



## COMMUNITY SAFETY ENGAGEMENT

## SAFEGUARDING POLICY AND PROCEDURE FOR THE PROTECTION OF ADULTS

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## 1. INTRODUCTION

- 1.1 Scottish Fire and Rescue Service (SFRS) actively promotes the welfare and wellbeing of its employees, volunteers and all people whom SFRS personnel encounter during any form of engagement.
- 1.2 Adult Support and Protection (ASP) is everyone's responsibility and SFRS contribute to the protection of 'Adults at Risk' of harm, this is supported by [The Adult Support and Protection \(Scotland\) Act 2007](#) (The Act).
- 1.3 For the purposes of this document, 'An Adult at Risk of Harm' or 'An Adult in Need of Support' is a person aged 16 or over. If SFRS personnel have concerns regarding a child, reference can be found within the [Safeguarding Policy and Procedure for the Protection of Children](#).
- 1.3 SFRS has a direct part to play in protecting people from risk of harm. Therefore, SFRS will report, refer and co-operate with key partner agencies, including local council Social Work (SW) services, police and health professionals. The aim is to support and protect adults who are unable to safeguard themselves, their property and their rights.
- 1.4 The 2007 Act [Code of Practice](#) particularly names SFRS as a relevant stakeholder; therefore, SFRS will, as far as it is reasonably practicable, ensure that an individual identified to be at risk from fire, along with those responsible for their care or welfare, receives the appropriate advice, intervention and support to reduce the risk(s) identified.
- 1.5 The procedure detailed within this document shall be adopted on all occasions where a person is identified as an 'Adult at Risk of Harm' or an 'Adult in Need of Support'. This will provide the opportunity for the individual to receive any additional advice, support or assistance they require from SFRS and/or partner agencies.

## 2. BACKGROUND

- 2.1 The Act is designed to protect 'Adults at Risk'. It places a duty on local councils to make enquiries where it believes someone is an 'Adult at Risk'. Councils, or equivalent local adult protection services, have a legal duty to step in if they think an adult is vulnerable to harm. Public bodies are required to work together to take steps to decide where someone is an Adult at Risk and to ensure that the adult is protected and supported as necessary.
- 2.2 The Act defines what constitutes an 'Adult at Risk of Harm' and places a 'duty' on relevant services and agencies to report and co-operate. Where SFRS personnel consider that a person(s) meets the 'Adult at Risk of Harm' criteria, that individual must be referred to local council SW services and/or Police Scotland (PS), depending upon the circumstances.
- 2.3 SW, Council Officers and Nominated Officers as defined by The Act, have responsibility to make the necessary enquiries and investigations to see if action is needed to stop or prevent harm happening. It is the responsibility of SFRS staff and volunteers to **recognise** and **report** 'Adults at Risk of Harm' and 'Adults in Need of Support' it is **NOT** the responsibility of SFRS to investigate.
- 2.4 SFRS staff and volunteers may be aware of a person whom they have concerns about, but who they think will not fall within the provisions of The Act. This would be referred to as an 'Adult in Need of Support' or 'Welfare Concern' and these concern referrals should be submitted to SW where they will be screened, and a decision made about further action.
- 2.5 To comply with the Act, each Local Authority has an 'Adult Protection Committee' (APC), with an independent Chairperson responsible for co-ordinating all inter-agency adult protection work. The APC has a function to keep under review the procedures and practices of the public bodies, to give information and advice, to make, or assist in the making of, arrangements for

improving the skills and knowledge of employees of the public bodies. In performing these functions, the APC must have regard to the promotion and support of co-operation between bodies.

- 2.6 SFRS has a responsibility to provide local APCs with any information which the committee may reasonably require for the purposes of performing its functions. At a local level, the Local Senior Officer (LSO) or a nominated deputy will represent SFRS at this forum, as required. This committee must include representatives of the relevant Local Authorities, NHS Board and PS and encourages involvement and attendance from a wide range of other local agencies.

### **3. GOVERNANCE**

- 3.1 It is **EVERYONE'S** responsibility to recognise, respond, report, record and refer any safeguarding concerns. SFRS does not have direct responsibility for investigating matters related to adult support and protection.
- 3.2 The Director of Prevention, Protection and Preparedness (PPP) has overall responsibility for this Policy and Procedure. The LSO / Head of Function will be responsible for the implementation of this policy within their Area. In addition, the local PP&P Group Commander (GC) or Station Commander (SC) will be responsible for the implementation, delivery, and management within their respective local areas.
- 3.3 The local area PP&P GC is responsible for ensuring robust coordination of recording and reporting of any safeguarding concerns identified through service delivery and their staff and volunteers are supported appropriately through a debrief process and further training or wellbeing support where necessary.
- 3.4 The SFRS Prevention Function will provide advice, guidance and support in relation to all aspects of safeguarding, such as:

- Act as a point of contact for advice on safeguarding disclosures and referrals from employees, volunteers and for external bodies;
- Ensure SFRS policies, procedures and guidance on safeguarding are reviewed and are kept up to date in line with Scottish Government policies and relevant legislation;
- Inform SFRS employees and volunteers on policy, procedures and guidance confirming they understand their roles and responsibilities in recognising and acting upon indicators that the welfare or safety of any adults they are in contact with may be at risk;
- Provide the LSO Areas and SFRS Functions with advice and regular updates on safeguarding matters and their implications for on-going professional learning of staff; and
- Be responsible for the quality assurance of reports and monitoring of training.

#### **4. OBJECTIVES**

4.1 The objectives of this Policy and Procedure are to ensure that SFRS staff and volunteers:

- Fulfil our responsibilities relating to safeguarding, including adult support and protection;
- Are safeguarded as they go about their work and engage with individuals of all ages;
- Are familiar with the term and definition 'Adult at Risk of Harm' and are aware of individual and organisational responsibility in relation to the relevant supporting legislation;
- Can recognise where an adult may be at risk of harm or in need of support;
- Understand the need for rapid inter-agency communication, reporting, intervention, and collaboration to ensure the support and protection of an 'Adult at Risk' of Harm' or an 'Adult in Need of Support';



- Have a clear knowledge and understanding of the SFRS referral processes, procedures and supporting mechanisms that should be adopted for adult safeguarding; and
- Ensure that staff and volunteers are provided with support and the opportunities to develop their skills and knowledge in relation to adult safeguarding matters.

## 5. WHAT IS AN 'AN ADULT AT RISK' AS DEFINED WITHIN THE ACT

5.1 In the Act, an **adult** means any person aged 16 years old or over, who is not subject to childcare legislation.

5.2 Section 3 of the Act defines an **Adult at Risk of Harm** as an adult who:

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

5.3 This definition is commonly referred to as the "three-point test". **All three** of the conditions stated above must be satisfied for an adult to be considered as an Adult at Risk of Harm. It is important to recognise that vulnerability and risk are not condition specific. In other words, an adult may be affected by disability but still be able to safeguard his or her wellbeing.

5.4 An adult is at 'Risk of Harm' if:

- Another person's conduct is causing (or is likely to cause) the adult to be harmed;
- The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm; and

- There is neglect either by another person with carer responsibility or by the adult themselves.

5.5 It may not always be possible to determine if an individual meets the specific definition and criteria. For the avoidance of doubt, where any person is suspected to be an Adult at Risk of Harm, they should be treated as such until their status is deemed otherwise by Adult Protection professionals within the relevant Local Authority. **It is not the responsibility of SFRS personnel to determine whether the person meets all the criteria but to report to relevant authorities.**

## 6. DEFINITIONS OF 'HARM'

6.1 'Harm' includes all harmful conduct and conduct which causes self-harm, in particular:

- **Physical:** can include hitting, shaking, punching, pulling hair, etc., locking them in their room or limiting their freedom (this could include being at imminent risk of injury from fire and/or placing others at imminent risk of injury from fire);
- **Emotional / Psychological:** can include being made to feel scared or embarrassed, being intimidated or bullied, constantly criticised, not being allowed to see or talk freely to other people;
- **Neglect:** can include not being given the correct medication or care, not to see a doctor or other health professional, not allowed enough food or have proper heating, lack of privacy and dignity;
- **Sexual:** can include any sexual activity that the person does not understand or want, degrading or inappropriate photographs;
- **Financial or material:** can include stealing, fraud, forcing to hand over money or goods, misuse of property or benefits or stopping someone getting their own money or possessions;
- **Self-Harm, Self-Neglect and Hoarding:** Self-Harm is a complex topic and may arise because of a wide range of deteriorating motivational or health

conditions. It can create the potential for serious consequences to the health and well-being of the individual and potentially to their community.

- 6.2 The above list is not exhaustive and no category of harm is excluded simply because it is not specifically listed. In general terms, behaviours that constitute 'harm' to others can be physical (including neglect), emotional, financial, sexual or a combination of these. What constitutes serious harm differs for each individual, taking into account the circumstances of the case. The Act's Code of Practice also notes that harm includes other failures to act and actions which are not planned or deliberate but have harmful consequences.

## 7. WHAT SHOULD YOU DO?

- 7.1 In all cases where an individual is identified as a possible Adult at Risk of Harm or an Adult in Need of Support, an [Adult Support and Protection Referral Form \(AP1\) \(Appendix A\)](#) must be completed and communicated with SW. In some cases, an individual may have previously been referred to SW and, subsequently, comes to the attention of SFRS personnel again as a possible Adult at Risk of Harm or an Adult in Need of Support. In these circumstances, the individual should be re-referred on each occasion that such concerns arise. **Never dismiss your information as being unimportant or trivial ... it is very important and may be a crucial part of the full picture.**
- 7.2 When dealing with an Adult at Risk of Harm or an Adult in Need of Support, SFRS personnel should attempt to seek consent from the individual or another responsible adult, prior to relevant information sharing with partner agencies.
- 7.3 Where consent cannot be obtained, but information requires to be shared with relevant partners to safeguard individuals, the adult or another relevant person should be informed. In these circumstances, it may be necessary to override the wishes of the Adult at Risk of Harm or make decisions on his /

her behalf for their own safety or the safety of others and information can still be shared for an Adult at Risk. It is preferable that the adult consents to further action being taken, but even without the adult's consent public bodies have a duty to report under the Act. Irrespective of consent being given or not, whenever possible, the person should be informed of any subsequent action to be taken.

7.4 It should be recognised that gathering all the information to fully complete an AP1 form may not always be practical. Do not delay making the referral to gather more information. AP1s must be factual as they are legal documents and will be shared with other professionals and can at times be shared with the named person in the referral.

7.5 AP1 forms must be used by all SFRS personnel and volunteers when submitting to Social Work. No other forms must be used in place of this. SFRS personnel and volunteers should also consult local council operating procedures as well as following this Policy and Procedure.

7.6 Any protection or welfare concerns should be discussed with the Officer in Charge (OIC) or line manager, no matter how trivial they may seem.

## **8. IMMINENT RISK**

**8.1 Imminent Risk is risk to life and must be dealt with immediately.**

8.2 In all cases where an imminent risk or criminal act is identified or suspected, support from PS and the relevant Local Authority Emergency SW should be requested. At an operational incident, the OIC will request this assistance via Operations Control (OC). Where there is no operational involvement, i.e. engagement via the Community Action Team (CAT), 999 should be dialed.

8.3 SFRS personnel should provide the attending Police Officer and SW Responder with relevant details in relation to the risk(s) identified and any actions taken by SFRS personnel.

- 8.4 At an operational incident, the OIC may also consider requesting the attendance of a SFRS first call officer for assistance and support. Non-operational personnel should request support from their line manager.
- 8.5 SFRS personnel should take note of the name, service number and workplace of the Police Officer in attendance.
- 8.6 At an operational incident, the OIC shall record all appropriate details within their SFRS Official Notebook, for future reference. In addition, a message should be passed to OC for inclusion in the incident log and mobilising system, stating unconfirmed Adult at Risk of Harm, confirming location / address. Details of a personal nature or the individual's name should not be passed via appliance radio.

## 9. ON RETURN TO STATION / WORKPLACE

- 9.1 Complete and communicate an [AP1 \(Adult Support and Protection Referral Form\)](#). An example of a completed form is provided in [Appendix B](#) and Adult Support and Protection Referral Form guidance in [Appendix C](#). The method of communication will be dependent on local circumstances; methods employed must ensure the safe and secure transfer of information (unsecure email systems must not be used). If transmitting electronically, the secure email must be sent / received via **Egress**, local CAT members will assist you as secure email users. An alternative method is to hand deliver the information to SW. [Appendix E](#) provides a flowchart to support the sharing of information.
- 9.2 The AP1 form should be communicated and submitted to SW, within 24 hours of the incident or engagement with the individual – any delay should be recorded within reasons section.
- 9.3 The referral to SW should not be delayed due to operational or other commitments.

- 9.4 The respective PP&P SC should be informed of any Adult at Risk of Harm referral, actions taken and further action required.
- 9.5 A joint Home Fire Safety Visit (HFSV) with relevant partners, if required, should be arranged for an appropriate time.
- 9.6 All HFSV information and supporting actions, such as a referral to a partner agency, should be recorded in the HFSV Community Safety Engagement Toolkit ([CSET](#)) address history. Information recorded should reflect the action taken to reduce the individual's risk.
- 9.7 To record an Adult at Risk of Harm / Adult in Need of Support on CSET, use the "Additional Risks" button to record that this property has additional risks by entering appropriate comments, taking care not to store any sensitive or confidential information. Also, make a note that users can find more information, for example, "in the Adult at Risk of Harm folder stored within the PP&P Station Commander's office". State if an AP1 form has been submitted but do not give any precise details as to why within CSET.

## **10. NO IMMINENT RISK**

- 10.1 SFRS personnel will carry out the following actions on return to the station / workplace:
- A telephone call / referral can be made, if necessary, to the Local SW Office (Duty Officer) or SW out-of-hours service to seek advice or to inform them to expect an AP1. Contact telephone numbers should be maintained and available at station / workplace.
  - Subsequently, the procedure to be followed shall be that as previously detailed for imminent risk on return to the station, see [section 9.1](#).

## 11. ADULT IN NEED OF SUPPORT

- 11.1 It is recognised that, whilst carrying out its business, SFRS personnel will encounter persons that may not be at imminent risk of harm or meet the defined criteria of 'Adult at Risk of Harm' within 'The Act' but may need additional support to reduce fire or other risks identified. Concerns may also be brought to SFRS' attention by external sources such as a relative, carer, friend, member of the public or partner agency.
- 11.2 Where the person does not meet the three point criteria for an Adult at Risk of Harm but is still deemed to be vulnerable, they may be considered an 'Adult in Need of Support'. This is sometimes referred to as 'Welfare Concerns' within SW.
- 11.3 An Adult in Need of Support is an individual who requires an assessment of their support needs and does not necessarily require legal intervention. These support needs may include physical or mental health, addictions, social isolation / loneliness, exploitation or poverty-related issues.
- 11.4 Depending on the individual case and the fire risks identified, consideration should be given to including partners to reduce the risks. Working with partners and jointly utilising intelligence and data can improve the safety and wellbeing of individuals. [SFRS Case Study and Case Conference Policy and Procedure](#) is available to be referred to.

## 12. HFSV SUPPORT

- 12.1 An Adult at Risk of Harm or an Adult in Need of Support should potentially be considered as high risk from fire. Therefore, the priority will be to undertake a risk rating as soon as reasonably practicable to determine if a HFSV should be carried out. This should be arranged and carried out in accordance with the [HFSV Policy and Procedure](#).

- 12.2 Due to the risks identified, or the individual's specific needs, the HFSV may be supported by personnel from SFRS local CAT and/or a local partner organisation and responsible persons involved with the adult. This may involve a joint HFSV with a partner agency, carer or family member. A joint visit will provide the opportunity to inform the responsible person of the fire risk to the individual and how the risk can be managed and monitored in future.
- 12.3 The HFSV should include the provision of 'risk specific' fire safety advice for the individual or the person responsible for their welfare, taking cognisance of the individual's needs and their living environment.
- 12.4 Where required, personnel will install smoke and heat alarm(s). Consideration should also be given to additional supporting measures to reduce the risk from fire, e.g. fire-retardant bedding, linked Telecare services, etc. The provision and instalment of such equipment is not the responsibility of SFRS; however, where possible, personnel will work with relevant partner agencies to support risk reduction.

### **13. DOMESTIC ABUSE**

- 13.1 SFRS support the prevention of domestic abuse in Scotland and acknowledge the complexities as described in [Domestic Abuse \(Scotland\) Act 2018](#). Most people experiencing domestic abuse do not meet the 'Adult at Risk' criteria (see [section 5](#)), nor should they be treated as 'Adults In Need of Support'. An AP1 Form within a domestic abuse situation should **NOT** be submitted.
- 13.2 The Adult Support and Protection (Scotland) Act 2007 and associated codes of practice make provisions for the protection of adults unable to safeguard their own interests. An AP1 Form should only be submitted if an individual experiencing domestic abuse meets the criteria (3-point test) and is considered an adult at risk under the 2007 Act. Where a person is at **imminent risk**, follow [section 8](#).



- 13.3 SFRS have a duty of care if an incident of domestic abuse is witnessed – It should be reported directly to PS by contacting 101. Where the victim is not at immediate risk of harm or it is suspected they are the victim of domestic abuse, SFRS personnel must ask the individual if they require more support. Please refer to [SFRS Domestic Abuse Guidance](#), where it explains the process of signposting or providing information that will allow the individual to safely self-refer to specialist agencies or domestic abuse specialists.

## 14. HOARDING

- 14.1 Hoarding is the excessive collection and retention of any material to the point that it impedes day to day functioning (Frost & Gross 1993). Hoarding disorder is characterised by excessive accumulation of and attachment to possessions, regardless of their actual value. Items may be hoarded because of their emotional significance, perceived potential usefulness or intrinsic value.
- 14.2 Hoarding behaviours alone may not automatically require a referral to health and social care agencies and will be dependent upon the specific circumstances and risks. However, where you believe a person is at risk of harm (see [section 5](#)) due to hoarding or self-neglecting behaviours, it may be appropriate to refer under ASP.
- 14.3 In situations where hoarding is present, a multi-agency approach will need to be adopted to support the individual. Please refer to [SFRS Guide to Hoarding Behaviour and Excessive Clutter](#) for further information.

## 15. HUMAN TRAFFICKING

- 15.1 Human trafficking is the illegal trade and exploitation of human beings for the purpose of **profit** supported by the [Human Trafficking and Exploitation \(Scotland\) Act 2015](#). Human Trafficking and Exploitation can include prostitution or other forms of sexual exploitation, forced labour, domestic

servitude / slavery or for the purposes of committing criminal acts, such as benefit fraud / cannabis cultivation or any combination of the above.

- 15.2 Human trafficking in Scotland requires two parts. A person takes a relevant action to recruit, transfer, transport, harbour **or** exchange control over another for the purposes of, or in the expectation that another person will be exploited.
- 15.3 For **ALL** concerns relating to Human Trafficking, immediate contact should be made to PS via 101 or, in the case of an emergency, 999. Some individuals who have been trafficked or subject to exploitation may meet the criteria of being an adult at risk of harm and an AP1 can be submitted to SW, this will be guided by Police. For the purposes of Human Trafficking for persons under the age of 18, a [Child Protection and Wellbeing Form](#) must be completed in addition to contacting Police and passed to SW.
- 15.4 For further information, including indicators of Human Trafficking, please refer to the [Human Trafficking and Exploitation Guidance Note](#).

## **16. ALLEGATIONS MADE AGAINST SFRS EMPLOYEES AND VOLUNTEERS**

### **16.1 SFRS Employees**

Where an adult protection allegation is made against an SFRS employee:

- a. Any allegation must be treated seriously and dealt with sensitively and promptly.
- b. To ensure the wellbeing of the person involved, the line manager will implement the referral process outlined in [section 8](#) and [section 10](#) within this policy and procedure.
- c. As this is a matter related to safeguarding, the person against whom an allegation is made shall immediately refrain from working with children,

young people and protected adults until the outcome of further investigations. This is not an indication of guilt or fault and no decisions have been made at this stage.

- d. The line manager must also ensure adherence to [SFRS Disciplinary Policy and Procedure](#) in addressing the allegation and any associated outcomes.

## 16.2 SFRS Volunteers

Where an adult protection allegation is made against an SFRS Volunteer:

- a) Any allegation must be treated seriously and dealt with sensitively and promptly.
- b) To ensure the wellbeing of the person involved, the line manager will implement the referral process outlined in [section 8](#) and [section 10](#) within this policy and procedure.
- c) As this is a matter related to safeguarding, the person against whom an allegation is made shall immediately refrain from working with children, young people and protected adults until the outcome of further investigations. This is not an indication of guilt or fault and no decisions have been made at this stage.
- d) Following a full, fair and balanced investigation by an independent and trained investigator:
- If an allegation is unfounded, the volunteer may resume their full role immediately. If appropriate, support and training to re-establish confidence and competence in their role will be offered; or
  - Where an investigation establishes that the allegation is substantiated, the SFRS reserves the right to terminate the Volunteer Agreement immediately.

### **16.3 Safeguarding Allegation(s) in Personal Life**

As set out in the [Protection of Vulnerable Groups \(Scotland\) Act 2007](#) ('PVG Act'), where an SFRS employee or volunteer who holds a Regulated Position, is alleged to have behaved in a way in their personal life that has harmed, or may have harmed a child, young person or protected adult, they must inform their line manager who will follow [section 8](#) or [section 10](#) in this policy and procedure.

### **16.4 Reporting to Disclosure Scotland**

In some circumstances, SFRS must, in accordance with the [PVG Act](#), make a referral to Disclosure Scotland. This is required where harmful behaviour has been identified and which may make the individual unsuitable to work with children and/or protected adults. By law, employers must report harmful behaviour as soon as possible, even if it takes place outside of work, or if the employer only finds out about it after an employee or volunteer has left. Guidance on behaviours considered relevant for referral is available from Disclosure Scotland:

<https://www.mygov.scot/pvg-referrals/>.

In cases where harmful behaviour is identified, further guidance must be sought from an HR Adviser regarding a referral to Disclosure Scotland.

## **17. AUDIT**

17.1 SFRS will ensure this policy and procedure is subject to audit and review on a regular basis with a focus on the key aspects of:

- Awareness;
- Responding and reporting;
- Data protection and information sharing;
- Training; and
- Any other aspects deemed necessary by the Head of PP&P.

## **18. TRAINING AND SUPPORT**

- 18.1 Training for SFRS personnel will be guided by the national [Adult Protection Training Framework](#). All SFRS staff and volunteers who require a PVG membership as part of their role are required to complete mandatory [LCMS](#) Child and Adult Protection Wellbeing Training on a three-yearly basis.
- 18.2 It is the local PP&P GC responsibility to ensure those working more closely with vulnerable adults will be required to complete SFRS Enhanced Safeguarding Training and SFRS Domestic Abuse LCMS training on a three-yearly basis. It is strongly recommended, where available, to attend multi-agency training, relevant to the role, delivered by the local authority, as this will clearly outline what the specific processes and procedures are for the LSO area.
- 18.3 Working with vulnerable adults can be difficult and stressful. To support SFRS employees and volunteers, the line manager will provide support and regular debriefs and referrals to Occupational Health can be made if further support is required.

## **19. PROTECTION OF VULNERABLE GROUPS**

- 19.1 SFRS personnel, either paid or voluntary, with duties that include 'Regulated Work', as set out by the [PVG Act](#) must undergo appropriate checks, as per the [SFRS Employment and Criminal Convictions Policy](#).

## **20. INFORMATION SHARING**

- 20.1 All information should be recorded utilising the attached forms and shared with partners in a secure manner, e.g. using Egress or delivered by hand. [Appendix E](#) provides a flowchart to support the sharing of information.

- 20.2 All HFSV information and supporting actions, such as a referral to a partner agency, should be recorded in the HFSV CSET module address history. Information recorded should reflect the action taken to reduce the individual's risk.
- 20.3 SFRS will contribute to any Case Study or Conference as per the [Case Study and Case Conference Policy and Procedure](#). The Adult Safeguarding Procedure Flowchart ([Appendix D](#)) provides a summary.
- 20.4 Effective partnership working and information sharing should ensure that SFRS are notified when a person at risk's information changes. Information stored on the Mobilising System within OC, held on CSET or stored at a local level should be updated as soon as possible when a change of circumstance is received.
- 20.5 The main purpose of SFRS is to work in partnership with communities and with others in the public, private and third sectors, on prevention, protection and response, to improve the safety and the wellbeing of people throughout Scotland. Sharing information between partners can improve outcomes in service delivery; however, sharing must be undertaken lawfully, respecting the rights of individuals and protecting the security of their information.
- 20.6 Personal / special category information must be shared securely. Once an email has been sent, it must be deleted from the sender's sent box and deleted items.
- 20.7 If transmitting electronically, a secure email must be sent / received via Egress Switch, local CAT members will assist you as secure email users. An alternative method is to hand deliver the information securely to the intended recipient(s). Fax machines must not be used. Good practice would be to send AP1s internally using SharePoint.
- 20.8 The flowchart ([Appendix E](#)) within this document will assist you when considering information sharing. When information needs to be shared,

ensure this complies with the law, guidance and best practice. Only the minimum information necessary for the purpose will be shared, individuals' rights will be respected, particularly confidentiality and security. Regular sharing should have an information sharing protocol (ISP) in place between partners and should be monitored and reviewed to ensure the information sharing is meeting the required objective / purpose and still fulfilling its obligations. Please contact Information Governance at [SFRSInfoGov@firescotland.gov.uk](mailto:SFRSInfoGov@firescotland.gov.uk) when an ISP is required.

- 20.9 ISPs set out a common set of rules to be adopted by the various partners involved in an information sharing process. These will form a contract between partners. It is good practice to have an ISP in place and to review regularly, particularly where information is to be shared on a large scale or on a regular basis.
- 20.10 All information created or received should be stored, retained and destroyed in accordance with the [SFRS Records Retention Schedule](#). The retention period for AP1 forms is five years, forms should be reviewed / destroyed annually. Any paper copies of information stored electronically can be destroyed securely by way of shredding.
- 20.11 Any personal / special category information should be stored with password protection. Any paper copies of these types of information should be stored securely in a lockable cabinet and processed, in accordance with the SFRS Data Protection Policy, [Information Security Handbook](#) and associated documents. Access should be granted only to relevant staff and permissions regularly monitored.
- 20.12 Information Governance are available at [SFRSInfoGov@firescotland.gov.uk](mailto:SFRSInfoGov@firescotland.gov.uk) if you require any further guidance / assistance.

## **21. ASSOCIATED DOCUMENTS / REFERENCES**

This policy takes cognisance of national policies, priorities and guidance, including:

[Adult Support and Protection \(Scotland\) Act 2007](#)  
[Adult Support and Protection \(Scotland\) Act 2007: Code of Practice](#)  
[Adults with Incapacity \(Scotland\) Act 2000](#)  
[Carers \(Scotland\) Act 2016](#)  
[Community Care and Health \(Scotland\) Act 2002](#)  
[Community Empowerment \(Scotland\) Act 2015](#)  
[Data Protection Act 2018](#)  
[Domestic Abuse \(Scotland\) Act 2018](#)  
[Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls](#)  
[General Data Protection Regulation \(GDPR\) 2018](#)  
[Human Rights Act 1998](#)  
[Human Trafficking and Exploitation \(Scotland\) Act 2015](#)  
[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)  
[National Assistance \(Assessment of Resources\) Regulations 1992](#)  
[National Health Service and Community Care Act 1990](#)  
[Protection of Vulnerable Groups \(Scotland\) Act 2007](#)  
[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)  
[Regulation of Care \(Scotland\) Act 2001](#)  
[Scottish Government, Adult Protection Training Framework](#)  
[Social Work \(Scotland\) Act 1968](#)

This document links to other SFRS policies and procedures, including but not exclusively:

[Adult Support and Protection Referral Form \(AP1\)](#)  
[Adult Support and Protection Referral Form \(AP1\) Guidance](#)  
[Case Study and Case Conference Policy and Procedure](#)  
[Child Protection and Wellbeing Form](#)  
[Data Protection Policy](#)  
[Dementia Guidance Note](#)  
[Domestic Abuse Guidance Note](#)  
[Guide to Hoarding Behaviour and Excessive Clutter](#)



[Home Fire Safety Visit \(HFSV\) Policy and Procedure](#)

[Human Trafficking and Exploitation Guidance Note](#)

[Information Security Handbook](#)

[Post Domestic Incident Response Procedure](#)

[Records Retention Schedule](#)

[Safeguarding Policy and Procedure for the Protection of Children](#)

**APPENDIX A**



**ADULT SUPPORT AND PROTECTION REFERRAL FORM (AP1)**

This form must be used to record and share appropriate information for **Adults at Risk of Harm OR in Need of Support (Welfare Concern)**. It should be used in conjunction with [SFRS Safeguarding Policy and Procedure for the Protection of Adults](#) (and [Referral Guidance AP1 Form](#)).

It is preferable to have the consent from the subject of the referral prior to referring to Social Work; this is not necessary for an adult at risk of harm. The referral is required to be completed within 24 hours of the concerns arising. If you do not have all the information required, do not delay sending the referral. The Social Work team will follow up your referral and acquire additional relevant information. A copy must be shared with the local Prevention, Protection and Preparedness Station Commander. The original form must be stored in accordance with the [SFRS Records Retention Schedule](#).

<b>ADULT AT RISK OF HARM / ADULT IN NEED OF SUPPORT DETAILS</b> (Please PRINT details, thank you)				
Name:		Date of Birth:		Age:
Known as:		Gender:		
Address:		Current whereabouts (in a hospital or at another address)		
Telephone number(s):				
<b>Communication Needs:</b>  Please provide details including communication aids by the adult, English as Additional Language (specify first language if not English)?				
<b>Living Situation:</b>  Type of accommodation, include whether lives alone, with spouse, additional family members or others, does the adult live with/care for children under 16?				

<b>DETAILS OF CONCERN</b>		
1. IN YOUR OPINION IS THE ADULT <b>UNABLE</b> TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS, FINANCES OR OTHER INTERESTS? <b>(Tick Yes or No)</b>	<b>YES</b>	<b>NO</b>
<b>State reason if YES:</b>		
2. IN YOUR OPINION IS THE ADULT AT RISK OF HARM/SELF HARM? <b>(Tick Yes or No)</b>	<b>YES</b>	<b>NO</b>
<b>State reason if YES:</b>		
3. IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY <b>(Tick Yes or No)</b>	<b>YES</b>	<b>NO</b>
<b>State reason if YES:</b>		
<p style="color: red;">Where you have selected YES to all three questions above, this may be treated as an Adult at Risk of Harm by the partner receiving the referral. If you answer 'No' to any, or all of the above it will be treated as an Adult in Need of Support (Welfare Concern).</p> <p><b>Please note</b>, it is not your responsibility to confirm that the adult meets the three-point criteria; it is enough that you believe them to meet the criteria to warrant an Adult Support and Protection (ASP) referral. Any information that can be provided at the referral stage will assist the local authority in undertaking adult protection inquiries.</p>		
<b>Please select any of the following that you think may apply</b>		
Mental health concerns		Learning disability
Drug consumption		Alcohol consumption
Visual impairment		Hearing impairment
Speech impairment		Physical injury/impairment
Isolation		Dementia
Suicidal ideas/attempts		Financial
Self-harm		Psychological harm
Sexual harm		Neglect
Self-neglect/hoarding		Other (please describe in reason for referral)

## REASONS FOR REFERRAL

GIVE DETAILS OF CONCERN/S (SUSPECTED / WITNESSED / DISCLOSED / REPORTED) AND PROTECTIVE ACTIONS TAKEN TO REDUCE IMMEDIATE RISK.

*This includes adults at risk and adults in need. Please use separate sheet if required.*

<b>Date/Time/Location:</b> Of concern/incident	
<b>Brief description of Incident/Concern:</b> Background reason for attendance & include a summary of the risks to individual (including risks from fire)	
<b>Details of previous incidents/concerns:</b> Include incident numbers and any previous actions taken	
<b>Protective action taken to reduce any immediate risk?</b> (Please record what action was carried out, i.e. fitting of smoke detection, advice given, signposted to other organisations, Police contacted, etc.)	

<b>AGENCIES INVOLVED WITH THE ADULT</b>
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NAME OF AGENCY/AGENCIES, NATURE OF INVOLVEMENT, CONTACT EMAIL/TELEPHONE NUMBER
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<b>OTHER SIGNIFICANT PERSONS, SUCH AS MAIN CARER, RELATIVE, GUARDIAN (IF KNOWN)</b>
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Name:		Relationship to Adult:	
Address:		Telephone number/s:	

<b>IS THE ADULT DEPENDENT ON ANYONE ELSE IN THE HOUSEHOLD FOR PERSONAL CARE NEEDS OR COMMUNICATION SUPPORT?</b>
---

YES/NO: (delete as appropriate)	
If yes, please provide details:	

<b>CONSENT TO SHARE INFORMATION</b>
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Has the adult concerned been informed and has understood that the information gathered will form part of a referral to Social Services/Multi Agencies for further assessment and support?	YES/NO: (delete as appropriate)	If no, please state reasons:

<b>PERSON SUBMITTING/REFERRER'S DETAILS</b>
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Name:		Date Referral Submitted:	
Address:		Email Address:	
		Contact Telephone number/s:	
		Designation/Role:	

**SFRS LINE MANAGER DETAILS**

Name:		Designation/Role:		Date:	
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## ADULT SUPPORT AND PROTECTION REFERRAL FORM (AP1)

### COMPLETED EXAMPLE

This form must be used to record and share appropriate information for **Adults at Risk of Harm OR in Need of Support (Welfare Concern)**. It should be used in conjunction with [SFRS Safeguarding Policy and Procedure for the Protection of Adults](#) (and [Referral Guidance AP1 Form](#)).

It is preferable to have the consent from the subject of the referral prior to referring to Social Work; this is not necessary for an adult at risk of harm. The referral is required to be completed within 24 hours of the concerns arising. If you do not have all the information required, do not delay sending the referral. The Social Work team will follow up your referral and acquire additional relevant information. A copy must be shared with the local Prevention, Protection and Preparedness Station Commander. The original form must be stored in accordance with the [SFRS Records Retention Schedule](#).

ADULT AT RISK OF HARM / ADULT IN NEED OF SUPPORT DETAILS					
(Please PRINT details, thank you)					
Name:	Minnie Houghton	Date of Birth:	20.03.39	Age:	83
Known as:	Minnie	Gender:	Female		
Address:	45 thistle street Thistly TH1 1PW	Current whereabouts (in a hospital or at another address)			
Telephone number(s):	01334 521 364				
<b>Communication Needs:</b>  Please provide details including communication aids by the adult, English as Additional Language (specify first language if not English)?	No				
<b>Living Situation:</b>  Type of accommodation, include whether lives alone, with spouse, additional family members	The occupier lives alone within a 4-bed roomed mid terrace house which needs significant building repair and electrical work.				

or others, does the adult live with/care for children under 16?	
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**DETAILS OF CONCERN**

4. IN YOUR OPINION IS THE ADULT UNABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS, FINANCES OR OTHER INTERESTS? (Tick Yes or No)	<b>YES</b> ✓	<b>NO</b>
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**State reason if YES:**  
Due to the significant amount of repair work required within the property making it a danger to live in and the occupier could not see this was a risk.

5. IN YOUR OPINION IS THE ADULT AT RISK OF HARM/SELF HARM? (Tick Yes or No)	<b>YES</b> ✓	<b>NO</b>
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**State reason if YES:**  
Yes. Self-neglect due to not taking care of herself or her property. She looked extremely cold and was wearing a lot of layers and the property was extremely cold.

6. IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (Tick Yes or No)	<b>YES</b> ✓	<b>NO</b>
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**State reason if YES:**  
Yes. Mobility issues, has great difficulty moving around and uses furniture to hold on to as very unsteady on feet. Also seemed to have difficulty remembering things.

Where you have selected YES to all three questions above, this may be treated as an Adult at Risk of Harm by the partner receiving the referral. If you answer 'No' to any, or all of the above it will be treated as an Adult in Need of Support (Welfare Concern).

**Please note**, it is not your responsibility to confirm that the adult meets the three-point criteria; it is enough that you believe them to meet the criteria to warrant an Adult Support and Protection (ASP) referral. Any information that can be provided at the referral stage will assist the local authority in undertaking adult protection inquiries.

**Please select any of the following that you think may apply**

Mental health concerns	✓	Learning disability	
Drug consumption		Alcohol consumption	✓
Visual impairment		Hearing impairment	
Speech impairment		Physical injury/impairment	✓
Isolation		Dementia	
Suicidal ideas/attempts		Financial	
Self-harm		Psychological harm	



Sexual harm		Neglect	
Self-neglect/hoarding	✓	Other (please describe in reason for referral)	

### REASONS FOR REFERRAL

GIVE DETAILS OF CONCERN/S (SUSPECTED / WITNESSED / DISCLOSED / REPORTED) AND PROTECTIVE ACTIONS TAKEN TO REDUCE IMMEDIATE RISK.

*This includes adults at risk and adults in need. Please use separate sheet if required.*

<b>Date/Time/Location:</b> Of concern/incident	Attended the property at 45 Thistle Street to carry out a Home Safety Visit. Visit carried out 1000hrs on 22/08/2022.
<b>Brief description of Incident/Concern:</b> Background reason for attendance & include a summary of the risks to individual (including risks from fire)	<p>Referral received from Police to carry out a Home Fire Safety Visit at the address.</p> <p>The occupier lives alone within the property consisting of 4 bedrooms which requires significant building repair and has poor electrical wiring throughout. The property had 2 mains operated smoke detectors but because of water damage, the 1st floor smoke detector was hanging off the roof and there was evidence of mould in many of the rooms possibly due to dampness. Electrical sockets within the property showed burn/scorch marks and some were hanging off the walls leaving exposed wires.</p> <p>The occupier engaged with SFRS but had some difficulty answering some questions due to her memory. At the time of the visit she was getting her leg ulcers dressed by NHS community nurses. She does have mobility issues and uses the furniture to move around the house. She appeared to be unable to look after herself through self-neglect and admitted that she needed more support. The house was extremely cold inside even though the temperature outside was not overly cold and the occupier was wearing multiple layers of clothes. She stated a neighbour does her food shopping as she cannot get out of the house.</p> <p>The kitchen does not have a cooker, the occupier uses a microwave. There is an old-style wood burner and the flue has significant holes throughout which will allow carbon monoxide fumes to escape and due to the damage to the flue and damaged walls which have exposed the lath &amp; plaster this will allow for fire to spread quickly in the house. Advice was given to occupier not to use the wood burner under any circumstances.</p> <p>The occupant also disclosed she regularly drinks alcohol.</p>
<b>Details of previous incidents/concerns:</b> Include incident numbers and any previous actions taken	N/A

<b>Protective action taken to reduce any immediate risk?</b> (Please record what action was carried out, i.e. fitting of smoke detection, advice given, signposted to other organisations, Police contacted, etc.)	Replacement standalone smoke/heat detectors were fitted and checked to be working at the time of the Home Fire Safety Visit. Advice also given that wood burner should not be used.
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**AGENCIES INVOLVED WITH THE ADULT**

NAME OF AGENCY/AGENCIES, NATURE OF INVOLVEMENT, CONTACT EMAIL/TELEPHONE NUMBER
Community nursing team, Thistle Hospital. Telephone: 00000 000000. Providing medical care at home due to leg ulcers.

**OTHER SIGNIFICANT PERSONS, SUCH AS MAIN CARER, RELATIVE, GUARDIAN (IF KNOWN)**

Name:	N/A	Relationship to Adult:	
Address:		Telephone number/s:	

**IS THE ADULT DEPENDENT ON ANYONE ELSE IN THE HOUSEHOLD FOR PERSONAL CARE NEEDS OR COMMUNICATION SUPPORT?**

YES/NO: (delete as appropriate)	
If yes, please provide details:	

**CONSENT TO SHARE INFORMATION**

Has the adult concerned been informed and has understood that the information gathered will form part of a referral to Social Services/Multi Agencies for further assessment and support?	YES/NO	If no please state reasons:

**PERSON SUBMITTING/REFERRER'S DETAILS**

Name:	Tim Burges	Date Referral Submitted:	22.08.2022
Address:	Thistly Fire Station Green Road Thistly TH2 2WE	Email Address:	Tim.burgess@firescotland.gov.uk
		Contact Telephone number/s:	0000000000
		Designation/Role:	Firefighter

**SFRS LINE MANAGER DETAILS**

Name:	Drew Blue	Designation/Role:	Watch Commander	Date:	22.08.2022
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**APPENDIX C**

**ADULT SUPPORT AND PROTECTION REFERRAL FORM (AP1)**

**GUIDANCE**

This form must be used to record and share appropriate information for **Adults at Risk of Harm OR in Need of Support (Welfare Concern)**. It should be used in conjunction with [SFRS Safeguarding Policy and Procedure for the Protection of Adults](#) (and [Referral Guidance AP1 Form](#)).

It is preferable to have the consent from the subject of the referral prior to referring to Social Work; this is not necessary for an adult at risk of harm. The referral is required to be completed within 24 hours of the concerns arising. If you do not have all the information required, do not delay sending the referral. The Social Work team will follow up your referral and acquire additional relevant information. A copy must be shared with the local Prevention, Protection and Preparedness Station Commander. The original form must be stored in accordance with the [SFRS Records Retention Schedule](#).

<b>ADULT AT RISK OF HARM / ADULT IN NEED OF SUPPORT DETAILS</b> (Please PRINT details, thank you)				
Name:		Date of Birth:		Age:
Known as:	<b>If they are known by another name, e.g. their middle name</b>	Gender:		
Address:		Current whereabouts (in a hospital or at another address)	<b>If they are not currently living at their home address listed on this referral</b>	
Telephone number(s):				
<b>Communication Needs:</b> Please provide details including communication aids by the adult, English as Additional Language (specify first language if not English)?	<b>Do they have any communication needs? e.g. Deaf, English is not first language</b>			
<b>Living Situation:</b> Type of accommodation, include whether lives alone, with spouse, additional family members or others, does the adult	<b>Type of accommodation, such as 4th storey flat in block of 4 or mid terraced house. Does the person live alone or are there other family members/persons living in the property? Are there any children under 16 years old? If yes how many and ages if known.</b>			

live with/care for children under 16?	
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DETAILS OF CONCERN		
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1. IN YOUR OPINION IS THE ADULT <b>UNABLE</b> TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS, FINANCES OR OTHER INTERESTS? <b>(Tick Yes or No)</b>	<b>YES</b>	<b>NO</b>
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**State reason if YES:**  
Consider the following:

Does the individual recognise that there is a problem? Are they able to identify and communicate this to another trusted person? Can they say no; or act to stop the situation. Is another individual pressurising them to do something against their will; or to act in a way that is detrimental to their wellbeing.

2. IN YOUR OPINION IS THE ADULT AT RISK OF HARM/SELF HARM? <b>(Tick Yes or No)</b>	<b>YES</b>	<b>NO</b>
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**State reason if YES:**  
Consider the following:

- Different types of harm – note this is not an exhaustive list:
- Sexual harm: rape; sexual assault; sexual violence; indecent images being taken.
- Self-neglect: is the individual failing to take care of themselves; their property; finances.
- Neglect; are they being neglected by another person, e.g. family; friends or care provider
- Financial harm; is the person being financially exploited? Is their money being stolen or withheld?
- Physical harm – violence, Self-harm: cutting; overdosing; risky behaviours.
- Psychological harm – coercive control; emotional abuse; verbal abuse
- Other types of harm: Female Genital Mutilation (FGM); forced marriage; honour-based violence.

3. IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY <b>(Tick Yes or No)</b>	<b>YES</b>	<b>NO</b>
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**State reason if YES:**  
Consider the following:

Is there any mental disorder, e.g. dementia; schizophrenia; bipolar; depression or anxiety or physical disability e.g. mobility issues.

Where you have selected YES to all three questions above, this may be treated as an Adult at Risk of Harm by the partner receiving the referral. If you answer 'No' to any, or all of the above it will be treated as an Adult in Need of Support (Welfare Concern).

**Please note**, it is not your responsibility to confirm that the adult meets the three-point criteria; it is enough that you believe them to meet the criteria to warrant an Adult Support and Protection (ASP) referral. Any

information that can be provided at the referral stage will assist the local authority in undertaking adult protection inquiries.

**Please select any of the following that you think may apply**

Mental health concerns		Learning disability	
Drug consumption		Alcohol consumption	
Visual impairment		Hearing impairment	
Speech impairment		Physical injury/impairment	
Isolation		Dementia	
Suicidal ideas/attempts		Financial	
Self-harm		Psychological harm	
Sexual harm		Neglect	
Self-neglect/hoarding		Other (please describe in reason for referral)	

**REASONS FOR REFERRAL**

GIVE DETAILS OF CONCERN/S (SUSPECTED / WITNESSED / DISCLOSED / REPORTED) AND PROTECTIVE ACTIONS TAKEN TO REDUCE IMMEDIATE RISK.  
*This includes adults at risk and adults in need. Please use separate sheet if required.*

<b>Date/Time/Location:</b> Of concern/incident	Date and time of attendance and location of incident / where you witnessed the concern
<b>Brief description of Incident/Concern:</b> Background reason for attendance & include a summary of the risks to individual (including risks from fire)	<p>Give a brief background reason for attendance &amp; include a summary of the risks to the individual or concerns you have (including risks from fire)</p> <p><b>Different types of harm – note this is not an exhaustive list:</b></p> <ul style="list-style-type: none"> <li>• Sexual harm: rape; sexual assault; sexual violence; indecent images being taken.</li> <li>• Self-neglect: is the individual failing to take care of themselves; their property; finances.</li> <li>• Neglect; are they being neglected by another person e.g. family; friends or care provider</li> <li>• Financial harm; is the person being financially exploited? Is their money being stolen or withheld?</li> <li>• Physical harm – violence, Self-harm: cutting; overdosing; risky behaviours.</li> <li>• Psychological harm – coercive control; emotional abuse; verbal abuse</li> </ul>

	<ul style="list-style-type: none"> <li>• Other types of harm: Female Genital Mutilation (FGM); forced marriage; honour-based violence.</li> </ul> <p><b>Consider the following information:</b></p> <ul style="list-style-type: none"> <li>• Do they smoke, is there evidence of this, i.e. burn marks on the floor/bed/chair or person's clothing?</li> <li>• Do they use emollient creams/oils?</li> <li>• Do they drink alcohol, is there evidence of empty cans/bottles within the property?</li> <li>• Are there poor cooking methods/signs of burn marks?</li> <li>• Do they have smoke/heat detectors fitted?</li> <li>• Do they have a Social Care Response / Community Alarm fitted and is this linked to smoke/heat detectors, if they don't, do they require a referral? (if they do please contact your local CAT)</li> <li>• Can they hear the smoke/heat detectors when activated, if not contact the local CAT.</li> <li>• Can they contact emergency services in the event of a fire or other emergency?</li> <li>• Would they know what to do in the event of a fire?</li> <li>• Do they have any mobility issues?</li> <li>• Is there an air flow mattress in place?</li> <li>• Are there any concerns with the electricity usage in the property?</li> <li>• Hoarding/Clutter – CIRS levels</li> </ul>
<p><b>Details of previous incidents/concerns:</b> Include incident numbers and any previous actions taken</p>	<p>Any previous incidents/interactions involving the person of concern (may require a call to Ops Control or the LALO)</p>
<p><b>Protective action taken to reduce any immediate risk?</b> (Please record what action was carried out, i.e. fitting of smoke detection, advice given, signposted to other organisations, Police contacted, etc.)</p>	<p>Please add in the following information:</p> <ul style="list-style-type: none"> <li>• Did you fit any smoke/heat detectors?</li> <li>• Did you remove electrical appliances from the mains?</li> <li>• Did you discuss the fire escape plans with the occupier/s and would they be able to retain this information?</li> <li>• Did you leave any fire-retardant items such as throws or bedding?</li> </ul>

**AGENCIES INVOLVED WITH THE ADULT**

NAME OF AGENCY/AGENCIES, NATURE OF INVOLVEMENT, CONTACT EMAIL/TELEPHONE NUMBER

Add in any other agencies (if known) including name, nature of involvement and contact telephone number.

**OTHER SIGNIFICANT PERSONS, SUCH AS MAIN CARER, RELATIVE, GUARDIAN  
(IF KNOWN)**

Name:		Relationship to Adult:	
Address:		Telephone number/s:	

**IS THE ADULT DEPENDENT ON ANYONE ELSE IN THE HOUSEHOLD FOR PERSONAL CARE NEEDS OR COMMUNICATION SUPPORT?**

YES/NO: (delete as appropriate)

If yes, please provide details: Are they reliable at all times? What needs? Provide person's details above in other significant persons

**CONSENT TO SHARE INFORMATION**

Has the adult concerned been informed and has understood that the information gathered will form part of a referral to Social Services/Multi Agencies for further assessment and support?	YES/NO: (delete as appropriate)	If no please state reasons:
	<p style="color: red;">Where consent cannot be obtained, but information requires to be shared with relevant partners to safeguard individuals, the adult or another relevant person (such as a relative or carer who may be present) should be informed. In these circumstances, it may be necessary to override the wishes of the <b>Adult at Risk of Harm</b> or make decisions on his/her behalf for their own safety or the safety of others, and information can still be shared for an <b>Adult at Risk</b>.</p> <p style="color: red;">Irrespective of consent being given or not, whenever possible, the person should be informed of any subsequent action to be taken.</p>	



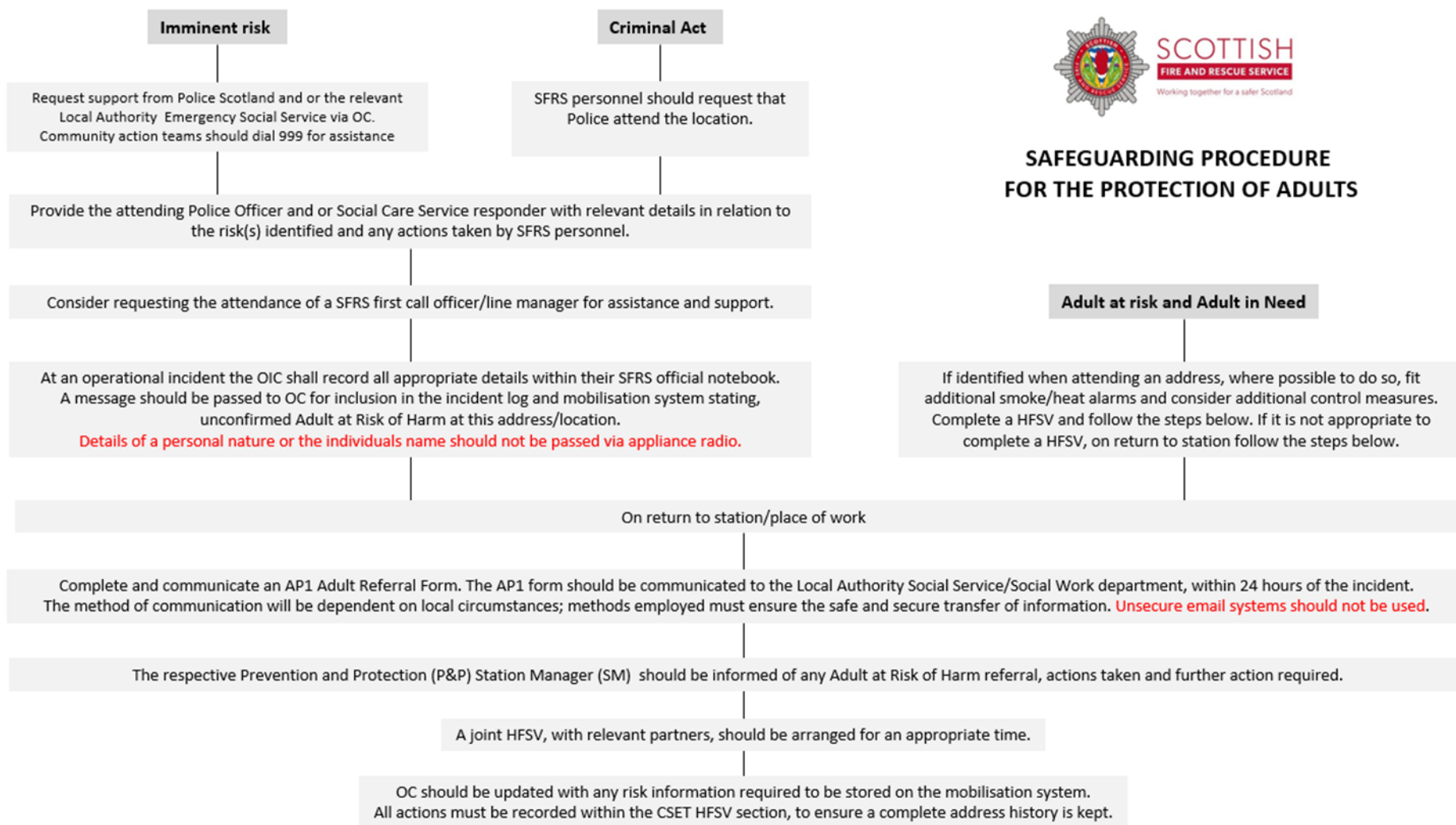
**PERSON SUBMITTING/REFERRER'S DETAILS**

Name:	<b>Must be the person who witnessed/saw the concerns</b>	Date Referral Submitted:	
Address:		Email Address:	
		Contact Telephone number/s:	
		Designation/Role:	

**SFRS LINE MANAGER DETAILS**

Name:		Designation/Role:		Date:	
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## APPENDIX D – SAFEGUARDING PROCEDURE FOR THE PROTECTION OF ADULTS FLOWCHART



### SAFEGUARDING PROCEDURE FOR THE PROTECTION OF ADULTS

Refer to the following documents when using this flowchart: [Case Study and Conference Policy](#), [HFSV Policy and Procedure](#)

# APPENDIX E – INFORMATION SHARING FLOWCHART

Does the information that you wish to share concern an adult or child that you believe to be at risk of harm? If so, please refer immediately to the SFRS Safeguarding Policy for either Children and/or Adults. If you are unsure, then seek guidance from a line manager without delay.

For all other information sharing, please adhere to the following or, if you are unsure at any point, please speak to your line manager before sharing the information.

