



# Protection of Adults At Risk Policy

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## **A. Introduction**

Interest Link Borders aims

- To ensure that the protection and well-being of adults with learning disabilities is central in all of our considerations and decisions;
- To safeguard the rights, well-being and safety of every adults with learning disabilities with whom we work, within the principles and standards set out in the Adult Support and Protection (Scotland) Act 2007, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000, the European Convention on Human Rights, GDPR, Data Protection Act 2018 and other relevant legislation.

This policy is designed to dovetail with the Scottish Borders Adult Protection Procedures and the Multi-agency Adult Support & Protection Guidelines. It sets out the steps Interest Link takes to achieve a child-safe environment and aims to assist staff and volunteers in identifying harm and reporting it to Social Work, NHS Borders and/or the Police.

The person responsible for child protection at Interest Link is the Project Co-ordinator.

## **B. Defining Adults at Risk of Harm**

### **1. Who is an adult at risk?**

Under the Adult Support and Protection (Scotland) Act 2007 an “adult at risk” means a person aged sixteen years or over who:

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

## **2. Who is “at risk of harm”**

An adult is at risk of harm if another person’s conduct is causing or is likely to cause the adult to be harmed.

or

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

## **3. What is harm?**

Harm “includes all harmful conduct” and, in particular, includes:-

- (a) conduct which causes physical harm
- (b) conduct which causes psychological harm (e.g. by causing fear, alarm or distress)
- (c) unlawful conduct which appropriates or adversely affects property, rights or interests (for example: theft, fraud, embezzlement or extortion)
- (d) conduct which causes “self-harm”

### **C. Creation and maintenance of a safe environment for adults at risk of harm**

Interest Link Borders has a duty of care to implement effective policies and procedures for safeguarding the welfare of adults at risk of harm. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

1. Our recruitment procedures include:

- Ensuring all applicant staff and volunteers complete an application form.
- Ensuring all successful applicants provide suitable references.
- Ensuring all successful applicants complete a criminal record declaration form.
- Ensuring all successful applicants complete the correct level of police Disclosure Certificate check.

2. Training for all staff and volunteers gives comprehensive information about the organisation's purpose, values, structure and services. This includes:

- Details of the structure of the organisation.
- Details of the organisation's aims, objectives and activities.
- Details of the roles and responsibilities of staff and volunteers within the organisation.
- Details of the organisation's policies, including this Support and Protection of Adults at Risk Policy.

3. We ensure that all staff and volunteers understand their obligations to report care or protection concerns about an adult at risk by providing training and guidance on:

- Types of harm and a summary of signs and indicators.
- Procedures for responding to concerns about harm.
- Procedures and practice for responding and listening to disclosure of harm.
- Details of why organisations have a responsibility to refer concerns about an adult at risk to the statutory agencies (i.e. Police and or Social Work).
- Details of who within the organisation should report care and protection concerns to statutory agencies.

4. We ensure that adults at risk and their carers have access to the organisation's policies and procedures.

## **D. Recognising Harm**

### **1. Who may cause harm?**

- Adults at risk may be harmed by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, strangers and people who deliberately exploit adults at risk. Evidence and research suggest that in most cases the adult will know the person who causes them harm.
- There is particular concern when the harm is caused by someone in a position of trust, power or authority who uses his or her position to the detriment of the health, safety, welfare and general well-being of the adult at risk.

### **2. Forms of Harm**

Harm means **all** harmful conduct. It is important to remember that harm means harmful conduct, regardless of whether the harm was deliberate or unintentional.

#### **a. Physical Harm**

- This involves physical contact intended to cause Pain , Injury, Intimidation or Other physical suffering
- Examples include:
  - Hitting, Slapping, Pushing or pulling , Kicking , Misuse of medication, Restraint or inappropriate sanctions

#### **b. Sexual Harm**

- This includes sexual behaviour such as Rape, Sexual assault, Intimidation of a sexual nature or Sexual acts to which the adult at risk has not fully consented, could not consent or was pressured into consenting;
- Examples include: Sexual harassment , Inappropriate touching, “Stalking”, Indecent exposure; Abuse of a position of trust for sexual purposes.

#### **c. Psychological Harm**

- This can be described as exposing someone to behaviour that is psychologically harmful or inflicting mental distress by threat, humiliation or other verbal / non-verbal conduct.
- Examples include: Threats of harm or abandonment, Deprivation of contact, Humiliation, Blaming, Controlling, Intimidation, Coercion, Harassment, Verbal abuse, Neglect, Isolation or withdrawal from services or supportive networks.

#### **d. Harm caused by Financial, Material or Property Abuse**

Examples include: Theft , Fraud, Exploitation, Pressure in connection with wills, property, inheritance, financial transactions, the misuse or misappropriation of property, possessions or benefits

#### **e. Harm through Neglect and Acts of Omission**

Examples include:

- Failure to meet appropriately and adequately an individual’s medical, physical, psychological and/or emotional care needs when expected to do so.
- Failure to provide access to appropriate health, social care or educational services.
- The withholding of the necessities of life, such as medication, adequate nutrition or

heating.

- An individual's conduct which causes self-neglect.

#### **f. Harm through Discrimination**

Actions (or omissions) and/or remarks of a prejudicial or discriminatory nature based upon a person's: age, gender, disability, race, colour, culture or ethnic/national origin, actual or perceived sexual orientation, faith, religion, belief, spiritual background, or lack thereof, any other aspect of a person's individuality

#### **g. Harm through Information Misuse**

Examples include: Failure to provide accurate information, Misuse of personal information

#### **h. Harm through denial of Human Rights**

This can be described as denying access to the basic rights and freedoms to which all human beings are entitled.

#### **i. Institutional Harm**

Organisational culture can have a powerful influence on individual behaviour. Harm can be caused through neglect and acts of omission or poor professional standards of practice often as a result of structures, policies, processes and practices within the organisation.

Institutional harm can be described as repeated instances of harm to individuals or groups of individuals through poor or inadequate service within a care organisation.

#### **j. Self-harm**

This is when an individual engages, knowingly or unknowingly, in any behaviour or activity that, directly or indirectly, can cause harm to their physical, psychological or social well-being.

Self-harm is a broad term and is seen as a way of expressing very deep distress. People may injure or poison themselves by scratching, cutting or burning their skin, by hitting themselves against objects, taking a drug overdose or swallowing or putting other things inside themselves. Less obvious forms are staying in an abusive relationship, developing an eating problem (anorexia or bulimia), being addicted to alcohol or drugs, or simply not looking after their own emotional or physical needs.

**Any or all of these types of harm may be caused as the result of deliberate intent, negligence or ignorance.**

### **3. Signs of Potential Harm**

Suspicious of harm of adults at risk can come to light in a number of ways.

The clearest indicator is a disclosure, statement or comment by the adult, by family members, by their carer (paid or unpaid), or by others reporting concerns of harm.

Such disclosures, statements or comments always warrant further inquiry whether they

relate to a specific incident, a pattern of events or a more general situation.

However, there are many other factors and circumstances that can indicate harm. These may include:

- Unusual or suspicious injuries
- Unexplained or concerning behaviour of carers (paid or unpaid) – this can include a delay in seeking advice, dubious or inconsistent explanations for injuries or bruises
- An allegation of harm, made by an adult at risk
- An adult at risk is found alone at home or in a care setting in a situation of serious but avoidable risk
- Over-frequent or inappropriate contact/referral to outside agencies
- A prolonged interval between illness/injury and presentation for medical care
- If the adult at risk lives with another member of the household who is known to any of the statutory agencies in circumstances which suggest possible risk to the well-being of that adult
- Misuse of medication, e.g.
  - ❖ Not administered as prescribed
  - ❖ Over-medication resulting in apathy, drowsiness, slurring of speech, lack of sleep, continual pain etc
  - ❖ Under-medication resulting in lack of sleep, continual pain etc
- Unexplained physical deterioration in the adult at risk, e.g. loss of weight
- Sudden increase in confusion e.g. dehydration can lead to confusion
- Demonstration of fear by the adult at risk to another person of going home
- Difficulty in interviewing the adult at risk e.g. another adult unreasonably insists on being present
- Anxious/disturbed behaviour on the part of the adult at risk
- Hostile/rejecting behaviour by the carer (paid or unpaid) towards the adult at risk
- Serious or persistent failure to meet the needs of the adult at risk
- Financial/material/property abuse, e.g. a change in the ability of the adult at risk to pay for services, unexplained debts or reduction in assets
- Carer (paid or unpaid) as well as dependants showing apathy, depression, withdrawal, hopelessness or suspicion
- Unnecessary delay in staff response to residents' requests
- If a member of staff in a care service has a history of moving jobs without notice or has inadequate references
- Important documents are reported to be missing
- Pressure exerted by family, carer (paid or unpaid) or professional to have someone admitted to or discharged from a care setting
- Pressure exerted by family or carer (paid or unpaid) or professional to agree to care arrangements which are not appropriate.

## **E. Reporting Harm**

### **1. Duty to make a report**

- All Interest Link staff and volunteers have a responsibility to report to their line manager (and emergency services and Disclosure Scotland if necessary) any concerns they have or any disclosures of harm that have been made to them.
- At times this may pose a dilemma for staff or volunteers who may feel that by doing so they could alienate the adult at risk and/or the family, carer or others and damage the potential for further work.

Nonetheless:

- ❖ To do nothing is not acceptable.
- ❖ To promise not to report the situation is not acceptable.
- Discussing the situation with the adult at risk
  - ❖ If possible, speak to the adult at risk of harm about your concerns.
  - ❖ Any discussion should **not** take the form of an “interview”. If it is essential to ask questions, the questions should be open ended questions for clarification purposes only e.g. “what happened?” or “how do you feel?”
  - ❖ It is preferable to obtain consent from the adult at risk to take further action, but if this cannot be obtained staff or volunteers should explain to the adult at risk their responsibility to report the information.
- For volunteers, their line manager will be their local Branch Co-ordinator. If their Branch Co-ordinator is not available, then volunteers should contact another Branch Co-ordinator or the Project Co-ordinator (see contact details below)

### **2. In an emergency situation.**

- ◆ If the person is unconscious, in immediate physical danger, or appears to be a victim of a crime, contact the appropriate Emergency Services:
  - ❖ Police and/or ambulance 999
  - ❖ Social Work Services: 0300 100 1800. Out of hours: 01896 752111
  - ❖ NHS24: 111
- Physical or sexual abuse should always be reported to the police as soon as possible, in order to preserve vital evidence.
- Staff or volunteers should not put themselves at risk: they should remove themselves from any situation that potentially endangers them before making a report.
- After action has been taken to address the emergency, a report to the line manager should be made as described below

### **3. Non-Emergency situation (and/or after an Emergency situation has been dealt with)**

- A report must be made to the line manager as soon as possible. (see Contact details below)
- The initial report can be by phone, but this must be followed up by completing the report form attached to this policy. The line manager can help in completion of the form.
- Once the report has been made to the line manager, it will be discussed between the line manager, the Project Co-ordinator and Project Committee members as necessary. A decision will be taken (based on this policy and the Multi-Agency guidelines) as to whether the report should be passed to police and/or Social Work.
- If the report form is passed on to police or Social Work, a copy of the form should be kept.

- Consideration must be given to whether a referral needs to be made to Disclosure Scotland under the Protection of Vulnerable groups Act 2007.
- Staff or volunteers making a report must make themselves available in connection with any investigation of that report by the Police or Social Work.

#### **4. Allegations against Interest Link Borders Volunteers or Employees.**

- If Interest Link receives information that allegations of harm are being made against Interest Link staff or volunteers, the relevant Branch Co-ordinator and the Project Co-ordinator must be notified immediately. As appropriate:
  - ❖ The same reporting procedures in respect of the Police or Social Work should be followed as with an allegation against any other person and/or
  - ❖ Interest Link staff and volunteers involved must make themselves available in respect of any report and investigation carried out by police or Social Work.
- Interest Link Borders will provide appropriate support to staff or volunteers who are the subject of allegations of harm.

#### **F. Monitoring and Review.**

This policy shall be reviewed annually, with particular attention to whether it is in accordance with the Multi-Agency Adult Support and Protection Guidelines and relevant good practice.



**Interest Link Borders  
Report Form: Harm to an adult at risk**

**The person making this report**

Name

Address

Telephone number

Position (e.g. Employee, Volunteer)

Relationship to the adult at risk

**The adult at risk.**

Name

Address

Telephone number

**Any person (other than the adult at risk) making the allegation**

Name

Address

Telephone number

Relationship to the adult at risk.

**Any person allegedly causing harm**

Name

Address

Telephone number

Relationship to the adult at risk

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**Description of the alleged harm.**

- ◆ If possible, this should include the exact words used by the adult at risk or other person making an allegation.
- ◆ Include details of any specific incidents, e.g. dates and times, injuries, witnesses, evidence such as bruising.
- ◆ Say how and when you become aware of the harm.

Did the adult at risk consent to the report being made? Yes/No/Not capable

Are they aware a report is being made? Yes/No/Not capable

Who else is aware of the situation and that a report is being made (e.g. carers, emergency services, Social Work)?

Date and time

Signature