



## **The Langstane Group**

### **Supporting and Protecting Adults from Abuse and Harm policy**

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## 1. Introduction

Langstane Housing Association is a Co-operative and Community Benefit Society, and a registered social landlord with charitable status.

The Langstane Group (the Group) consists of Langstane Housing Association Limited and its wholly owned subsidiaries.

This policy applies to all members of the Langstane Group.

This policy provides information and guidance to staff working within the Langstane Group who, in the course of their work, may have contact with adults who could potentially be at risk of harm or abuse.

The policy provides information on relevant legislation, definitions of abuse and harm and the roles and responsibilities of staff and other agencies with regard to safeguarding adults. The policy also provides guidance to Association staff on how to deal with any incidence of suspected or actual harm or abuse. Staff are expected to read and be familiar with this policy.

The Adult Support & Protection (Scotland) Act 2007 was introduced to identify and protect adults at risk from abuse and harm.

This policy draws substantially from The Grampian Interagency Policy and Procedures on Supporting and Protecting Adults from Harm and Abuse.

## 2. Aims and objectives of the policy

The aims and objectives of this policy are to ensure:

- That where conflict, exploitation, harm or abuse is identified vulnerable adults are supported and protected.
- That relevant staff are aware of their responsibility to participate in the protection of adults from risk of harm or abuse and of a duty to recognise, identify and report any concerns to the appropriate agencies.
- To raise awareness and ensure that staff receive training, appropriate to their role on how to identify abuse or harm, assess risk and report appropriately

## 3. Links to other strategic documents and policies

The Group's 'Supporting and Protecting Adults from Abuse and Harm Policy' is linked to a number of strategic documents and policies in particular but not solely:

- Equality and Diversity Strategy and Policy
- Harassment Policy
- Health and Safety Policy
- Langstane Housing Support Service Complaints Policy
- Privacy Policy
- Customer Care Policy
- Unacceptable Actions Policy

- Child Protection Policy
- Code of Conduct
- Lone Working Policy

## 4.0 Policy

### 4.1 Harm

Harm is an emotive term and can be subject to a wide interpretation. Within the Adult Support and Protection (Scotland) Act 2007, harm is defined as including all harmful conduct and in particular:

- Conduct which causes physical harm (including that of a sexual nature);
- Conduct which causes psychological harm (for example by causing fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects property, rights or interests (for example, theft, fraud, embezzlement or extortion);
- Conduct which causes self-harm.

Harm can happen anywhere, including institutions, the home, or in the community. Harm may involve elements of a power imbalance, exploitation and the absence of full consent. It can be the result of neglect, by self or others, and can involve both acts of omission and commission.

### 4.2 Who is at risk? (Three Point Test)

The Act defines an 'adult at risk' as a person aged 16 years or over who:

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

The presence of a particular condition does not automatically mean an adult is an 'adult at risk'. For example, an adult may have a disability but be able to safeguard their well-being.

It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more vulnerable to harm than others.

### 4.3 Who may cause harm?

The adult may be harmed by a wide range of people, including a;

- member of staff,
- member of a recognised professional group,
- care worker,
- volunteer or member of a community group such as a place of worship or social club,
- another service user,
- spouse, relative or member of the person's social network,

- carer,
- neighbour, member of the public or stranger,
- person who deliberately targets vulnerable people in order to exploit them.

It is particularly concerning when someone in a position of power or authority uses his or her position to harm the health, safety, welfare and general well-being of the adult.

All staff have a responsibility towards adults who have suffered or who are at risk of harm. Staff may also have responsibilities towards agencies/people with whom the perpetrator is employed or works as a volunteer. The roles, powers and duties of the various agencies, in relation to the perpetrator, will vary depending on who the perpetrator is.

#### 4.4 Patterns of Harm

Any or all of the following types of harm may be perpetrated as the result of criminal action, deliberate intent, negligence or ignorance and may be current or historical. These definitions are not exhaustive and no category or type of harm is excluded because it is not listed below. What constitutes serious harm will be different for different adults.

- **Physical Harm** – including hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions, force-feeding, burning or scalding.
- **Sexual Harm** – including grooming, inappropriate touching or sexual advances, rape and sexual assault or sexual acts to which the adult has not consented, could not consent or was pressurised into consenting to.
- **Psychological Harm** – including emotional harm, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse (including sexual language) or isolation or withdrawal from services or supportive networks.
- **Financial or Material Harm** – including theft, fraud, exploitation, undue influence in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and Acts of Omission** – including ignoring medical or physical care needs, failure to allow access to essential health, social care or educational services, withholding of the necessities of life such as medication, adequate nutrition and heating, or over/under-medicating or misappropriation of medication,
- **Discriminatory Harm** – actions (or omissions) and/or remarks of a prejudicial nature, focusing on a person's race, disability, religion/belief, age, gender reassignment, marriage or civil partnership, pregnancy or maternity, sex (male or female) or sexual orientation.
- **Information Abuse** – e.g. failure to adhere to the relevant 'Data Protection Act' guidance, failure to provide adequate and appropriate information about Complaints/Customer Service procedures, which inhibits a person raising a concern about harm or failure to give an adult the right information e.g. benefit entitlement/

## 4.5 Signs of Potential Harm

Suspected harm can come to light in a number of ways.

The clearest indicator is a statement or comment by the adult themselves, by their regular carer, or by others, disclosing or suggesting harm.

Such statements must be acted on, whether they relate to:

- a specific incident; or
- a pattern of events.

There are many other factors which may indicate harm, which could include:

- unusual, suspicious or repeated injuries or bruising.
- unusual or unexplained behaviour of carers, including a delay in seeking advice or dubious or inconsistent explanations of injuries or bruises.
- an adult found alone, at home or in a care setting, in a situation of serious avoidable risk.
- over-frequent or inappropriate contact/referral to outside agencies.
- a prolonged interval between illness/injury and presentation for medical care.
- signs of misuse of medication.
- unexplained physical deterioration e.g. loss of weight.
- sudden increases in confusion, e.g. a toxic confused state could be as a result of dehydration.
- demonstration of fear by the adult of another person or place.
- difficulty in interviewing the adult, e.g. another person unreasonably insists on being present.
- anxious or disturbed behaviour on the part of the adult.
- hostile or rejecting behaviour by the carer towards the adult.
- signs of financial harm, e.g. change in the ability of the adult to pay for services/access services, unexplained debts or reduction in assets.
- carers and/or dependants showing apathy, depression, withdrawal, hopelessness and/or suspicion.
- unnecessary delay in staff responses to residents' requests.
- a member of staff in a care setting having a history of moving jobs without notice, or having inadequate references.
- important documents reported as missing.
- inappropriate or unusual pressure being exerted by family or professionals to have someone admitted to care or to remain at home.
- inadequate completion of daily recording forms/incident forms in relation to unexplained incidents by Care Workers (record keeping).
- changes in behaviour from the usual pattern, e.g. someone who previously enjoyed an activity refusing to go, or reluctance of staff to accept change in rota/role.

## 4.6 Making a Referral

If the adult is known or believed to be at risk and there is a need for immediate action to protect the adult, contact should be made with the appropriate emergency services.

If an adult is known or believed to be at risk of harm, the facts and circumstances of the case must be discussed with a line manager but also reported, without delay, to the relevant local authority for the area where the client is located. It is important to take immediate action, and the duty of care to the individual overrides any responsibility to discuss the issue with a manager prior to taking action. The Out-of-Hours Social Work Service should be used if appropriate. The staff member must complete the appropriate Adult Protection Reporting/Concern Form for the relevant local authority area and pass the form to the Team Leader of the Housing Support Service or in her absence another senior member of staff. Staff should also notify the Team Leader of the Housing Support Service by completing and returning the Langstane Adult and Child Protection Safeguarding Policy Incident Form (this is found in public folders/staff forms).

Case notes should be updated accordingly to document the referral, and a copy of the form should be retained and passed to the Team Leader Housing Support Service. The Care Inspectorate may be contacted for advice at any point in the process. However, where an Adult Protection Reporting/Concern Form is submitted – the Care Inspectorate **must** be notified.

Each local authority will involve relevant agencies in initial inquiries, which will include discussions/assessments and information sharing to establish if a formal adult protection investigation needs to be instigated.

The relevant local authority has a duty to investigate an alleged incident of harm. Other agencies and relevant professionals may be involved, for example the Police, the Care Inspectorate or the NHS. These agencies and professionals have an obligation to co-operate fully.

## 4.7 Consent

Consent means “any freely given specific and informed indication of his wishes by which the data subject signifies his agreement to personal data relating to him being processed”.

The Adult’s consent to share information should be obtained where possible. Existing legislation allows information to be disclosed without consent, where such disclosure is required by law or where such disclosure is in the public interest. Disclosure must be proportionate to the harm that is being investigated.

It may not be possible to obtain consent where:

- the adult lacks the mental capacity to consent;
- the adult is unwilling to consent because of undue pressure;
- the person acting with powers of attorney is unavailable or unwilling to give consent; or
- the situation is so urgent that obtaining consent would cause undue delay.

If the decision is made to share information without consent this should be recorded by the organisation making this decision.

#### **4.8 Information Sharing**

Sharing information about the adult at risk is vital; the information that one person or public body holds may only be part of a more concerning picture. The Act imposes a duty on certain bodies and office holders to co-operate with the local authority making inquiries regarding the adult at risk. This duty includes a legal requirement to share information. Good practice would be that all relevant stakeholders would co-operate with assisting inquiries, not only those who have a duty to do so.

The Grampian Data Partnership Memorandum of Understanding supports information sharing between Police Scotland, Grampian Health Board, Aberdeen City Council, Aberdeenshire Council and The Moray Council. Information should be shared in accordance with the Grampian Inter Agency Policy & Procedures on Supporting and Protecting Adults from Harm and Abuse.

Confidentiality is not an absolute right. Sharing information is essential to enable the council to undertake the required inquiries and investigations. Information should only be shared with those who need to know and only if it is relevant to the particular concern identified. The amount of information shared should be proportionate to addressing the concern.

In general, agencies and professionals should:

- explain openly and honestly at the beginning what information will or could be shared and why, and obtain agreement to do so;
- stress that the adult's safety and welfare must be the overriding consideration when making decisions about sharing information;
- respect the wishes of adults who do not consent to share confidential information – unless it is considered to be in the public interest to override the lack of consent or allegations of a criminal nature;
- seek advice when in doubt – from the Local Authority, the Care Inspectorate, Police Scotland or other relevant professionals;
- make sure information is accurate, up-to-date, and necessary for the purpose it is being shared for, share only with those who need to see it, and share securely;
- always record the reason for the decision: whether it is to share or not.

#### **4.9 Action to be taken where abuse or harm suspected/reported**

Just as there are many people who can perpetrate abuse, there are many reasons why abuse and harm can go unrecognised or undetected. In some cases the victim will deny that the abuse or harm has happened. There are many reasons or barriers that can explain this – pride, loyalty, embarrassment, fear, stoicism. It is important to remember that abuse and harm can occur at any time, also that it can be perpetrated in many different ways and in numerous settings. Because of this, all staff need to have an awareness of the types of abuse and harm, what the signals or signs are, and are confident how to deal with it when it occurs.



If an adult reports abuse or harm, or staff suspect or witness abuse, they have a duty to report this. If the person disclosed abuse or harm, it is the responsibility of the staff member to inform relevant people, even if the disclosure is subsequently detracted. The initial action to be taken is as follows:

- Ask the person what happened, and listen;
- Ask the person who, what, where, and why in order to obtain relevant information. In doing so, use open questions and give the person time to reflect and respond;
- Restrict questions to a single interview and try to avoid leading questions;
- Take a note of points to remember.

Staff should remain calm and be as supportive and reassuring as possible to the person, showing sympathy and concern. Staff should also advise them of the 'duty to report' to report the matter, what the intention is to do with the information and explain the responsibility to ensure their safety. This could be by calling Police Scotland, the NHS or a Social Work Team. It is important to not make any judgments or make assurances or promises that could prove difficult to uphold.

Do not contact or confront the alleged perpetrator. Do not press the person reporting the harm or abuse for additional details that may cause further distress. It is also important not to tamper with any forensic evidence which may be required by Police Scotland. Furthermore staff should advise the person that, in reporting the issue, this will be based on the facts they have provided using, as far as possible, only their words.

The immediate action to be taken in dealing with any incident or admission is to ensure the immediate safety and, if necessary, emergency medical treatment for the individual. If necessary staff should contact the appropriate emergency service and seek medical care if required. Consent and capacity are not an issue in these circumstances. Staff should not put themselves at risk and should also be aware of the need to preserve any evidence, discuss the information with a line manager or colleagues and to record the action taken – along with being able to explain why.

At this point appropriate contact should be made for further advice and action with the staff member's line manager. In doing so, explain the available facts and circumstances of the case and agree whether a referral to the Adult Protection Unit is appropriate using the Three Point Test. The staff member's line manager may ask for this form to be completed. If this route is taken it is essential that the Care Inspectorate is informed and retain a copy on file.

If the individual does not meet the conditions of the Three Point Test, there are still a number of other avenues open to staff, which can be pursued to hopefully safeguard the individual. These include:-

- **Police Scotland** will provide advice and guidance generally – but staff should also consider whether a ‘prejudice incident’ has taken place. This is any incident motivated by malice towards a social group or individual within a social group – i.e. age, gender, race, religion, sexual orientation. Such incidents are referred to by the Police as hate crimes. There are specific Prejudice Incident Form that should be completed where a ‘prejudice incident’ has occurred which can be found on local authority websites. Workers should consider calling the police to discuss their concerns about a vulnerable adult – it is better to discuss, even if the case goes no further, than do nothing and place the adult in even more danger or risk of harm.
- **NHS Grampian** will provide guidance to staff around cases – so long as personal details of the client are not disclosed to NHS staff.
- **Social Work Departments** or Out of Hours Social Work can be telephoned where a worker has concerns about a client or tenant. Duty Social Work are also a useful source of advice for workers.
- **Care Inspectorate Inspectors** are available to discuss general or specific concerns and will provide advice, guidance and support to staff whom have concerns for individuals at risk of harm or abuse.

Whilst acknowledging that the majority of the Association’s clients will not face risk or harm, it is important to remember that any staff member could encounter a vulnerable adult at any time. All staff have a responsibility to respond to such situations. Staff should remain calm, use their common sense – and remember that there are number of avenues that can be explored when seeking to protect an adult who we feel may be at risk of abuse or harm.

## 5 Reporting Adult Protection Issues – Contact Information

If the individual’s immediate personal safety is at risk, action must be taken to inform the emergency services without delay. In addition to this, there would also be a requirement to contact the appropriate adult protection team – depending on the area the individual resides in. If an Adult Protection Reporting/Concern Form is submitted to an Adult Protection Team – then the Care Inspectorate must be notified also.

Police Scotland 999 Emergency

101 Non-Emergency Number

## **Aberdeen**

Aberdeen City Council (Social Work)  
0800 731 5520  
[Duty@aberdeencity.gov.uk](mailto:Duty@aberdeencity.gov.uk)

Aberdeen City Council (Social Work – Out of Hours)  
01224 693936  
[OOHS@aberdeencity.gov.uk](mailto:OOHS@aberdeencity.gov.uk)

Aberdeen City Council (Adult Protection Team)  
[AdultProtection@aberdeencity.gcsx.gov.uk](mailto:AdultProtection@aberdeencity.gcsx.gov.uk)

Aberdeenshire Aberdeenshire Council (Adult Protection)  
01467 533100  
[adultprotectionnetwork@aberdeenshire.gcsx.gov.uk](mailto:adultprotectionnetwork@aberdeenshire.gcsx.gov.uk)

Aberdeenshire Council (Social Work – Out of Hours)  
03456 08 12 06

## **Moray**

Moray Council (Adult Protection Unit)  
0300 123 0897  
[adultprotection@moray.gov.uk](mailto:adultprotection@moray.gov.uk)

Moray Council (Social Work – Emergency Out of Hours)  
**08457 565656**  
[Accesscareteam@moray.gov.uk](mailto:Accesscareteam@moray.gov.uk)

NHS Grampian 0345 456 6000

Care Inspectorate 01224 793870  
[www.careinspectorate.com](http://www.careinspectorate.com)

## **6 Roles and responsibilities**

The Director of Housing has overall responsibility for this policy.

Relevant staff are defined as anyone who is in contact with a tenant, member of their family, carer, or other visitor to the tenancy, in a Langstane housing support role, property services role including trade representatives, housing staff or other visiting staff.

Relevant staff should adhere to the following guiding principles:

- Work within the principles laid down by the Act and its associated codes of practise;
- Work within the principles laid down by the National Care Standards i.e. dignity and respect, compassion, be included, responsive care and support, and wellbeing.
- Work within an interagency framework;

- Promote the empowerment and well-being of adults through the services/support they provide;
- Act in a way which supports the rights of the individual to lead an independent life, based on self-determination and informed choice;
- Identify people who are unable to take their own informed decisions and/or to protect themselves and their assets;
- Recognise that the right to self-determination can involve risk but that this should be minimised wherever possible and where necessary, through the use of a risk management process;
- Ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate help, including advice, protection and support from relevant agencies e.g. independent advocacy;
- Ensure that the law and statutory requirements are known by Agencies and used appropriately, so that adults receive the protection of the law and access to the judicial process.

Support Service staff will have an appropriate Disclosure Scotland or PVG (Protection of Vulnerable Group) check in place prior to commencing their role, and this will be renewed every three years. The registered manager of the Langstane Housing Support Service will ensure that appropriate and regular checks of the Scottish Social Services Council (SSSC) Register to ensure that, under the SSSC (Conduct) Rules, no interim order or decision has been made that may impact on a registered staff member's ability to practice.

Housing support staff will be provided with appropriate advice and support, and also provided with time to reflect on individual and collaborative practice to ensure that the service is outcome led and person-centred. These staff will also be required to attend regular and consistent high quality support and supervision to enable them to discuss, reflect and identify areas for further development.

## **7.0 Monitoring and review**

This policy will be reviewed every three years.

## **8.0 Equality and diversity**

The Langstane Group is committed to promoting equality and diversity across all areas of work. Discrimination or harassment of any kind is not tolerated.

If you would like this document in large print, please contact Support Services on 01224 423000.