

EAST AYRSHIRE

CHIEF OFFICERS GROUP (CHILD, ADULT AND PUBLIC PROTECTION)

**EAST AYRSHIRE INTERAGENCY OPERATIONAL POLICY AND
PROCEDURE –SUPPORT AND PROTECTION OF ADULTS AT RISK OF
HARM –VERSION 4**

28TH SEPTEMBER 2010

Report by the Adult Protection Co-ordinator

1 PURPOSE OF REPORT

- 1.1 To provide the Chief Officers Group, Child, Adult and Public Protection (COG) with an update on the position of the East Ayrshire Inter Agency Operational Policy and Procedures - support and protection of adults at risk of harm –Version 4 -14th September 2010 and seek Chief Officer's endorsement.

2 BACKGROUND INFORMATION

- 2.1 The West of Scotland, Adult Support and Protection Procedures, Version 8 were approved in principle as the overarching Guidance document for ASAP practice by APIC on 15th June 2010.
- 2.2 Following extensive consultation with relevant partner agencies and with APIC members on the 15th June 2010 and 15th September 2010 Committees the aforementioned East Ayrshire Interagency Operational Policy and Procedures for the Support and Protection of adults at risk were approved.
- 2.3 The East Ayrshire Interagency Operational Policy and Procedures make specific reference to and cover the following key areas;
- Common responsibilities
 - Multi agency reporting arrangements
 - Procedures following a report of harm
 - Adult Protection Investigations and Meetings
 - Common reporting and risk assessment /management Tools.
- 2.4 The aforementioned procedures has been reviewed in terms of their consistency with both South Ayrshire and North Ayrshire protocols and procedures and a comparison is contained in Appendix 2 which highlights that key areas such as a common reporting form and procedure is consistent for agencies across Ayrshire.
- 2.5 A Practitioners Adult Protection Guide - Council Officers, Procedures for the role of Council Officers which can be cascaded to all partners has been developed to complement the procedural document and will be published as part of the implementation plan for the approved procedures.

3 POLICY IMPLICATIONS FOR EAST AYRSHIRE

- 3.1 The East Ayrshire Interagency procedures will require to be endorsed by partner agencies through individual structures.
- 3.2 Consideration is being given by the Adult protection Implementation Committee in regard to a multi agency implementation plan to ensure once endorsed, communication and resources required for practitioners are implemented in a coordinated approach.

4 LEGAL AND FINANCIAL IMPLICATIONS

- a. The East Ayrshire Procedures meet the statutory requirements of the Adult Support and Protection (Scotland) Act 2007 and Scottish Government Code of Practice for Local Authorities and Practitioners Exercising functions under Part 1 of the Act (amended 15 Jan 2009).
- b. The costs associated with production of guidelines and implementation can be met within the existing budget.

5 RECOMMENDATIONS

- 5.1 The Chief Officers Group Child, Adult and Public Protection are asked to;
 - (i) consider and approve the content and structure of the revised East Ayrshire Inter agency Operational Policy and Procedures Support and Adult Protection of adults at risk of harm Version 4 prior to submission to Social Work Cabinet for endorsement; and
 - (ii) note the requirements of a multi agency implementation plan; and
 - (iii) Otherwise note the content of this report.

Donna Sinforiani
Adult Protection Co-ordinator
14th September 2010
DS/NMC

Implementation Officer – Eddie Fraser

Any person wishing further information on the contents of the report please contact Donna Sinforiani, Adult Protection Co-ordinator on (01563) 553559



East Ayrshire

Inter Agency Operational Policy and Procedure

Support and Protection of Adults at Risk of Harm

VERSION 4 - 14TH SEPTEMBER 2010

Date Completed: 14 -09-10

Date of Equality Impact Assessment: TBA

Date Approved by APC: 14-09-10

Date Approved by COG:

Date Review Due: 14-09-11

Lead Officer: Adult Protection Coordinator

**Acting
against
harm** |

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1. INTRODUCTION

1.1 Foreword

The Adult Protection Implementation Committee (APIC) partners believe that all citizens, organisations and agencies have a responsibility to participate in the protection of adults who may be at risk of harm.

In October 2008 The Adult Support and Protection (Scotland) Act 2007 (the Act) came into force and the Act and Code of Practice (COP) provides further in depth explanation of the legal definitions and principles all agencies must be guided by.

The West of Scotland Interagency Adult Support and Protection Practice Guidance- Version 8 08.06.2010 (WOS Guidance) is the overarching reference document adopted across East, South and North Ayrshire and must be referred to in conjunction with this procedure for further detail of measures, definitions, Protection Orders and links to other protection Laws for example Adults with Incapacity (Scotland) Act 2000 and the Mental Health Care and Treatment (Scotland) Act 2003.

This Operational Procedure has been developed by the East Ayrshire APC and replaces the East Ayrshire Multi Agency Procedures for the Protection of Vulnerable Adults October 2008, copies of which should be destroyed.

This Procedure is an East Ayrshire guide to the systems, referral process and action to be taken when adults who may be at risk of harm are identified to make sure adults who may be at risk are recognised, supported and protected quickly and appropriately.

The East Ayrshire Adult Protection Committee has a key role in having an overview of all multi - agency adult protection activity and outcomes for adults who may be at risk of harm (referred to now as “the adult”) and their role and membership is explained (appendix 7).

1.2 How to comment on or access a copy of these Procedures

The Procedures and all forms contained within this document are available to Council employees on the East Ayrshire Council Intranet on:

http://eacintra01/ess/sw/PDF%20library/PDF_Index_CCa2z.asp

To request a copy or If you have a visual impairment or have difficulty understanding the English Language copies of this document are available in large print or on computer disc. Other Formats and languages can be supplied on request. For Copies please call Ian George, Resource Worker, Adult Protection on 01563 576976 or email Ian.George@east-ayrshire.gov.uk.

Any comments or suggestions for improvements or changes regarding this document and /or procedures should be made using the form provided (appendix 10) and these will be included in any future review or revision of the document.

The East Ayrshire council website can be accessed for further information on Adult Support and Protection and/or the Committee on www.east-ayrshire.gov.uk/asap.

2. COMMON RESPONSIBILITIES

2.1 Recognise and Report Protection Concerns to the Council

All public bodies have a legal duty to report concerns relating to an actual or potential adult at risk.

Any commissioned provider or registered establishment accessed by East Ayrshire Council who become aware or suspect harm of an adult in their care are **contractually obliged** to report this to Social Services within 1 working day.

Social Services have the main responsibility under the Act to receive, coordinate referrals and for decision making regard the need for inquiries, Investigations and Protection Orders.

All the aforementioned bodies will have their own local operating guidance/protocols for reporting adult at risk concerns within their organisation which should be compatible with these procedures and provide clear information regarding how to report concerns to the Local Authority using the procedures detailed in section 4 of this document.

A flowchart that provides an overview of the above procedure is contained in Appendix 1 and a detailed guide to the signs of harm is referred to in the WOS procedures (appendix 5).

2.2 Information Sharing and the Adults Consent

The need to share information regarding the adult is crucial as what one person or agency knows may only be part of a more concerning picture.

Where it is preferable to have the adults consent to a referral and or information sharing to make inquiries and this should be obtained where possible there are a number of reasons this may not be possible. Confidentiality is important but not an absolute right; existing law allows information to be disclosed without consent where such disclosure is required by law or where it is in the public interest.

It must be noted on the referral whether the adult has consented or not and the reason for this. The amount of information shared should be relevant and proportionate to the concern. A list of relevant contacts is contained in appendix 9 of this document.

This may pose a dilemma for staff however to do nothing or to promise confidentiality and then report the concern is not acceptable therefore staff should openly and honestly discuss with the adult the intention to report the information given and advise them of the possible consequences of this. If a member of staff is concerned that by doing this they may place the adult more at risk they should discuss this as a matter of urgency with their direct supervisor or line manager to seek advice and guidance.

For further guidance on consent, confidentiality and information sharing refer to WOS Procedures Chapter 2.

2.3 Reporting to Police when a crime is identified or suspected

If there is a concern as to the immediate health and physical well-being of an individual, they should immediately advise the appropriate emergency service through a 999 call.

The responsibility for investigating crime in Scotland rests with the police. Where a referring agency knows or believes that a crime may have been committed that would require an immediate response e.g. physical or sexual assault, fraud or theft they should encourage the adult to report the matter to the police or do so themselves via the local police office to investigate.

If a referring agency is unsure whether a crime has been committed or not they can seek advice from the local police office or Public Protection Unit Adult at Risk Coordinator.

Within 1 working day or as soon as practicably possible the agency who have identified concerns should notify the appropriate social work Team Manager of action taken involving the police so they can liaise with the police to ensure all appropriate support is offered to the adult and decide whether further action is necessary under the act and who will take a lead role.

The Team Manager will be responsible for confirming with the police that either the adult or provider agency has reported the concern and record this as a contact on SWIFT.

The police will be responsible for ensuring that any person they engage with as a victim or potential witness in line with an inquiry that has a mental illness, learning disability, personality disorder or acquired brain injury has access to an appropriate support person.

When interviewing adults at risk suspected of committing crime the police will arrange the services of an Appropriate Adult. The Police have the responsibility to arrange this through the Social Work Standby Service.

For non emergency situations where a potential crime may be suspected and no contact has been made with Police the Social Work Team Manager receiving the referral will be responsible for considering police involvement and taking appropriate action . Refer to Section 4.2.4 on recording responsibilities for Initial Referral discussions (IRD) with the Police

2.4 Promote the Welfare of Children

Where a child is believed to reside in the same household as an adult at risk of harm; or with a person causing harm; or exposed to the same harmful acts any referral **must** include any known details of the child and any siblings in the AP1 Section A in the section on Living Situation.

The Team Manager receiving the referral will report this immediately to the appropriate children and families duty team who will record this and consider whether child protection procedures require to be acted on.

2.5 Early Intervention and Support

In East Ayrshire weekly groups operate, Getting It Right For Every Child (GIRFEC) where the police and partner agencies have an overview of all situations where children may be exposed to harm. Adult Services operate The Legislative Solutions Forum (LSF) where care managers and their partners across all client groups can seek advice when they are considering there may be the need for legal intervention of any kind.

These compliment but do not replace Child Protection or Adult Support and Protection procedures.

GIRFEC referrals where an adult at risk may be identified will be sent to the Adult Protection Mailbox by the GIRFEC Chair where they will follow the same administrative process as Police Referrals.

The Team Manager receiving a referral from GIRFEC will liaise with the appropriate Team Manager from Children and Families to ensure clarity of roles and any joint working required as part of the adult protection process.

LSF appointments can be made through Margaret McVicar, Protection Support Officer, Admin – Tel; 01563 554411 or e-mail Margaret .Mcvicar@east-ayrshire.gov.uk has further information on the LSF and referral forms.

2.5.1 Recognise and report High Risk Pregnancies

All staff should familiarise themselves with what constitutes a high risk pregnancy and should be aware of the High Risk Pregnancy Protocol arrangements the procedures are currently under revision and the draft is contained (appendix 8). Any worker becoming aware of a high risk pregnancy should liaise with children and families services to identify if the circumstances have been referred and or assessed and how adult services are to be included in any subsequent intervention to support the adult.

The relevant Team Manager from both adult and children and family services should give consideration to joint approaches to both pre birth assessments and family case conferences to prevent the need to duplicate arrangements for individuals, streamline processes and ensure clear communication and clarity of roles and responsibilities.

2.5.2 Consider the impact of Substance Misuse and Harm

Substance misuse is defined as the use of drugs and/or alcohol in a socially unacceptable, hazardous or harmful way and where it is having a harmful effect on an adult's life.

Adults affected by substance misuse should only be included in adult protection processes where they meet the criteria of an adult at risk of harm (refer to appendix1). Intervention under the ASP

Act should only be considered where it is clearly of benefit to the adult and all other reasonable measures have been tried to safeguard the adult.

2.6 Negotiation

The range of venues in which it is possible to perpetrate harm makes it impossible for guidelines to be prescriptive in every situation. Public Bodies as well as independent sector providers have internal disciplinary investigation procedures that can be activated when an allegation is made against a member of staff. It is not the intention of these guidelines to supplement any of these procedures, but rather to work in tandem with them to ensure that adults at risk are protected.

An element of negotiation is inevitable in determining the best way forward in particular cases, e.g. it cannot be assumed that inspection and registration units in Health and Social Services will undertake lead agency status in every allegation of harm based in a home in the independent sector.

The critical element in this process is that concerns should be reported and negotiations should take place within the context of shared aims and definitions and that this process is activated by referral to the social work office in the area where the alleged harm occurred.

2.7. Co-operation between agencies

The duty of all public bodies to cooperate with reporting and enquiries is in Section 5 of the Act. Line managers should ensure staff time to attend case discussions and or conferences, and participate in interviews and visits, where appropriate.

2.8 Recording Information

All public bodies must ensure they have formal agreements regarding the recording and storage of information and adhere to these.

All adult at risk activity will be recorded on the forms attached in the appendices to this procedure and all information recorded should be based on information known to be factually accurate by the worker or based on information reported to them.

The Ayrshire Multi Agency Information Sharing Protocols are currently under revision however currently provide a formal agreement between Health and the Council at this time in regards to adults affected by these procedures.

3. MULTI AGENCY AND INTER AGENCY REPORTING ARRANGEMENTS

3.1 Making a Referral

The common multi agency reporting form, with the exception of the police (VPD) will be an AP1 (appendix 1a).

A flowchart summarising the local East Ayrshire referral process for Social Work (appendix 2) and the Police (appendix 3) is contained in Section 8 of this procedure.

Out Of Hours Reports that are urgent should be reported to Social Work Standby on 0800 811 505 to assess whether immediate action is required. Any reports from the East Ayrshire Council Risk Management Centre will be responded to in line with the Community Alarm Procedure No 36 contained in appendix 4.

3.2 Multi Agency Reporting

3.2.1 Individuals in Health settings- any referrals regarding inpatients or others should be made to the Social Work Team based in the Hospital who will follow the reporting procedures. For individuals in Community based health settings, referral should be made to the local Social Work office which covers the area in which the individual normally resides or if known to Social Services to the relevant Social Work, Team Manager.

3.2.2 Police Referrals – on receiving a referral from police personnel the Adult at Risk Coordinator (AARC) for the police will speak to the Service Manager for the locality team of the appropriate area to decide whether the person may be considered an adult at risk.

Any referral will be transferred from a VPD report to a Crystal report removing all names of third parties and police officers and the referral will be emailed as per the Police referral flowchart and procedures followed.

The AARC will update the police VPD with any discussion that has taken place with Social Work and hold the VPD on file until feedback received as to the outcome of enquiry. Once enquiry update completed, file VPD as complete.

On invitations being received for Case Conferences, interrogate all police systems for information held on the adult at risk.

3.2.3 Voluntary and Private Sector.

In registered establishments the responsibility for notifying the Care Commission of any adult at risk referral made lies with the Manager of the establishment. They should use the current e-notification system when they report an adult at risk and also the Local Authority contract and monitoring officer or Service Manager with responsibility for their service via telephone or e-mail.

3.2.4 The Care Commission have a duty to investigate any complaint made to them however where there is deemed to be an Adult at Risk the Care Commission Officer in consultation with their Team Manager will contact the relevant Local Authority Senior Manager and a joint decision made regarding whether adult protection procedures will be required as per the Care Commission Policy for Adult Support and Protection.

In cases requiring further inquiry/investigation under adult protection procedures the Senior Manager will pass the information to the relevant Protection Support Officer who will LOG as an adult protection referral on SWIFT, and follow the admin guidelines process for Police referrals.

The reporting Care Commission Officer will also have completed a risk assessment pertaining to the risk to the individual and others in the registered establishment and inform the outcome of this to the Social Work Contract and Commissioning Manager who will consult with the relevant Community Care Senior Manager to decide whether any immediate enforcement action is appropriate.

The Team Manager leading the adult inquiry for Social Work will ensure the care commission receive a copy of the acknowledgement and outcome of Inquiry/Investigation letter that is sent to the referrer by the locality Admin team as per the adult protection admin guidelines.

The Care Commission are currently in the process of an organisational restructure and current procedures will be reviewed once implications of changes are known however current procedures will remain until formal changes have been implemented.

3.2.5 Strathclyde Fire and Rescue Service (SFR)

SFR's 'Adults at Risk Of Harm Guidance and Good Practice' Procedure No; 04/2010 is the main procedural document for the Fire & Rescue Service and states that the Fire and Rescue Service "have a professional interest in ensuring as far as reasonably practicable that adults considered to be at **imminent and Ongoing risk from fire** together with those responsible for their care and or welfare are given access to suitable and sufficient advice on fire safety.

Where the Fire and Rescue Service are made aware of or recognise an adult at risk they must be referred to Social Services using local reporting arrangements below:

Reporting responsibilities/arrangements - In situations where the adult is identified during an incident of fire or other attendance and the police are in attendance the police will have lead responsibility for referring the adult to Social Work through the current Police reporting arrangements via the Police Adult at Risk Coordinator.

The Police will be the main referrer and as such will receive feedback as to the outcome of the referral and the Police Adult at Risk Coordinator will ensure this information is shared with SFR.

In situations where police are not in attendance SFR will report this as per current internal reporting and recording procedures and the reporting Officer will **notify** the relevant SFR lead contact **within 24 hours**.

All SFR referrals will be passed to the Community Safety Engagement Team based at Kilmarnock who will ensure an AP1 is completed and faxed to The Council Protection Support Officer where the adult resides and these will be processed as per Police referrals' under these procedures.

Any Social Work Team Manager should give consideration to inviting SFR to any case discussions or case conferences where there are issues of concern regarding a risk of fire. In order to arrange this all requests /invites should be sent to SFR's Group Commander (Head of Community Safety) for your area for consideration.

Note: North and South Ayrshire referrals will be passed to the Community Safety Coordinator based at Ayr.

Further Considerations

An Adult at Risk will automatically be prioritised as a High risk of fire and will be responded to as such. SFR will carry out a risk assessment in line with the SFR's Home Fire Safety Visit Policy which states in the case of high risk referrals each household must be contacted within 24 hours of the Community Fire Station being notified'.

The responsible Social Work Team Manager receiving the AP1 will contact the SFR's nominated contact to ensure arrangements are in place to consider how the follow up visit arranged by SFR to evaluate the level of fire risk since the incident can be supported within the process of any Social Work ASP inquiry or follow up.

All multi agency frontline staff should be aware of the potential of fire in homes they may visit and should actively encourage people they are working with to access Home Fire Safety Visits. Any worker who wishes to access this on behalf of an individual should contact the Community Safety Engagement contact for East Ayrshire or the Community Safety Coordinator if South or North Ayrshire.

3.3 Investigations in Host Authorities and Cross Boundary arrangements

Any concerns regarding an adult who resides in East Ayrshire should be reported to East Ayrshire Social Services. Section 53 of the Act clearly places the responsibility for undertaking inquiries on the "Council for the area which the person is for the time being in".

In situations where an adult currently resides in East Ayrshire and is in receipt of care which is funded and /or care managed by another Local Authority the referring agency **must** make the adult at risk referral to East Ayrshire and inform the funding authority via the responsible Care Manager for the funding authority .

The Team Manager receiving the report of harm will liaise with the relevant Local Authority representative regarding any further action, inquiry and or investigation.

3.4 Inter Departmental Reporting

3.4.1 Criminal Justice Services may identify an Adult Support and Protection concern they will complete the AP1-Section A and notify their Team Manager. If the adult is known to or in receipt of criminal justice services including Through Care the responsibility for inquiry, subsequent investigation and following formal adult protection procedures (refer to section 4) is with Criminal Justice Services who will follow the same Social Work reporting/referral process outlined in these procedures (appendix 2).

All adult at risk referrals for Criminal Justice Services will be passed to the Criminal Justice Team Manager, Mental Health based at Cumnock. They will allocate a Council Officer where appropriate and consider who the most appropriate secondary worker is. This should be based on the circumstances and any secondary worker negotiated with the relevant agency or service Team Manager.

The Criminal Justice Team Manager will ensure the East Ayrshire Interagency Procedures are followed in terms of any formal investigation or further action under these procedures including Case Conferences and / or Protection Planning.

If the Adult is not in receipt of services as previously stated the AP1 Section A should be completed and passed to the appropriate locality team where the adult resides and Community Care will have responsibility for follow up under these guidelines.

It should be noted that in situations where adults are subject to statutory criminal justice disposals this supersedes the Adult Support and Protection Act in terms of protection orders which should not be used.

Multi Agency Public Protection Arrangements (MAPPA) - If during an adult at risk inquiry it becomes known that an adult is subject to MAPPA the circumstances should be reported to the Criminal Justice Service Manager (alongside other relevant service managers) the MAPPA Coordinator and the Detective Inspector of the Offender Management Unit and any further action should be agreed.

It should be noted that an individual subject to MAPPA Level 1 or 2 may not have Criminal Justice Social Work involvement therefore it is crucial to ensure the lead agency for coordinating the MAPPA process should be identified, informed and be part of any decision making process.

Where an adult at risk is believed to have been subjected to harm by an individual subject to MAPPA arrangements the circumstances should be reported to the Criminal Justice Service Manager, MAPPA Coordinator and the Detective Inspector of the Offender Management Unit and a referral should still be made regarding the Adult at Risk using reporting procedures. The Team Manager receiving the referral will contact the relevant Criminal Justice Service Manager to liaise with the MAPPA Coordinator in relation to decision making regarding how to proceed.

3.4.2 Children and Families Services may identify an adult support and protection concern; they should complete an AP1 and advise their Team Manager who in turn will negotiate with the relevant Community Care Team Manager about the best way to proceed with the referral and any subsequent inquiry and or investigation.

The Council Officer, Community Care will lead on any Inquiry and or investigation for an adult however may request the children and families worker to be the secondary worker. Consideration should be given to progress a Joint investigation if formal protection procedures appear necessary. The decision as to roles and who will lead the investigation will be agreed by the relevant Team Managers after consideration of the circumstances.

Any disagreements should be deferred to the appropriate Service Managers who will make a final decision.

In the event that a child has an allocated social worker and the parent or guardian of a child has been identified after any inquiry under the Act as requiring ongoing support e.g. carers assessment, practical support, referral to other agencies this will be followed up by the children and families worker.

In situations where serious harm to an adult has been identified which necessitates the need for an application for a Protection Order a designated Council Officer will be allocated by the relevant Team Manager from community care who will liaise with Legal Services to prepare and submit any applications and ensure they are enacted.

Where a Banning order is granted and there is no requirement for further adult service involvement, Children and Families services will be responsible for the monitoring and review of

the appropriateness of the order and to arrange multi disciplinary meetings to ensure any decisions regarding either the revocation or further application of an order is given consideration within appropriate timescales and is formally recorded in line with these procedures.

4. SOCIAL WORK PROCEDURE FOLLOWING A REPORT OF HARM

4.1 Referral (AP1)

Social Work Services Teams will accept all telephone and written referrals (AP1) from all sources and will route all completed AP1's received at teams through the relevant Protection Support Officer -Admin to ensure consistency of practice and for monitoring and tracking purposes. Anonymous referrals will be taken seriously and if a member of the public makes a report and wishes to remain anonymous this must be noted on the AP1 in the referrer section A.

Administration of referrals

All Admin at Locality teams will Log the referral on SWIFT, send a letter of acknowledgement (AP-Letter A) to the referrer within 5 working days and continue to process referrals as per the Adult Protection Admin Guidance.

If the referral is from a registered establishment a copy of AP-Letter A will be sent to the lead Care Commission Team Manager.

If the referral is a VPD from the Police a letter of acknowledgement is not required at this stage.

4.2 Preliminary inquiries / Initial Action (ASAP Scot Act 2007 s4)

Team Manager (TM) receives the referral from Admin at Locality teams and ensures preliminary inquiries are undertaken which may involve contact with relevant agencies to determine if a case discussion should be convened and if the person is an adult at risk .This should include consideration if any immediate action is required to safeguard the person concerned in terms of physical risk, medical treatment or police involvement.

TM decides if a Case Discussion is required and if it is will inform Locality Admin of date and agencies to arrange invites within 3 working days of the referral being received. The Case Discussion should be held within 3-5 working days of the referral received by the team.

TM should also consider the need for a Case Conference at this time and if circumstances merit this , a list of invites and a date agreed with the proposed Chair should be passed to the relevant Protection Support Officer to arrange invites to be sent within 5 working days.

TM considers if the referral is appropriate under adult protection or if there are any adult protection concerns. If no concerns the TM can complete the AP1 Section B and pass to Locality admin to forward to the Protection Support Officer to process as per the Adult Protection Admin Guidelines.

If Further inquiries needed TM allocates to Lead Officer, immediately if further information is required or **within 1 working day** of the referral being received to make initial inquiries. This will inform decision making regarding any further action or intervention required.

Lead Officer completes initial inquiries and informs TM of outcome **within 5 working days** and a decision will be made in conjunction with the TM regarding whether further action is required. If

no adult protection concerns exist any further action that is required will be recorded on SWIFT through completion of the AP1 –Section B by the Lead Officer and signed by the TM.

TM will ensure Locality admin at site forward a copy of the completed AP1 to the responsible Protection Support Officer who will pass to the relevant Service Manager within 1 working day and follow Adult protection Admin Guidelines.

Service Manager will screen and complete decision feedback form within 3 days and return to Protection Support Officer. If No further action decision agreed the PSO will close to adult protection on SWIFT and pass to locality admin. If disagrees will remain open.

TM on receipt of the Decision Feedback form from the Service Manager that agrees no further action will ensure an Outcome of Referral letter (AP1 Letter B) is sent to the referrer within 5 working days.

If further action under adult protection procedures is required-the Team Manager will continue to follow investigation procedures in section 5 and the new decision will be noted on the AP1.

Note: Where there are serious or immediate concerns an investigation in terms of a visit to the adult at risk should not be delayed and must be carried out within 1 working day.

(Cross refer to Chapter 3 WOS Procedures for more detail on inquiries).

Multiple Reports of Harm

In the event 3 or more reports are made involving the same adult a formal multi-agency case discussion and /or case conference meeting **must** be triggered if no meeting has taken place.

4.2.1 Definition and identification of Council Officers

In East Ayrshire Registered Social Workers within Community Care and Criminal Justice Adult Teams will be lead Council Officers for all adult protection investigations and must have undergone the required 2 day Adult Support and Protection Training- Level 3 **and** have a minimum of 12 months experience in the risk assessment and management of adults at risk. All Council Officers will be required to attend further specialist training on Investigative Interview skills to support them in their role.

Team Managers will have the responsibility to ensure that following attendance at level 3 training, Council Officers in their team have their Council Identification(ID) updated that identifies their specific statutory role as this is a legal requirement. New employees who can evidence previous training consistent with Level 3 will be accepted as Council Officers for the purpose of these procedures.

The ID provides a formal mechanism for demonstrating their authority to act under the legislation as well as identifying themselves to all relevant parties as such. All requests for amendments to ID should be made through the Civic Centre Educational and Social Services reception using the standard request for ID Form available on the intranet.

Registered Occupational Therapists who have received Council Officer Training can be secondary workers however will not be expected to take the lead role in formal investigations.

For more information on the role of the council officer and Investigative Interviewing refer to The Practitioners Adult Protection Guide- Council Officers Procedures.

4.2.2 Accompanying/Secondary Worker

All visits and interviews for the purpose of investigating allegations of harm under the legislation will require two workers. The Team Manager in conjunction with the Council Officer will decide the most appropriate person/agency dependent on the individual circumstances of the situation. In Social Work teams Support Assistants (Grade 8) who have undergone ASP training can be a secondary worker.

The Team Manager should be mindful of the role and function of the secondary worker and differentiate this from any additional person that may be needed for support which would be separate from the investigative role.

Partner agencies will require being responsive to requests for secondary workers and in the event of any disagreement the matter must be deferred to the relevant agency Service Managers who will agree a decision.

4.2.3 Requests to Access Records

Section 10(1) of the Adult Support and Protection Act (Scotland) 2007 states that a Council Officer may require any person holding health, financial or other records on an individual the officer knows or believes to be an adult at risk to give the records, or copies of them which is preferred, to the Council Officer. The exception to this is health records which must be inspected by a health professional.

This request can be made verbally during a visit however if at any other time the Council Officer must submit the request in writing. A standard form is outlined in Appendix 5 however will require detailing the relevant information required according to the individual circumstances of the inquiry.

4.2.4 Initial Referral discussions with Police (IRD)

The Police Adult at Risk Policy (SOP) Section 8.3 states “an Initial Referral discussion (IRD) is an exchange of information between supervisors from Police, Social Work Department and Health Service, when initial details of a concern about an adult at risk are passed between agencies and early decisions are made about how the case can be progressed”.

The Team Manager will ensure the outcome of these discussions is recorded on SWIFT as a contact.

4.3 Initial Case Discussion (within 3-5 working days of receiving referral)

Team Manager who receives the referral will decide if it is appropriate to convene a workers multi disciplinary case discussion and coordinate this in order to:

- decide if an investigation is required and plan for this;
- clarify which agency should lead any investigation, allocate Council Officer if required and agree the secondary worker
- Consider what action is required at that point and whether a Case Conference should be arranged.

- Decide whether an AP2 Part 2 –Risk Assessment is required.(this can be completed at the meeting or after even if a case conference is not required)

Lead Officer will complete **AP2 Part 1 - Core Information** (appendix 6) to be made available to those attending the case discussion to provide basic details.

The Team Manager must chair the meeting and ensure that the outcome of the case discussion is recorded on the minute by locality admin who will update the review tab on SWIFT with the date of the meeting and action.

A case discussion or information exchange may take place by telephone, where the logistics of bringing representatives from all agencies together in one room would seriously delay an informed decision being made.

4.3.1 Decision Making

In deciding whether an Adult Protection Investigation is required or some other approach is more appropriate, e.g. care management or referral to the Care Programme Approach (CPA), the **Team Manager** and **Service Manager Community Care (or equivalent)** should be informed by the following considerations:

- the extent of the alleged harmful act(s)
- whether harm was a one off event or part of a long standing relationship pattern;
- the impact of the alleged harm on the adult;
- the impact of the harm on others
- the intent of the person allegedly responsible for the harm;
- the legality of the actions involved;
- the risk of harm being repeated against the adult
- the risk of the harm being repeated against other adults who may be at risk;
- the view of the person against whom the harm has allegedly been against (where known)

The provision of services should not await the outcome of an Adult Protection Investigation if it is clear that they will benefit the person or carer, or minimise risk.

Decision - No further Action under Adult Protection Procedures

Where the initial inquiries and or case discussion concludes that the use of Adult Protection Procedures is not required and another method of dealing with the situation e.g. Care Management is more appropriate this should be recorded on the AP1- Section B and a review (SSA6) which includes discussion on the efficiency of the intervention should take place within 3 months.

3 Month Follow up Review - No Further Action Decisions

The use of Adult Protection Procedures should be re-considered if there are continuing concerns at the review. The review should be recorded using a current SSA6 and carried out in line with current Assessment and Care Management guidelines. Where an initial case discussion/decision is based on information exchanged via the telephone, a review decision should not be made on the same basis i.e. the decision making process should include one actual meeting.

Decision – Further Adult Investigation Required

Follow procedures in Section 5

5. ADULT PROTECTION INVESTIGATIONS (ASAP (Scotland) Act 2007 s7)

5.1 The Team Manager will ensure the Investigation is planned with the designated Council Officer and concluded **within 8 working days** of receiving the initial referral (cross refer to WOS Guidance Chapter 4 for planning and undertaking visits).

The Council Officer will ensure statutory Visits and Interviews under s7 of the ASAP Act are carried out in accordance with the legislation, Code of Practice and the WOS Guidance, ensuring the rights of the adult and relevant others are safeguarded.

5.2 Purpose of investigative Interviews and Visits is to;

- check the accuracy of allegations;
- protect the person from serious harm;
- establish and record the facts about the circumstances which have given rise for concern;
- establish with the adult whether they feel that their personal safety is at risk, whether they wish professional intervention to occur and what their views are on sharing information about the incident with staff and other agencies who need to know;
- decide if any protective or other action is needed for the adult or any others;
- identify any sources and levels of risk;
- decide whether or not actual or suspected harm has taken place and record the reasons for these conclusions;
- ensure that appropriate action is taken in respect of any person who may be causing intentional or unintentional harm to an adult at risk;
- involve the adult as fully as possible in line with s6 of the ASAP Act within the investigative process this may involve the use of an advocate , translation or sensory impairment service or someone of the adults choice to support them.

- Ensure any Informal Carer who meets the criteria will be informed of their right to and offered a Carers Assessment.

5.3 Communication support is available and local contacts for accessing this are contained in the useful contacts list (appendix 9).

Where an adult has a learning disability and meets the criteria for services from The NHS Community Learning Disability Team in East Ayrshire and communication support is required the Speech and language Therapy Service will accept a telephone referral to their Head Office on 01292 660800. The Council Officer should be specific re the type of support needed to ensure they are signposted to the correct part of the service. Requests for any speech and language support for anyone with physical disabilities can also be made to the same number and for hospital in patients the In patient service should be accessed.

The NHS CLDT also offer other support services including access to Psychological and Psychiatric assessment, nursing, physiotherapy and Occupational therapy and in the cases identified as an adult at risk the CLDT will respond to these as urgent and accept a telephone referral as detailed in Section 8 of their NHS Mental Health Services Criteria for Referral to Community Learning Disability Teams 17.04.2009 .

5.4 Requests for Medical Examination

In situations where the Council Officer believes medical intervention is required (cross refer to WOS Guidance on medical intervention pge 28) wherever possible this must be agreed with the adult.

The Council Officer should be clear with the medical practitioner the legal status of the request, whether the examination is to be carried out as part of a joint visit and whether this is being enacted through the use of a Protection Order. The use of an Order will require planning and a degree of negotiation with third parties.

5.5 Refusal of entry – access to Warrants for Entry and Protection Orders

Protection Orders can only be applied for where there is evidence of **serious Harm** to the adult, there are 3 types of Order which are an Assessment Order (s11), Removal Order (s14) and Banning Order (s19) that can be applied for to the Sheriff Court. For further explanation and criteria for Orders refer to the WOS Guidance pages 12-13 and the Scottish Government Code of Practice .

An Adult must consent to the application for a Protection Order and these must not be applied for without consent unless the Council Officer can evidence Undue Pressure by another. The decision to apply for a Protection Order must be authorised by the Team Manager of the Investigating Council Officer in Consultation with the relevant Service Manager.

If a Council Officer is unable to access the adult a Warrant for entry (s37) may need to be applied for.

If any Protection Orders or Warrants are being sought the Council Officer must at the earliest opportunity contact or involve the Team Leader, Legal Services in order to allocate a Solicitor to prepare and make the application.

The Council Officer will also require making contact with the local police office if police assistance is required and with the Council if there may be a need for a joiner to secure premises i.e if a door requires to be forced open by Police as a last resort to gain entry. The Council Officer also requires to ensure the Protection of property (s18) if a Protection Order is enforced that may mean property or goods are at risk and there are no other arrangements that can be made.

5.6 Conclusion of Investigation and completion of AP1 –Part B (within 8 days of receipt of the referral)

The Council Officer following the investigation will complete an Adult Protection Case note Summary which should include analysis of any interviews/visits/information with recommendations for action. The outcome will then be recorded on the AP1 – Part B. The report should focus on the areas highlighted in section 5.2 of these guidelines.

The Team Manager will screen, agree and sign off the AP1 and follow the same process as detailed in section 4.

Where the Team Manager and Service Manager agree there is no need for a case conference and therefore no further action under adult protection procedures the Protection Support Officer will close to adult protection on SWIFT and pass to the locality admin team to send an Outcome of Investigation letter within 5 days.

Where the decision is that a Case Conference is required Section 6 below should be followed.

6. ADULT PROTECTION MEETINGS

6.1 Adult Support and Protection Case Conference (to be held within 10 working days of commencement of an inquiry)

An Adult Protection Case Conference will comprise a multi – agency, multi- disciplinary meeting following inquiry and investigation to share information and make decisions with and about an adult at risk in circumstances where harm has occurred or is suspected.

The content, purpose, responsibilities of the Chairperson and Good practice should be referred to when arranging a case conference. (WOS Guidelines Chapter 5).

The Team Manager in consultation with the relevant Service Manager will make the decision to hold a case conference and ensure the appropriate Protection Support Officer are informed to administrate and Minute the process.

The Team Manager will be responsible for ensuring a date and Chairperson is identified who will be a Service Manager or above and will agree who should be invited and anyone to be excluded which will be recorded on the minute and the Council Officer informed. Service Managers may delegate an appropriately experienced Team Manager to Chair as part of their Continued Professional Development however must review and countersign all minutes where this occurs to ensure Service Managers retain an overview of decision making.

The Council Officer in discussion with the Team Manager will then ensure the Admin Protection Support Officer is provided with an Invite list in order for invites to be circulated on behalf of the Chairperson and provide the Chairperson with a copy of the AP2, Part 2 –Risk Assessment where possible 2 days prior to the Case Conference for consideration and circulation as appropriate at the case conference.

6.1.2 Participation

Professionals in the key agencies are normally familiar with a case conference format. The same cannot normally be said of the adult at risk and their carers. Consideration should be given as to how they might most fully participate in this important decision making process, an invitation to attend is not in itself sufficient. Consideration should be given to ensuring that:

- the venue for the case conference is not intimidating to the adult or carers;
- the appropriate communication aids, ethnic translation / sensory impairment services are provided;
- the purpose and process of the meeting has been fully explained;
- attendance for part of the meeting is possible if there are areas an individual finds too distressing and there is an appropriate facility to support this;
- when someone is unable to attend or contribute through lack of capacity, advocacy and representation are provided;
- adults at risk should not be required to confront those alleged to have caused harm in either case conferences or review case conferences;
- Where the person alleged to have caused harm may also be considered an adult at risk, a separate case conference should be held.

6.1.3 Recording an Initial Case Conference and Review Case Conference

Administration staff –Adult Protection will formally minute all initial Case Conferences and Reviews on the standard Minute form (AP4) in the Adult Protection Admin Guidelines.

- Decisions should be clearly recorded and those responsible for carrying out pieces of work identified within the minutes.
- Copies of the minute should be available to the Chair **within 5 working days** so it can be circulated **within 10 working days**. Any questions or clarification about the minute content should be made to the Chairperson within 5 days of receipt at which point the minute is accepted as accurate.
- Any amendments will be made by the Chair and a new minute circulated within 5 days.

- Where dispute arises and cannot be resolved at a local level, the managers of those attending from Police, Health and Housing should have access to the relevant **Senior Manager, Community Care** to pursue a resolution.

6.1.4 Review of Case Conference

Where an Initial Case Conference identifies a serious risk of actual or potential harm or when the high level of risk cannot be managed within the current care plan or other arrangement such as CPA or MAPPA, the **AP3 – Protection Plan** (appendix 6) must be agreed and will be recorded as part of the admin process and a date for a review case conference set.

The Chairperson will ensure the Protection Plan is signed off and circulated with the minute (AP4) by Admin within 10 working days of the Case Conference.

Adult protection team Admin will ensure that the case conference outcome is logged on SWIFT and remains open under Adult Protection.

6.1.5 Timescales

The first review case conference should be held within **3 months** of the initial case conference and thereafter at not less than **6 monthly** intervals whilst the protection plan is in force.

6.2 Disputes

Where there is a disagreement on a decision in relation to Adult Protection Investigations, Case Conferences or the management of a particular case, resolution should be sought, in the first instance, at local management level. If resolution is not achievable at this level, it should be sought within existing protocols for addressing complaints.

7. SIGNIFICANT INCIDENT REPORTING

7.1 Significant Case Review (SCR) Procedures

It is crucial that where there are incidents that we can learn lessons from in order that we better protect adults who may be at risk, these are in place.

All Public Bodies and organisations will have their own internal mechanism for the reporting of a Significant Occurrence, Adverse event or Critical Incident.

The Adult Protection Committee has key functions of developing multi –agency co-operation, training, practice and policy development as well as performance monitoring.

In order to fulfil this function the Committee has a clear responsibility to ensure a transparent and systematic approach to identifying, reviewing and where appropriate making recommendations to improve practice.

The East Ayrshire Adult Protection Implementation Committee has established Pan Ayrshire Guidance for conducting a Significant Case Review in Relation to Adult Support and Protection.

All Senior Managers from all agencies who are managing such situations should ensure they are familiar with and follow the Guidance for an SCR in order to identify where these should be reported to The Adult Protection Committee Chair for consideration.

Any requests by any agency for an SCR are made by completing an Initial Case Review (ICR) form A which should be passed to the Chair of the Adult Protection Committee with a copy to the Adult Protection Coordinator within 1 working day of the incident.

7.2 Quality Assurance

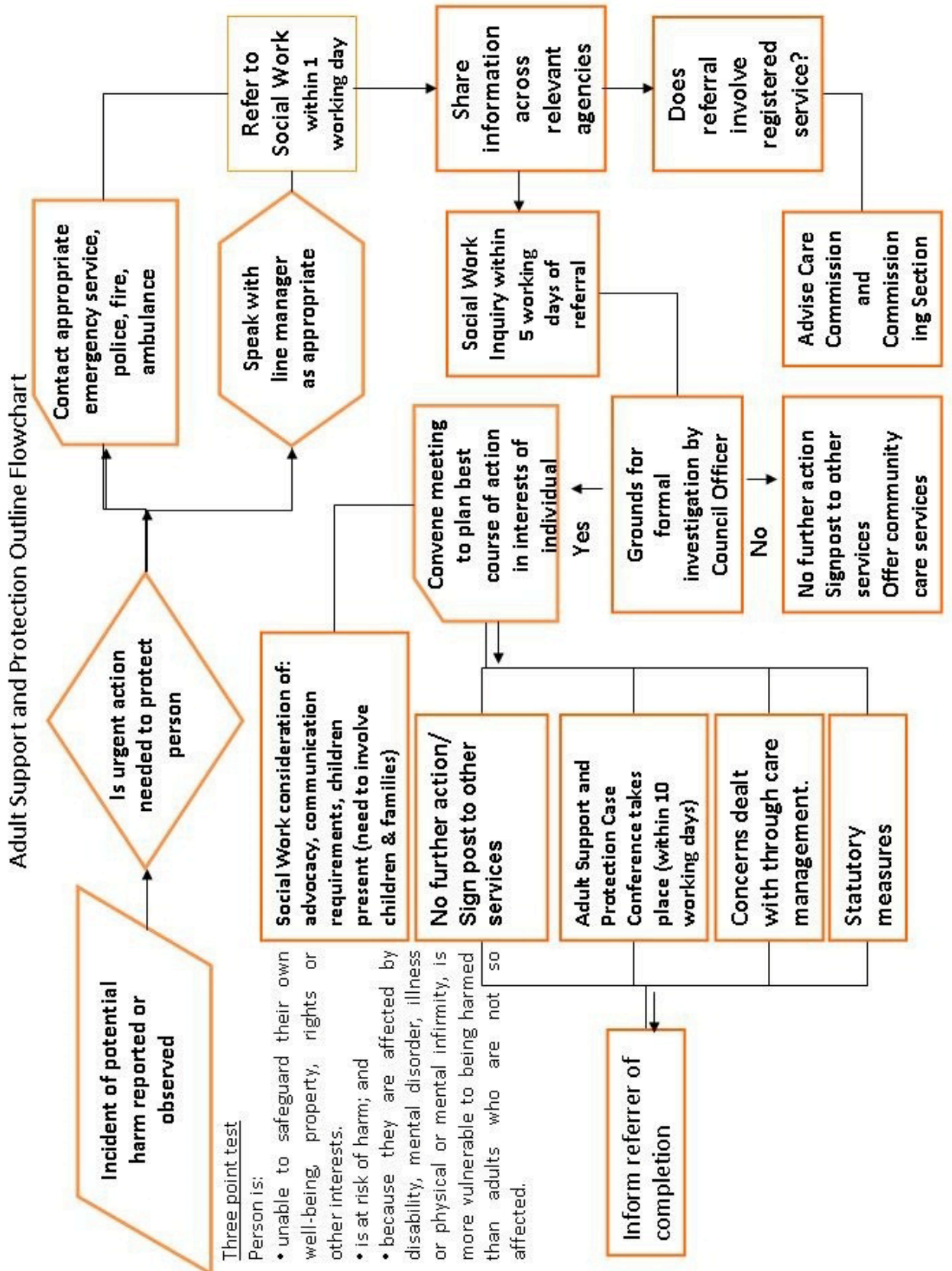
For further information refer to WOS Guidelines in Chapter 6.

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SECTION 8 - APPENDICES

Appendix 1	Overview of ASP reporting arrangements flowchart
Appendix 1a	Multi Agency Reporting Form AP1
Appendix 2	Social Work Referral Process
Appendix 3	Police Referral Process
Appendix 4	Community Alarms – ASP Protocol No.36
Appendix 5	Access to Records Proforma
Appendix 6	AP2 Risk Assessment
Appendix 7	Role of APC
Appendix 8	High Risk Pregnancy Protocol
Appendix 9	Contacts
Appendix 10	Review/Comments Feedback Form

Appendix 1



Appendix 1a

Adult Protection Referral Form & Actions (AP1) ALL AGENCIES	
All agencies use the AP1 with the exception of the Police who will use there own Referral FormVP1 at WOS Guidelines -Appendix 8	
<ul style="list-style-type: none"><i>You must immediately report suspected or actual harm to your line manager and you have a legal duty to report any concerns to the Council Social Work Services if it is known or believed that a person is an adult at risk and that protective action is needed.</i><i>All sections of Part A of the Referral Form require to be completed within 1 Normal Working Day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.</i>	
NB: - If you do not have all the information required in Part A please do not delay and send the Referral information you have. Social Work Services will follow up on your referral and add any additional relevant and required information.	
SECTION A	
REFERRER DETAILS:	
Name of Referrer:	
Job Title:	
Contact Telephone No:	
Address:	
REFERRAL DETAILS	
In what capacity do you know the adult at risk you are referring?	
Do you suspect a crime has been committed and have you informed the Police? (date & time and any actions taken by the Police)	
Who else have you informed of this referral to Social Work Services?(date & time and any	

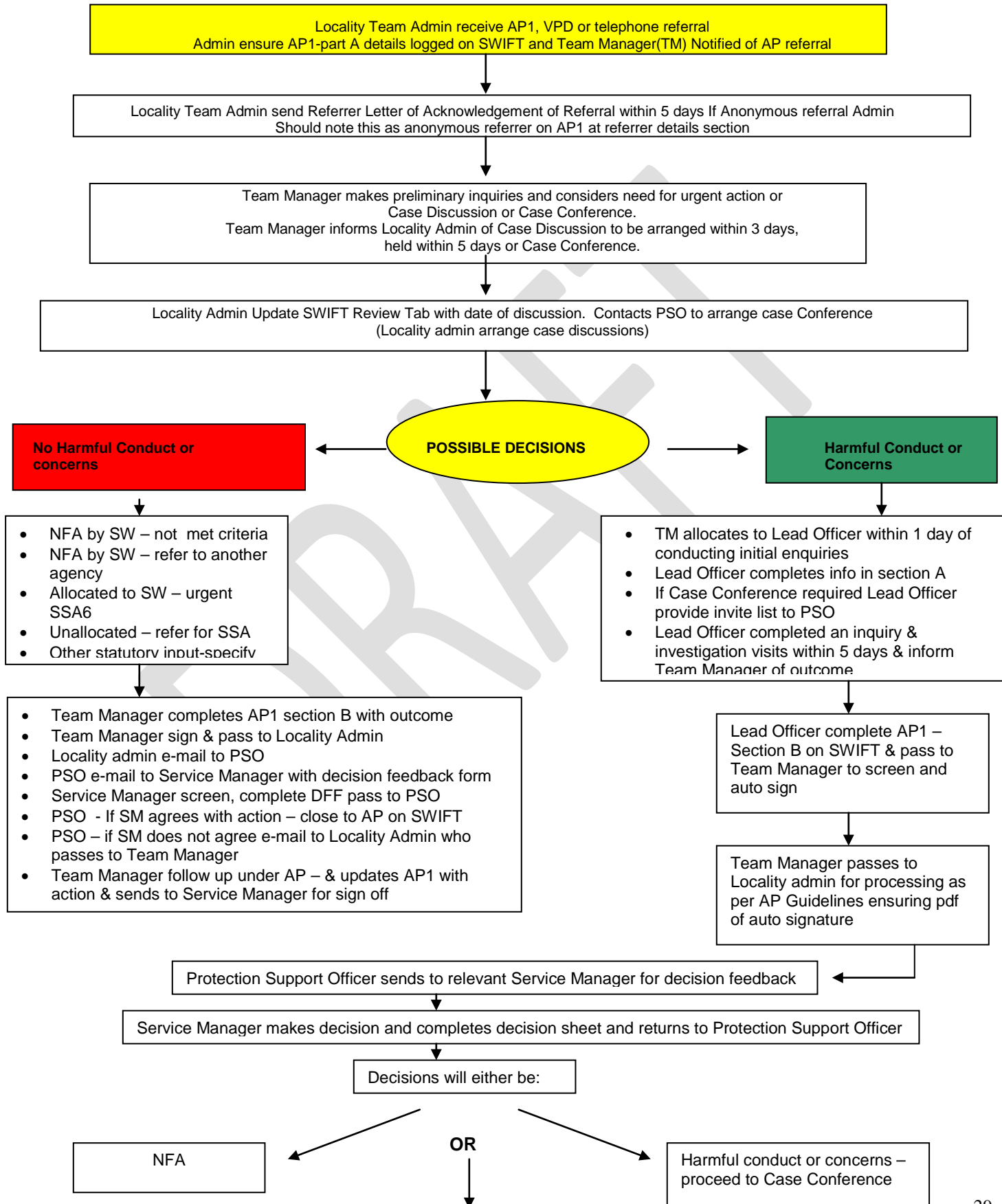
actions taken)
What are the details and nature of the situation leading to this referral? (to include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising)
Do you believe the adult at risk is capable of understanding what has happened to them?
Have you obtained the adult at risk consent to make this referral? If not please give the reason for referring without consent.
What action, other than this referral, have you taken to ensure the adult at risk is now safe?
ADULT AT RISK DETAILS:
Name:
Date of Birth:
Gender:
Ethnic Origin:
Religion:
Any known communication difficulties:
YES/NO If YES, please detail:

Living situation, e.g. lives alone, with spouse etc., type of accommodation, any known supports, caregivers there details. etc.	
GENERAL PRACTITIONER:	
Name:	
Telephone No:	
Address:	
OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED:	
Name/s:	Contact No/s:
Details of person's physical and mental health as known to Health Professional: <i>Confidentiality is important but for the purposes of allowing Councils to undertake the required inquires and investigations information to protect an adult at risk of harm relevant information should be shared. Please refer to your agencies procedures under Adult Protection Law.</i>	
DETAILS OF THE ALLEDGED PERSON CAUSING HARM – WHERE KNOWN	
Name	
Relationship to person	

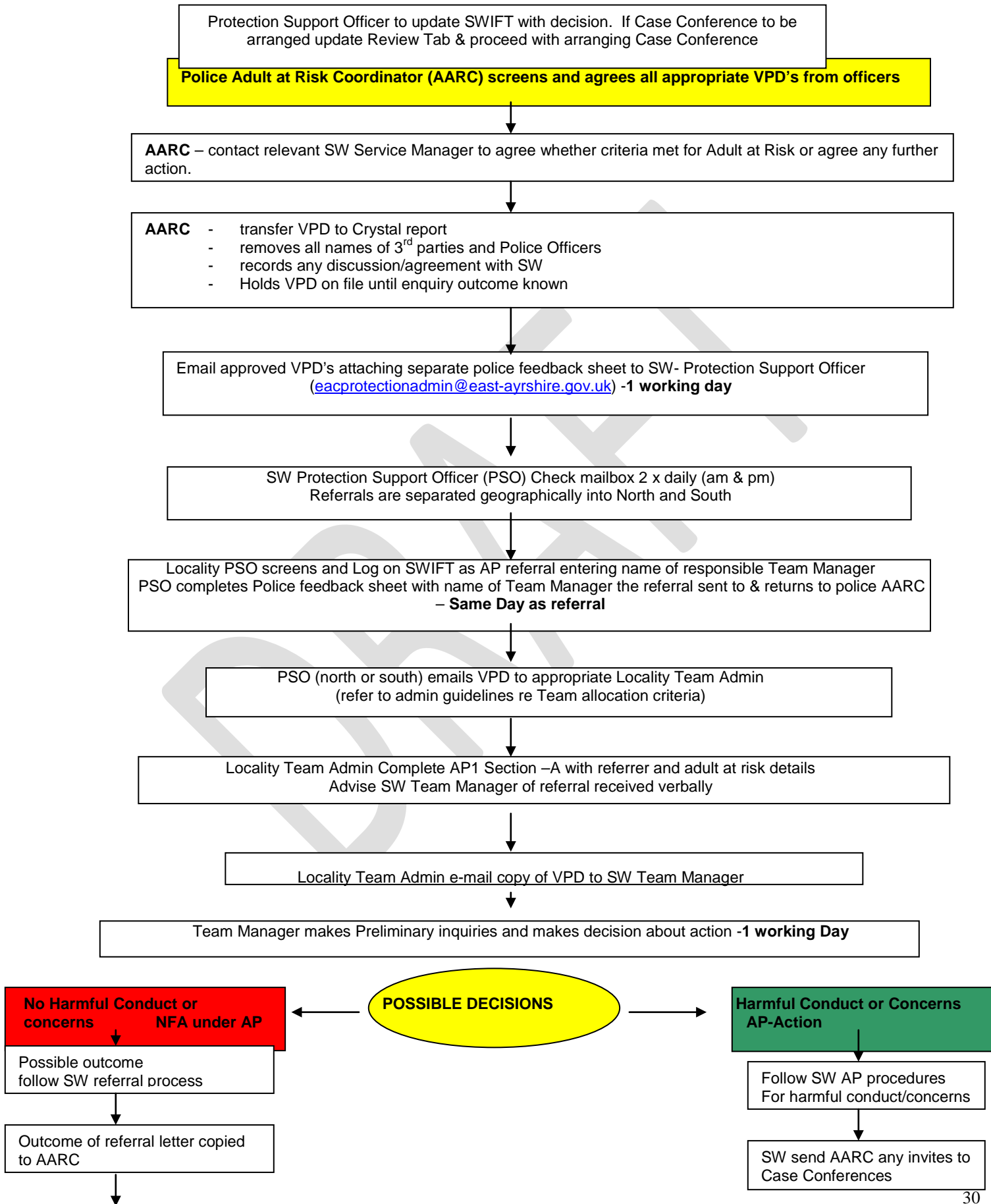
Address
DETAIL OF ANY PREVIOUS CONCERN/INCIDENT(to include dates, times, actions taken and outcomes)
Referrer Signature
Print Name
Date
SECTION B ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL Within 5 days of receiving a written referral on Form AP1 the following actions MUST be completed by Social Work Services as the lead agency.
Letter of acknowledgement to be sent within 5 days to referrer /organisation.
Form AP1 received (date):-
Form AP1, letter of acknowledgment sent (date):-
Referrer/Organisation to be advised in writing of the initial outcome of their referral
Advised (date):-
Referrer/Organisation to be invited to any subsequent adult protection meetings held by Social Work Services
Invitation to Adult Protection Case Conference YES/NO (date sent):- Date of Case Conference:-

Adult at risk legal status at time of referral			
Enquire & Complete any missing information not provided in Part A			
Completed: (date)			
Reasons for non completion:-			
Gather All available initial information to inform a decision at this point.			
ACTION - NO HARMFUL CONDUCT/CONCERNS i.e. - Refer on to an appropriate agency/review existing care plan/ consider other adult legislation/ action taken and give reasons :-	YES/NO	ACTION - YES HARMFUL CONDUCT /CONCERNS i.e. – Immediate Adult Protection Order sought/Investigate Further / Case Conference arranged and give reasons:-	YES/NO
Note Primary Category of Referral		Note Primary Category of Referrer	
Category is :-		Category is:-	
Codes		Codes	
A. Physical Injury		1. Social Work Statutory Staff in Council	
B. Sexual Abuse		2. Staff at Council Residential Establishment	
C. Physical Neglect		3. Staff at Council Day Care Establishment	
D. Financial or Material Abuse		4. Home Carer (Council)	
E. Emotional /Psychological Abuse		5. Housing in the Council	
F. Neglect and acts of Omission by others charged with adult at risks care		6. Police	
G. Self Neglect		7. GP/ Member of Primary Care Team	
		8. Hospital Medical Staff/ Registrar/ Consultant/ /Nurse	
		9. Clinical Psychologist/Psychiatrist	
		10. Community Mental Health Team/Nurses/Doctors/ MHO	
		11. Substance Misuse Team	
		12. Parent/Carer/ Guardian	
		13. Neighbour/Friend	
		14. Other (Please Specify)	
All information from AP1 Form to be transferred to Councils Assessment & Care Management IT Screens or held in Council Case Files. Information gained from Police Referral Form (Appendix 80 also to be recorded.		Date Completed :-	
<i>Any future actions and any future relevant information gathered should also be recorded using Councils Assessment & Care Management IT Screens or held in Council Case Files. ALSO Information collated on Forms AP 2 (Risk) or AP 3 (Protection Plan) when relevant.</i>			
ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL			
Senior Member of Social Work Signature			
Print Name			
Date			

ASAP Social Work Referral Process



Appendix 3



Appendix- 4

**East Ayrshire Council
Neighbourhood Services
Risk Management Centre**

Community Alarm Procedure No 36

Act Against Harm

Out of Hours any reports that an individual may be an adult at risk of harm from either staff observing an incident or from a Service User or member of the public making the Risk Management Centre staff aware, should be referred to social work standby to assess whether immediate action is required to make an inquiry. The inquiries and investigations can only be made by a Council Officer (registered social worker) in consultation with their team manager.

The details of the incident should be recorded by completing an API –Section A – ADULT PROTECTION REFERRAL FORM and the information should be faxed to relevant Locality Teams for information and the original should be left for the Risk Management Centre Manager the next working day. (Please ensure the details on the above form are passed to Social Work Standby immediately for action)

The Adult Support and Protection (Scotland) Act 2007 provides ways to offer support and protection to certain adults who may be at risk of harm or neglect.

Who does the Act say is an “adult at risk” of harm?

An “adult at risk” of harm is defined as a person aged 16 or over who may be unable to protect themselves from someone harming them, or from exploitation or neglect, because of a:

- disability;
- mental disorder;
- illness: or
- physical or mental infirmity.

Further information on this initiative can be found at the following site address:

<http://eacintra03/ess/socialwork/Adultsupport.asp>

Appendix 5 - standard Form



ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007

Request to Access Records

Section 10 (1) of the Adult Support and Protection Act (Scotland) 2007 states that "a Council Officer may require any person holding health, financial or other records on an individual the Officer knows or believes to be an adult at risk to give the records, or copies of them, to the Officer.

Name of Organisation/Individual request is being made to:	Name Address
Name of Adult:	Name: Address Date of Birth: Consent given: Yes No (please circle) If yes, signature of Adult/Power of Attorney/Guardian
Information Required	
Reason for Request	
Who the information will be shared with	
How long the information will be kept	
Once the investigation is complete the records will be: Returned Destroyed Retained on File (please circle one)	

Name/Signature of Requesting Council Officer:

.....(print)

.....(signed)

Date

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

Tel No:.....

Name/Signature of Team Leader

.....(print)

.....(signed)

Date

Appendix 6

East Ayrshire Adult Protection Committee



PROTECTION OF ADULTS AT RISK (AP2)

RISK ASSESSMENT AND PROTECTION PLAN

(Core Information should be completed in all cases in which an assessment is to be carried out under Adults at Risk Procedures; Communication Requirements identifies who is to be involved in that risk assessment and confirms who has been informed of the outcomes; the Risk Assessment then follows; the Protection Plan form should be completed in cases in which an Adult Protection Case Conference agrees a Protection Plan and should be updated by Review)

PART 1 - CORE INFORMATION

DETAILS OF SUBJECT

First Names:		Surname:	
Also known as:			
Date of Birth:			
Gender:		Ethnic group:	
Address:			
Postcode:			
Home Phone:		Mobile Phone:	
Housing Status:	Own home / Tenancy / Temporary / Homeless / Roofless / Care Home / Supported Accommodation / Lives alone / With family (underline as appropriate)		
ID Number:	(e.g. Carefirst/Pimms)	CHI No:	
Legal Status (e.g. Adults with Incapacity Act Guardianship, Mental Health Act Compulsory Order) and Date of Order	Name of Guardian or Attorney?		
Care Programme Approach?	Y/N	Risk to workers?	y/n (Risk Alert flag?)

ASSESSING WORKER

Name:	
Designation:	
Work Address:	

Postcode:			
Phone No:		E-mail Address:	
Date of Risk Assessment:			
Date of SSA:			

COMMUNICATIONS REQUIREMENTS

(Good risk assessment is a shared, multidisciplinary, multi-agency effort in which information must be shared to ensure informed, defensible, shared decisions)

Role	Name and Designation	Involved and aware of current situation?	Contributed to this risk assessment?	Informed of assessment outcome? (date, or N/A)
Care Manager				
Mental Health Officer				
Criminal Justice				
Social Worker				
Social Work Other				
Support Worker				
Support Agency				
Community Nurse/CPN/D/N				
Addiction services				
G.P				
Consultant				
Other health				
Police				
Housing/Landlord				
Nearest Relative				
Unpaid carer				
"Named person"				
Guardian/Attorney				
Care Commission				
Other				

Other				
-------	--	--	--	--

AP2 - PART 2 -RISK ASSESSMENT

*This form should be used when a Single/Specialist Shared (needs) Assessment (SSA), a Review, circumstances, or initial investigation of a significant incident reveals a **risk of serious abuse or harm**; or when needs interact to create **serious risks**; and when high levels of risk cannot be managed within a Care Plan. (see local Procedures for definitions and process)*

1. COMMUNICATION, CAPACITY, AND INVOLVEMENT

Date:

First Names		Surname	
<p>a) Has the person being assessed any particular communication and support needs? <i>(e.g. for interpreter, advocate, appropriate adult, Makaton, sign, speech and language therapist; or as a result of dementia, head injury etc?)</i></p>			
<p>b) Comment on the person's ability to make his/her own decisions about risk and to safeguard his/her own well-being? <i>(Evidence any limitations, if possible; refer to any examples of undue pressure if relevant)</i></p>			
<p>c) Has there been a recent formal Assessment of Capacity? Yes/No If yes, detail outcome in relation to identified areas of risk</p>			
<p>d) Is a formal assessment of capacity required in relation to specific risks identified? Yes/No Has this process been initiated? Yes/No</p>			
<p>e) Has there been a discussion with the person about information sharing Yes / No Any comments? <i>(See local procedures and local Information Sharing Protocols)</i></p>			

2. CHRONOLOGY OF SIGNIFICANT EVENTS

Chronology of relevant events/significant event history (*Attach if available; **or** list significant relevant events under: date, brief detail, agencies/people involved, outcome/consequences*)

Date of event	Brief detail of event	Agencies/people involved	Outcome/consequences

3. CURRENT RISKS OR CONCERNS

Subject is considered to be at risk of serious harm from: (Tick <u>all</u> you consider <u>may</u> apply)	Risk of serious harm to subject?	Risk of serious harm to <u>others</u> ? Whom?	Immediate danger/ Imminent crisis?	Subject agrees? Yes/No	Carer agrees? Yes/No
Physical injury					
Violence/aggressive behaviour					
Sexual abuse/exploitation/					
Sexual ill health					
Pregnancy					
Progressive illness					
Harassment/exploitation/racial abuse					
Psychological/emotional distress					
Mental/cognitive impairment					
Mental health problem					
Alcohol use					
Drug use					
Suicidal intent					
Self harm					
Self neglect					
Reduced social functioning/isolation					
Financial abuse/theft					
Homelessness					
Loss of employment					
Abuse by omission					
Institutional abuse					
Abuse by paid carers					
Risk to/Concerns for Children					
Other (specify)					

--	--	--	--	--	--

4. CURRENT RISK DESCRIPTION

What behaviour, allegation, complaint, circumstances or event has prompted this risk assessment? *(detail the nature of the behaviour or incidents which put the person at risk, e.g. the nature and extent of sexual/physical/financial abuse; the specific areas of self neglect (eating, medication, wandering))*

Who is the source of concern, and who is involved in the risk events?

When does this/do these circumstances occur - and **how often**?
(Evenings/weekends/every day/mealtimes etc: rarely, frequently, occasionally, etc)

Where does this/do these circumstances occur? *(Daycentre, at home, on the streets, travelling)*

Medical assessment and/or clinical diagnosis of mental or physical illness, *relevant to this risk assessment*

Particular triggers or risky circumstances that heighten the risks? *(e.g when person is alone; if home carer is late; if relative makes contact/does not make contact; arrival of benefit; contact with specific person/staff member etc)*

Protective factors, or circumstances, that have protected the subject, or reduced the risk in the past? *(include here any change in subject's ability to manage these risks)*

5. RISK ASSESSMENT

a) What is your assessment of the risk? How severe might the consequences/injuries/harm/damage be if no action is taken to reduce the risk, or increase protection? How probable is it that these circumstances will recur? What is your view and any agreed view about the degree of risk and urgency of action?

b) Your assessment will include the contributions of other agencies/services. Indicate here if there is any disagreement:

c) What is the adult's assessment of the risk? Does he/she agree with your assessment?
(if not - explain)

d) What is the unpaid carers' assessment of the risk? (explain if not available or not appropriate,)

6. RECOMMENDATION/ACTIONS

a.) Is an Adult Protection case conference recommended? Yes/No

b.) Detail any immediate actions that have already been taken in order to protect, or reduce the risk *(include whether this situation/risk/concern been referred to another service, or agency, and if so, with what result)*

c.) What future action do you recommend is taken to reduce the risk, or protect the adult being assessed? *(e.g. increased support; review of Care Plan; further needs assessment; change of environment/ service, legal action etc)*
Clearly indicate who should do what and when.

d.) What advantages and disadvantages, gains or losses to the adult's quality of life, or freedom, or independence might result from these actions (e.g. in the event of increased supervision, change of home, statutory intervention)

e) Risks to other people - Recommended Actions *(Consider risks to other adults, carers; children, alleged abuser. Consider actions such as police and/or Care Commission investigation of allegations, Carer's Assessment, alert to Home or Centre management in respect of other service users, additional risk assessments, referral to child protection or criminal justice)*

--

Any further comment from the person being assessed?

Does the person consent to share information in this assessment? (Yes/No)
Any conditions or limitations?

Signature of assessed person: (If no signature, say why) Date:

Risk Assessment discussed with Manager?	Date:
---	-------

Agreed immediate actions to be taken:

Communication Requirements - Please ensure completion of final column of page 2

Signature: (Assessor) date

Signature: (Manager) date

Notification Requirements

<u>Agency/Person</u>	<u>Requirement to notify?</u>	<u>Date notified</u>
Care Commission		
Mental Welfare Commission		
Office of Public Guardian		
Senior Manager/Director		
APC Chair -Significant Case Review		

AP3 - PROTECTION PLAN

This form must be used when allegations of abuse/exploitation have been made and an Adult Protection Case Conference has agreed that there is a risk of serious abuse or harm; or when high levels of risk cannot be managed within a normal Care Plan. The Protection Plan should be completed within two weeks of an Adult Protection Case Conference.

DATE OF PROTECTION PLAN:

1. PERSONAL DETAILS – ADULT AT RISK

First Names:		Surname:	
Date of Birth:			
ID Number:	<i>(CareFirst etc)</i>	CHI No	

2. AGENCY/STAFF INVOLVEMENT

Agency/staff involved in risk management, co-ordination and review	
Lead Worker's Name	Post and Agency
Names of Core Group Members	Post and Agency

3. ACTIONS

SUPPORT AND PROTECTIVE SERVICES			
<i>Actions and Roles, which define services to be in place and procedures to be followed, with responsibilities, timescales and outcomes identified involving service users, carers, members of the core group and all other agencies involved in the Protection Plan. These should include immediate or longer term actions, both benefit enhancing and harm reducing measures, and roles of services, the adult, advocates, unpaid carers attorneys and guardians, as appropriate.</i>			
Actions and Roles	Responsibility	Timescales/ Deadlines	Intended Outcomes
a) Support, treatment, therapy <i>(specify services)</i>			
b) Control measures <i>(including any legal action)</i>			
c) Direct contact with person			

d) Risk management with perpetrator			
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Support And Protective Services (continued)

Action	Responsibility	Timescales Deadlines	Intended Outcomes
e) Information sharing arrangements			
f) Risk management coordination			
g) Other Actions			
h) Other Actions			

Date:

4. VIEWS AND ROLES OF ADULT AT RISK AND OTHERS

Adult's view of Protection Plan:

Advocate's view of Protection Plan:

Unpaid Carer/s view/s of Protection Plan:

Guardian/Attorney's view/s of Protection Plan:

Agencies dissenting from Protection Plan:

5. CONTINGENCY PLAN *(identify significant changes which might occur and what additional or alternative action should be taken in that event, such as case conference or legal action)*

Significant changes suggestive of additional risk/harm	Action if significant change occurs	Responsibility

6. DISTRIBUTION OF PROTECTION PLAN

(Distribution to be identified which takes account of confidentiality and third party information issues)

Person/Agency	Name and Designation	Sent copy of Protection Plan (date, or N/A)
Adult at risk		
Nearest relative/carer		
Named person		
Advocate		
Social Work staff		
Support Agency		
Community Health		
G.P		
Consultant		
Police		
Housing		

Legal Representative		
Attorney/Guardian		
Others		

7. REVIEW ARRANGEMENTS

Review Date:	Review Location (if known):
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Protection Plan approved as accurate and confirmed copied to set agencies and Core Group members

Signed by Case Conference Chair:

Date:

Appendix 7

EAST AYRSHIRE

ADULT PROTECTION COMMITTEE (APC)

The East Ayrshire APC is currently being implemented and is externally audited by COSLA and Scottish Government through a Biennial report to Scottish Government; locally the group is reportable to the Chief Officers group (Child, adult and public protection) of the council who also oversee the Child Protection Committee.

The Function of the APC is to;

- Ensure all relevant public agencies meet their duties and functions under the Adult Support and Protection Act 2007
- Ensure appropriate cooperation between agencies for improving the skills, knowledge of those with a responsibility for the protection of Adults at risk;
- Establish a multi-agency Public Protection Unit;
- Maintain links with Child Protection Committees and Multi Agency Public Protection Arrangements (MAPPA)
- Revise local multi-agency policies and procedures for protecting vulnerable adults and ensure improved cooperation between public bodies;

- Ensure links with people who access services and carers in the work of the committee and improve public information and access to appropriate resources;
- Establish and develop a multi-agency Adult Protection Training strategy;
- Develop existing information and performance activity and outcomes and make proposals for improvements.

Membership (core)

Independent Convener – Awaiting Appointment
Head of Service Community Care – Interim Chair
Head of Housing
Superintendent Strathclyde Police
Care Commission Team Manager
NHS Health Care Director –Integrated Care and Ongoing Services
Procurator Fiscal

Note;

The council has discretion to appoint other representatives to bring particular expertise to the committee as required.

The Adult Protection Co-ordinator reports directly to the chair of the APC and assists in the facilitation of committee functions.

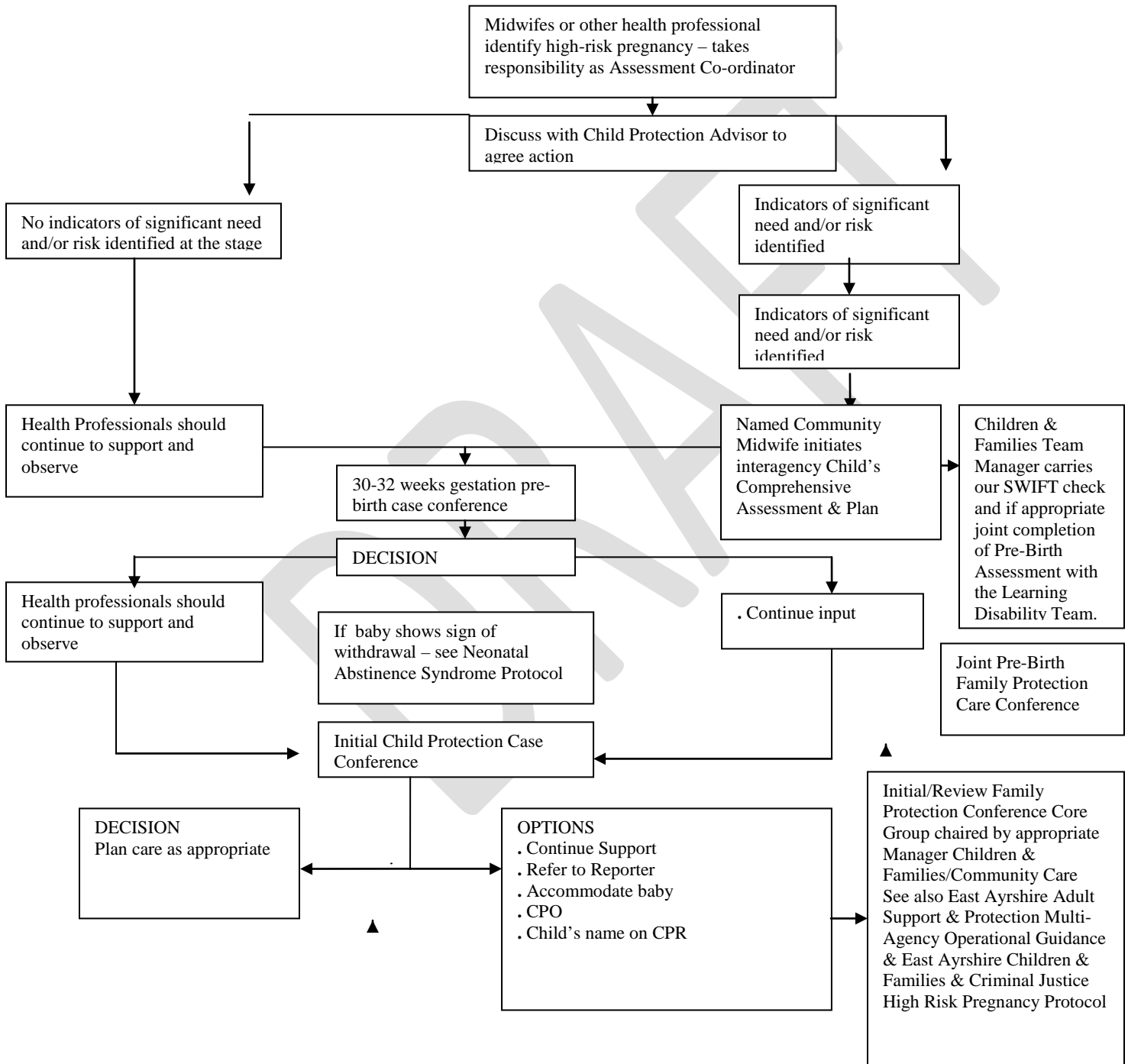
The Committee functions are implemented via the production of an annual business plan which is delivered, monitored and reviewed by a number of sub groups of the Committee.

Appendix 8 -

DRAFT PROTOCOL IN RESPECT OF HIGH RISK PREGNANCIES

A pregnancy may be considered high risk if one or more of the following circumstances exist within the household

- Substance Abuse
- Domestic Abuse
- Learning Disability
- Serious Mental Health Issue
- Previous history of child abuse or neglect



Appendix -9 – Useful Contacts

Useful Contacts

Name & Designation	Address	Tel No	E-mail Address	Area Covered	Responsible for:
<i>Administration Educational & Social Services – ASP Referrals</i>					
Annette Black Protection Support Officer	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576915 Fax: 578174	annette.black@east-ayrshire.gov.uk eacprotectionadmin@east-ayrshire.gov.uk	North Locality	Admin AP paperwork
Margaret McVicar Protection Support Officer	Dept ESS Protection Team Lugar Offices Rigg Road Cumnock KA18 3JQ	01563 554411 Fax: 554424	margaret.mcvicar@east-ayrshire.gov.uk eacprotectionadmin@east-ayrshire.gov.uk	South Locality	Admin AP paperwork
<i>Senior Managers ESS</i>					
Helen McGee, Senior Manager	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576933	helen.mcgee@east-ayrshire.gov.uk	East Ayrshire	Older People 65+
Alison Findlay, Senior Manager	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576895	alison.findlay@east-ayrshire.gov.uk	East Ayrshire	Authority Wide Services Adults under 65
<i>Service Managers ESS</i>					
Yvonne Bennett, Service Manager Mental Health Partnership	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576950	yvonne.bennett@east-ayrshire.gov.uk	East Ayrshire	Mental Health and LD – Authority wide
Kate Moore, Service Manager, Community Care Locality South	Dept ESS 11 Cross Street Galston	01563 820876	kate.moore@east-ayrshire.gov.uk	Irvine Valley Mauchline Catrine Cumnock & Doon Valley	South Locality

Eileen Brechany, Service Manager Community Care Locality North	Dept ESS 9 Balmoral Road KILMARNOCK	01563 528011	eileen.brechany@east-ayrshire.gov.uk	Kilmarnock Kilmaurs Stewarton Dunlop	North Locality
Jane Duffy, Service Manager, Core Services	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576834	jane.duffy@east-ayrshire.gov.uk	East Ayrshire	Moving & Handling Independent Living Community Capacity Addiction Services Social Care Service
<i>Community Care, Team Managers – Receive ASP Referrals – Community Based Locality Teams</i>					
Fiona Atchison, Team Manager	Dept ESS 9 Balmoral Road KILMARNOCK	01563 528011	fiona.atchison@east-ayrshire.gov.uk	North Locality	Locality Service
Bill Mair Team Manager	Dept ESS 9 Balmoral Road KILMARNOCK	01563 528011	Bill.mair@east-ayrshire.gov.uk	North Locality	Locality Service
Linda Dickinson, Team Manager	Dept ESS Civic Centre South John Dickie Street KILMARNOCK	01563 576922	Linda.dickinson@east-ayrshire.gov.uk	North Locality	Locality Services
Lindsay Marshall, Team Manager	Dept ESS 9 Balmoral Road KILMARNOCK	01563 528011	lindsay.marshall@east-ayrshire.gov.uk	North Locality	Locality Services
Glen Crotch, Team Manager	Dept ESS 11 Cross Street Galston	01563 820876	Glen.crotch@east-ayrshire.gov.uk	South Locality	Locality Services
Lynette McGuffie Team Manager	Dept ESS Menzies Court Townhead Street CUMNOCK	01563 428413	lynette.mcguffie@east-ayrshire.gov.uk	South Locality	Locality services

Morag Steele, Team Manager	Dalmellington Area Centre 33 Main Street Dalmellington Ayr East Ayrshire KA6 7QL	01292 552899	Morag.steele@east-ayrshire.gov.uk	South Locality	Locality Services
<i>Other Social Work Teams</i>					
Irene Martin, Team Manager	Dept ESS North West Area Centre Kilmarnock	01563 578501	irene.martin@east-ayrshire.gov.uk	North of authority (cut off Mauchline)	Adults under 65 with Mental Health
Carol Fennell Team Manager	Dept ESS North West Area Centre Kilmarnock	01563 578561	carol.fennell@east-ayrshire.gov.uk	North of authority (cut off Mauchline)	Adults under 65 with Learning Disability
Anne Sym Team Manager	Dept ESS Lugar Offices Rigg Road Cumnock KA18 3JQ	01563 555272	anne.syme@east-ayrshire.gov.uk	South of authority	Adults under 65 with Mental Health or Learning Disability
<i>Hospital Social Work Team</i>					
Joan Pollock	Dept ESS Crosshouse Hospital Lister Street KA2 0BE	01563 826250	joan.pollock@east-ayrshire.gov.uk	Social Work Services	Acute Team
<i>Criminal Justice Services – ASP Enquiries</i>					
Eugene Fitzpatrick, Service Manager Criminal Justice Services	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576674	eugene.fitzpatrick@east-ayrshire.gov.uk	East Ayrshire	Criminal Justice

Morven Millar, Team Manager	43 - 49 John Finnie Street Kilmarnock	01563 539888	morven.millar@east-ayrshire.gov.uk		Criminal Justice Services
Terry Kane, Team Manager	43 - 49 John Finnie Street Kilmarnock	01563 539888	terry.kane@east-ayrshire.gov.uk		Throughcare
Anita Haddow, Team Manager	43 - 49 John Finnie Street Kilmarnock	01563 539888	anita.haddow@east-ayrshire.gov.uk	Prison SW Team	HMP
Criminal Justice Team Manager Mental Health	Barrhill Road Office Barrhill Road CUMNOCK KA18 1PG	01290 428372			CJ Mental Health
<i>Other Useful Contacts</i>					
Robin Quigley, Mental Health Co-ordinator	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 576984	robin.quigley@east-ayrshire.gov.uk	East Ayrshire	For info/advice on MHCT or access to MHO's
Mental Health Officer (Duty)	North West Area Centre Western Road KILMARNOCK	01563 578712		East Ayrshire	For access to duty MHO's
Donna Sinforiani, Adult Protection Co- ordinator	Dept ESS - APU Civic Centre South John Dickie St Kilmarnock	01563 576984	Donna.sinforiani@east-ayrshire.gov.uk		For advice, information on ASAP Act, APC and local implementation
Ian George, Resource Worker	Dept ESS - APU Civic Centre South John Dickie St Kilmarnock	01563 576976	ian.george@east-ayrshire.gov.uk		Info on Website, Public information or APU
Fiona Strachan MAPPA Co-ordinator	South West Scotland CJA	01292 664069	Fiona.strachan@strathclyde.pnn.police.uk	South West Scotland	For info & advice re MAPPA
Offender Management Unit	Kilmarnock Police Office 10 St Marnock Street	01563 505207 or 01563			

	KILMARNOCK KA1 1TJ	505167			
<i>Multi Agency AP Leads</i>					
<i>Strathclyde Police</i>					
Lesley Callaghan, Adult at Risk Co-ordinator	Strathclyde Police U Division 10 St Marnock St KILMARNOCK KA1 1TJ	01563 505142	Lesley.callaghan@strathclyde.pnn.police.uk		ASP Enquiries
Maxine Gallagher Detective Sergeant, Public Protection Unit	Strathclyde Police U Division 10 St Marnock St KILMARNOCK KA1 1TJ	01563 505041	maxine.gallagher@strathclyde.pnn.police.uk		ASP Enquiries
<i>Strathclyde Fire and Rescue</i>					
Alan Coughtrie Crew Commander	Kilmarnock Community Fire Station Campbell Street KILMARNOCK	01563 533321	Alan.coughtrie@strathclydefire.org		Community safety and engagement lead contact for East Ayrshire
Carol Cairns, Firefighter			Carol.cairns@strathclydefire.org		
Jim Scott Area Group Commander	Strathclyde Fire & Rescue 187 Glaisnock St CUMNOCK KA18 1JX	01290 427612	james.scott@strathclydefire.org	East Ayrshire	
Billy Thomson Area Group Commander	Strathclyde Fire & Rescue 4 Barr Street Ardrossan	01294 607000	billy.thomson@strathclydefire.org	North Ayrshire South Ayrshire	
<i>Communication & Additional Support</i>					
Sensory Impairment Team	Dept ESS Civic Centre South John Dickie St Kilmarnock	01563 554889		East Ayrshire	Booking Sign Language Interpreter

National Interpreting Service		0800 028 0073	enquiries@nisuk.co.uk		Access to over the phone interpreters from English into more than 150 languages 24 hours a day, 7 dys a week
NHS Community Learning Disability Team	North West Kilmarnock Area Centre Western Road KILMARNOCK	01563 578567	Physiotherapist, Psychiatrist, Psychologist, Specialist Community Nurses	East Ayrshire	North East Referrals
NHS Community Learning Disability Team	Cumnock Health Centre Tanyard CUMNOCK	01290 424790	Physiotherapist, Psychiatrist, Psychologist, Specialist Community Nurses	East Ayrshire	South East Referrals
NHS Community Learning Disability Team	Pavillion 4 Ayrshire Central Hospital Kilwinning Road IRVINE	01294 323560	Physiotherapist, Psychiatrist, Psychologist, Specialist Community Nurses	North Ayrshire	
NHS Community Learning Disability Team	House 9 Arrol Park Resource Centre Doonfoot Road AYR	01292 614910	Physiotherapist, Psychiatrist, Psychologist, Specialist Community Nurses	South Ayrshire	
NHS Community Speech & Language Therapy Service Head Office		01292 660800	For access to all Speech and Language Therapy services	Ayrshire	
<i>Emergency or Out of Hours Contacts</i>					
Social Work Standby, Out of Hours Service		0800 811505			

EAC Council Helpline		08457 240000	For access to out of hours services (e.g. plumber, joiner etc)		
NHS 24		08454 242424	www.nhs24.co.uk		
<i>Local Office Numbers</i>					
Kilmarnock Police Station		01563 505000			
Cumnock Police Station		01290 420755			
Strathclyde Fire & Rescue East Ayrshire		01290 427612 (Jim Scott, Area Group Commander)			
Strathclyde Fire & Rescue North & South Ayrshire		01294 607000 (Billy Thomson, Area Group Commander)			
Social Work Kilmarnock		01563 528011 (main number for reporting both Child & Adult Protection concerns)			
Social Work Cumnock		01290 421444 (main number for reporting both Child & Adult Protection concerns)			
Social Work Irvine Valley		01563 820876 (main number for reporting both Child & Adult Protection concerns)			
Social Work Doon Valley		01292 552900 (main number for reporting both Child & Adult Protection concerns)			
East Ayrshire Advocacy Services		01563 574442 (irene@eaas.org.uk ^[S1])			
Care Commission South West Region Suite 3 Sovereign House Academy Road, Irvine, KA12 8RL		01294 323920			

GP PRACTICES – EAST AYRSHIRE

PARTNERSHIP	PRACTICE MANAGER	ADDRESS	TELEPHONE NUMBER	FAX NUMBER	WEBSITE ADDRESS
AUCHINLECK PRACTICE Dr Latoria Dr Mahmood	Sally Brown	The Health Centre Main Street Auchinleck KA18 2AY	01290 421903	01290 426101	Not Applicable
BRANCH SURGERY - OCHILTREE	Sally Brown	The Clinic Gallowlee Avenue Ochiltree KA18 2PQ	01290 424713	01290 426192	Not Applicable
CATRINE PRACTICE Dr May Dr Richardson Dr Sharma	Pauline Young	The Clinic Institute Avenue Catrine KA5 6RU	08444997055	08444773941	www.ballochmylemedicalgroup.co.uk
CROSSHOUSE PRACTICE Dr Drummond Dr Magee Dr McAlpine Dr Morrin Dr Steven	David Johnston	The Clinic Gatehead Road Crosshouse KA2 0HN	01563 521506	01563 573695	Not Applicable
BRANCH SURGERY - KILMAURS	David Johnston	Glencairn Medical Practice East Park Drive Kilmaurs KA3 2QS	01563 538585	01563 573698	Not Applicable
BRANCH SURGERY - FENWICK	David Johnston	The Surgery 93a Main Road Fenwick KA3 6DY	01560 600822	01560 600868	Not Applicable

CUMNOCK PRACTICE Dr Church Dr Dunlop Dr Henderson Dr Lochens Dr Lowry Dr Mitchell Dr Paulina Dr Powell Dr Ramachandran	Morag Ward	The Health Centre 2 The Tanyard Cumnock KA18 1BF	01290 422723	01290 425444	www.cumnockhealthcentre.co.uk
DALMELLINGTON PRACTICE Dr Brown Dr Hanif Dr Morrison Dr Scanlon Dr Winkler Dr Yeomans	Kevin Lang	The Health Centre 33 Main Street Dalmellington KA6 7QL	01292 550238	01292 551342	Not Applicable
DRONGAN PRACTICE Dr Blenkinsopp Dr Haddow Dr Hill Dr Konamme Dr Mackie Dr McTaggart Dr Steven	Sandra Barrett	Taiglum Medical Practice Mill O'Shields Road Drongan KA6 7AY	01292 591345	01292 590782	www.taiglummedical.co.uk
GALSTON PRACTICE Dr Collister Dr McCall Dr McWhirter Dr Nicol Dr Taylor	Graham Dobbie	The Surgery 5a Henrietta Street Galston KA4 8HW	01563 820424	01563 822380	Not Applicable
MAUCHLINE PRACTICE Dr Campbell Dr McMillan Dr Morrison Dr Sharma	Pauline Young	The Clinic High Street Mauchline KA5 6AJ	08444997055	08444997056	www.ballochmylemedicalgroup.co.uk

MUIRKIRK PRACTICE Dr Lennox Dr Rait Dr Ramsay	Janet Allan	Gargaison Glasgow Road Muirkirk KA18 3QR	01290 661286	01290 661007	Not Applicable
BRANCH SURGERY - DARVEL	Janet Allan	The Clinic Lochore Terrace Darvel KA17 0HD	01560 320205	01560 321623	Not Applicable
BRANCH SURGERY - NEWMILNS	Janet Allan	The Surgery 73/75 Loudon Street Newmilns KA16 9HQ	01560 320101	01560 321182	Not Applicable
NEW CUMNOCK PRACTICE Dr Adams Dr Aummran Dr Gillepsie Dr Smith	Sandy Stevenson	The Surgery 67 Afton Bridgend New Cumnock KA18 4BA	01290 338242	01290 332010	Not Applicable
PATNA PRACTICE Dr Hunter Dr Linton Dr Martin Dr White	Marjorie McCubbin	Riverside Medical Practice 27 Dalvennan Avenue Patna KA6 7NA	01292 531367	01292 531033	Not Applicable
BRANCH SURGERY – COYLTON	Marjorie McCubbin	11 Hole Road Coylton KA6 7JL	01292 571240	01292 571242	Not Applicable
STEWARTON PRACTICE Dr Costley Dr Duke Dr Hunter Dr Sim Dr Watt Dr G Wilkie Dr S Wilkie	Allison Bird	Health Centre 45 High Street Stewarton KA3 5BP	01560 482011	01560 485483	Not Applicable

DUNDONALD ROAD Dr L Dean Dr R Dean Dr Hamilton Dr Khaliq Dr King Dr Paxton Dr Sabharwal Dr Smyth Dr Stewart	Ann McAughtrie	The Wards Medical Centre 25 Dundonald Road Kilmarnock KA1 1RU	01563 526514	01563 573558	Not Applicable
LONDON ROAD Dr Anodiyil Dr Beveridge Dr Buchanan Dr Clark Dr Friel Dr Horne Dr Lunan Dr Morton Dr McHardie Dr Timmons	Mark Armstrong	12 London Road Kilmarnock KA3 7AE	01563 523593	01563 573552	Not Applicable
OLD IRVINE ROAD Dr Curran Dr Dunn Dr Irvine Dr Lochrie Dr McGregor Dr McLaughlin	John Lamont	4/6 Old Irvine Road Kilmarnock KA1 2BD	01563 522413	01563 573559	www.oldirvineroadsurgery.co.uk
31 PORTLAND ROAD Dr Courtney Dr Frew Dr Pugh Dr Richards Dr Sardar Dr Simpson Dr Sommerville	Liz Boyd	31 Portland Road Kilmarnock KA1 2DJ	01563 522118	01563 573562	www.portlandroadsurgery.co.uk
34 PORTLAND ROAD Dr Gaffney Dr Montgomery Dr McGuire Dr McIntyre	Fiona Shearer	34 Portland Road Kilmarnock KA1 2DJ	01563 522411	01563 573557	www.portlandmedicalpractice.co.uk

LOCALITY SERVICES NORTH – LINDSAY MARSHALL

GP	ADDRESS	PRACTICE MANAGER	HEALTH VISITOR	DISTRICT NURSE TEAM	SOCIAL WORKER/ CARE MANAGER	OT/SUPPORT ASSISTANT	HOME CARE MANAGER	TEAM MANAGER
Dr Cosley Dr Duke Dr Hunter Dr Sim Dr Watt Dr Gail Wilkie Dr Stewart Wilkie	High Street Stewarton Tel: 01560 482011 Fax: 01560 482095	Alison Bird Tel: 01560 480195	Pat McCulloch Susan Muir	Elaine Downe Wilma Scott Cathy McCormack Jean Brown Tel: 01560 482423	Margaret Barr 9 Balmoal Road, Kilmarnock Social Worker Tel: 01563 528011	Linda Maume 9 Balmoral Road, Kilmarnock Tel: 01563 528011	Anne Thomson 9 Balmoral Road, Kilmarnock Tel: 01563 528011	Lindsay Marshall 9 Balmoral Road, Kilmarnock Tel: 01563 554269 or 01563 528011
Dr Drummond Dr Magee Dr Morran Dr McAlpine Dr Steven	East Park Drive Kilmaurs Tel: 01563 538585 Fax: 01563 573695 93a Main Road Fenwick Tel: 01560 600822 Fax: 01560 600868 Crosshouse Resource Centre Annandale Gardens Crosshouse KA2 0LE Tel: 01563 521506 Fax: 01563 573695	David Johnstone	Liz Chalmers Dalene Sinclair Susan Grant Tel: 01563 573522	Rae Wilson Liz Keary Susan Beattie Barbara McFadye Mary Rose Muir Marion Semple Tel: 01563 503282	Jackie Roxburgh 9 Balmoral Road, Kilmarnock Social Worker Tel: 01563 528011	Irene Pinkowski 9 Balmoral Road, Kilmarnock Tel: 01563 528011	Fiona Gray 9 Balmoral Road, Kilmarnock Tel: 01563 558011	Lindsay Marshall 9 Balmoral Road, Kilmarnock Tel: 01563 554296 or 01563 528011

LOCALITY SERVICES NORTH – FIONA ATCHISON / BILL MAIR

GP	ADDRESS	PRACTICE MANAGER	HEALTH VISITOR	DISTRICT NURSE TEAM	SOCIAL WORKER/ CARE MANAGER	OT/SUPPORT ASSISTANT	HOME CARE MANAGER	TEAM MANAGER
Dr Beveridge Dr Buchanan Dr Clark Dr Hogg Dr Horne Dr Lunan Dr McHardy Dr Morton Dr Poddar Dr Rae	12 London Rd Kilmarnock Tel: 01563 523593 Fax: 01563 573552	Mr Les Wilson	Suzanne Clark Zoe Kelly Melissa McCall	Angela McCairns Noelle McDowall Jane McInroy Elaine Miller Susan Mitchell Nicola Smith Tel: 01563 539935	Margaret Williamson 9 Balmoral Road, Kilmarnock Tel: 01563 554235	Maureen Leitch 9 Balmoral Road, Kilmarnock Tel: 01563 554236	Darren Clover 9 Balmoral Road, Kilmarnock Tel: 01563 554285	Fiona Atchison / Bill Mair 9 Balmoral Road, Kilmarnock Tel: 01563 554270 or 01563 528011
Dr Courtney Dr Frew Dr Pugh Dr Richards Dr Sardar Dr Simpson Dr Sommerville	31 Portland Rd Kilmarnock Tel: 01563 522118 Fax: 01563 573562	Liz Boyd	Frances Milne Nancy McCormac Tel: 01563 549640	Lynn Allison Catherine Anders Mary Conlan Anne Ferguson Mary Hutchison Tel: 01563 549637	Marion Murray 9 Balmoral Road, Kilmarnock Tel: 01563 554233	Lynn Leeper 9 Balmoral Road, Kilmarnock Tel: 01563 554761	Catherine Horner 9 Balmoral Road, Kilmarnock Tel: 01563 554219	Fiona Atchison / Bill Mair 9 Balmoral Road, Kilmarnock Tel: 01563 554270 or 01563 528011

LOCALITY SERVICES NORTH – LINDA DICKINSON

GP	ADDRESS	PRACTICE MANAGER	HEALTH VISITOR	DISTRICT NURSE TEAM	SOCIAL WORKER/ CARE MANAGER	OT/SUPPORT ASSISTANT	HOME CARE MANAGER	TEAM MANAGER
Dr Gaffney Dr McGuire Dr McIntyre Dr S Montgomery	34 Portland Rd Kilmarnock Tel: 01563 522411 Fax: 01563 545499	Fiona Shearer	Kay Stewart Liz Currie	Julie Martin Brian Mowbray Gail McEwan Tel: 01563 545735	Fiona Bain 9 Balmoral Road, Kilmarnock Tel: 01563 554225	Stephanie Graham 14 – 16 Dunoon Avenue Kilmarnock Tel: 01563 554224	Catherine Horner 9 Balmoral Road Kilmarnock Tel: 01563 528011	Linda Dickinson 14 – 16 Dunoon Avenue, Kilmarnock Tel no: 01563 553537 or 01563 572732
Dr Curran Dr Dunn Dr Irvine Dr Lochrie Dr McGregor Dr McLaughlin Dr Mulligan	Old Irvine Road Kilmarnock Tel: 01563 522413 Fax: 01563 573559	John Lamont	Linda Gray Gillian Dalziel Beverley Hervey	Susan Mallon Linda Waddell Ann Booth Cathy Little Tel: 01563 545721/545700 Fax: 01563 545720	Drew Brown 14 – 16 Dunoon Avenue, Kilmarnock Tel: 01563 553535	Roxi Cooper 14 – 16 Dunoon Avenue, Kilmarnock Tel: 01563 553532	Linda Baillie 9 Balmoral Road Kilmarnock Tel: 01563 528011	Linda Dickinson 14 – 16 Dunoon Avenue, Kilmarnock Tel: 01563 553537 or 01563 572732
Dr L Dean Dr R Dean Dr Hamilton Dr H King Dr Paxton Dr Sabarwhal Dr Smyth Dr Stewart	25 Dundonald Road, Kilmarnock Tel: 01563 526514 Fax: 01563 573558	Ann McAughtrie	Carol Sheerins Liz Dunlop Elma Walley Nicola Torrance Tel: 01563 545903	Julie Harkness Catriona Speirs Shelagh Millar Angela Donis Mary Brown Tel: 01563 545730	Jackie McQuiston 14 – 16 Dunoon Avenue, Kilmarnock Tel: 01563 553530	Amelia McKee 14 – 16 Dunoon Avenue, Kilmarnock Tel: 01563 553524	Grace Todd 9 Balmoral Road Kilmarnock Tel: 01566 528011	Linda Dickinson 14 – 16 Dunoon Avenue, Kilmarnock Tel: 01563 553537 or 01563 572732

Appendix 10

East Ayrshire Adult Protection Committee – Review/Comments

Interagency Operational Policy and Procedure
Support and Protection of Adults at Risk of Harm

Review and Comments Feedback Form

The Adult Protection Committee is keen to ensure that any future reviews of its policies and procedures are informed by those who will be either be using or affected by these procedures therefore your comments, ideas and suggestions are welcomed.

Please note any issues, suggestions etc from the use of this document below. You do not have to provide your name however if you do it will enable us to feedback how your comments have been used.

Many Thanks for taking the time to respond

Donna Sinfioriani –on behalf of the Adult Protection Committee

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Please return form to:
Donna Sinfioriani Adult Protection Coordinator
Department of Educational and Social Services
Civic Centre South
John Dickie Street
Kilmarnock, KA1 1BY
E- mail : Donna.Sinfioriani@east-ayrshire.gov.uk

EAST AYRSHIRE ASP – LOCAL INTERAGENCY OPERATIONAL PROCEDURES

JULY 2010

PAN AYRSHIRE COMPARISON

Area for Comparison	Pan Ayrshire Practice	Comment
OVERARCHING LEGAL/POLICY GUIDANCE FRAMEWORK	<ul style="list-style-type: none"> • WOS Version 8 Guidance – Adopted PAN Ayrshire • Fully reflects legal framework and code of practice for ASAP 2007. • All criteria and definitions consistent with legal definitions • Pan Ayrshire information sharing protocol link to document 	Consistent across Ayrshire
STRUCTURE/STYLE/CONTENT	<ul style="list-style-type: none"> • Formats and style have variation • North Ayrshire have a practice guide and a series of practice notes to back up • South Ayrshire have procedures, Council Officer leaflet and a series of guidance notes • Content the same with slight local variations (refer to comments) 	<p>Slight variation in content. East Ayrshire have additional information on;</p> <ul style="list-style-type: none"> • High risk pregnancy protocol – interface • Drug and alcohol misuse statement • Legal solutions forum and Girfec cross reference • MAPPA Interface included • SFR Service included
DEFINITIONS	<ul style="list-style-type: none"> • Definitions of adult at risk, harm, protection order criteria, Council Officer consistent Pan Ayrshire 	
REFERRAL ROUTE, REPORTING TIMESCALES	<ul style="list-style-type: none"> • Reporting to Police re criminal activity advice consistent • Police referral route and reporting form VSI incorporating feedback consistent • All other agency referral – use of AP1 (WOS) document consistent • Voluntary sector – same statement information re role responsibilities across Ayrshire. • Reporting from health consistent – use of AP1 • Care Commission referral route varies across Ayrshire due to local processes however single point of contact and once ASP involvement identified between CC and LA, follow same reporting route AP1 passed to Teams – e-notification system 	<ul style="list-style-type: none"> • East Ayrshire have extended guidance on multi-agency common areas of responsibility – not in SAC & NAC • East Ayrshire have updated/revised Contracts and Agreements via Procurement. These statements re – contracted responsibilities clearer.

	<p>used by registered providers but emails to CC easier for LA</p> <ul style="list-style-type: none"> • Timescales for process consistent with WOS Guidance across Ayrshire. • Cross Boundary/host authority statement. Consultancy Practice – inline with legislation • SF&R Service referral route – agreed a Pan Ayrshire Protocol and Practice consistent. 	<ul style="list-style-type: none"> • Differences in roles of Adult Protection Co-ordinator NAC, SAC Pre-screens. East Ayrshire – Service Managers have immediate responsibility and all Team Managers can access Co-ordinator for guidance to prevent reliance on post. • Police SOP-IRD Formal feedback mechanism to be agreed Pan Ayrshire & on agenda for Ayrshire training and planning sub group.
INQUIRY/INVESTIGATIVE PROCESS	<ul style="list-style-type: none"> • Consistent across Ayrshire • Common use of AP2/AP3 • Standard Minute document used in NAC and EAC. SAC use a guide – consider use as formal minute format • Investigative Framework IRFQC consistent practice and PAN Ayrshire Investigative interview Training consistent with this • Access to secondary worker – consistent practice/expectations • Access to medical examinations – same information provided 	<ul style="list-style-type: none"> • Awaiting PAN Ayrshire Protocol currently being revised as part of review of information sharing protocol, consideration required re short term solution/possible single point of contact.
PRACTITIONERS FEEDBACK	<ul style="list-style-type: none"> • EAC incorporated feedback Proforma, NAC and SAC considering inclusion 	
ACCESS TO LEARNING & DEVELOPMENT	<ul style="list-style-type: none"> • Pan Ayrshire consistent ASP training – framework in place with reference to operational guidance. • PAN Ayrshire specialist training skills, investigative interview, case conference chairing and root cause analysis for SCR consistent. 	