

# Adult Support and Protection

## 1. ASP01

### 1.1 Intro



## 1.2 Intro

Introduction




The Adult Support and Protection (Scotland) Act 2007 is a piece of law brought in to try and protect people from being harmed.

This is because there are certain people who might find it more difficult to stop harm happening to them. People in this situation are referred to as 'Adults at Risk'. The Adult Support and Protection (Scotland) Act introduced new duties and powers to safeguard adults who may be at risk of harm.

Remember, you can access the full Adult Support and Protection Act in the library.

### 1.3 Intro

#### Introduction



Harm (or abuse) can take many forms including physical, emotional, financial or sexual harm. It can also include neglect and acts of omission.

Protecting a resident from abuse is **ESSENTIAL** when entrusted with the care of vulnerable people.

The aim of this course is to ensure that you:

- ☀ have the knowledge and understanding to recognise the signs and symptoms of abuse. ✓
- ☀ know your roles and responsibilities in contributing to the protection of adults at risk of harm. ✓

## 1.4 Who is an adult at risk

Who is an adult at risk?

The act defines "adults at risk" through a three point test, as adults (over 16) who:

- are unable to safeguard their own well-being, property, rights or other interests;
- are at risk of harm; and
- are more vulnerable because of a disability, illness or physical or mental disorder (this could mean people with mental health problems, dementia or learning disabilities).

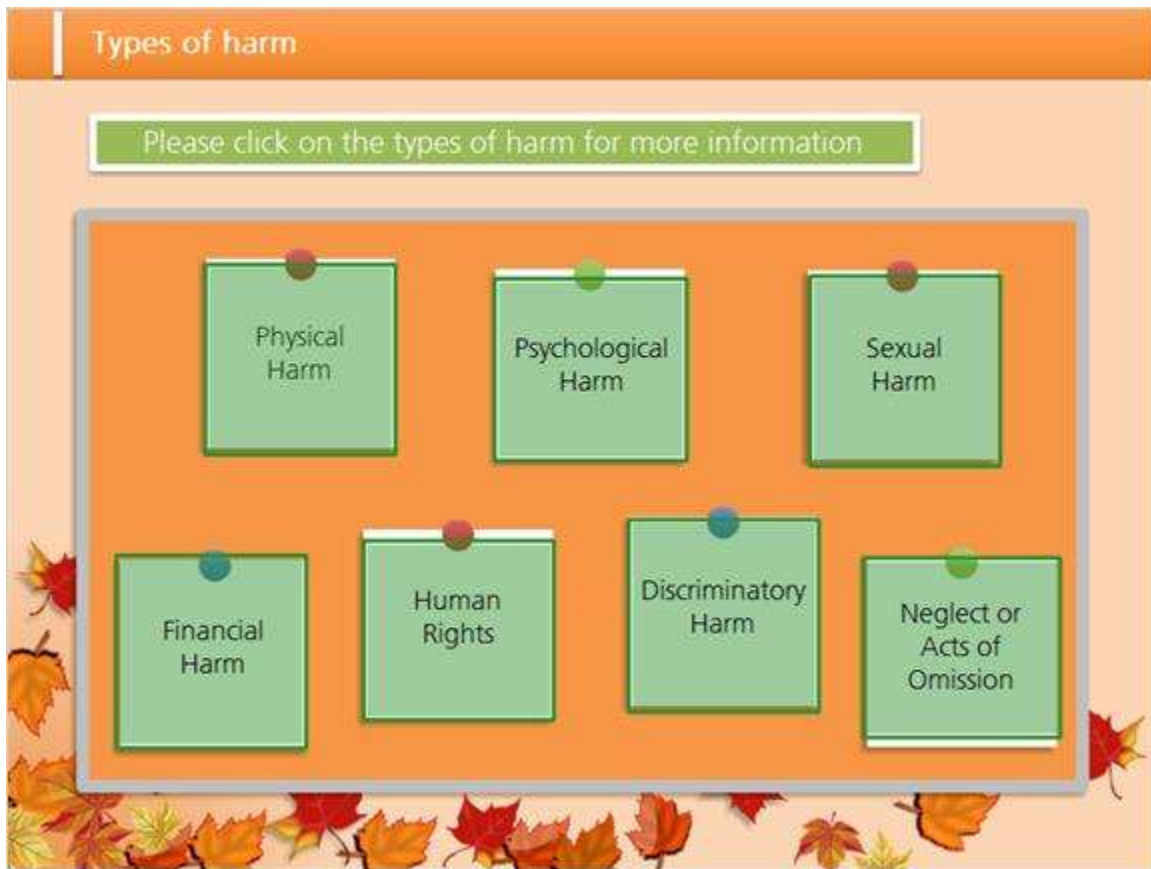


## 2. ASP02

### 2.1 Board

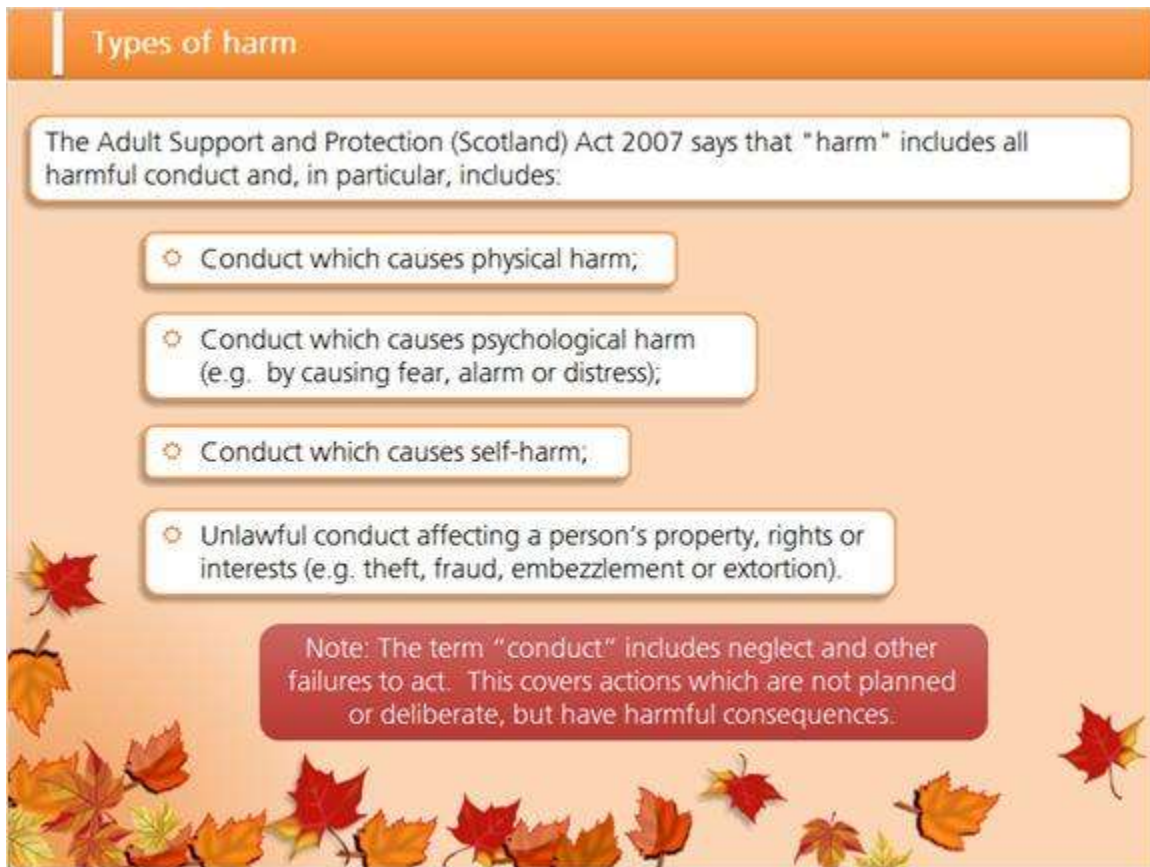


## 2.2 Board





## 2.3 What is harm

An infographic titled "Types of harm" with an orange header. It lists four types of harm in white boxes with orange sun-like icons. A red box at the bottom contains a note. The background is light orange with a decorative border of autumn leaves at the bottom.

### Types of harm

The Adult Support and Protection (Scotland) Act 2007 says that "harm" includes all harmful conduct and, in particular, includes:


- ☉ Conduct which causes physical harm;
- ☉ Conduct which causes psychological harm (e.g. by causing fear, alarm or distress);
- ☉ Conduct which causes self-harm;
- ☉ Unlawful conduct affecting a person's property, rights or interests (e.g. theft, fraud, embezzlement or extortion).

Note: The term "conduct" includes neglect and other failures to act. This covers actions which are not planned or deliberate, but have harmful consequences.



## 2.4 Untitled Slide

### Types of harm

If the adult at risk appears to be in immediate physical danger or urgent medical attention is needed, act immediately.



- ☉ Contact appropriate emergency service (police and ambulance);
- ☉ Consent & capacity is not an issue when in life and limb situation;
- ☉ Medical care must be sought & provided if needed;
- ☉ Staff must be aware of the preservation of evidence;
- ☉ Staff members should not put themselves at risk;
- ☉ Staff should always discuss and record action taken.





## 2.5 Drag and Drop

(Drag and Drop, 10 points, 3 attempts permitted)

Types of harm

Please drag the type of harm to the correct description.

Neglect	Psychological Harm	Physical Harm
	Hitting, slapping, pinching, pushing, biting, burning, shaking	
	Intimidation, bullying, verbal abuse, threats of harm, controlling	
	Withholding adequate nutrition, failing to provide medical or physical care needs	

### 3. ASP03

#### 3.1 *Recognising the signs and symptoms of harm*



Recognising the signs and symptoms of harm

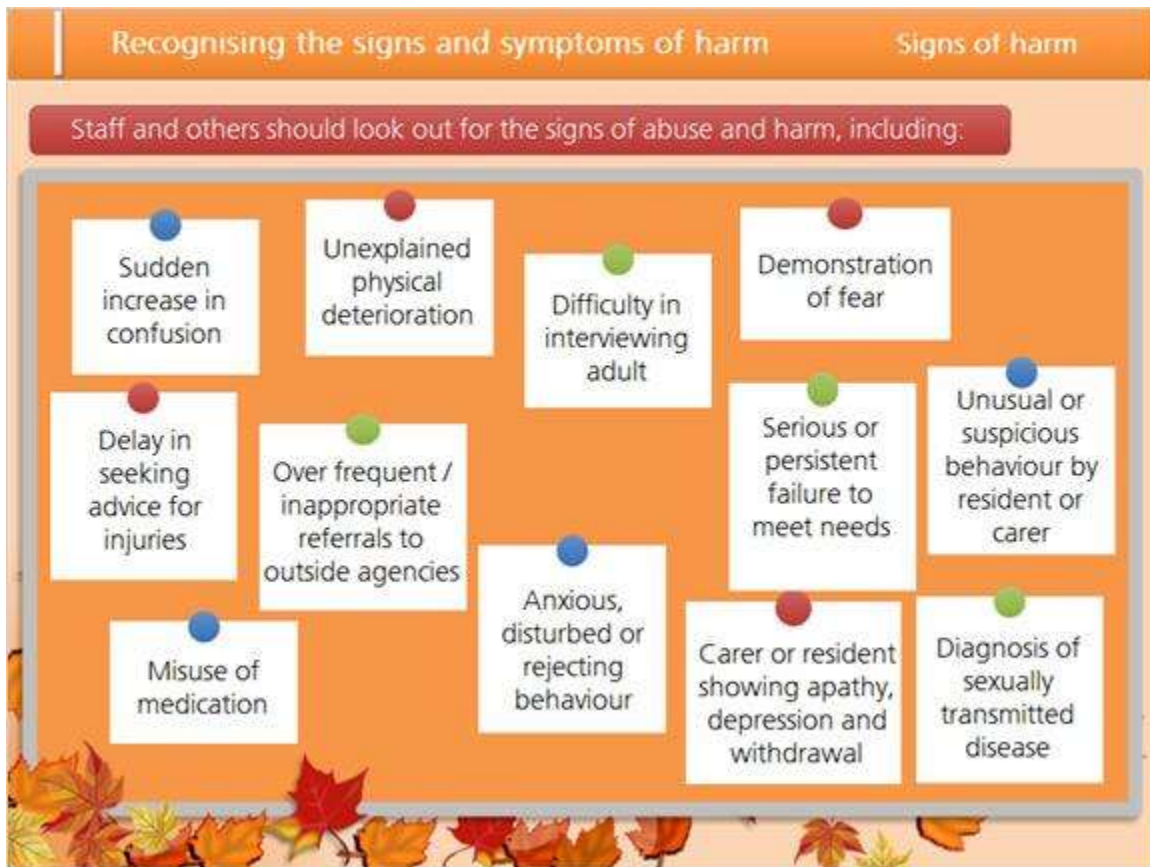
People who are harmed very often have:

- ☼ Communication difficulties;
- ☼ Impaired intellect, memory or physical function;
- ☼ Behavioural problems;
- ☼ A history of poor quality long term relationships;
- ☼ Pattern of family violence.

They may also be socially isolated.

The infographic features a light orange background with a decorative border of autumn leaves in shades of red, orange, and yellow along the bottom and left edges. The title is in a white box at the top, and the list items are in white boxes with orange borders.

### 3.2 Untitled Slide



### 3.3 Untitled Slide

Recognising the signs and symptoms of harm

Patterns of harm


Patterns of harm vary and reflect very different dynamics. These include:

Neglecting a person's needs

This is a lack of due care and attention, either because the person responsible for providing care is not capable, or through deliberate, intentional neglect;

Situational harm

This arises because pressures have built up or because of difficult or challenging behaviour;



The slide features a light orange background. At the top, there is a header bar with two sections: 'Recognising the signs and symptoms of harm' and 'Patterns of harm'. Below the header, a red box contains the text 'Patterns of harm vary and reflect very different dynamics. These include:'. To the left of the woman, there are two green boxes with titles 'Neglecting a person's needs' and 'Situational harm', each followed by a white box with a description. On the right side, a woman with blonde hair, wearing a green cardigan and brown trousers, stands with her hands on her hips. At the bottom of the slide, there is a decorative border of autumn leaves in shades of red, orange, and yellow.


### 3.4 Untitled Slide

Recognising the signs and symptoms of harm

Patterns of harm

Patterns of harm vary and reflect very different dynamics. These include:

- Long term harm**  
This is within the context of ongoing family relationships, for example, between siblings or across generations;
- Unacceptable 'treatments'**  
Treatments or programmes which include sanctions or punishment, such as: withholding of food & drink, seclusion or unnecessary use of control & restraint;
- Opportunistic harm**  
Such as theft occurring because money has been left around;

A cartoon illustration of a woman with blonde hair, wearing a green cardigan over a white top and brown trousers. She is standing with her hands on her hips, looking towards the left. At her feet and along the bottom left corner of the slide is a pile of autumn leaves in shades of red, orange, and yellow.



### 3.5 Untitled Slide

Recognising the signs and symptoms of harm

Patterns of harm


Patterns of harm vary and reflect very different dynamics. These include:

Institutional harm

Which features poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base within the service;

Serial abusing

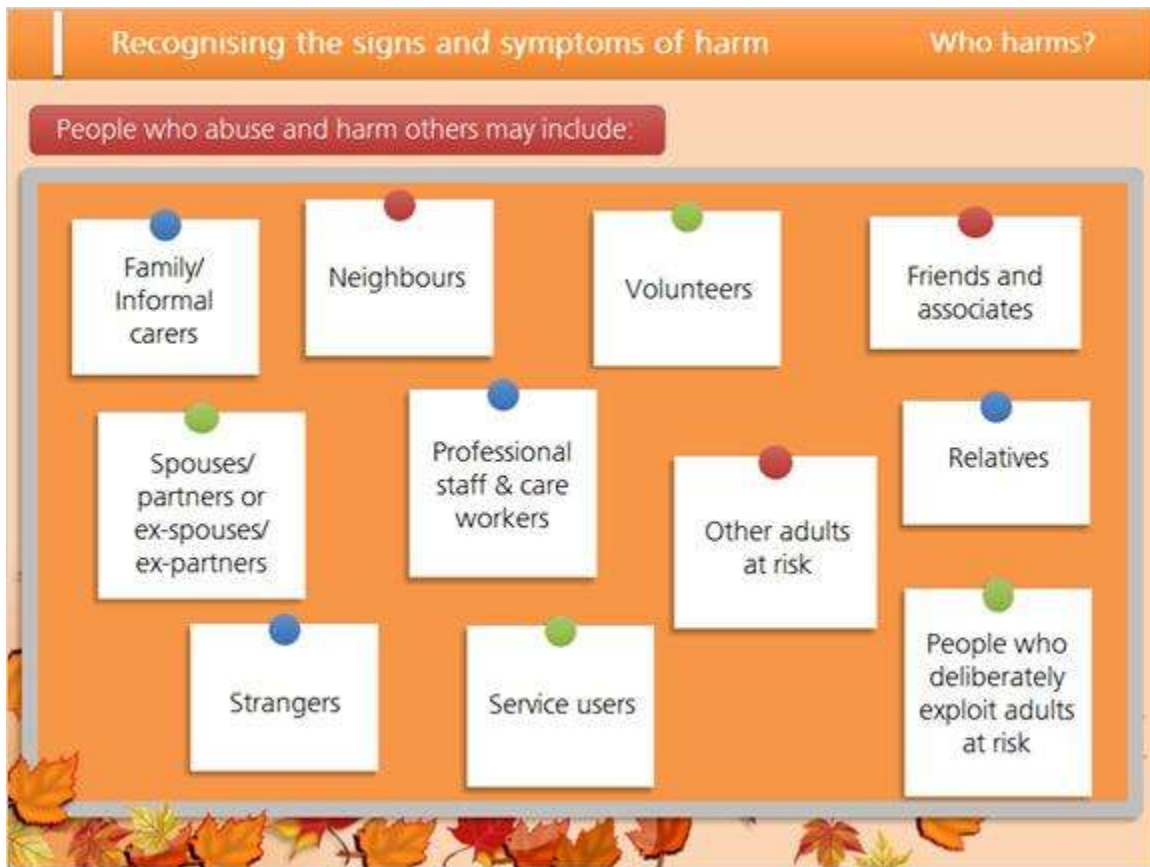
In which the perpetrator seeks out and 'grooms' vulnerable individuals. Sexual abuse usually falls into this pattern as do some forms of financial harm.



The slide features a light orange background. At the top, there is a header bar with two sections: 'Recognising the signs and symptoms of harm' and 'Patterns of harm'. Below the header, a red box contains the text 'Patterns of harm vary and reflect very different dynamics. These include:'. To the left of the text, there are two green boxes with white text: 'Institutional harm' and 'Serial abusing'. Each green box is followed by a white box with a black border containing descriptive text. On the right side of the slide, there is a cartoon illustration of a woman with blonde hair, wearing a green cardigan and brown trousers, standing with her hands on her hips. At the bottom of the slide, there is a decorative border of autumn leaves in various shades of orange, red, and yellow.



### 3.6 Untitled Slide



## 4. ASP04

### 4.1 Information, Roles and Responsibilities

#### Information, Roles and Responsibilities

For the Adult Support and Protection (Scotland) Act to be successful in its aim to improve the lives of the most vulnerable adults, care staff and other service providers need to understand their roles and responsibilities under the new legislation.




- You have a moral, professional and legal duty to report if you know or believe that a person is an adult at risk who needs protection from harm.
- The facts and circumstances of the case must be recorded and reported to the Local Authority Adult Protection service by you or your manager.
- Assist with any Local Authority inquiries. A council officer may require any person to provide health, financial or other records relating to an individual believed or known to be an adult at risk. Only a health professional can then inspect the health records (other than to determine whether they are health records).

## 4.2 Untitled Slide

Information, Roles and Responsibilities

What is your role?


You have a Duty Of Care, therefore you have a duty to report and record any concerns, suspicions or disclosures made by or about any adults who may need protection. If an adult at risk does not consent to you reporting concerns, it is necessary to go against his/her wishes when:



Please see our Tell Someone course for further information

- ☼ a person is, or may be, an adult at risk, and action needs to be taken in order to protect that person from harm;
- ☼ there is an issue of public safety;
- ☼ the person is, or may be a service provider, and other people may also be at risk.

Never dismiss your information as being unimportant or trivial! It is very important and may be the crucial part of the full picture.



### 4.3 Drag and Drop

(Drag and Drop, 10 points, 3 attempts permitted)

Information, Roles and Responsibilities

What is your role?

Please fill in the blanks by dragging the correct word to the correct part of the sentence

Word Bank

protectionreportsupportadvice

suspicious

You have a duty of care, therefore you have a duty to

and record any concerns,

or disclosures made by

or about any adults who may need

#### 4.4 Untitled Slide

Information, Roles and Responsibilities

Information sharing

Various laws protect information. The rights to privacy and seeking consent should always be considered, but various laws also allow information sharing without consent:

- The Human Rights Act 1998
- The Common Law Duty of Confidentiality
- The Data Protection Act 1998

 These laws allow information to be disclosed **WITHOUT** consent where such a disclosure:

- ⦿ is required by law (either a court order or statute);
- ⦿ is for crime prevention, detection and prosecution;
- ⦿ is in the public interest (including the best interests of adults, who are or may be being harmed).

The slide features a decorative border of autumn leaves at the bottom and a gavel icon next to the central text.



## 5. ASP05

### 5.1 Reporting harm and barriers to disclosure

Reporting harm and barriers to disclosure

Recording

Case recording is essential in care homes. To make sure staff are doing this well, follow these standards for good practice in record keeping:

- Record adequate, relevant and personal information which clearly distinguishes fact and opinion. It should contain enough detail for its purpose, without being excessive. ✓
- Record information following procedures at each stage of the process, including public information to residents and their representatives, and about consent. ✓
- Ensure limitations on information sharing identified by the resident or their family are flagged both on the consent form and documented in relevant case notes. ✓





## 5.2 Untitled Slide

Reporting harm and barriers to disclosure

Recording

Case recording is essential in care homes. To make sure staff are doing this well, follow these standards for good practice in record keeping:

- Keep accurate records of what information has been disclosed to whom, the source of the data disclosed, and the date on which it was disclosed. ✓
- Record full details about information disclosed without consent, the reasons for the decision to disclose, the person who authorised the disclosure, if different than the staff member concerned, and to whom the information was disclosed. ✓
- Other professionals may request that information supplied by them be kept confidential from the resident. These requests should be recorded, along with the outcome, and the reasons for taking the decision. ✓



### 5.3 Untitled Slide

The infographic is titled "Reporting harm and barriers to disclosure" and "Handling disclosures". It features a central orange board with several white and green sticky notes and speech bubbles. The board is decorated with autumn leaves at the bottom. The notes provide guidance on how to handle disclosures, including asking questions, listening, and taking notes.

**Reporting harm and barriers to disclosure** **Handling disclosures**

**When someone discloses harm, you should:**

- Ask the person what happened and listen
- Ask the person questions to obtain relevant information
- Remember, this may be the only opportunity as the resident may have a poor memory.
- Restrict your questions to one interview
- Take a note of points to remember
- Try and avoid leading questions - possible open questions include:
  - Who?
  - How?
  - What?
  - When?
  - Where?

## 5.4 Untitled Slide

Reporting harm and barriers to disclosure

Handling disclosures

Do

✓

- Stay calm and listen carefully
- Reassure person, show sympathy & concern
- Explain what you are going to do
- Report to your line manager
- Write the facts of what you have been told

Don't

✗

- Make judgements, appear shocked, horrified or angry
- Give assurances or promises to keep secrets
- Confront or contact the alleged perpetrator
- Press the individual for details
- Remove forensic evidence

## 5.5 Untitled Slide



## 5.6 Untitled Slide

Reporting harm and barriers to disclosure

Consult Management


There are circumstances that should be discussed as soon as possible with your line manager, supervisor or suitable alternative manager. Consult management about:

- Consent and capacity issues, and duty to inform under the Act;
- If a medical examination needs to take place and whether delay may jeopardise securing vital evidence;
- Whether the adult at risk needs to be removed to a place of safety;
- Whether immediate action would cause more distress or pose greater risks to the adult.

All actions and decisions **MUST** be recorded.

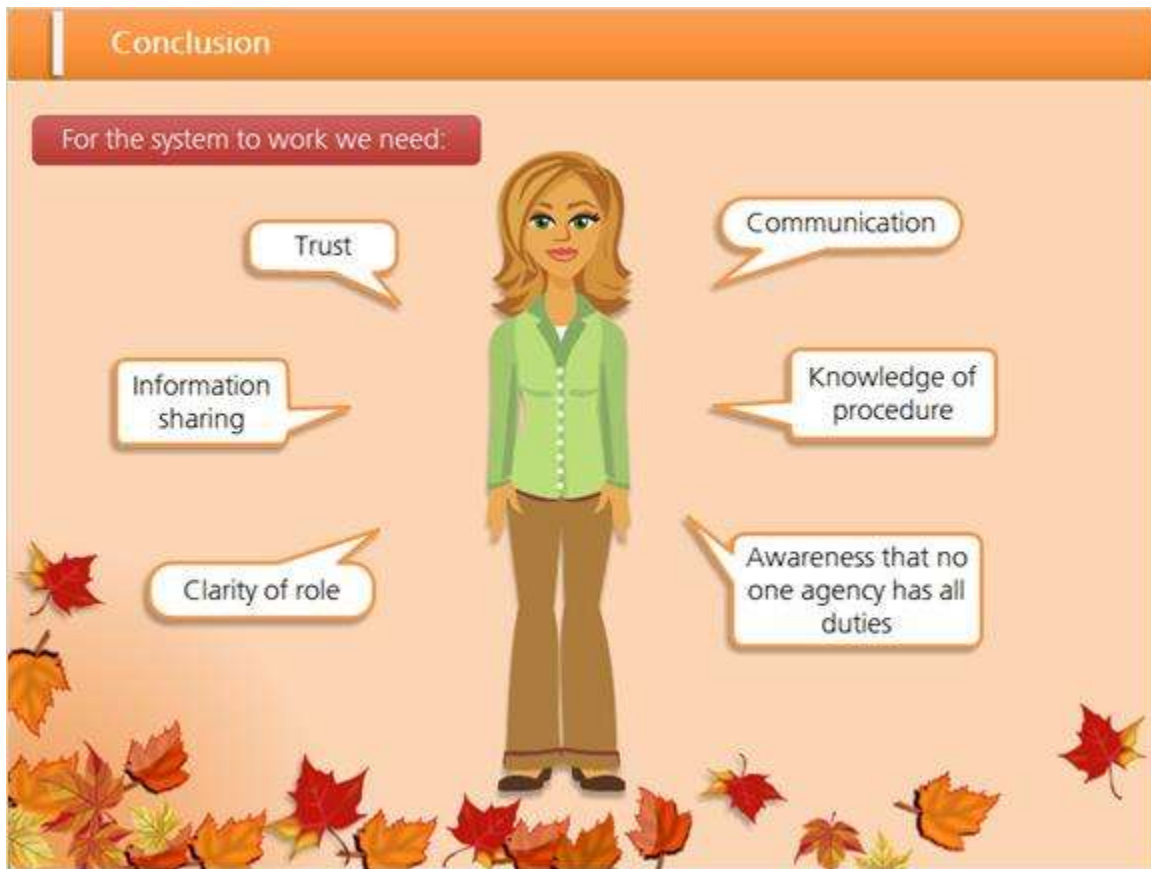


For more guidance on reporting and recording, please see our Records Keeping Course





## 5.7 Conclusion





## 5.8 Untitled Slide

