register.

In such cases:

- at the point of referral the relevant Nominated Officer for Adult Social Care and Family Team Practice Lead for Care and Protection, in consultation with colleagues in Health and Police, will agree which guidance would be most appropriate to manage the case; and
- whichever guidance is followed, the initiation of the procedure should also be flagged in the other system.

For those cases where a young person is on the Child Protection Register on their 16<sup>th</sup> birthday: at the next Child Protection Plan Meeting, where it is determined that the young person should continue to be registered, consideration should be given to which guidance would be most appropriate to manage the case:

- if there is consensus that the adult protection processes should apply, responsibility can only be transferred if formal agreement of the Family Team Practice Lead for Care and Protection and the Nominated Officer for Adult Social Care can be confirmed at the meeting or the subsequent core group meeting - these meetings also have the responsibility for agreeing and documenting the necessary transfer arrangements in processes; and
- whichever guidance is followed, the initiation of the procedure should also be flagged in the other system.

### **APPROPRIATE ADULTS**

When an adult who is believed to have a mental disorder or is considered to be vulnerable is interviewed by Police as a victim, accused, suspect or witness, an Appropriate Adult should be present to facilitate the communication between the adult and the Police. Appropriate Adults are expected to pick up any indicators that the adult does not understand what they are being asked or told. They do not act in an advocacy role, but focus on the adult not being disadvantaged in any way.

Details about Highland's Appropriate Adult Service can be found at <http://www.nhshighland.scot.nhs.uk/Services/ASC/AppropriateAdult/Pages/welcome.aspx>

## **PUBLIC BODIES**

In addition to The Highland Council, NHS Highland and Police Scotland, the Act requires public bodies including the Care Inspectorate, the Office of the Public Guardian and the Mental Welfare Commission to cooperate with any inquiries initiated under this legislation. These bodies are also required to notify NHS Highland where they have concerns about any adult who is considered to be at risk of harm.

## **VULNERABLE WITNESSES**

The Vulnerable Witnesses (Scotland) Act 2004 makes provision for the use of support measures to help adults considered to be vulnerable to participate more fully in court proceedings by reducing anxiety and pressure. The procurator fiscal should fully consider alternative ways of the adult giving evidence.

## **LARGE SCALE INVESTIGATIONS**

A large scale investigation may be required when an adult, resident in a care home, hospital, supported accommodation or similar setting, or receiving services while living in their own home, has been assessed as at risk of harm and inquiries or investigations indicate that the risk can be due to another resident, a staff member or a failing or deficit in the management or environment of the service. A protocol for the management of a large scale investigation has been developed to sit alongside and be informed by these Inter Agency Procedures. The Large Scale Investigations Protocol can be found under Section 1, Policies and Procedures on the Adult Support and Protection web page at

<http://www.nhshighland.scot.nhs.uk/Services/ASC/AdultSupport/Pages/welcome.aspx>

## **CROSS BOUNDARY WORKING**

Section 53 of the Adult Support and Protection (Scotland) Act 2007 states that references to a Council in relation to any adult known or believed to be at risk, are references to "the Council for the area which the person is for the time being in"

This means that the Council described above is responsible for conducting inquiries and investigations and making applications. For adults placed in care homes or in supported living arrangements funded by another area (cross boundary placement), the host authority is responsible for undertaking inquiries into adults at risk.

If an adult is placed in Highland by another area then it will be NHS Highland's responsibility to take the lead on inquiries and investigations if there is evidence to suggest the adult is at risk of harm.

The placing authority should be notified of the concerns and should provide support to the adult at risk and provide any necessary support and information to NHS Highland in order for a prompt and thorough investigation to take place.

## **CRITICAL INCIDENT / ADVERSE EVENT AND SIGNIFICANT CASE REVIEWS**

The management of critical incidents / adverse events will continue to be undertaken in accordance with relevant local NHS Highland, Highland Council or Police Scotland procedures as appropriate. Procedures for undertaking a Significant Case Review have been developed on behalf of Safer Highland. This protocol can be found under section 1 Policies and Procedures on the Adult Support and Protection web page at <http://www.nhshighland.scot.nhs.uk/Services/ASC/AdultSupport/Pages/welcome.asp>

[X](#)

Scottish Government is also introducing guidance for adult support and protection Serious Case Reviews which will be reflected in local guidance when published.

## **DISSATISFACTION OF SERVICE USERS, THEIR FAMILIES OR CARERS AND COMPLAINTS**

If an individual or organisation has a concern or complaint about the application of the Procedures, the Lead Adviser, Adult Support and Protection should be informed. They in turn will advise the Chair of the Adult Support and Protection Committee in order that a procedural review can be conducted and any required clarification or amendment introduced. Contact details can be found in Appendix 1. If however an adult, a family member or carer has a complaint about the service of a particular agency, that should be raised with the agency concerned who will address it through their Complaints Procedure.

If an adult, family member or carer is dissatisfied with the decision arising from the adult support and protection process, it should be raised with the appropriate Team Manager, Integrated Team Lead or Social Work Advanced Practitioner in the first instance. If unresolved, it should then be referred to the relevant NHS Highland District Manager, Director of Adult Social Care or Chief Social Work Officer as appropriate.

## **QUALITY ASSURANCE**

The Adult Support and Protection Committee together with the Adult Support and Protection Improvement Group is committed to the continuous review and improvement of procedures, practice and training in order to ensure that key partners and the wider health, social care and housing workforce are equipped to effectively support and protect adults who are unable to safeguard themselves, their property or their rights. The above Committees welcome all comments or suggestions for improvement from all sources. These should be routed through the Lead Adviser, Adult Support and Protection whose contact details can be found in Appendix 1

## **HUMAN RIGHTS/RESTRICTION OR DEPRIVATION OF LIBERTY**

Scottish law and practice in relation to the care and treatment of people with mental health issues and learning disabilities respects their right to liberty and security under Article 5 of the European Convention of Human Rights ('ECHR') and Article 5 of the Human Rights Act 1998.

When someone with a mental disorder, disability or physical or mental infirmity may require care in conditions which amount to deprivation or restriction of liberty it is important to ensure that human rights are respected. It generally deals with people unable to consent to care arrangements, but can apply to people who can take their own decisions.

The three considerations for human rights are

- is the action necessary?
- is the action proportionate to the risk identified?
- is there is a legal basis that enables the action proposed?

Where the proposed action could result in a restriction or deprivation of liberty, staff should also ensure that they take into account whether the Adult consents or, in the case where an Adult lacks capacity, if someone authorised on their behalf is consenting to what might otherwise be a deprivation of liberty situation. In either event deprivation of liberty situations require to be discussed at case conference.

### **CARERS (SCOTLAND) ACT 2016** (commenced on April 1, 2018)

The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;
- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

The Act contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits within the wider policy landscape including: integration of Health and Social Care; GP contract; new social security powers; and Fair Work agenda.

### **Form and Applications - Contents list**

#### **Application 1: Referral form**

#### **Application 2: Assessment order**

#### **Application 3: Removal order**

#### **Application 4: Banning order**

(Please note that the following sample applications can be accessed electronically via the respective intranets of The Highland Council, NHS Highland and Scottish Police).

## Application (1) Adult Protection - Reporting a concern

This form can be completed by all non-Social Work staff and will be used to inform the initial contact details (referral) on CareFirst for Adult support & protection concerns

### Adult Concern Referral Form

<b>Date</b>	
<b>Does the adult have children under the age of 16?</b>	Select

#### Adult's Details

<b>Name of Adult</b>	
<b>Also known as name of Adult</b>	
<b>Date of Birth / Age</b>	
<b>Place of Birth</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Religion</b>	
<b>First Language</b>	
<b>Preferred method of communication</b>	
<b>Does the Adult have any disability/medical condition?</b>	Select
<b>If Yes, Please give details</b>	
<b>Home Address</b>	
<b>Telephone Number(s)</b>	
<b>Current Address (if different)</b>	
<b>Telephone Number(s)</b>	

### Nature of Concern

Mental Health Issues	<input type="checkbox"/>	Learning Disability	<input type="checkbox"/>
Drug Consumption	<input type="checkbox"/>	Alcohol Consumption	<input type="checkbox"/>
Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
Speech Impairment	<input type="checkbox"/>	Physical Injury/Impairment	<input type="checkbox"/>
Attempted Suicide	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Self Harm	<input type="checkbox"/>	Psychological Harm	<input type="checkbox"/>
Sexual Harm	<input type="checkbox"/>	Other (Please specify)	<input type="checkbox"/>

### The 3-Point Test

In your opinion is the adult able to safeguard their own well-being, property, rights or other interests?	Select If no state the reason why:
Is the adult at risk of harm?	Select If no state the reason why:
Is the adult affected by disability, mental disorder, illness or physical or mental infirmity? (i.e. they are more vulnerable to being harmed than adults who are not so affected)	Select If yes state the reason why:

**Nature of Concern (continued)**

<p>Describe the issues which give you cause for concern, and why.          Include how many occasions or how long this has been happening, and the possible impact, if known on the Adult.</p>

**Consent to Share Information**

<p>Has consent been given to share information?</p>	<p>Select</p> <p>If no state the reason why:</p>
<p>Has consent been given to share information with GP?</p>	<p>Select</p> <p>If no state the reason why:</p>

**Details of any children the adult has who are under 16 regardless if they reside with the adult or not**

Name	Date of Birth	Gender	Address	School

**Other person(s) living at adult's home address**

Name	Date of Birth	Gender	Address	Occupation	Relationship to Adult

**Other Significant Person(s)**

Name	Date of Birth	Gender	Address	Occupation	Relationship to Adult

### Agency(s) Involved with the Adult

Agency			
Name of Agency Contact		Contact Telephone Number	
Nature of Agency involvement			

### GP Details

GP Name		Contact Telephone Number	
GP Address			
Health Issues or known medication			

### Person Submitting Details

Name		Date Submitted	
Designation		Station / Division	
Contact Telephone Number			
Supervisor Details Any other comments			

**N.B.** Please email the completed form to the adult's local health and social care team.

If you are unable to establish which team to email it to, please email it to [nhshighland.adultprotection@nhs.net](mailto:nhshighland.adultprotection@nhs.net) or telephone 0800 902 0042\* for further assistance.

*(\* Please note that this number is not always staffed and you may have to leave a voicemail message for someone to return your call)*

**Application (2) - Sheriffdom of Grampian, Highland and Islands - Assessment Order**

**Application for an Assessment Order by The Highland Council**

*Section 11 of the Adult Support and Protection (Scotland) Act 2007*

	Case No. Date Lodged
<b>Application to Sheriff at</b>	
<b>For an Assessment Order under Section 11 of the Adult Support and Protection (Scotland) Act 2007</b>	

<p><b>Part 1:</b>  <b>Details of applicant and other person who the applicant believes should receive notice of the application</b></p>
---

<b>Applicant: Insert name, address, telephone number, DX and fax numbers of Local Authority</b>		
Name:	Designation:	
Address:		
Local Office:	Telephone	
	Fax Number	
	DX Exchange	
<b>Adult: Insert name, address, gender and date of birth</b>		
Name:	D.O.B	Gender: M/F
Address:		
<b>Safeguarder:</b>		
<b>Insert name, address, telephone number, DX and fax number (if known) of any Safeguarder appointed</b>		
Name:		

Address:	Telephone:
	Fax Number:
	DX Exchange:

Details of any person who should receive notice of the application e.g. any person who is caring for the adult at the time of the application being made:

Insert name, address, telephone number of persons and provide details of their interest in the adult. This should include any guardian or attorney of the Adult who is the subject of the Application.

Relationship:	Name	Address	Tel No

Detail of the above person(s) interest in the application

**Part 2: Information about the application and orders sought**

**Grounds for making application**

**Application to provide details of ground for making the application:  
See Section 11 of the Adult Support and Protection (Scotland) Act 2007**

Section 11 (please tick where applicable)

a. The Local Authority have reasonable cause to suspect that the person in respect of whom the order is sought is an Adult at Risk who is being, or is  likely to be, seriously harmed.

b. An Assessment Order is required in order to establish whether the person is an adult at risk who is being or is likely to be, seriously harmed; and

c. There is a suitable and available place at which the person is to be interviewed and examined

**Include reasons why the Adult is considered to be at risk and details concerning the place where the assessment is to be carried out. Also indicate by whom this assessment will be carried out.**

**Supporting evidence**

**The following supporting evidence is produced List any reports, statements, affidavits etc**

**Other applications and orders which affect the adult**

**Insert details of any other guardianship or power of attorney orders made which affect the Adult**

**Part 3: Details of the order sought and any terms conditions or directions**

**Assessment**

**a. the type of assessment is:**

**b. the assessment would begin on:**

**c. the person(s) to be authorised to carry out any assessment is/are (*insert name, designation and address*)**

Name: .....

Designation: .....

Address: .....  
.....  
.....

Name: .....

Designation: .....

Address: .....  
.....  
.....

Name: .....

Designation: .....

Address: .....  
.....  
.....

**Part 4: Details of first order sought from the Sheriff**

The Applicant requests the sheriff to:

- a. Fix a hearing
- b. Order service on the Adult
- c. Order service of a copy of the application and the first order on the persons listed in Part 1 of this application.
- d. Dispense with service on the Adult for the following reasons:
- e. Grant warrant for entry to the property at (insert adult's address).

Signed ..... Date

**Application (3) - Sheriffdom of Grampian Highland and Islands - Removal Order**

**Application for a Removal Order by The Highland Council**

*Section 14 of the Adult Support and Protection (Scotland) Act 2007*

Case No. Date Lodged		
<b>Application to Sheriff at</b>		
<b>For a Removal Order under Section 14 of the Adult Support and Protection (Scotland) Act 2007</b>		
<b>Part 1:</b> <b>Details of applicant and other persons who the applicant believes should receive notice of the application</b>		
<b>Applicant:</b> <b>Insert name, address, telephone number, DX and fax numbers of Local Authority</b>		
Name:	Designation:	
Address		
Local Office	Telephone	
	Fax Number	
	DX Exchange	
<b>Adult and subject of the application: Insert name, address, gender and date of birth</b>		
Name:	D.O.B	Gender: M/F
Address:		
<b>Safeguarder: Insert name, address, telephone number, DX and fax number (if known) of any Safeguarder appointed</b>		
Name:		

Address:		Telephone:
		Fax Number:
		DX Exchange:

**Details of any person who should receive notice of the application:**  
**e.g. any person who is caring for the adult at the time of the application being made:**  
**Insert name, address, telephone number of persons and provide details of their interest in the application. This should include any guardian or attorney of the Adult who is the subject of the Application**

Relationship:	Name	Address	Tel No

Detail of the above person(s) interest in the application and/or child

**Part 2: Information about the application and orders sought**

**Grounds for making application:**

**Application to provide details of grounds for making the application: Section 14 and 15 Adult Support and Protection (Scotland) Act 2007.**

Section 15(1)	Application by Local Authority and it is considered that	<input type="checkbox"/>
d.	The person in respect of whom the order is sought is an adult at risk who is likely to be seriously harmed if not moved to another place	<input type="checkbox"/>
	AND	
e.	There is an available and suitable place to which to move the Adult at risk	<input type="checkbox"/>

**Other applications and orders which affect the adult:**  
Insert details of any other guardianship or power of attorney to which the Adult is subject

**Supporting evidence:**  
The following supporting evidence is produced - List any reports, statements, affidavits or other evidence produced

**Suitability of the place where it is proposed the adult be removed to**  
Insert details including address of the proposed place and the proposed carer

**Part 3: Details of order sought and any terms, conditions or directions**

**Order sought**

The applicant requests the Sheriff to make a Removal Order in respect of the Adult (*insert name*) and a Warrant to enter the premises at (*insert property from where adult is to be removed*) in order to remove the Adult.

**Terms and conditions to be attached to order**

In terms of Section 15 of the Adult Support and Protection (Scotland) Act  2007 the applicant seeks an order to (tick where applicable)

a. Authorise a Warrant to remove the Adult by the applicant to  
(insert name of the place)

b. Keeping the Adult at that place for a period of (insert period – not  
more than 7 days)

c. Dispense with service of this Order of the Adult for the following reasons:-

**Ancillary orders in relation to contact section 15 (2) Adult Support and Protection (Scotland) act 2007**

Insert any proposed contact arrangements between the Adult and any specified person during the period of removal.

Signed .....

Date .....

(Name, designation, and address, telephone, DX and fax numbers)

**The applicant requests the sheriff to:**

- a. Make a Removal Order in respect of the said Adult on the terms and conditions set **out** in Part 3 of the application, and subject to the directions sought in Part 3 of the application.
- b. Order the applicant to forthwith serve a copy of the Removal Order (and a copy of the application) on, the persons listed in Part 1 of this application,
- c. Dispose with service of this order on the Adult in order to protect them from serious harm

Name:

Designation:

Address

Local Office

Telephone

Fax Number

DX Exchange

**SHERIFFDOM OF GRAMPIAN HIGHLAND AND ISLANDS**

**BANNING ORDER**

**APPLICATION FOR A BANNING ORDER BY THE HIGHLAND COUNCIL**

**SECTION 19 OF THE ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007**

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Case No.  
Date Lodged.

**Application to Sheriff at**

for a Banning Order under Section 19 of the Adult Support and Protection (Scotland) Act 2007 (the Act)

**Part 1 DETAILS OF APPLICANT AND OTHER PERSONS WHO THE APPLICANT BELIEVES SHOULD RECEIVE NOTICE OF THE APPLICATION**

APPLICANT                      The Highland Council, Glenurquhart Rd, Inverness IV3 5NX

ADULT

SAFEGUARDER (IF ANY)

SUBJECT OF THE ORDER

ANY OTHER PERSON WHO  
SHOULD RECEIVE NOTICE  
OF APPLICATION





## APPENDIX 1 – USEFUL CONTACT INFORMATION

### Adult Health and Social Care Teams

All referrals regarding an adult who may be at risk should be directed to the relevant Adult Services Team Manager.

<b>Adult Social Care Teams</b>	
<p><b>Nairn &amp; Ardersier</b> Nairn Town &amp; County Hospital, Cawdor Road, Nairn. IV12 5EE Tel: 01667 442702 Email: <a href="mailto:high-uhb.ccna@nhs.net">high-uhb.ccna@nhs.net</a></p>	<p><b>Badenoch &amp; Strathspey</b> The Glen Centre, 17 Kinveachy Gardens, Aviemore. PH22 1RX Tel: 01479 812618 Email: <a href="mailto:high-uhb.bandsduty@nhs.net">high-uhb.bandsduty@nhs.net</a></p>
<p><b>Inverness East Rural &amp; Urban</b> Assynt House. Beechwood Business Park. Inverness. IV2 3BW Tel: 01463 888333 Email: <a href="mailto:high-uhb.spoainvernesseastwest@nhs.net">high-uhb.spoainvernesseastwest@nhs.net</a></p>	<p><b>Inverness West Rural &amp; Urban</b> Corbett Centre, Coronation Park, Inverness, IV3 8AD Tel: 01463 888333 Email: <a href="mailto:high-uhb.spoainvernesseastwest@nhs.net">high-uhb.spoainvernesseastwest@nhs.net</a></p>
<p><b>Mid Ross</b> Dingwall Health Centre, Ferry Road, Dingwall, IV15 9QS Tel: 01349 860460 Email: <a href="mailto:high-uhb.mrhsc@nhs.net">high-uhb.mrhsc@nhs.net</a></p>	<p><b>Easter Ross</b> County Community Hospital, Saltburn Road, Invergordon, IV18 0JR Tel: 01349 853131 Email: <a href="mailto:nhshighland.eric@nhs.net">nhshighland.eric@nhs.net</a></p>
<p><b>West Ross</b> Ullapool Service Point, North Road, Ullapool, IV23 2XL Tel: 01471 820174 Email: <a href="mailto:high-uhb.singlepointofcontactSLWR@nhs.net">high-uhb.singlepointofcontactSLWR@nhs.net</a></p>	<p><b>Skye &amp; Lochalsh</b> Tigh na Drochaid, Bayfield, Portree, IV51 9EW Tel: 01471 820174 Email: <a href="mailto:high-uhb.singlepointofcontactSLWR@nhs.net">high-uhb.singlepointofcontactSLWR@nhs.net</a></p>
<p><b>Lochaber</b> Fort William Health Centre, Camaghael, Fort William, PH33 7AQ Tel: 01397 709873 Email:</p>	<p><b>Sutherland</b> 1<sup>st</sup> floor, Lawson Memorial Hospital, Golspie, Sutherland, KW10 6SS Tel: 01408 664018 Email: <a href="mailto:high-uhb.Sutherland-sw-duty@nhs.net">high-uhb.Sutherland-sw-duty@nhs.net</a></p>
<p><b>Caithness (Wick)</b> Health &amp; Social Care, Trust Wing, Riverview Practice, Martha Terrace, Wick, Caithness, KW1 5EL Tel: 01955 604134 Email: <a href="mailto:High-UHB.westcaithnessintegratedteam@nhs.net">High-UHB.westcaithnessintegratedteam@nhs.net</a></p>	<p><b>Caithness (Thurso)</b> Health and Social Care, Community Health Centre Davidson's Lane, Thurso, Caithness, KW14 7AF Tel: 01847 893442 Email: <a href="mailto:High-UHB.EastCaithnessIntegratedTeam@nhs.net">High-UHB.EastCaithnessIntegratedTeam@nhs.net</a></p>

<b>Community Mental Health</b>	
<b>Easter Ross</b> County Community Hospital, Invergordon IV18 0JR Tel. No. 01349 853636	<b>Mid Ross</b> Maywood Ferry Road Dingwall IV15 9QX Tel: 01349 869231
<b>Caithness/Sutherland</b> North Highland Community Health Partnership, Caithness General Hospital, Bankhead Rd, Wick, KW1 5NS Tel. No. 01955 605050	<b>Ross/Skye &amp; Lochalsh</b> Fort William Health Centre, Camaghael, Fort William PH33 7AQ Tel. No. 01397 709830
<b>Inverness/Nairn/Badenoch &amp; Strathspey</b> Larch House, Stoneyfield Business Park, Inverness IV2 7PA Tel. No. 01463	
<b>Out of Hours (all areas)</b> 0845 769 7284	

## **MENTAL HEALTH OFFICERS SERVICE**

Glenurquhart Road, Inverness, IV3 5NX    Phone No 01463 253589

## **NHS Highland District Managers**

### **North Area:**

District Manager, Caithness: Caithness General Hospital, Bankhead Road, Wick, KW1 5NS (Tel: 01955 605050)

District Manager, Sutherland: Lawson Memorial Hospital, Station Road, Golspie (Tel: 01408 664033)

### **West Area:**

District Manager, Skye. Lochalsh and West: Broadford Locality Office, McKinnon Memorial Hospital, Broadford IV49 9AA (Tel: 01471 820600)

District Manager, Lochaber: Fort William Health Centre, Camaghael, Fort William PH33

## **Criminal Justice Team contact details**

CJS Golspie Manager: Bill Rainnie	Drummuie, Golspie KW10 6TA Tel: (01408) 635369
CJS Dingwall Managers: Arlene & Bill	Station Road, Dingwall IV15 9JX Tel: (01349) 865600
CJS Alness Manager: Bill Rainnie	5 River Wynd, Teaninich Ind Est, Alness IV17 OPE Tel: (01349) 884118
CJS Inverness Manager: Lynn Millar	Grd Floor, North Tower, The Castle, IV2 3EE Tel: (01463) 255250
CJS Kinmylies Manager: James Maybee	Kinmylies Building, Leachkin Road, Inverness IV3 5NX Tel: (01463) 703472
Substance Misuse & Unpaid Work Manager: Louise Wright	Old School House, 196 Culduthel Rd, Inverness IV2 6AE Tel: (01463) 716324
CJS Fort William Manager: Lynn Millar	Blar Mhor Industrial Estate, Fort William PH33 7NG Tel: (01397) 704668
CJS Skye Manager: Lynn Millar	Tigh-na-Sgire, Park Lane, Portree IV51 9GP Tel: (01478) 612943
MAPPA Coordinator: Ron Lyon	Northern Constabulary HQ, Perth Road, Inverness IV2 3SY Tel: (01463) 720855
MARAC Coordinator: Gordon Greenlees	Northern Constabulary HQ, Perth Road, Inverness IV2 3SY Tel: (01463) 720261
CJS Wick Manager Arlene McNeill	Unit 27B Airport Ind Est, Wick KW1 4QS Tel: (01955) 603161

**Adult Support and Protection Team – 01463 704806**

NHS Adult Support and Protection Lead Advisor – Christine Macleod - **07974219322**

Adult Support and Protection Training officer – Les Hood – **01463 704715**

**Child Concerns** - to report concerns about Young Carers or Children at risk of serious harm

Contact: **0800 0938 100** (office hours) or **0845 601 4813** (out of hours)

**Police Scotland – Northern Division (Highland and Islands) Tel No 101**

**Appropriate Adults Scheme**, Tel: **01463 706666 – Option 1** (office hours) or **0845 601 4813** (out of hours)

**Advocacy Highland**, 2 Seafield Road, Inverness, IV1 1SG – Tel: **01463 233460** – Email:

[info@advocacy-highland.org.uk](mailto:info@advocacy-highland.org.uk)

**Citizen’s Advocacy (For people with Learning Disability)**, 2 Seafield Road, Inverness, IV1 1SG – Tel: **01463 233460** – Email: [info@advocacy-highland.org.uk](mailto:info@advocacy-highland.org.uk)

**Highland Users Group (For people with Mental Health problems)**, Cromwell Villa, 23 Lotland Street, Inverness IV1 1<sup>ST</sup> - Tel: **01463 719366** – [www.spiritadvocacy.org.uk](http://www.spiritadvocacy.org.uk)

**People First Highland (For People with Learning Disability)**, Cromwell Villa, 23 Lotland Street, Inverness IV1 1<sup>ST</sup> - Tel: **01463 719366** – [www.spiritadvocacy.org.uk](http://www.spiritadvocacy.org.uk)

**Highland Carer’s Advocacy** – for information about locally based advocates

Tel **01463 723569** – <http://connectingcarers.org.uk/carers-services/highland-carers-advocacy.aspx>

## **Womans Aid -**

- **Lochaber 01397 705734**
- **Caithness and Sutherland 0345 508 0151**
- **Inverness 01463 220719**
- **Ross-shire(including Skye and Lochalsh) 01349 863568**

## **Modern Slavery Helpline and Resource Centre**

24/7 Modern Slavery Helpline: 08000 121 700

[www.modernslaveryhelpline.org](http://www.modernslaveryhelpline.org)

email: [info.mshelpline@unseenuk.org](mailto:info.mshelpline@unseenuk.org)

**Connecting Carers** - call our **Information Line** on **01463 723561** (Tues, Wed & Thurs 10:00am - 1:00pm).

## **Human Rights and Equality**

Equality and Human Rights Commission in Scotland.

<http://www.equalityhumanrights.com/scotland/>

Scottish Human Rights Commission

<http://www.scottishhumanrights.com/>

## **Her Majesty's Forces**

### **Army Welfare Services**

Building 30, Craigiehall, South Queensferry, West Lothian, EH30 9TN

APSP AWS **0131 310 2108**

Lowlands: Building 29, Dreghorn Barracks, Redford Road, Edinburgh, EH13 9QW

BWSO AWS **0131 310 2850**

Highlands: 24 Wimberley Way, Inverness, IV2 3XX

WSO AWS **01463 233132**

**Royal Navy** - The Naval Personal and Family Services (NPFS), All cases abroad are initially handled by the Eastern Area.

North: Area Officer (NPFS), HMS NEPTUNE, Triton House, 1-5 Churchill Square, Helensburgh, Argyll & Bute G84 9HL

**01436 826774 / 672798**

East: Area Officer (NPFS), HMS NELSON, Queen Street, Portsmouth, Hampshire, PO1 9HL

**01705 820932**

West: Area Officer (NPFS), HMS DRAKE, HM Naval Base, Devonport, Plymouth, PL2 2BG

**01752 568611**

**Royal Marines** - The Royal Marine Welfare Service (SO3 WFS).

Welfare Officer, HQRM, West Battery, Whale Island, Portsmouth. Hampshire PO2 8DX

**01705 547542**

Scotland: Welfare Officer, RM Condor, Arbroath, Angus. DD11 3SJ

**01241 872201 ex 2015/6**

### **Royal Air Force**

Social work is co-ordinated by each Station's Personnel Officer; the officer Commanding Personnel Squadron (OCPMS). Where the parent unit is not known, contact the OCPMS or SSAFA Forces Help Adviser at the nearest RAF unit.

If you wish to discuss informally contact the SSAFA Social Work Adviser at RAF Lossiemouth (**01343 812121 extn 7399**).

### **Service families going or returning from overseas**

The Soldiers', Sailors', Airmen's and Families Association Forces Help (SSAFA Forces Help)

Director of Social Work, SSAFA FH, Central Office, Queen Elizabeth The Queen Mother House, 19 Queen Elizabeth Street, LONDON. SE1 2LP

**020 7403 8783**