

POLICY TITLE:	Adult Support & Protection (Scotland)
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Applies to:	All Aspris Homes/ Schools/ Colleges
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Outcome:	This policy aims to ensure: <ul style="list-style-type: none"> • That Vulnerable adults are safeguarded and protected from physical, financial, psychological, institutional, or sexual abuse and that their safety and wellbeing is maintained through informed practice and that individuals’ human rights are respected and upheld. • Provides clarification of mandatory and optional training requirements for all colleagues. • Should be read in conjunction with AOP08 Safeguarding Adults.
Cross Reference:	AHR01 Safer Recruitment and Selection including Prevention of Illegal Working AHR07 Disclosures (incl. DBS, Disclosure Scotland and Access NI) ALE03 Data Protection ALE05 Young Person information, interview request from Police or other external agencies AOP03B Complaints - Scotland AOP04 Incident Management, Reporting and Investigation AOP05 Mental Capacity AOP06.1 Child Protection (Scotland) AOP06 Safeguarding Children in Education AOP06A Safeguarding Children in Residential Care AOP08 Safeguarding Adults AOP08.1 Responding to Suspected Radicalisation ACS45 Advocacy and independent visitors (Not Regulation 44 related) AOP21 Whistleblowing (Protected Disclosure) AOP41 Professional Relationship Boundaries Aspris Children services Employee Handbook

EQUALITY AND DIVERSITY STATEMENT

Aspris is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics, and all will be treated with dignity and respect.

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email AsprisGovernanceHelpdesk@Aspris.com

ADULT SUPPORT & PROTECTION (SCOTLAND)

	CONTENTS	Page
1	INTRODUCTION	2
2	GENERAL PRINCIPLES	2
3	CATEGORIES OF HARM	3
4	APPROPRIATE USE OF THE ADULT SUPPORT & PROTECTION PROCEDURES	3
5	RESPONSIBILITIES OF ASPRIS CHILDREN SERVICES	3
6	ACTION TO BE TAKEN TO SUPPORT ADULTS AT RISK OF HARM	4
7	ADULT PROTECTION REFERRALS	6
8	TRAINING	7
9	LIAISON	7
10	APPEAL	7
11	REFERENCES	7

1 INTRODUCTION

- 1.1 The Adult Support and Protection (Scotland) Act 2007 places lead responsibility on Scottish local councils. The main provisions create new measures to protect adults in Scotland who are believed to be at risk of harm. These include rights of entry to places where adults are thought to be at risk of harm, a range of protection orders including assessment, removal of the adult at risk, and banning of the person causing the harm; and supporting the creation of multi-disciplinary adult protection committees. The Local Authority is the lead agency in coordinating an inter-agency approach to Adult Support and Protection.
- 1.2 Aspris Children services will investigate all allegations and incidents causing reasonable suspicion that harm may have occurred. Aspris Children Services will also seek to actively liaise with public protection, healthcare, and social care agencies with which information will be shared in order to ensure that effective systems are being implemented to protect vulnerable adults from harm. This policy explains when and how referrals to the local Social Work Departments in Scotland will be undertaken whenever there is reasonable suspicion that vulnerable adults are or have been at risk of harm.
- 1.3 This policy should be read in conjunction with AOP08 Safeguarding Adults.

2 GENERAL PRINCIPLES

- 2.1 For the purpose of this policy Aspris Children Services will adopt the vulnerable adult definition from the Adult Support and Protection (Scotland) Act 2007. The Act defines adults (16 and over) as being at risk if they are: unable to safeguard their own wellbeing, property, rights or other interests, who are at risk of harm, more vulnerable to being harmed because of disability, mental health condition, illness or physical or mental infirmity.
- 2.2 It is the responsibility of every colleague to protect vulnerable adults from harm by undertaking their duties and responsibilities as defined by this policy and other relevant policies (see above).
- 2.3 Disclosures that harm or may have occurred will always be investigated through the procedures outlined in this policy. Adults using our Homes/ Schools/ Colleges have a right to have their concerns heard and to receive advice, protection and support from colleagues.
- 2.4 Aspris Children services will cooperate with relevant agencies within the local area, including the Adult Support and Protection Team, Healthcare Improvement Scotland and the Mental Welfare Commission, in addressing the needs of vulnerable adults.
- 2.5 The capacity of individuals to make decisions in regard to this policy will be assessed by their Responsible Medical Officer and for those who lack capacity the Home/ School/ College may be required to make decisions on their behalf to protect them from harm. (Refer to AOP05

Mental Capacity).

- 2.6 Where individuals are considered to have the capacity, they should be provided with the necessary support to have any grievances or Complaints addressed, when indicated to include referral to public protection agencies.
- 2.7 The involvement of independent Advocacy Services will be encouraged in order to develop transparent methods of protecting vulnerable adults from abuse. Advocacy Services will be expected to forward information about alleged abuse to Aspris Children services in accordance with their disclosure policy, at the earliest opportunity. Wherever possible this should involve the consent of the young person/individual who has disclosed the information.
- 2.8 Statutory agencies such as the Healthcare Improvement Scotland and the Mental Welfare Commission will be provided with information about relevant procedures and practices at Aspris Children services.
- 2.9 Referrers and NHS Boards will be kept informed about the outcome of investigations into suspected harm, as required.
- 2.10 Regular and effective training of colleagues who are directly or indirectly involved with vulnerable adults will be provided to ensure a working knowledge of this policy (see Section 8, Training).

3 CATEGORIES OF HARM

- 3.1 Harm is defined as 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 (e.g. theft, fraud, embezzlement or extortion)
 - (d) Conduct which causes self-harm.
- 3.2 Harm may be perpetrated by colleagues, fellow young People, relatives/carers or professional visitors.
- 3.3 Harm may be deliberate and intentional, random, the consequence of neglect or failure to protect, or discriminatory behaviour. This may involve patterns of multiple or repeated abusive behaviours. There is the potential for harm to become institutionalised within the culture of the organisation.
- 3.4 It is important to remember that any of these patterns could indicate that a criminal offence has been committed. Under these circumstances there is a duty to consider disclosure of relevant information to the Police (see Section 4).

4 APPROPRIATE USE OF THE ADULT SUPPORT & PROTECTION PROCEDURES

- 4.1 Scottish Aspris Children services will consider the implementation of Adult Support & Protection procedures for adults, aged 16 and over, who:
- (a) Are unable to safeguard their own well-being, property, rights or other interests
 - (b) Are at risk of harm
 - (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.

5 RESPONSIBILITIES OF ASPRIS CHILDREN SERVICES

- 5.1 Aspris Children services is responsible to ensure that colleagues have the necessary knowledge to detect harm and how to address the consequences of harm. The following areas in 5.1.2 will be covered as a minimum

- 5.1.1 Before any conversation takes place, colleagues must ensure that children/young people are fully aware and understand that during their discussion any information shared that puts them or any other person in danger will be reported to relevant people (i.e. Manager, social worker, police.) Children and young people should be reassured that their safety and wellbeing is priority.
- 5.1.2
- (a) All allegations and evidence of harm are taken seriously
 - (b) Appropriate support must be provided to the victim(s) and all other persons involved, including colleagues and young People
 - (c) Colleagues will be made aware of the indicators of harm
 - (d) Colleagues will have an understanding of how to respond if they discover harm or receive a disclosure that harm may have happened
 - (e) Senior clinicians and managers understand the need to liaise with outside agencies, including the Local Authority, the Police, Social Workers, Healthcare Improvement Scotland and the Mental Welfare Commission. These functions will be delegated depending on the urgency of the situation and the outcome of any investigations that take place
 - (f) Aspris Children services employed colleagues are aware of the policy AOP21 Confidential Reporting (Whistleblowing)
 - (g) Reasonable suspicion of harm is reported to the line manager, the individual's Responsible Medical Officer, and if required, other senior clinicians/managers at the earliest opportunity. Relevant information should be recorded in the Current Treatment File(s)
 - (h) Colleagues will receive and provide support appropriate to the situation
 - (i) After they have received formal Adult Support and Protection training, the Senior Management Team will provide appropriate information to the Clinical/Care Teams
 - (j) Provision of suitable training for all colleagues responsible to protect vulnerable adults
 - (k) An allocated person will fulfil the role of Protection Lead (DSO) for adult support and protection at Scottish Aspris Children services. The DSO is responsible to provide advice to colleagues, monitor/review relevant policies/procedures and liaise with external agencies, as required.

6 ACTION TO BE TAKEN TO SUPPORT ADULTS AT RISK OF HARM

6.1 Immediate Response:

- (a) Every colleague has a responsibility to inform their manager or a senior manager about what has allegedly occurred. For further information, see the flowchart 'Responses to Concerns of Harm' at **Appendix 1**. The options could potentially include an adult protection referral, a statement of complaint to the Police and/or an internal complaint in accordance with the policy AOP03 Complaints. All incidents and allegations must be recorded on an incident Report and in the individual's records in accordance with AOP04 Incident Management, Reporting and Investigation
- (b) When a complaint indicating that abuse may have occurred is received, the Head Teacher / Home manager will be notified in order for a decision to be made about whether to initiate an adult protection referral. The Complaints Officer will only initiate an investigation when the DSO has confirmed in writing that an adult protection referral will not be made. If it is deemed appropriate for an adult protection referral to be made, then the Complaints Manager may be requested to attend a forthcoming adult protection Strategy Meeting.
- (c) Depending on the seriousness of the incident and/or allegation the professional duty of colleagues managing the situation is to ensure the immediate safety of the vulnerable adult(s) involved. Therefore, it is necessary to utilise all available resources as a matter of urgency by developing a clear management plan, with the support of the senior clinical/care colleagues/Therapists and other members of the Clinical/Care Team, as required
- (d) The DSO should arrange a specifically convened meeting of representatives of the Clinical/Care and Senior Management Teams at the earliest opportunity in order to

Operational

- discuss the management needs of the young people involved
- (e) The DSO will provide specific advice and guidance about adult protection responsibilities and make adult protection referrals to the local Social Work Department after consultation with colleagues, as required. If the DSO is not available to provide this function, they will appoint another member of the Senior Team to attend the meeting and facilitate the referral using the AP1 Form from the Internet (see Appendix 2 for Example)
 - (f) Following an allegation of harm or an incident involving harm a Post-Incident Review will require to be undertaken but if an adult protection referral has been made this will be suspended pending the outcome of the referral. The Post-Incident Review will be Completed by a senior colleague responsible for the area where the incident or allegation has occurred in accordance with the AOP04 Incident Management, Reporting and Investigation. The Post-Incident Review will commence as soon as possible after the information has been received. If a senior colleague is allegedly implicated in the incident and/or allegation the Post-Incident Review should be undertaken by a senior colleague from another unit or department. Senior managers will be available to provide advice and guidance in this regard
 - (g) Post-Incident Reviews will be discussed on a regular basis at the Home/ School/ College Governance Meetings. All available documentary information must be made available to the Home/ School/ College Governance Meetings. It is expected that such discussions will take place within 7 days of the incident or allegation, as a minimum requirement. All allegations of abuse or suspicions that abuse may have occurred, using the criteria established in this policy, must be considered as a high priority. When an adult protection referral has been made any internal investigation, including a Post-Incident Review, will be suspended
 - (h) Healthcare Improvement Scotland will receive referrals of Notifiable Incidents involving adult protection cases in accordance with its statutory notifications guidance, specifically related to actual or alleged misconduct by colleagues at a Aspris Children services. The DSO will inform the Registered Manager / Head Teacher about an adult protection referral and thereafter the Registered Manager will notify Healthcare Improvement Scotland
 - (i) Scottish Aspris Children services will co-operate with adult protection investigations including providing documentary information and active involvement in Strategy Meetings. Discussions within the Clinical/Care/Education Team will be documented, specifically focusing on decisions about whether to refer individuals to the local Social Work department, and all management considerations to ensure the safety of vulnerable adults as a primary responsibility
 - (j) The vulnerable adult's Responsible Medical Officer will make a decision about his/her capacity to give consent to action being taken. This assessment will be carried out for every individual incident and/or allegation of abuse. Decisions about the young person/individual's capacity will be regularly reviewed. An accurate record will also be kept in the individual's Records
 - (k) If the alleged victim(s) has the capacity then they will exercise decision-making power on the next step, which the Home/ School/ College has a duty to facilitate, including the options summarised under paragraph 5.1a
 - (l) When vulnerable adults are interviewed following an incident and/or disclosure they will be supported by a suitable person that is a colleague who is not directly involved in the investigation. This may need to be a Colleague/Clinician from another ward or department
 - (m) Under the following circumstances the Home/ School/ College will decide whether to make an adult protection referral without the consent of the vulnerable adult:
 - i. After a vulnerable adult is assessed by the Responsible Medical Officer not to have capacity to make a decision about a referral to the local Social Work Department or the Police, the Clinical/Care/Education Team will make this decision on their behalf. Thereafter, the DSO may make a referral in accordance with 5.1h above. This information will be recorded on the electronic reporting system.
 - ii. When there has been an assessment by the Clinical/Care/Education Team, under the direction of the Responsible Medical Officer, that the alleged victim lacks capacity due

to bullying and threats by the alleged abuser(s). A decision will then need to be made by the Responsible Medical Officer, after consultation with the Clinical/Care Team, about whether the Home/ School/ College will take action on behalf of the vulnerable adult, including referrals to the local Social Work Department and/or the Police in relation to the service's duty of care

- iii. Reasonable suspicion that a serious criminal offence has been committed will be reported by the Home/ School/ College to the Police. Under these circumstances a referral may also be made to the local Social Work Department after consultation with the Police
- (n) Any potential disciplinary matters must be referred by the most senior manager responsible within the ward/department to the Human Resources Department at the earliest opportunity. This may lead to a formal investigation and decisions about staffing issues.

6.2 **Line Management Responsibilities:** Colleagues should establish and maintain consultation with their line manager, ensuring that the following issues are addressed:

- (a) The immediate safety of alleged victim(s) and other potential victims must be the priority throughout the process
- (b) Whether to request the involvement of the young person/individual's Responsible Medical Officer/Duty Doctor or emergency services depending on the circumstances. This should be the responsibility of the most senior colleague for the area in which the alleged abuse has occurred
- (c) The alleged victim's(s) capacity and the capacity of other young people involved in the situation. If there is any doubt about the capacity of the vulnerable adult the Responsible Medical Officer will be consulted at the earliest opportunity
- (d) Awareness of the need to refer to the local Social Work Department and/or the Police must always be maintained when there is evidence that a criminal offence may have been committed.

6.3 **Recording:** A record of relevant details must be maintained, in addition to the incident being recorded on the electronic reporting system. This is the responsibility of the senior member of the Home/ School/ College in which the alleged harm has occurred. If an incident has occurred or a disclosure made which has not necessitated a referral to the Police or local Social Work Department, a subsequent referral may be required and therefore all relevant information must be recorded. There may be a requirement to provide documentary information and verbal evidence in court in the event of a prosecution. Vulnerable adults will be kept informed that this information will be recorded and the purpose it may be used for. Documentary information should include the following:

- (a) Details of the alleged victim(s)
- (b) Details of the alleged abuser(s)
- (c) Details regarding the incident(s)
- (d) Disclosure(s)
- (e) Suspicion or allegation
- (f) Details of specific incidents, e.g. dates, times, injuries, witnesses
- (g) Management plans, which have been implemented to protect the alleged victim(s) or closely observe the alleged abuser(s)
- (h) Background of any previous concerns
- (i) Whether the alleged victim(s) and alleged abuser(s) are considered by the Responsible Medical of the officer to have capacity to give consent
- (j) Details of all the colleagues who have been involved and interventions that have been discussed and implemented
- (k) Records should be treated as strictly confidential and their contents disclosed only to the line manager, the Responsible Medical Officer, the Clinical/Care Team, and members of the Senior Management Team, as required. Where possible records should provide direct quotes regarding disclosures from vulnerable adults, witnesses(s) and statements made by the alleged abuser(s). These informants should be advised about how this evidence may be utilised, particularly in the event of a prosecution, therefore requiring disclosure to police investigations.

7 ADULT PROTECTION REFERRALS

- 7.1 When an adult protection referral is initially made by a Aspris Children service to the local Social Work Department the only information that should be given is the vulnerable adult's name and the subject of the allegation. Referrals will be made at the earliest opportunity and within 24 hours from the DSO.
- 7.2 The following referral data will be completed by the DSO to the Adult Support and Protection team:
- (a) The vulnerable adult's name, age, diagnosis, gender, ethnicity, and date/time of disclosure/incident
 - (b) The category of abuse (refer to paragraph 3.1)
 - (c) The circumstances in which the alleged abuse has occurred, indicating the seriousness
 - (d) Details of the relationships between the vulnerable adult(s) and the alleged abusers(s)
 - (e) What actions have already been?
 - (f) Information about relevant past events including adult protection investigations
 - (g) Does the vulnerable adult have the capacity in relation to this referral?
 - (h) Relevant documentation included with the referral (e.g. Incident Report)
 - (i) Alleged abuse by a colleague young person/individual, relative/carer, or professional visitor?
 - (j) Name of the referrer, designation, and contact details.

8 TRAINING

- 8.1 All colleagues will receive adult protection training to support their responsibilities in protecting vulnerable adults from abuse.
- 8.2 Members of the senior management teams nominated to be DSOs will receive specific adult protection training to provide advice and guidance to colleagues
- 8.3 Information will be presented to the Induction Programme on this policy and all relevant practice issues.
- 8.4 All colleagues will be expected to meet relevant training requirements as specified within the Aspris Children services learning lounge

9 LIAISON

- 9.1 The ongoing liaison will be maintained between Aspris Children services and agencies in the local Social Work Department responsible for adult protection. Such liaison will be provided on an individual referral basis and also in the establishment of systems to protect vulnerable adults from abuse.

10 APPEAL

- 10.1 Following an adult protection investigation the young person Home/ School/ College, or the Clinical/Care Team on behalf of an incapacitated young person/individual, can appeal to the Social Work Department.

11 REFERENCES

- 11.1 Adult Support and Protection (Scotland) Act 2007
Adult Support and Protection (Scotland) Act 2007 – Code of Practice July 2022
Adults with Incapacity (Scotland) Act 2000
Protection of Vulnerable Groups (Scotland) Act 2011
Mental Health (Care and Treatment) (Scotland) Act 2015
<http://www.actagainstharm.org/>

Operational

Scottish Government (2010) Act Against Harm: Adult Support and Protection: Ensuring Support and Preventing Harm

Associated Forms:

AOP Form: 89 Scottish residential care 2024 Safeguarding Quality Assurance Audit

APPENDIX 1

Internal Safeguarding Procedure

The following flowchart details actions that must be taken following suspicion that an adult at risk has been abused.

