



## RAOP02\_ADULT SUPPORT AND PROTECTION POLICY

Rowan Alba is committed to safeguarding and protecting the welfare of all who use its services. This policy covers all our organisational activities including providing accommodation, community support and training. This policy should be read in conjunction with:

- Recruitment Policy (RAPP073)
- PVG Policy (RAOP19)
- Induction Policy (RAPP035)
- Volunteer Policy (RAPP108)
- Professional Boundaries Policy (RAPP202)
- Code of Conduct Policy (RAPP012)
- Child Protection Policy (RAOP10)
- Disclosure of Information (RAOP12)
- Whistle Blowing Policy (RAPP109)

### 1.0 POLICY INTRODUCTION

- 1.1 The core protocols and procedures identified within this policy are drawn from the principles outlined in the Adult Support and Protection (Scotland) Act 2007. The terms 'adults at risk' and 'vulnerable adults' are both used throughout this policy.

Part One of the Act introduces new measures to identify and to provide support and protection for those individuals who are vulnerable to being harmed whether as a result of their own or someone else's conduct.

These measures include:-

- a set of principles which must be taken into account when performing functions under the Act
- placing a duty on the organisation to make the necessary enquiries and investigations to establish whether or not further action is required to protect the adult
- clarifying the roles and responsibilities in adult protection
- a duty to consider the importance of the provision of advocacy or other services after a decision has been made to intervene
- permitting practitioners to investigate circumstances where individuals may have capacity to choose but not the ability to exercise that choice because of undue pressure
- requiring specified public bodies to co-operate with the organisation and each other about adult protection investigations
- a range of protection orders which are defined in the Act to include:-
  - ✓ assessment orders
  - ✓ removal orders and
  - ✓ banning orders.
  - ✓ the establishment of multi-disciplinary Adult Protection Committees.

## 1.2 How does Part One safeguard the adult?

There are a number of safeguards in place.

- The principles emphasise the importance of striking a balance between an individual's right to freedom of choice and the risk of harm to that individual.
- Any intervention must be reasonable and proportionate.
- Statements expressed in advance about an individual's preferred care or treatment must be taken into account in line with the guiding principles.
- The principles must always be taken into account when an intervention under Part 1 of the Act is being considered.
- Protection orders cannot be made if the court knows that the affected adult at risk has refused to consent to the granting of such an order. The only exception to this is where the adult at risk is found to have been unduly pressurised to refuse to consent and there is no other protective action, which the adult would consent to, which could be taken.
- The adult at risk may refuse to be medically examined or interviewed.
- Applications for all protection orders will be heard before a sheriff, where there will be an opportunity to make representations to the sheriff. However, the sheriff may decide not to hold a hearing where they are satisfied that this will protect an adult at risk from serious harm or not prejudice any persons affected.
- The adult at risk may apply for a banning order to ban a person from a specified place (e.g. the home of the adult at risk).
- An appeals mechanism allows relevant parties to appeal against the granting of, or refusal to grant, a banning or temporary banning order.

## 1.3 Taking account of the principles of the Act

Sections 1 and 2 set out the general principles of the Act. They apply to any public body or office holder authorising any intervention or carrying out a function in relation to an adult. For example, they apply to any social worker, care provider or health professional intervening or performing a function under the Act.

This means that the following persons are not bound by the principles: the adult, the adult's nearest relative, the adult's primary carer, the adult's independent advocate, the adult's legal representative and any guardian or attorney of the adult.

The Act requires the following principles to be applied when deciding which measure will be most suitable for meeting the needs of the individual. Any person or body taking a decision or action under the Act must be able to demonstrate that the principles in Sections 1 and 2 have been applied.

The principles in Section 1 require that any intervention in an adult's affairs under the Act should provide **benefit** to the adult which could not reasonably be provided without intervening in the adult's affairs and is, of the range of options likely to fulfil the object of the intervention, the **least restrictive** to the adult's freedom.

#### 1.4 Principles for performing functions

The principles in Section 2 require that any public body or office holder performing a function under Part 1 of the Act, in considering a decision or course of action, in addition to the general principles in Section 1, must have regard to the following:

**The wishes of the adult** - any public body or office holder performing a function or making a decision must have regard to the present and past wishes and feelings of the adult, where they are relevant to the exercise of the function, and in so far as they can be ascertained. Efforts must be made to assist and facilitate communication using whatever method is appropriate to the needs of the individual. For example, where the adult has an Advance Statement made under Section 275 of the Mental Health (Care and Treatment) (Scotland) Act 2003 then this should be given due consideration.

**The views of others** - the views of the adult's nearest relative, primary carer, and any guardian or attorney, and any other person who has an interest in the adult's well-being or property, must be taken into account, if such views are relevant.

It is important that the adult has the choice to maintain existing family and social contacts. What the Act seeks to provide is support additional to the networks that may already be in place. Thus, a person who may be an adult at risk may have neighbours or friends who have an interest in his/her well-being and are willing to give support. Every effort should be made to ensure that any action taken under the Act does not have an adverse effect on this.

**The importance of the adult participating as fully as possible** – the adult should participate as fully as possible in any decisions being made. It is therefore essential that the adult is also provided with information to help that participation (in a way that is most likely to be understood by the adult). Where the adult needs help to communicate (for example, translation services or signing) then these needs should be considered. Any unmet need should be recorded.

Wherever practicable the adult should be kept fully informed at every stage of the process, for example, whether an order has been granted, what powers it carries, what will happen next, whether they have the right to refuse, what other options are available etc.

**That the adult is not treated less favourably** – there is a need to ensure that the adult is not treated, without justification, any less favourably than the way in which a person who is not an “adult at risk” would be treated in a comparable situation and regardless of **the adult’s abilities, background and characteristics** – including, the adult’s age, sex, sexual orientation, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage.

For the purposes of these principles, making a decision not to act is still considered as taking a decision and the reasons for taking this course of action should be recorded as a matter of good practice.

## 1.5 Who is an adult at risk?

The Act refers throughout to “adult”. In terms of Section 53 of the Act, “adult” means a person aged 16 or over.

**Adult at risk** - Section 3 (1) defines “adults at risk” as adults who:-

- are unable to safeguard their own well-being, property, rights or other interests
- are 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”. Someone could have a disability but be able to safeguard their well-being etc. 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.

**Risk of harm** - Section 3 (2) makes clear that 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.

The assessment of “harm” and the “risk of harm” are important elements under the Act. The definition of “adults at risk” requires an assessment to be made about the “risk of harm” to the individual at the outset.

Because any protection order under the Act represents a serious intervention in an adult’s life, a sheriff must be satisfied that an adult is at risk of serious harm, rather than harm, before granting any such order.

**Harm** – Section 53 states harm includes all harmful conduct and, in particular includes:

- conduct which causes physical harm,
- 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.

The definition of “harm” in the Act sets out the main broad categories of harm that are included. The list in the definition is not exhaustive and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute ‘harm’ to others can be physical (including neglect), emotional, financial, sexual or a combination of these. Also, what constitutes serious harm will be different for different persons.

- 1.6 Harm can occur within settings where elderly, frail or otherwise vulnerable service users live, or receive services. These guidelines outline the process of identifying and responding to harm with particular emphasis on the role of the carer / support provider. It aims to prevent harm by encouraging staff awareness.
- 1.7 Please refer to our Child Protection Policy (RAOP10) for concerns regarding children (under 16 years of age).
- 1.8 A shared commitment to the protection of vulnerable adults from harm and exploitation needs to be fostered.
- That harm is prevented, identified and investigated, whether it be alleged, confirmed or suspected.
  - There is respect for the autonomy, diversity and confidentiality of adults who are being harmed.
  - A recognition that managers have a key role in fostering an open and supportive culture, determine standards of practice and ensure that staff and volunteers are aware of policies and procedures. The interests and wishes of the vulnerable adult should be central to the use of the Adult Support and Protection Policy and should involve the vulnerable adult throughout its use. A vulnerable adult should be given information about the options available to them that could protect them from harm. **However an individual's wishes cannot undermine Rowan Alba's responsibility to act.**
- 1.9 In circumstances where the vulnerable adult does not have the mental capacity to make an informed choice, any decisions and actions will be taken by those conducting the investigation and planning their protection.
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- 1.10 This will be based on a judgment of what is in the best interest of the vulnerable adult, informed where appropriate by discussions with relatives, carers and other agencies.
- 1.11 Services will be provided in a manner, which does not discriminate on grounds of racial or ethnic origin, religion or belief, disability, gender, age or sexual orientation. The needs of the vulnerable adult will be provided for, such as an interpreter, communication aid or other facilitation e.g. advocacy.
- 1.12 Rowan Alba will make information available to service users and carers that explains what harm is and how and whom to express concerns and make a complaint.

## **2.0 DEFINITIONS – HARM AND VULNERABLE ADULTS**

- 2.1 Harm is defined as “a single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to a vulnerable (older) person”. (Age Concern – Action on Elder Abuse) or

“the violation of an individual’s human rights by any other person or persons (No Secrets DOH (March 2000)).

A vulnerable adult is a person aged 16 year or over “who is or may be in need of community care services (in any setting or context) by reason of mental or other disability, age or illness and “who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

## **3.0 TYPES OF HARM**

- 3.1 Harm is about the balance of power which one individual exercises over another, particularly because one person is vulnerable.
- 3.2 The mistreatment of a vulnerable person by a carer/service provider is more than an expression of anger or frustration. This extreme type of behaviour is often found in relationships where service users are physically, mentally or emotionally dependent on carers / service providers. This type of relationship increases the possibility of abuse occurring.
- 3.3 Different types of harm can occur within these relationships. These are:-

### **3.3.1 Physical Harm**

The use of force which results in pain or injury or a change in the person’s natural physical state, e.g. – bruises, burns, pain or impairment. These injuries may have been sustained by hitting, pushing, forcing, restraining or burning a vulnerable person.

### 3.3.2 Psychological Emotional Harm

Behaviour that has a harmful effect on the vulnerable adult's emotional health and development. A person may psychologically harm a vulnerable adult in a variety of ways. He / she may swear at, humiliate, ignore, threaten to leave, intimidate or frighten a vulnerable person. The result of emotional harm may be intimidation of the victim, mental distress, denial of basic human and civil rights, negation of choices, wishes and self-esteem.

### 3.3.3 Financial Material Harm

The use of a vulnerable person's property, assets, income, funds or any resources without their informed consent or authorisation. A family member, friend or carer/support provider may misappropriate a vulnerable person's monies. This could involve stealing or the illegal use, or withholding of a benefit/pension book, bankbook or similar, or by physically taking cash or valuables without consent.

### 3.3.4 Sexual Harm

A vulnerable person who is forced or coerced by a carer, or other person into taking part in sexual activities, or who is unable to give consent, is being sexually abused. Sexual harm also covers any sexual activity that the person doesn't feel comfortable with or understand. Inappropriate sexual behaviour between a member of staff and a service user is always abusive and will lead to disciplinary proceedings and possible criminal charges.

### 3.3.5 Neglect

A carer / service provider may neglect a vulnerable person who is in need of care by depriving them of essential elements of normal day-to-day living, e.g. food, heat, personal care or medical care, including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others.

### 3.3.6 Discrimination

Exists when values, gender, age, disability, ethnic background, beliefs or culture result in a misuse of power that denies opportunities to some groups or individuals. It is the exploitation of a person's vulnerability, resulting in repeated or pervasive negative/discriminatory treatment of an individual, which excludes them from opportunities in society e.g. education, health, justice, civil status and access to services and protection.

Relevant legislation includes:-

- Equality Act 2010
- Race Relations (Amendment) Act 2000
- Social Work (Scotland) Act 1968
- Human Rights Act 1998
- European Equal Treatment Directive (Article 13)

### 3.3.7 Institutional Harm

The mistreatment of or harm of a vulnerable adult by a regime or individual within an institution.

Institutional harm can occur when the routines, systems and norms of an institution force individuals to sacrifice their own preferred lifestyle, cultural diversity etc to the needs of the institution.

### 3.3.8 Causes Of Harm In Support / Care Settings

Harm in support / care settings can occur as a result of:-

- The establishment / service being badly managed.
- Care / support staff being untrained, poorly supervised or having little to no support from management.
- Lack of clear policy or practice guidelines.
- The care / support that carers / support providers provide can be difficult, exhausting and frustrating. The demands on the carer can build up to resentment and anger, and abuse may occur as a result of this.
- Withholding information about the person's rights and entitlements

3.3.9 Any or all of these categories of harm may be perpetrated as a result of deliberate intent, acts of omission, negligence or ignorance.

## 4.0 WHO HARMS?

Harm exists when values, beliefs or culture result in a misuse of power that denies the human rights of some groups or individuals. Those who perpetrate harm are often well known to the victims, and may be in a position of power or authority. Someone who harms may be:-

- A paid carer / support provider or volunteer.
- A partner, relative or friend.
- A health, social worker or other worker.



- Another tenant / service user
- A visitor or other contact.
- Another vulnerable adult.

## **5.0 CRIMINAL HARM**

5.1 Many of the above categories of harm are actions that may constitute criminal offences. Such actions may include, although are not limited to:-

- Assault whether physical or psychological.
- Sexual assault or rape.
- Theft.
- Fraud or other forms of financial exploitation.
- Discrimination on grounds of race, gender or disability.
- False imprisonment.

5.2 The police should be contacted in all cases where harm may constitute a crime, and any investigations conducted should be done so in consultation with the police.

The concept of remote reporting and specialist teams who focus on issues around adult harm support the protection of vulnerable witnesses, and may be able to assist and encourage vulnerable or intimidated witnesses to give evidence in criminal cases.

The Vulnerable Witnesses (Scotland) Act 2004 provides support measures to help vulnerable adults participate more fully in court proceedings. A vulnerable witness is a witness in respect of whom there is a significant risk that the quality of their evidence may be diminished by reason of fear or distress in connection with giving evidence at a trial. Special measures are intended to help vulnerable witnesses by providing appropriate support when they give their evidence to reduce any anxiety and pressure. It should be noted however that the final decision on whether to use special measures rests with the sheriff in court.

## **6.0 PREVENTING HARM OF VULNERABLE ADULTS**

6.1 Rowan Alba services will actively work to prevent harm within a framework of quality assurance, both in staff development and service delivery. The procedures aim to clarify roles of staff and volunteers when they have a concern about the harm of a vulnerable adult. It will address the following areas:-

#### 6.1.1 Setting standards / performance expectations

Through setting and publicising clear aims and objectives, a stated philosophy of support, core values and clear performance expectations.

#### 6.1.2 Human Resource Management

Staff are recruited on the basis of relevant qualifications, experience and subject to satisfactory references. This will include Protection of Vulnerable Groups membership application and other relevant background checks e.g. professional register.

#### 6.1.3 Accessible information for users, carers and the general public should be made available on raising concerns and making complaints.

#### 6.1.4 Good Practice

All staff should be clear about their roles and expectations relating to performance. They should undertake a comprehensive agreed induction programme, and ongoing training on procedures and awareness raising.

All staff are expected to complete a six-month probationary period during which careful assessment of their ability and commitment to working with vulnerable people will be take place.

All staff to receive regular structured and recorded supervision and appraisal, as well as direct observation and monitoring of their work, particularly around case management and professional boundaries.

There should be good communication and an “open culture’ in the organisation based on the principles of reflective practice and clear feedback. Accurate factual records should be kept at all times particularly during times of concern, these should be recorded through case files, incident reports, complaints logs, supervision and other appropriate documentation.

Any staff failing to meet agreed standards or the requirements of their job descriptions will be managed with performance related or disciplinary procedures and may be ultimately suspended or dismissed from employment, have their probation period extended or confirmation in post suspended. The Code of Conduct Policy (RAPP012) should be followed at all times.

Protection from harm should be included and monitored / planned for through training, in support planning, risk assessment and key-working. Evidence of proactive work to protect service users and response to concerns should be documented.

### 6.1.5 Effective management / monitoring systems

The standard of support provided is ultimately the responsibility of the managers of the organisation or service.

Line Managers should ensure staff are aware of reporting procedures and their responsibility to report / record / investigate concerns should they arise.

An open management style encourages both staff and service users to feel able to raise and report concerns in relation to poor practice and harm. There is a comprehensive policy on confidential reporting and Disclosure of Information (RAOP12) and also specific guidelines on Whistle Blowing (RAPP109) on cases of harm (also see Whistle-Blowing Guidelines For The Abuse Of Vulnerable Service Users – Annexe 1).

## 6.2 **Recognising Signs of Harm**

Recognising signs of harm can be difficult and a vulnerable person may not feel comfortable reporting harm, or be aware that it is in fact harm that is occurring. As support providers, the responsibility to protect service users from harm is apparent and essential.

Vigilance around behaviour that may not normally be displayed by a service user should be sensitively investigated. A reluctance to engage with particular members of staff/another service user or person, or withdrawal from activity or unexpected resentment or anger towards a member of staff should be investigated.

The potential for financial harm is increased in a support environment where relationships of trust are established between service users and staff. All staff should monitor and provide opportunities for service users to declare harm where it is happening. Where vulnerable service users are living in residential settings they may be more vulnerable to harm from other service users, due to proximity. Where vulnerable adults live alone in the community, they are particularly vulnerable to exploitation where they are not in a directly sheltered environment.

A sudden shortage of money of a service user and reluctance to have their money / budgeting assisted by staff may be a warning sign that exploitation is occurring, although it could have other meanings and should be investigated. It is ultimately the service user's choice to accept assistance with the management of their money. Service providers also need to recognise that even with a degree of cognitive impairment e.g. alcohol related brain damage, service users may consciously and knowingly choose to maintain financial relationships with others e.g. family which can impact on their financial well-being. Where there are areas of doubt around harmful relationships or capacity, the local Social Work department can give further guidance on any areas of concern.

### 6.3 Professional Boundaries

Staff should ensure they maintain professional boundaries at all times and have awareness of Equality and Diversity issues. Managers should ensure that staff's professional boundaries with service users are upheld and provide coaching and monitoring to staff through supervision. Managers and staff should ensure service users are aware of the appropriate code of conduct and professional relationships expected.

## 7.0 PROCEDURE

7.1 Cases involving the suspected or alleged harm of vulnerable adults are complex and involve difficult decisions. Procedures provide a framework and can provide a basis for sound practice and some support for professional judgements in working in this area however vigilance and staff / service user awareness are essential if we are to successfully protect vulnerable people from abuse.

7.2 Action taken under these policy and procedures do not affect the obligations placed on us to comply with statutory responsibilities such as:

- Notifying regulatory / registration authorities under the Care Standards Act 2000.
- The duty to comply with Employment Legislation.

## 8.0 ROLES AND RESPONSIBILITIES

### 8.1 All Staff and Volunteers

All staff and volunteers have a responsibility to act on any allegation, report or concern of harm of a vulnerable adult to ensure that the situation is assessed and investigated immediately if a crime has been committed or within 24 hours of the concern arising (See Flowchart – Annexe 2).

Information suggesting that harm has occurred could come from a number of sources:-

- Directly from a vulnerable adult being harmed
- As a result of key-working or review of the service user's care and support plan
- A concern arising from an observation
- From a relative or friend or other service user, another member of staff or
- Member of the public raising a concern

The protection of vulnerable adults from harm should be the highest priority and an allegation, suspicion or report of harm should be dealt with as a priority over other work.

Staff should share concerns with colleagues and report all concerns to their line manager without delay, and complete an Incident Report (if relevant) and a Vulnerable Adult Protection Alert Form (See Flowchart – Annexe 2 and [Alert Form – RAOP02a Adult Support and Protection Policy Vulnerable Adult Protection Alert Form](#)).

Any allegation, suspicion, or report of harm should be reported to the **named designated safeguarding lead in Rowan Alba:**

**Karen Barr, CEO Tel: 07443 962452 [kbarr@rowanalba.org](mailto:kbarr@rowanalba.org)**

**Tracey Stewart, Service Manager Tel: 07715 082427**  
[tracey.stewart@rowanalba.org](mailto:tracey.stewart@rowanalba.org)

and externally to Edinburgh Council Social Services, Social Care Direct:

0131 200 2324. Or out of hours: Emergency Social Work 0800 731 6969

## 8.2 The Role of Managers

Managers are usually responsible for a decision about what action is to be taken. They are responsible for ensuring procedures are followed and notifying and consulting with other agencies.

They must:-

- Deal with immediate needs to ensure safety of the vulnerable adult.
- Clarify the facts and decide if it falls under this procedure, and reporting requirements.
- Inform senior managers and other relevant agencies as required
- Complete incident form/s and ensure concerns are confidentially documented elsewhere e.g. case files, supervision etc.

## 8.3 Harm Raised By Another Service User

Where a service user raises concerns regarding the possible harm of another service user to them personally and/or a member of staff, if the service user that the concern relates to does not wish to address this or reports it to be an untrue statement, this should be respected but staff should monitor the situation until any concerns are dispelled.

## **9.0 DEALING WITH EVIDENCE OR ALLEGATIONS OF HARM**

### **9.1 Ensure Safety of Vulnerable Adult**

It is essential that the vulnerable adult who may be experiencing harm is protected as the first priority.

Upon a concern expressed, the following should be applied:-

- Take the allegation seriously (regardless of frequency).
- Stay calm.
- Listen patiently.
- Reassure the person that they are doing the right thing in telling you.
- Explain what you are going to do.
- If necessary, remove the person from the vicinity where abuse is / has occurred.
- If necessary, contact emergency medical services, or police.
- Record all elements relating to the matter and date.
- Ongoing support and counselling for the service user should be identified through support planning.

It may be necessary to offer alternative accommodation to service users if they are in danger or the psychological impact of the harm is great. This must be discussed and agreed with senior management and relevant partner organisations e.g. landlord, local authority.

### **9.2 Employees as Abusers**

Allegations or concerns of harm to service users by employees will be investigated thoroughly and reported to senior management, who may suspend an employee and result in a full disciplinary hearing. Where substantiated evidence is found that abuse from an employee has occurred, this will be defined as gross misconduct and result in instant dismissal from the organisation.

In conjunction with Rowan Alba's disciplinary proceedings, the police, relevant Local Authority service commissioning team(s) and Social Care and Care Inspectorate will all be informed. The service user's family and the immediate professional carers will also be informed of the allegation / occurrence, with the consent of the service user, (where they are able to make an informed decision).

Where some situations do not constitute gross misconduct for an individual employee, e.g. institutional harm, where bad practice or poor management occurred this will be managed through performance monitoring and relevant action taken by senior managers in the organisation.

### 9.3 Receipt of complaint

Reports of harm should be documented on the Vulnerable Adult Protection Alert form (RAOP02a Adult Support and Protection Policy Vulnerable Adult Protection Alert Form) and immediately passed to the most senior member of staff on duty. An exploration of the allegations should be made and documented. The senior staff member will immediately consult with the Chief Executive. Staff must also seek advice from the Rowan Alba's HR specialist where it involves a member of staff.

Staff should not approach / interview the alleged perpetrator in relation to the matter; this will be carried out by the investigating officer. The member of staff that the complaint is related to should be seen in person if on duty or contacted at home, once a manager has gained advice from the senior management. They will be informed that a complaint has been made and may be informed that they will be suspended immediately pending a full disciplinary hearing based on initial investigations.

Where the allegation is of a financial impropriety the Rowan Alba fraud procedures take precedence over the procedure stated here.

### 9.4 Investigation

If the harm allegation / concern involves a member of staff, suspension should be considered as a way of protecting all parties. The Service Manager or appointed person will comprehensively investigate the complaint following disciplinary procedures. He / she may need to structure a series of meetings with potential witnesses, to fully investigate the complaint. Written statements will be obtained. Having made a full investigation, he / she will report their findings to the Chief Executive or other appointed Manager. The Chief Executive / Manager will then decide on the need for a disciplinary hearing. If the alleged abuser is the manager, their line manager or another appropriate manager/department, must be informed and conduct the investigation.

### 9.5 Consultation of family

A sensitive approach will need to be adopted in both informing and supporting the family in relation to the occurrence / allegation. Reassurance must be given on the nature of the allegation and the process within which it is being investigated. Consent from the service user must be sought regarding consultation with their family wherever possible. The support / care plan should give guidance on relevant contacts.

### 9.6 Staff Support

During and following the completion of disciplinary proceedings, sensitive support should be offered to staff, with opportunities to openly discuss and express their feelings, and record their account of the situation. Allegations and occurrences of harm can have a profound effect on team dynamics and workings. Staff should be assisted in team building and restoring a positive working relationship.

### 9.7 **Non-employees**

Staff may observe or receive reports of abuse relating to non-employees. These will be reported immediately to the Service Manager, who will take a written report of the allegation / occurrence. This will be discussed with and investigated by senior management. Reports will be made available to the family, the relevant Local Authority, the Police and Social Work where appropriate and consented to by the victim.

Where harm occurs outside the organisation it is only possible for Rowan Alba staff to report it as a crime or to social services etc. An internal investigation would not be appropriate.

### 9.8 **Service Users**

Where service users are the alleged perpetrator the same support, counselling and assistance will be offered, as an employee, where possible.

Where other service users are the perpetrator action must be taken in accordance with this policy and the relevant agencies, e.g. police, social services, local authority should be contacted and advice from senior management sought. The service user may need to be removed from the vicinity to allow investigation of the allegation. This may be done through the exclusions and evictions procedure, or anti-social behaviour procedures may need to be instigated where there is security of tenure. In these cases, a temporary transfer to another property / landlord may be appropriate. A general principle to follow is that the alleged perpetrator should be required to move while recognising there may be barriers to this and that it may be safer to move the victim.

9.9 Investigating officers should be provided with appropriate support from their line managers depending on experience and complexity of the investigation. The managers should countersign / confirm accuracy of all records / information collected.

Including:-

- Records collected during investigation / assessment
- Records of any decisions taken.
- Supervision (where appropriate).
- Incident reports.

The health and safety of staff conducting investigations should be considered and a health and safety assessment carried out if necessary and monitored through risk management action planning.



## **10.0 NOTIFICATION**

10.1 Any allegations / occurrences of harm will be notified to the service's stakeholders e.g. housing provider, local authority service commissioner(s) or other appropriate funding bodies and Care Inspectorate within 24 hours of any event that affects the well-being of the service user.

## **11.0 The role of voluntary and private organisations**

11.1 A wide range of voluntary and private organisations in Scotland work with adults and provide a range of services. While these organisations do not have specific legal duties or powers under the Act, as care providers they have a responsibility to involve themselves with the Act where appropriate by contributing to investigations.

11.2 These organisations should discuss and share with relevant statutory agencies information they may have about adults who may be at risk of harm. They may also be a source of advice and expertise for statutory agencies working with adults with disabilities, communication difficulties or other needs. Organisations will also have a legal duty to comply with requests for examination of records.

## **12.0 Rowan Alba Responsibilities**

12.1 As part of a strategy that involves preventing, monitoring, recording, investigating, reporting and acting on issues relating to or potentially relating to abuse, Rowan Alba undertakes to:-

- Promote the principles of reflective practice at all levels within the organisation
- Encourage staff and volunteers to access policy and procedure documents
- Ensure that all documents, policies, procedures relating to managing issues around protection are reviewed at least annually, encouraging staff and volunteers to be involved in this process
- Make available relevant training through internal or external events, staff meetings / away days etc.

**ANNEXE 1****WHISTLE-BLOWING GUIDELINES FOR THE ABUSE OF VULNERABLE SERVICE USERS**

Rowan Alba aims to ensure that all staff feel able to report suspected or witnessed harm at the earliest opportunity to a Manager who can investigate the allegations fully. The following procedure describes the actions to be taken by all staff of Rowan Alba, to ensure that service users, staff and volunteers are properly supported and protected in their homes. It also describes what actions need to be taken when questionable practice occurs.

**1.0 WHISTLE-BLOWING**

- 1.1 If a member of staff suspects or identifies that actions which are taken within the organisation are exploitative or harmful to service users or to staff or volunteers or that the actions are grossly unethical, the member concerned should immediately contact the Service Manager.
- 1.2 The staff member should immediately contact a member of the senior management, if either the discussions with their manager have been ineffective or they are unwilling to talk to their manager because of his / her involvement with the harm or unethical practice, or they fear reprisals.
- 1.3 The Manager informed, together with other relevant persons will decide the strategy for investigating the allegations. This investigation will be initiated within 24 hours of receiving the allegations.
- 1.4 Staff will be supported and protected from reprisals or victimisation. Support will be given to the person making the allegations. This is especially relevant when they are isolated, they fear reprisals or the investigation itself will identify the staff member as the person who has informed management and the staff member is uncomfortable with this. Staff who 'whistle blow' can remain anonymous and have wishes recorded and respected, however at a later date their identity may be required particularly if legal action is indicated.
- 1.5 The staff member making the allegations will be informed of the results of the investigation, taking into consideration the need for confidentiality. If it is required to be reported to the police, the 'whistle blower' will be informed.

ANNEXE 2

Adult Abuse Referral Procedure v3

