Child Protection/ Adult Support and Protection Interface Guidance

Issued by East Ayrshire Adult Protection Committee
and East Ayrshire Child Protection Committee

January 2018
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### Agency Gatekeepers

The Lead Officer of the Adult Protection Committee will take overall control, update and distribution of this Guidance on behalf of the EAAPC & EACPC via the Adult Protection Unit of East Ayrshire Health & Social Care Partnership.
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1. Preface

The East Ayrshire Chief Officers Group (Child, Adult and Public Protection) are delighted to endorse this multi-agency guidance for Child Protection/Adult Support and Protection Interface with thanks to both North Ayrshire Adult and Child Protection Committees for use of their Interim Guidance.

Keeping the child at the centre of assessment, planning and review is a core component of Getting It Right For Every Child (GIRFEC). Our commitment to this approach extends from pre-birth into adulthood and it is absolutely fundamental that we maintain our focus on promoting, supporting and safeguarding the well-being of every individual who may require the support of services, regardless of age or circumstance.

It is critical that our policy and legislative landscape is carefully navigated in order to offer the best pathways for individuals; one which promotes improved outcomes; which has the best interest of the individual at the heart; and one which is developed and delivered in full partnership with the individual and their support network.

The transition from childhood into adulthood can be daunting for all. For any young person who might require additional support, it becomes critical that this transition is fully supported by excellent planning. Whether there are existing vulnerabilities or whether new concerns arise during this period in a young person’s life, we must be clear in our objective to offer the very best service possible.

Thus, we commend this guidance document to all who plan, manage and deliver services in East Ayrshire, in order that we continue to work collectively to promote, support and safeguard the well-being of all children, young people and adults.

Fiona Lees
East Ayrshire Council
Chief Executive

John Burns
NHS Ayrshire & Arran
Chief Executive

Paul Main
Police Scotland
Divisional Commander

Kate Thompson
Independent Chair
East Ayrshire Child Protection Committee

Alex Davidson
Independent Convenor
East Ayrshire Adult Protection Committee
2. **Equality and Diversity**

East Ayrshire Child Protection Committee and East Ayrshire Adult Protection Committee promotes equal access and opportunities to all individuals. All partners are committed to treating people respectfully, fairly and equally and to tackling discrimination in all of its forms. No one should be discriminated against on the basis of race, ethnicity, disability, sexual orientation, religion, gender or age. All partners within both Committees value diversity and actively challenge discrimination and prejudice. Those who participate in services should be listened to and respected and should have access to services which are fair, consistent and accessible to everyone, irrespective of their race, ethnicity, disability, gender, age, religious belief or sexual orientation.

3. **Who is this Guidance For?**

This guidance is designed primarily to support both adult and children’s services in working effectively to promote, support and safeguard the well-being of children, young people and adults. This will include everyone involved in delivering GIRFEC and those supporting adults. The guidance will be particularly relevant for those working in situations where concerns about the well-being of both adults and children may arise, and particularly those working with young people moving between child and adult services.

4. **Purpose of this Guidance**

The purpose of this guidance is to highlight some examples of potential child protection/adult support and protection interface situations and provide guidance for practice. The term *interface* in this context is used as an umbrella term to describe any situation where there are either potential concerns about the well-being or safety of both an adult and a child; and situations involving young people aged 16 to 18 years (and, in certain circumstances young adults aged up to 25 years).

5. **The Context for Child Protection**

The National Guidance for Child Protection in Scotland (2014) provides a national framework for best practice in the protection of children, within which agencies and practitioners can understand and agree processes for working together to promote, support and safeguard the well-being of children. This national guidance is used to inform local child protection procedures which set out the detail of the means by which services work to protect children and young people from harm. The West of Scotland Inter-agency child protection procedures provide detail of agency response and responsibilities and these, in turn, inform single agency child protection procedures.

Child protection sits within the wider GIRFEC landscape and there are a number of relevant pieces of legislation which inform, impact upon and make provision for, the protection of children and young people. The three principle pieces of legislation are:
- The Children (Scotland) Act 1995;
- The Children’s Hearing (Scotland) Act 2011 and
- The Children and Young People (Scotland) Act 2014 (partially in force)

The primary mechanism for the application of legislation to protect children and young people is the Children’s Hearing System.

All of the above is underpinned by the UN Convention on the Rights of the Child.

Child protection means protecting a child from child abuse or neglect. These are forms of maltreatment of a child and can occur by someone inflicting, or by someone failing to act to prevent, significant harm to a child. The main types of abuse include physical abuse, sexual abuse, emotional abuse and neglect. Most child abuse and neglect happens in a child’s living situation, perpetrated by those responsible for looking after the child.

Effective protection of children includes protecting them both from further harm (ie from something in addition to that which has already occurred) and from risk of harm. Therefore, child protection procedures apply equally in situations where abuse or neglect has not happened, but where an assessment indicates there is a likelihood of significant harm.

Children require child protection plans in circumstances where there is a risk of significant harm and there is a familial link in relation to this harm. That is, where parents/carers would be unable to protect the children from significant harm without a child protection plan being in place.

If a child requires a child protection plan, their name is placed on the child protection register – a locally maintained list of children and young people who are at risk of significant harm.

Child protection plans – which are to be incorporated into the Statutory Child’s Plan when the provisions of the 2014 Act are fully in force – are formally reviewed at a review child protection conference every three months. When the risk has sufficiently reduced and a child protection plan is no longer required, the child’s name is removed from the child protection register. Depending on the ongoing needs of the child, they may still require a Statutory Child’s Plan.

All of the above are managed through local child protection procedures. These procedures apply to children from pre-birth stage until they attain the age of 16 years.

We have responsibilities for the protection of children and young people which extend beyond the formal child protection process outlined above.
These responsibilities apply in the following types of circumstances:

1. Children and young people who are at risk of harm either through their own behaviour or from sources out with the family. Examples include online safety, child sexual exploitation, self-harm, running away going missing and substance misuse.

2. Young people over the age of 16 years.

In relation to those who may fall under (1) above, where such risk is identified, as with other child protection concerns, it is important that a multi-agency response is mobilised and a support plan identified to minimise future risk. Consideration should be given to whether use of the Child Protection Procedures would still be appropriate or that the Care & Risk Management (CARM) procedures could be used to address the identified risks. Consideration should also be given to whether Compulsory Measures of Supervision might be required if this would benefit the plan for the young person. The key test for triggering these processes should always be the level of risk to the individual child or young person and whether the risk is being addressed, not the source of risk.

In relation to those who may fall under (2) above, the appropriate response will depend on a number of factors such as the type of harm, the source of harm, existing protective factors and the views and wishes of the individual. The starting point should always be early identification of potential harm, multi-agency information sharing and assessment and open dialogue with the young person. CARM procedures should be considered for young people 16-18 years and up to 21 for those who have been previously accommodated by the local authority.

6. The Context for Adult Protection

Legislative responsibilities in relation to the support and protection of adults at risk of harm are contained within the Adult Support and Protection (Scotland) Act 2007. The revised Code of Practice April 2014 for the aforementioned act recognises the need to pay particular attention to the needs and risks experienced by young people in transition from youth to adulthood and states in relation to young people in transition “There will need to be robust systems in place for the sharing of information and if necessary transfer of responsibilities between agencies and services. In addition, there are two other Acts which provide provision in relation to the support and protection of adults, these are; the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

All three Acts have similar principals, including that any use of legislation must:

- Provide benefit to the adult, be necessary and be the least restrictive option for the adult.
- Take into account the past and present wishes of the adult, where this can be ascertained.
- Ascertain the views of relevant others.
- Respect the adult’s individual abilities, background and characteristics.

- Ensure the adult is not treated less favourably that any other person who does not meet the criteria for an ‘Adult at Risk of Harm’ would be treated in a comparable situation.

**An adult (aged 16 or over)** is only considered to be an Adult at Risk of Harm in relation to the Adult Support and Protection legislation if they meet all of the following three criteria:

1. They are unable to safeguard their own wellbeing, property, rights or other interests, and;
2. are at risk of harm, and;
3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, they are more vulnerable to being harmed than adults who are not so affected.

This Guidance is complemented by the West of Scotland Inter-Agency, Adult Support and Protection Practice Guidance and local single agency Adult Support and Protection Policy, Practice Standards and Operational Procedures.

Anyone can make an Adult Support and Protection referral for themselves, or an adult they know or believe to be at risk of (any type of) harm, including self-harm. However, all staff employed by Police Scotland, the Local Authority or the NHS Board have a legal duty to refer any adult they think might meet the ASP criteria.

In East Ayrshire, all ASP referrals submitted, receive an ASP Inquiry to establish the circumstances and confirm the adult meets the ASP criteria. Even where the ASP criteria are not met, other appropriate supports can be considered out with the context of ASP.

If the Case requires to proceed to the next stage – an ASP Investigation is undertaken, including a full risk assessment. The needs of the Adult and any Carer they might have, is considered.

Where appropriate, a multi-agency ASP Case Conference will be convened for all relevant parties to meet (the adult and any key personal supporters – e.g. Carer, friends, family etc. will usually be invited to this Conference) to discuss the best way forward. A Protection Plan will be developed, detailing who will do what and when.

While the person remains under the auspices of ASP legislation, a 3 monthly Review will normally be undertaken to update on progress and adjust the Protection Plan as necessary.

The ASP Act allows for 3 types of Protection Order to be applied (to the Court) for:

- Assessment Order (to gain access to the adult to conduct an assessment of their circumstances)
- Removal Order (temporarily remove the adult to a place of safety)
• Banning Order (temporary or permanent) – to ban identified individuals from the adult for a period of up to 6 months (further Banning Orders can be applied for at the end of the 6 months if required)

In line with the legislative principles Protection Orders should only be applied for in incidents of serious harm and when workers have clearly demonstrated all other reasonable options for support and protection have been exhausted.

Although an Adult at Risk only meets the legal threshold when they are 16 years old there are provisions in the legislation to make a child subject to a Banning Order. It is expected that where any Council Officer is giving consideration to applying for a Banning Order in relation to a child this should have included information sharing and joint decision making with children and families colleagues. This will ensure full consideration is given to whether a referral should be made to the Children’s Reporter.

Where a Banning Order which has an attached power of arrest has been granted by a Sherriff, Police Scotland are required to notify the Reporter of any such order they receive and must when detaining a child, where practicable and without delay, give intimation to any person known to have parental responsibilities and rights. It would be expected that Police would share this information as part of communication standards within East Ayrshire and that if practice in this Guidance is followed, relevant workers from child and adult services would already be aware of this and a support plan should already be in place for all affected by this intervention.

**KEY PRACTICE MESSAGE**

The introduction and eventual implementation of the Children and Young People (Scotland) Act 2014 does not change current child or adult protection procedures nor affect the associated responsibilities of services and professionals working with children and young people. The Police and/or Social Services should continue to be contacted immediately where a child or young person is perceived to be at risk of significant harm. All professionals involved in the child or young person’s care and those who will become involved as the child moves into adulthood will assist in transition planning for the child moving into adulthood on the basis that they will have an overview of the child and the issues affecting them. It is crucial therefore that all professionals are involved in and consulted in relation to any plan for the child or young person.

7 **Transitional Arrangements**

Where a young person who is known to services is approaching their 16th birthday, thoughts should be turning to the transition into adulthood and what that means for the young person and the service. It would be prudent for professionals to be thinking about this in advance of the young person’s birthday as provisions may require to take effect immediately after they turn 16. It will depend on the circumstances as to how long in advance preparations will require to be made. Appendix 1 provides a flow chart to assist in the transitions process.
In East Ayrshire there is an expectation that all 15 year olds with identified additional needs that may require the support of adult services will be presented to the Transitions Forum to ensure that there is an early engagement with young people and families and important steps to achieving a successful transition are built into plans. To request a Referral Form for the forum or for further information, email: H&SCPTransitionsForum@east-ayrshire.gov.uk

The Rights of the Young Person

Generally speaking, where a young person turns 16, they will have the right to make their own decisions. Those holding parental rights and responsibilities in relation to the young person (whether that be parents or carers) will only have the right to provide guidance to the young person post 16. If a Local Authority holds a Permanence Order, the young person has a right to be supported by having their wellbeing assessed and access to appropriate services in place. It may be that those involved with the young person are unhappy with the choices they are making, but generally speaking, there is little that can be done if the young person has the capacity to make decisions and does not fall within the definition of an ‘Adult at Risk’ in terms of the Adult Support and Protection (Scotland) Act 2007. Of course, if the young person is behaving in a criminal manner, the matter should be referred to the Police. Where a Compulsory Supervision Order is in place, however, the Children’s Hearing will still be able to make decisions in relation to the young person. In the case of a looked after child, ongoing support should continue to be offered post 16 and for those that have been accommodated there will be responsibilities of ‘continuing care’ under the Continuing Care (Scotland) Order 2015 and the Continuing Care (Scotland) Amendment Order 2016 to be considered and the general duty to provide guidance and assistance in terms Section 29(1) of the Children (Scotland) Act 1995. Care Leavers have a right to assistance and advice from a Local Authority up to their 26th birthday.

Adults with Incapacity

A young person should be regarded as having capacity to make decisions unless there is evidence to the contrary. However, where there are concerns in relation to the capacity of the young person to make decisions in relation to his/her welfare and/or finances, consideration will be required in relation to whether an order under the Adults with Incapacity (Scotland) Act 2000 is required in order to make decisions. Discussion should take place among all involved services (child and adult services) in relation to any risks that may be around for the young person and any decisions that will require to be made in relation to the young person when he/she turns 16. A decision should be reached in relation to whether an order under the 2000 Act, whether that be a Welfare and/or Financial Intervention Order or a Welfare/Financial Guardianship Order should be pursued. Whilst a decision may require to be made prior to the young person turning 16, in terms of East Ayrshire Council procedures, a decision to seek an order under the 2000 Act can only be made at an Adults with Incapacity Case Conference. Of course, it may be that family members, carers or indeed anyone claiming an interest, wish to take on the role of Intervener or Guardian and they should be encouraged to seek legal advice in this regard at the earliest opportunity. If this is not the case, however, responsibility will fall to the local authority to make an application, either to appoint the Chief Social Work Officer, external accountant, or a solicitor in private practice depending on the nature of the order.
Section 79A of the 2000 Act makes provision for an application for Guardianship to be made, and indeed granted, up to three months prior to the young person turning 16, albeit the order will not come into force until their 16th birthday. For further details all practitioners should refer to the *East Ayrshire Adults with Incapacity Guardianship Practitioner Guidance* July 2017.

This provision in useful in bridging the gap and allowing the transition between childhood and adulthood to be as seamless as possible.

**Adult Support and Protection**

Of course, it is not only young people who lack capacity who are at risk of harm. In terms of the Adult Support and Protection (Scotland) Act 2007, an ‘Adult at Risk’ includes people aged 16 or over with a disability, illness or physical or mental infirmity, which makes them more vulnerable to harm (whether that be harm from another person or self-harm) than those without such conditions. Section 3 of the Act states:

(2) ‘An adult is at risk of harm for the purposes of subsection (1) if –

(a) another person’s conduct is causing (or is likely to cause) the adult to be harmed, or

(b) the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

Similar to the process detailed above in relation to Adults with Incapacity, there should be liaison among all involved services and Adult Services to ensure that all relevant information is available to Adult Services. Should there be concerns that the young person is an ‘Adult at Risk’ in terms of the Act, an Adult Support and Protection Case Conference should be convened to consider whether the young person meets the three point test detailed in Section 3(1) of the Act and if so, whether an order under the Act is appropriate.

There will be cases where the young person clearly meets the test of being an ‘Adult at Risk’, but where none of the protection orders available under the Act are appropriate. In such cases, the young person should be recorded as an ‘Adult at Risk’ and the case should be monitored and reviewed under existing care planning arrangements. Alternatively, where it is deemed appropriate to seek an order under the Act, whether that be an Assessment Order, Removal Order or Banning Order, liaison should take place between Adult Services and Legal Services, although, generally speaking Legal Services would be in attendance at the Case Conference.

It should be noted as detailed in section 6 of this guidance that a child cannot meet the criteria as an adult at risk therefore there is no provision for seeking an order on their behalf under the Adult Support and Protection Act prior to the young person turning 16. Having said that, should there be sufficient transition processes in place, there is nothing to prevent an application being made on the young person’s 16th birthday. This means that there is likely to be a gap between the young person turning 16 and an order being granted and as such, support should be offered in the meantime and the case should be closely monitored. Nevertheless, given that the Act makes provision for temporary orders which can be granted without notice being given to the
parties, it would be possible for an order to be granted shortly after the young person turns 16. Unlike orders under the Adults with Incapacity Act, an order under the Adult Support and Protection Act can only be sought by the local authority.

There will be cases where the young person is clearly at risk, but does not meet the three point test. Situations like this can be frustrating for workers involved as no action can be taken under the Adult Support and Protection legislation. In such cases, if no other legislation is appropriate, the young person should be encouraged to engage with services with a view to alleviating the risk. If a young person has capacity and does not meet the criteria of being an ‘Adult at Risk’, but is fearful of someone else, they should be supported by the relevant service (whether that be Children and Families or Adult Services, depending on whether the case has transferred) and encouraged to seek independent legal advice, to safeguard themselves.

**Getting It Right For Every Child (GIRFEC)**

As children and young people progress on their journey through life, some may have temporary difficulties, some may live with challenges and some may experience more complex issues. Sometimes they – and their families – are going to need help and support.

No matter where they live or whatever their needs, children, young people and their families should always know where they can find help, what support might be available and whether that help is right for them.

The *Getting it right for every child* approach ensures that anyone providing that support puts the child or young person – and their family – at the centre.

*Getting it right for every child* is important for everyone who works with children and young people – as well as many people who work with adults who look after children. Practitioners need to work together to support families, and where appropriate, take early action at the first signs of any difficulty – rather than only getting involved when a situation has already reached crisis point.

This means working across organisational boundaries and putting children and their families at the heart of decision making – and giving all our children and young people the best possible start in life.

Getting it right for every child means that all practitioners who come into contact with children and/or parents and carers in the course of their work need to cooperate together to meet children and young people’s needs.

To assist practitioners to do this, a common set of principles and values has been developed which apply across all aspects of working with children and young people. Developed from knowledge, research and experience, they reflect the rights of children expressed in the ‘United Nations Convention on the Rights of the Child’ (1989) and build on the Scottish ‘Children’s
Charter’ (2004). They are reflected in legislation, standards, procedures and professional expertise.

The principles of Getting it Right for Every Child should be followed whenever any support is being given to any child or young person and everything should be done to ensure that we seek the views of those children and young people; their carers or parents; and that we share information with the child’s named person and lead professional.

The GIRFEC Practice model should be used, in conjunction with the National Guidance for Child Protection in Scotland 2014 to provide the appropriate proportionate support at the right time; by the right person with the appropriate skills and resources.

For more information please see the East Ayrshire GIRFEC Website at https://www.east-ayrshire.gov.uk/SocialCareAndHealth/Getting-it-right-for-every-child/Getting-it-right-for-every-child-(GIRFEC).aspx

Child’s Plan

The Children & Young People (Scotland) Act 2014 requires local authorities to make a Statutory Child’s Plan for children who have a wellbeing need which cannot be met without the provision of ‘targeted intervention’ and it is considered that the need can be met by the provision of one or more targeted interventions. These provisions of the Act are only partially in force at present. ‘Targeted intervention’ is defined in Section 33(4) of the Act as a service which-

(a) is provided by a relevant authority in pursuance of any its functions, and

(b) is directed at meeting the needs of children whose needs are not capable of being met, or met fully, by the services which are provided generally to children by the authority.

It should be noted that a Statutory Child’s Plan is required for all children who fall within the above criteria, irrespective of whether they have any other type of plan in place. The Statutory Child’s Plan relates to the child’s overall wellbeing. There are arrangements for children who are in the Armed Forces and the National Guidance for Child Protection provides the detail of this.

It is hoped that the introduction of the statutory child’s plan will improve outcomes for children in respect of their wellbeing on the basis that a single statutory plan will be in place for every child requiring one. It should also help to streamline the planning process, ensuring a single planning framework is in operation across children’s services, which will allow resources to be better utilised and targeted. It is also anticipated that the introduction of the Statutory Child’s Plan will assist the transition process for children moving into Adult Services in that transition will be part of the planning process and it will ensure that key information can be shared more easily.
8 Interface between Adult and Child Protection

The term *interface* in this context is used as an umbrella term to refer to a range of situations relating to links between child protection and adult support and protection.

This section of the guidance sets out some key examples of interface issues across different levels including strategic planning, policy and practice and the next section expands upon the practice element by outlining a series of case examples drawn from local experience.

**Governance, accountability and oversight**

East Ayrshire Child Protection Committee and East Ayrshire Adult Protection Committee are each accountable to the East Ayrshire Chief Officers – East Ayrshire Council Chief Executive, NHS Ayrshire & Arran Chief Executive and Divisional Commander Police Scotland.

The East Ayrshire Chief Officers Group (Child, Adult and Public Protection) governs arrangements for child protection, adult support and protection, MAPPA (multi-agency public protection arrangements), Alcohol and Drug Partnership and Violence Against Women Partnership. The group meets quarterly to scrutinise, support and guide these areas of business. The group will also consider the links between these areas to ensure these are effective and collaborative.

**Strategic Planning**

The aim of public protection is to reduce the harm to children and adults at risk. Public protection requires agencies to work together at both a strategic and operational level to raise awareness and understanding, and co-ordinate an effective response that provides at-risk individuals with the support needed to reduce the risk in their lives.

East Ayrshire Child Protection Committee and East Ayrshire Adult Protection Committee lead on strategic planning for child protection and for adult support and protection respectively.

There are strong links between both Committees such as shared members, liaison between the Chairs and co-location of the lead officer for each Committee. Opportunities are taken for joint working on a regular basis – particularly around awareness raising and learning and development.

This guidance document was co-produced by both Committees and is a concrete example of collaboration between these Committees to address strategic and operational challenges.

**Significant Case Reviews**

Both Child Protection Committees and Adult Protection Committees are responsible for commissioning Significant Case Reviews in particular circumstances. Significant Case Reviews
are a multi-agency process for establishing the facts of, and learning lessons from, a situation where a child or adult has died, or has not died but has sustained significant harm or risk of significant harm (in the case of a child) or suffered a life threatening injury (in the case of an adult). Very specific criteria apply in order to determine whether a case is “significant” and, following notification, the process begins with an Initial Case Review. Initial and Significant Case Reviews should be seen in the context of a culture of continuous improvement and should focus on learning and reflection on day-to-day practices, and the systems within which those practices operate.

Where a notification for an Initial Case Review (ICR) for a young person aged 16-17 years, is made to East Ayrshire Child Protection Committee, the Chair of the Child Protection Committee should contact the Chair of East Ayrshire Adult Protection Committee to discuss the notification and agree how the ICR notification will proceed.

Where a notification for an Initial Case Review for a young person aged between 18 and 25 years who is eligible for receipt of aftercare or continuing care from the local authority is made to East Ayrshire Adult Protection Committee, the Chair of the Adult Protection Committee should contact the Chair of East Ayrshire Child Protection Committee to discuss the notification and agree how the ICR will proceed.

Child protection investigation

When a child protection investigation is undertaken, whilst the child should remain the primary focus, staff must actively consider the needs of all of the adults involved in order to determine whether they may require support and/or protection.

Staff must also check whether any adult has had previous involvement in adult support and protection processes, and this should form part of the assessment. Further joint assessment with adult services may be indicated.

This should be recorded on the child protection investigation paperwork (known as the CP1).

Adult protection investigation

When an adult protection investigation is undertaken, staff must actively consider the needs of any child within the household and any child for whom a vulnerable adult has caring responsibilities.

Staff must also check whether there have been any previous child protection concerns about any relevant child. Further joint assessment with children’s services may be indicated.

This should be recorded on the adult support and protection investigation paperwork (AP1) which accommodates this.
Regardless of the identification of child protection concerns, in situations where there is a child
within the household or where the adult has caring responsibilities for a child, staff must
consider whether they require to share any information with services involved with the child. If
so, this must be done promptly and staff must record what information they have shared on the
child’s record. Consideration of what information can be shared should involve discussion with
the child/young person and their family and staff should be clear with families about why they
wish to share particular information.

Training

Staff in children’s services must access adult support and protection training to ensure they are
clear of their responsibilities in this area, understand the legal criteria of the three point test and
know what to do if they have a concern about an adult.

Staff in adult services must access child protection training to ensure they are clear about their
responsibilities in this area, understand the definition of a child’s well-being and know what to do
if they have a concern about a child.

Each service is responsible for assessing the learning and development needs of the various
staff groups for whom they are responsible and for ensuring such staff access training to meet
those needs.

Joint Working

Staff in both children’s and adult’s services must regularly seek advice from each other in
relation to children and adults at risk.

Staff in both children’s and adult’s services will on a case by case basis be required to work
jointly if there is an overlap between child and adult protection investigations and protection
plans. Decisions about cases where joint working is indicated will be jointly made through the
relevant Team Managers and Senior Managers.

Evaluation and improvement

East Ayrshire Child Protection Committee and East Ayrshire Adult Protection Committee both
have an evaluation and improvement strategy and both have a subgroup responsible for
evaluation and improvement.

While the focus of this activity is specific to child protection and adult support and protection
respectively, the findings from evaluation activities is shared across both Committees in order to
maximise learning and identify any shared priorities for improvement or opportunities for joint
working. All such findings are also routinely reported to the East Ayrshire Chief Officers Group
(Child, Adult and Public Protection).
9. Practice Examples

The practice examples given in this section aim to help workers identify the range of circumstances where “interface” issues may arise. Good practice in response to these situations is also outlined with reference to child and adult protection procedures.

The overall importance of excellent communication and keeping each other informed on an ongoing basis in all of the cases outlined, cannot be overstated.

None of the ‘Initial Response’ or ‘Follow Up’ sections which follow the Case Studies are exhaustive and are examples of good practice, which should be built upon as appropriate - in relation to the real life individual cases being dealt with.

For adults, for each ASP referral which is progressing beyond ASP Inquiry, the use of an Advocate must be considered. If the Adult at Risk of Harm has a mental health condition diagnosis, independent Advocacy must be facilitated, but does not have to be used if the Adult does not wish this. It is an expectation that workers will record details of their attempts to provide this and the reasons for refusal.

The circumstances described are all based on real stories which have been anonymised.

9.1 A child or young person may act in ways that are harmful to an adult.

**Case Example 1:**

AB is 72 years old had her granddaughter (aged 15 years), who normally resided with her Aunt, staying at her house frequently, normally at weekends when she would take over the house and party with her friends.

On two occasions, AB attended her GP with bruising which had occurred during altercations with her granddaughter. A neighbour had also contacted housing services to complain about the noise generated when the granddaughter was playing music loudly late at night.

Despite concerns raised to AB about her safety and protection over a number of months, AB would not recognise the risks posed to her by her granddaughter’s behaviour.

One evening, AB’s granddaughter pushed her down her stairs, causing a significant head injury. By this point, the adult's home was not safe to inhabit – due to damage done by the granddaughter and her friends. The Police attended this incident. After this AB accepted a place of safety under ASP and eventually chose to move to a Sheltered Unit out of her local area.
In this case there are concerns that the grandmother may be vulnerable to abuse perpetrated by the young person and concerns about the young person’s well-being in relation to the behaviour she is presenting and the level of care she is afforded by those responsible for looking after her.

**Initial Response**

- Even though the grandmother does not initially appear to recognise her own vulnerability and the risks to her, an ASP referral should be made on behalf of the adult if they meet the ASP criteria.
- A Police Concerns Report for both the grandmother and the young person would be completed by officers attending the incident and routed to relevant services via the Police Concerns Hub.
- Checks should be made on whether the young person is known to social services; subject to any statutory measures and who has parental rights and responsibilities in respect of her.

**Follow up**

- In respect of the grandmother, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.
- If the grandmother does not view herself as being at risk of harm and is assessed as having capacity in relation to fully understanding this viewpoint, that does not mean that offers of support and assistance should not still be offered via ASP. The revised Code of Practice for the ASP Act makes it very clear that the fact an adult does not view themselves as at risk of harm, does not diminish a ‘Duty of Care’ or automatically signal the end of the ASP process. Other legislation can also be explored – e.g. Mental Health Care and Treatment Act.
- If the grandmother has capacity in relation to the decisions she has taken and agrees with the progression to ASP Investigation then matters will be progressed via Adult Support and Protection legislation.
- If the grandmother lacks capacity in relation to the decisions she is making regarding her situation, then matters can be progressed as necessary using adult support and protection legislation, if she meets the three point test. Other legislation – including the Adults with Incapacity Act, can also be considered, as required.
- An assessment of well-being in relation to the young person should be undertaken. This might be led by someone in universal services who knows the young person, such as the Head teacher at the school, or it may be more appropriate for social services to lead the assessment.
• If the young person is assessed as vulnerable due to behaviour they are exhibiting (such as alcohol misuse or offending behaviour) her needs could be considered via an assessment and Child’s Plan led by social services. This could include convening a Team Around the Child meeting (TAC) and consideration of Care and Risk Management procedures if there is an assessed risk of significant harm to themselves or others.

• Consideration should be given to whether the child should be referred to the Children’s Reporter, if this has not already been done by police at the time of the incident or at earlier stages in the process of assessing well-being.

• The grandmother may need additional support and services to meet her needs including support from friends or relatives if this is available, while any investigation or assessment is ongoing.

• If an investigation establishes the need for a multi-agency meeting for either the grandmother and/or the young person, separate meetings will be held for each to establish the need for a protection plan / statutory child’s plan if there isn’t one already.

• Each multi-agency meeting should include representatives that can provide a holistic view of circumstances from both the grandmother and the young person’s viewpoint.

• If core groups are established to implement plans for the grandmother and / or the young person then there should be representation from the young person’s TAC group on the grandmother’s core group and vice versa.
9.2 An adult at Risk of Harm is identified as being a potential risk to a child

![Case Example 2:](image)

CD was a 68 year old man who resided alone. Older People Services were involved in a care management role and a support package was in place.

CD was initially referred as an adult at risk in terms of ASP legislation. Concerns were raised over local youths frequenting his home and possible financial exploitation against him taking place. One particular male (aged 13 years) was visiting regularly, who was identified as a young person from a residential children's unit.

Following extensive investigation by Older People Services along with communication with other agencies such as Police Scotland and an ASP Case Conference, it was identified that CD may be a perpetrator of sexual harm to children and a risk to children, rather than a victim of financial harm.

The Pupil Support Service who were already providing additional support for learning to this young person, and had a good relationship with him, undertook some direct work jointly with the Children’s Unit keyworker. This led to the young person disclosing information that indicated grooming behaviour on the part of CD.

In this case, there were initial concerns about the vulnerability of this man to exploitation by a group of young people and intervention to assess these concerns has identified child protection concerns about a vulnerable young person.

**Initial Response**

- ASP processes for adults should consider the circumstances of any children involved and an appropriate referral made in relation to the child where this is necessary.
- This young person should be considered as vulnerable to child sexual exploitation and child protection procedures should be implemented through an Initial Referral Discussion (IRD) with the police and health colleagues.
- As this young person is accommodated in a children’s unit, he will have a Statutory Child's Plan which is managed through LAAC processes. A review of the child’s Statutory Child’s Plan should be organised immediately in order to take account of emerging risks in relation to sexual exploitation.
Follow up

- Police should be contacted where there is a suspicion that a crime has been committed. This may be undertaken irrespective of whether adult protection processes are being implemented.
- Liaison with police would occur at the outset of every child protection investigation through the IRD.
- The assessment undertaken during the child protection investigation should be used to inform the review of the existing Statutory Child’s Plan and recommend whether a Child Protection Case Conference is required.
- The Statutory Child’s Plan will need to take account of emerging needs for this young person in relation to vulnerability to child sexual exploitation.
- Additional guidance on child sexual exploitation, including a screening tool, is available at: https://www.east-ayrshire.gov.uk/SocialCareAndHealth/Protecting-people/Child-protection/Child-protection-information-for-practitioners.aspx
- Consideration should be given to whether the young person’s compulsory supervision order requires to be reviewed and, if so, a request for review should be made by the Lead Professional to the Children’s Reporter.
Case Example 3:

EF was a young man (aged 15 years) considered to be vulnerable and identified as having a learning disability. He was very isolated with few positive peer relationships, had very low self-esteem and limited family support. EF displayed sexually problematic behaviour and a multi-agency risk management plan (Childs Plan) was in place to support him. This was monitored through Care and Risk Management procedures, Team around the Child meetings and it was identified that he offered on-going significant risk to himself and others post 16 years. Through ongoing assessment and careful planning, a decision was made that a secure placement was required in order to manage the assessed level of risk for a period. This supported on-going planning post 16 years. Services worked well together to support EF and his sexually problematic behaviour was no longer evident. While family support remained limited, EF did develop some positive friendships and his plan progressed via risk planning through to supported community based accommodation.

9.3 A vulnerable young person is approaching adulthood and is assessed to be likely to remain vulnerable

In this case there are concerns for the well-being of a young person as he moves towards adulthood.

Initial Response

- The case was currently allocated within the system therefore no emergency or urgent action was indicated. However, appropriate transition planning was required.

Follow up

- As part of a planned transition of responsibility for the case from children to adult services the plan should be presented to the transitions forum and the social worker from children and families social work should link closely with the social worker from the identified adult team.
• When members of the Team Around the Child change, it is critical that information sharing and planning around the individual child/young person take place which keeps their needs at the centre and ensures clarity of role/responsibility of all involved.

• As the young person moves towards adulthood, services should attempt to empower him through this transition. Consideration will need to be given, in discussion with the young person and his parents, to his future living arrangements and the possible use of supported living options.

• Consideration should be given as to whether any other legislative intervention is required. This may be in relation to the young person's well-being and/or financial affairs. Such consideration should be made well in advance of the lapse of the supervision order to ensure there is no period where the young person is left unprotected via legislation if for example he lacks capacity and can be protected through an application for welfare guardianship/financial guardianship or financial intervention order through Adults With Incapacity legislation. The Legal Solutions Forum (LSF) is a resource that any practitioner from child or adult services can access to offer peer discussion and advice on cases where there may be a number of statutory options being considered. Information on the LSF and how to book an appointment can be found here. https://www.east-ayrshire.gov.uk/SocialCareAndHealth/Information-and-advice/Mental-health/Legal-Solutions-Forum.aspx
9.4 An Adult at Risk of Harm and a child are both thought to be in need of protection from the same perpetrator.

Case Example 4:

A pre-birth child protection conference was held where it became clear the mother – GH - had already been involved with ASP. An ASP inquiry was conducted, following an ASP Referral from Hospital staff – due to their concerns about GH’s highly distressed presentation at hospital for a minor injury to her hand and her reluctance to go home with her boyfriend’s father. However, initially GH was not considered to meet the ASP criteria as she suffered from no disability, mental disorder, illness or physical or mental infirmity. She did not engage with alternative supports offered to her.

When next concerns were raised, it was clear in terms of ASP, that GH (19 years old and a formally looked after young person) had now developed gestational diabetes as a result of her pregnancy and was continuing to reside with her boyfriend’s parents, despite the boyfriend’s father being sexually inappropriate to her and exerting a great deal of control. Her boyfriend was aware of his father’s behaviours. GH was reported by her GP as showing signs of poor mental wellbeing as a result of the stress she felt under.

As more became known about GH’s circumstances and as she now met the ASP criteria, she was offered support and protection under ASP legislation.

In terms of the pre-birth conference, the previous work undertaken in relation to consideration of ASP meant there was a good understanding of GH's circumstances and the elements of risk the unborn child would potentially be exposed to.

In this case there are child protection concerns about the unborn baby, and adult support and protection concerns about the mother.
**Initial Response**

- An individual must meet all 3 parts of the ASP criteria – Services should keep the circumstances of the adult’s presentation and circumstances under review so that in the event that the three point test is met, action can be taken as appropriate. For example the adult in this case was considered not to be able to safeguard and to be at risk of (sexual) harm – therefore it was only the 3rd part that was not met – i.e;

  *because they are affected by disability, mental disorder, illness or physical or mental infirmity, they are more vulnerable to being harmed than adults who are not so affected*

  The legislation does not require a diagnosed mental illness for example, so as her pregnancy progresses and other issues impacted, her mental health deteriorated and she developed gestational diabetes, thereby meeting all 3 parts of the ASP criteria.

- The child protection assessment undertaken during the pre-birth period should include active consideration of whether any relevant adult has been subject to adult support and protection processes previously and whether any relevant adult may require support and protection in their own right now.

- If both an adult and child protection investigation are envisaged early in the process, then consideration should be given to undertaking these as a joint investigation.

- The safeguarding midwife will have played an active role with the social worker in the preparation of the pre-birth assessment with reference to the Vulnerable Pregnancy Protocol

- The child’s health visitor should be invited to attend the pre-birth conference and any other meetings about the child in preparation for them becoming involved with the baby and its family.

**Follow up**

- In respect of the adult, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.

- If the adult continues not to meet the ASP criteria then offers of support and assistance could be considered via Care Management processes. Additional support and services to meet the adult’s needs and a wider assessment of those needs may be required and if so, these supports should be offered.

- If the unborn baby is placed on the child protection register, a Statutory Child’s Plan, incorporating a child protection plan, should be developed (in preparation for the birth of the baby), delivered and monitored by the core group of staff involved with the family.
(Consideration should have been given at the pre-birth conference on making a referral to the Children’s Reporter on the birth of the child if measures of compulsory supervision are considered necessary).

- If the unborn baby is not placed on the register, a package of support may still be required to meet their needs and a Statutory Child’s Plan may be required following the birth of the baby.

- In either case, the Safeguarding midwife must be involved from the outset of information-sharing, assessment and planning as set out in the Vulnerable Pregnancy Protocol.

- Also in either case, staff involved in developing, delivering or monitoring any plan for the child must include representation from services supporting mum.

- On the birth of the baby, the current circumstances should be reviewed to consider what other supports and measures may be required.

9.5 In meeting the needs of an Adult at Risk of Harm, a risk to children is Identified

Case Example 5:

IJ was a 26 year old female who lived with her four year old daughter. Several ASP referrals had been made due incidents of self-harm, alcohol misuse and unknown strangers entering her home, whilst her child was present. She has a diagnosis of personality disorder.

Concern reports about both the adult and the child were received from Police Scotland in relation to the presenting concerns.

During the ASP Inquiry and Investigation phase, as concerns grew in relation to the Adult at Risk of Harm, potential risks to the child were also highlighted. An ASP Case Conference was convened. Two points of focus: IJ as an Adult at Risk of Harm and her daughter’s wellbeing.

This is a case where an adult has care of a child and the nature of the harm the adult is subjected to (including self-harm) means the child is also potentially at risk of harm.

Initial Response

As a result of the ASP Case Conference, a Protection Plan would usually be developed to support and protect the adult.
Ensure that good communication is immediately established with the appropriate Children and Families Team. Share information regarding the potential risks to the child and consider whether a child protection investigation is required through an Initial Referral Discussion (IRD).

**Follow up**

- In these types of circumstances the assessment of risk/need for the child will be undertaken on a multi-agency basis.
- This assessment may be led by someone from universal services who knows the child and family, such as the health visitor, or it may be led by social services. If child protection procedures are initiated, the multi-agency assessment is always led by social services.
- In either case, all services involved with the family should contribute to the assessment.
- Multi-agency support can be agreed as a result of the ASP Case Conference and any child protection processes which are undertaken. Workers involved in organising and reviewing the support should work closely together to ensure information is shared and a co-ordinated approach is taken. A referral to the Children’s Reporter should be considered as part of the process.

9.6 **In meeting the needs of a vulnerable child, an adult in need of support and protection is identified**

**Case Example 6:**

Mother KL (20 years) cared for her child of 9 months. The child was made subject to a Compulsory Supervision Order and accommodated due to issues of neglect, related to poor home environment and lack of consistent quality care.

Historically, midwifery services noted concerns related to KL’s capacity to retain advice and information. This had been identified as an issue on more than one occasion, as advice and guidance being given by Family Support was not acted on or sustained.

KL was suspected of having dyslexia (not confirmed) and had difficulties in understanding ‘big words’. She was a twin and lived with her sister. This relationship would appear to be weighted towards the needs of the sister. KL demonstrated little understanding of areas where her sister’s choices had been impacting on the care of her child. The sister is currently in a relationship with KL’s ex-partner, who had subjected her to domestic abuse and threats of violence. Concern was raised about KL’s capacity and vulnerability in terms of the adults around her.
This is a case where there are concerns that an adult may be at risk of harm from both her sister and her sister’s partner. Factors linked to these adults have contributed to the child being accommodated in local authority care and continue to impact on planning for the child’s future.

**Initial Response**

- Where child protection concerns exist, the potential requirement for an ASP referral for any adult with an involvement in the case should be considered.

- Meetings arranged by Children and Families in relation to the child should include workers from Adult Services and vice versa.

**Follow up**

- In respect of the adult, initial inquiries under ASP legislation will be made with any involved service, including health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.

- If the adult does not view herself as an adult at risk of harm and is assessed as having capacity in relation to this – this does not mean that offers of support and assistance for the mother via ASP should not be offered, however other legislation – such as the Mental Health Care and Treatment Act could also be considered. If legislation is unhelpful, additional support and services to meet the adult’s needs and a wider assessment of those needs may be required and if so, these supports should be offered.

- If the mother has capacity and is agreeing to the investigation then matters will continue to be progressed via adult support and protection legislation.

- If the adult lacks capacity, then matters will be progressed as necessary using Adult Support and Protection legislation and other legislation as required – e.g. Adults with Incapacity Act.

- This child will have a Statutory Child’s Plan in place. Future planning for the child, such as consideration of returning to the adult’s care, will be linked to the progress of any plan for the adult.

- Only when the adult (the Mum in this case) is safe herself, and able to provide safe care for her child, can a return home be considered. Return of the child would only be done on the basis of a fully assessed rehabilitation plan in conjunction with the Children’s Hearing System (if the child is subject to the Hearing system)
9.7 A child in need of protection is approaching adulthood and is assessed to be likely to remain in need of protection

Case Example 7:

MN (aged 17 years) is subject to child protection registration due to neglect. MN suffers from a serious lung disorder which requires very careful management to prevent this becoming life-threatening.

MN's parents historically have failed to ensure MN receives the correct treatment in a timely manner.

MN has a learning disability and is unable to take full responsibility for her health needs. She is subject to a compulsory supervision order.

MN attends an Additional Supports Needs school and is not due to leave school for 6 months.

MN is now approaching 18 years old and concerns remain about her parent's ability to meet her needs. This transition period for young people can be a risk factor in itself. Careful planning is critical. MN will be subject to a Statutory Child's Plan and the review of this plan must provide sufficient safeguards for her changing circumstances.

In this case there are concerns about the well-being and safety of a young person as she approaches adulthood.

Initial Response

- The case was currently allocated within the system therefore no emergency or urgent action was indicated. However, appropriate transition planning was required.
- The supervision order will lapse when the young person reaches 18 years of age.

Follow up

- Given the previous child protection concerns, the potential risk of significant harm to the young person as she becomes an adult should be closely monitored with a clear date for the transfer of this responsibility negotiated and agreed between children and families and adult services in discussion with the young person and parents as appropriate. The plan should be presented to the Transitions Forum.

- Should a concern be identified at any point during the transition period that the young person is at risk of harm then the allocated social worker(s) should discuss this with the
team manager for the appropriate adult team and the police, if appropriate, to determine if the criteria to progress via Adult Support and Protection legislation are met or whether support and assistance should be offered via other supports or legislation.

- Consideration should be given to the capacity of the young person to manage her welfare or financial affairs. If required, an Assessment of Capacity should be arranged and if appropriate, consideration should be given to progressing issues via Adults with Incapacity (AWI) legislation to safeguard and promote the needs of the young person - this might include a multi-agency AWI Case Conference to agree the best way forward.

9.8 A 17 year old young person who is considered vulnerable is approaching adulthood and has developed significant mental health issues

**Case Example 8:**

OP is 17 years old and comes to the attention of social work services having made an allegation that her older brother sexually abused her. This was investigated by police and children’s services but OP did not want to take it further. OP no longer has contact with her older brother and her parents are supportive of this.

OP is at school and lives at home with her parents and younger siblings. OP has been taking overdoses of paracetamol at school, self-harming by cutting and leaving the school to kill herself. The school are very concerned about her and struggling to manage her self-harm. Her mother has advised services that she is struggling to cope with OP’s distressed behaviour at home in front of her younger siblings. She is considering putting OP out of the family home.

OP has accessed child and adolescent mental health services (CAMHS) in the past. OP appears to be anxious and overly trusting of people. Her capacity to care for herself is in question as well as her ability to live independently.

In this case there are concerns about sexual harm as well as the distressed self-harming behaviour of a young person at school as she approaches adulthood.

**Initial Response**

- The case was not allocated and the Adult Concern Initial Response Team (ACIRT) pick up the initial enquiry under Adult Protection.

- ACIRT liaise with OP’s school, her parents and children and adolescent mental health services to gain information for the AP1.
• OP meets the criteria for Adult Protection and a full AP1 requires to be completed – a
decision needs to be made about whether Children’s Services or Adult Services are best
placed to undertake the risk assessment given that OP is still at school.

Follow up

• A joint adult protection risk assessment should be agreed and undertaken by children
and families and adult services.

• Both services (and CAMHS) should attend the Adult Protection Case Conference.

• OP needs to be fully involved in the adult protection risk assessment and be invited to
attend the Adult Protection Case Conference.

• The Adult Protection Case Conference will determine whether further assessment of
OP’s capacity is required.

• The Adult Protection Case Conference will determine whether the young person requires
to be made subject to a Protection Plan.

• If this young person requires a targeted service, a Statutory Child’s Plan will be
necessary. In such a case, any Protection Plan will be encompassed within the Statutory
Child’s Plan so that only one plan is in place.

• The Protection Plan (encompassed within the Statutory Child's Plan) will be reviewed at
3 months through an Adult Protection Case Conference Review.

• Close discussion between team managers and senior managers from both services
should then identify the best service to support OP in moving forward (i.e. whether
children and families or adult mental health services).

Children’s Services

• Given the sexual harm concerns, the potential risk of significant harm to OP as she
becomes an adult should be closely monitored through the Protection Plan with a clear
date for the transfer of this responsibility negotiated and agreed between children and
families and adult services in discussion with the parents and young person as
appropriate.

• Should further concerns be identified at any point during the follow up period of the
Protection Plan that the young person is at risk of significant harm then the allocated
social worker(s) should discuss this with the team manager for the appropriate adult team
and the police if appropriate to determine if the criteria to progress back to adult support
and protection legislation are met or whether support and assistance should be offered
via other legislation.
TRANSITIONAL ARRANGEMENTS FLOWCHART

Child turning 16

Does child have capacity to make decisions?

Is an order required to make decisions?

yes

no

AWIA Case Conference

Are family members/carers etc willing to act?

yes

no

Private Welfare and/or Financial Intervention Order or Welfare and/or Financial Guardianship

Is subject at risk that has not been alleviated by AWI issues?

no

yes

Social Services to continue to monitor

Application by LA for Welfare/Financial Intervention Order or Welfare/Financial Guardianship

Consider whether subject meets criteria for ASP and if so, follow procedures on right.

no

yes

Children’s Hearing continue to make decisions. Children & Families continue to support as required

Does subject meet criteria for ASP?

yes

no

ASP Case Conference

Is an order under ASP legislation appropriate?

yes

no

Application by LA for Removal Order, Assessment Order or Banning Order as appropriate

Record subject as ‘Adult at Risk’ and monitor

Children & Families continue to support as required.

Children and Families continue to make decisions. Children & Families continue to support as required.
Situations where s.13ZA cannot be used

- where there is a welfare guardian or welfare attorney with powers to make such decisions
- where there is an intervention order authorising the proposed steps
- where an application has been made but has not been determined for an intervention order or guardianship order relating to the proposed steps
- where the Adult expresses any objection to the proposed steps, whether verbally or by other means
- where the Adult has previously expressed a view that would be contrary to the proposed steps
- where either the nearest relative or any other family members do not agree with the proposed steps (positive agreement to be sought rather than reliance placed on absence of objection)
- where there is a disagreement between professionals about the proposed steps

Procedural requirements where s.13ZA is to be used

- the decision is that of the local authority
- there should be a formal procedure regarding decision making under s.13ZA to ensure full consideration is given to all the requirements and that there is consistency of approach
- prior to making any decision under s.13ZA a comprehensive assessment of the adult’s needs will require to have been undertaken
- there will require to be a considered view about the adult’s capacity, as defined in the AWI Act
- the section 1 AWI principles will require to be invoked and the position recorded re:
  - benefit to the Adult (this will need to identify specific benefits to the Adult of the actual proposed placement as opposed to the existing placement or indeed living at home)
  - least restrictive option
  - current views of the Adult
  - past wishes of the Adult
  - views of the nearest relative and primary carer
  - the views of any other person with an interest
- an assessment will need to be undertaken of the extent to which the proposal will deprive the Adult of his liberty. If the proposal is significantly restrictive then the use of s.13ZA may not be appropriate even for the initial move
- where consideration is being given to residential accommodation with nursing care, particular care should be taken to consider the proposed arrangements
- independent advocacy services should be provided for the Adult
- all uses of s.13ZA should be recorded