

TITLE- Falls and Adult Support and Protection (ASP) Staff Guidance

TARGET AUDIENCE	NHSL and social work / social care staff
PATIENT GROUP	Patients within acute and community settings and residents within care home settings

Clinical Guidelines Summary

What is a fall?

A fall is defined as an unintentional or unexpected loss of balance resulting in coming to rest on the floor, the ground or an object below knee level (National Institute for Clinical Excellence, 2014).

Where can it happen?

A fall can occur anywhere i.e. in an adult's own home, external environment or in a health care setting.

Why does this matter?

- Falls can be associated with physical and psychological harm.
- They can sometimes increase an adult's length of stay in a care setting.
- They can occur if an adult's health and social care needs are not being met (avoidable harm)
- They can also occur even when an adult's health and social care needs are being met (unavoidable harm).

How are falls and Adult Support and Protection (Scotland) Act 2007 legislation linked?

Adults in care settings, can be unable to safeguard themselves due to lacking the necessary power, ability or authority (to do something); not able" (ASP Code of Practice 2022) and therefore have an increased chance (the risk) of falls and therefore potential injury (the harm) due to disability, mental disorder, illness or physical or mental infirmity (vulnerability).

Examples of falls where an ASP referral (AP1) should be considered (the list is NOT exhaustive): If you know or believe an adult is at risk of harm.

- A fall as a result of safety equipment not in working order, used incorrectly, not being used as required or not in place following an assessment of need, causing harm.
- A fall resulting in harm where there is no risk assessment in place or where the risk assessment has not been reviewed or updated to mitigate the falls risk.
- Repeated falls despite preventative advice being given or measures put in place to mitigate and a series of injuries has occurred.
- Fall and injury as a result of medication mismanagement.
- Members of staff not receiving falls management training and/or not adhering to the falls policy and protocols following a fall.
- Supervision levels/Safe Staffing levels have fallen below the legal requirements.
- Environmental hazards, such as poor lighting or clutter, resulting in falls.
- Medical intervention not sought or given appropriately after a fall.

Falls and Adult Support and Protection

STAFF GUIDANCE

When to consider raising an Adult Support and Protection (ASP) Referral following a fall

The prevention of falls is an important element in care provision. Care providers are responsible for those in their care, ensuring they are supported and protected from harm through robust falls prevention policies and procedures.

When is a fall an ASP referral?

It can be difficult to answer this question. Each case requires careful consideration based on the individual circumstance alongside the use of professional judgement.

Agencies should have their own ASP policies in place and the following guidance should be considered alongside these.

The ASP Act (Scotland) Act 2007 **Section 3(1)** defines an 'adult at risk' as someone who meets **all** of the following three-point criteria:

- they are unable to safeguard their own well-being, property, rights or other interests;
- they are at risk of harm; **and**
- 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.

ASP is everyone's business. The Act places a duty on public bodies where they **know or believe** an adult is an "adult at risk" of harm and action needs to be taken to protect them from harm, to make a referral by reporting the facts and circumstance of the case to the council for the area the person is located (ASP Code of Practice 2022).

All falls must be reported and recorded using appropriate procedures but not all falls will require an ASP referral. The referrer will need to consider whether the adult is an adult at risk of harm and whether there was harm linked to the fall. The assessment should include: -

- Injuries sustained as a result of the fall.
- Information related to previous falls.
- Safeguards in place to mitigate the fall.
- Clear analysis of the adult's ability to safeguard themselves from falling.
- Was the fall managed in line with local policy and procedures?
- Action taken following the fall (e.g. medical intervention, contact with the adult/family).

The completed ASP referral (AP1) should be sent to the relevant social work locality within 24 hours. See Appendices.

****An ASP referral is not the route to access further support/services in relation to falls.**

Where there is doubt as to whether to raise an ASP referral, staff should speak with their line manager and if further advice is required consult with the relevant social work locality. It is your professional decision whether or not to submit an AP1 referral.

It is important that we know and act on the **avoidable harm**. The following questions *might* be helpful in determining whether the fall should be referred as an ASP referral. The list is NOT exhaustive:

- Was the adult a known falls risk and the fall predictable/preventable?
- Was a falls risk assessment in place, timely, and updated in line with local policy and procedures?
- Were the support arrangements sufficient to mitigate the identified risks?
- Were all the necessary aids and equipment (e.g. assistive technology) available, working, used as directed?
- Has a crime been committed?
- Are there others at risk of harm?
- What is the impact of the fall on the adult?
- What are the views of the adult or their representative?
- What action was taken following the fall?

Roles and Responsibilities

There are actions that should be taken to minimise the risk of falls and associated harm by taking into consideration the following:

- Risk assessment should inform the management of falls and should be reviewed and updated in line with agencies procedures.
- Staff should be aware of the manual handling policy and ensure the compulsory moving and handling training is undertaken.
- Assessing the adult's risk of falls followed by personalised care / support planning to manage risk is key to fall prevention and management in all care settings.
- All falls should be reported in line with local policy and procedures.
- Where the decision is made following a fall not to submit an AP1, it is the responsibility of the staff member to ensure that they document a record of the assessment, analysis and rationale for not making an ASP referral (we would expect to see consideration of the three point criteria, defensible decision making and professional curiosity in this record).
- It is important to remember that an ASP referral must be considered following a fall where there is concern e.g. around harm, neglect or omission of care.
- If the adult continues to fall when safeguards are in place an ASP referral (AP1) should be considered. This is unavoidable and a review of their care needs should be undertaken. This is unavoidable and also assist with the development of a chronology of significant events.
- Where an adult sustains a physical injury due to a fall and there is a concern that a risk assessment was not in place or was not followed, this should be considered as an ASP referral (AP1). The key factor is that the adult has experienced avoidable harm.
- Where an adult has sustained an injury requiring medical advice or attention and this **has not** been sought, this must be considered as an ASP referral (AP1).

Unwitnessed falls / unexplained injuries

- Each incident should be considered according to the unique factors of the case, risk assessment and professional judgement.
- “Unwitnessed falls” are often raised as an ASP referral even when the adult has no injury and has stated that they know how and why they fell. If there is an up to date risk assessment in place, and procedures have been followed, it is not always necessary to raise an ASP referral.
- It is more helpful to use the term “unexplained injury” rather than “unwitnessed fall”. In circumstances where an individual has sustained an unexplained injury, staff should make an assessment based on the evidence available to determine what may have happened and whether an ASP referral should be raised.

Unwitnessed falls / unexplained injury requiring an ASP Referral

- Where an adult has an unexplained injury (consider nature and location of injury), this must be raised as an ASP referral.
- Where an adult has repeated unexplained injuries, an ASP referral should be raised.

Local ASP escalation protocols should be followed when the adult has sustained recurring falls.

Best Practice for the management of falls

- The assessment and care / support plan should be reviewed and updated as a minimum every month, and the falls risk assessment (including environmental risk assessment) and care plan should be reviewed every six months as a minimum. A review of both the assessment and care / support plan should occur in line with local policies and procedures.
- A senior staff member should examine and analyse the information so that in the event of a fall all relevant documentation is completed such as an incident form as per local policies / procedures.
- Care Inspectorate notifications should be completed in line with policies and procedures.
- All members of the care / support team should be aware of and be involved in the assessment, care planning and evaluation of the risk of falls.
- Appropriate health professionals e.g. GP, District Nurse, falls clinic, physiotherapy, occupational therapist and dietician should be involved as and when required and their advice followed.
- Social work notification of the fall should be considered to assist building a chronology of significant events.

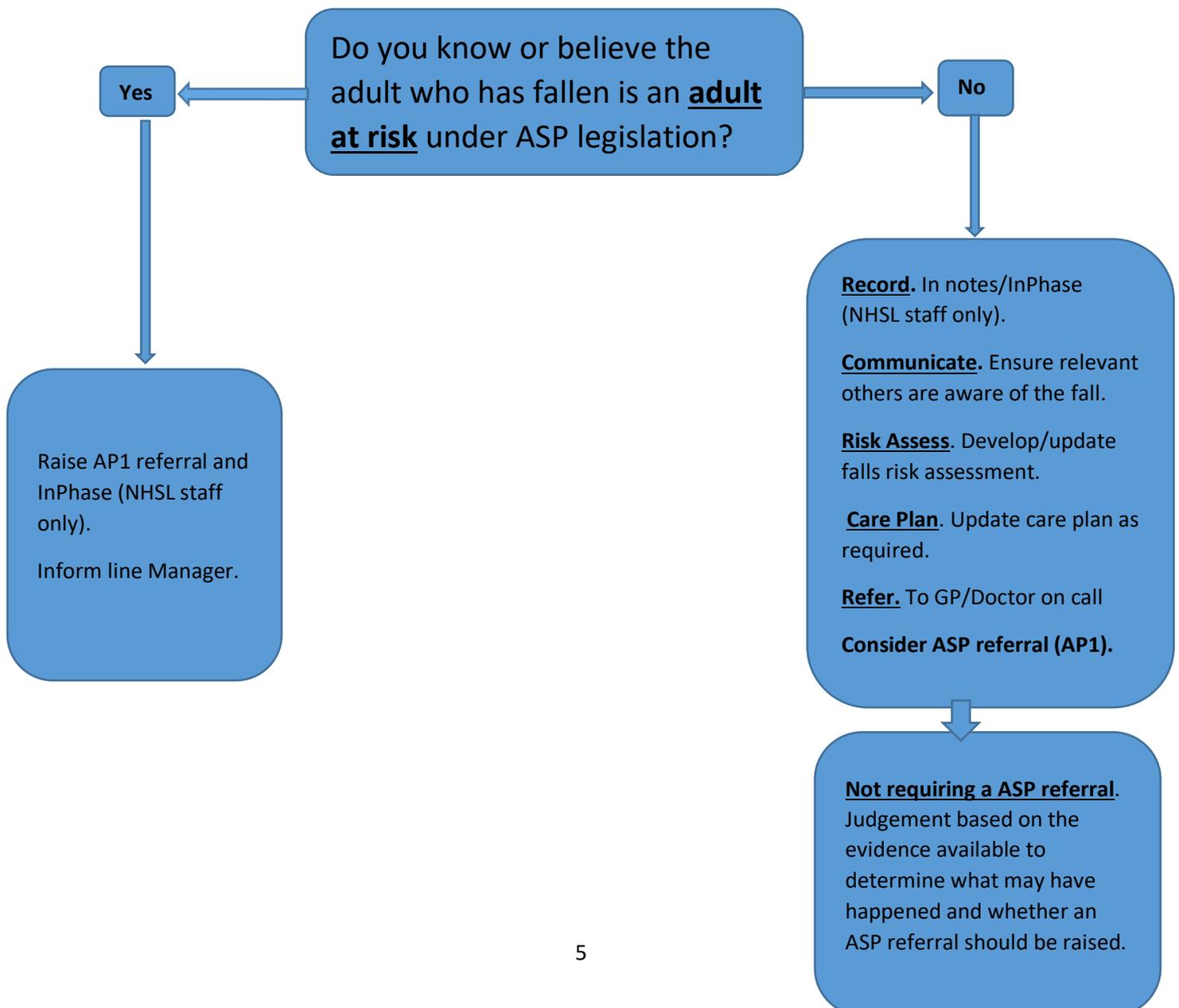
Post fall

- A post fall protocol should be undertaken to inform the appropriate action to take when a fall is suspected.
- Members of staff should familiarise themselves with their falls guidance and training to minimise the risks of further falls.
- It is essential that adults are checked for injury before any attempt is made to move them.
- Medical treatment should always be sought where necessary. For care home settings this will be via the GP, NHS24 (111) or 999 in an emergency.
- Information regarding falls services, including lifting services, should be detailed in the provider’s documents.

Adult Support and Protection Flowchart

An adult (aged 16 or over) is at risk if they meet all 3 points of the criteria set by the Adult Support & Protection (Scotland) Act 2007

- 1) Unable to safeguard their rights, well-being property or other interests?
- 2) Are they at risk of harm (Including self-harm)?
- 3) Are affected by a disability, mental disorder, illness or mental or physical infirmity?



NHSL AP1 - Adult Support & Protection Referral

NHSL staff have a legal duty to report **within 1 working day** any concerns to Council Social Work Services if it is **known or believed** that a person is an Adult at Risk who meets the 3 point criteria detailed below and that protective or supportive action is needed.

- 1 • Unable to safeguard their rights, well-being, property or other interests
- 2 • At risk of harm (financial, psychological, physical, sexual, neglect, self-harm and self-neglect)
- 3 • Are affected by a disability, mental disorder, illness or physical or mental infirmity

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

SECTION A - ADULT AT RISK DETAILS		SECTION B - REFERRER DETAILS	
Name		Name	
DOB/CHI		Job Title	
Sex		Department/ Ward	
Home Address		Base/Location	
Contact Tel No		Work Address:	
GP Name & Address		Contact Tel Number	

SECTION C – REFERRAL DETAILS

Thinking about the 3 point criteria, please give as much detail as you can

Point 1. Describe why the adult is unable to safeguard their well-being, property, rights or other interests.

Point 2. Describe what type of harm the adult is at risk of.

(financial, psychological, physical, sexual, neglect, self-harm and self-neglect)

Point 3. Describe how the adult is affected by disability, mental disorder, illness or physical or mental infirmity and are more vulnerable to being harmed than adults who are not so affected.

<p>Describe the adult's living situation. <i>e.g. lives alone, with spouse etc, type of accommodation</i></p>	<p>Does the adult have any communication or other needs? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please detail below</i></p>
<p>Does the adult have any care givers or known supports in place? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please detail below</i></p>	<p>Does the adult understand what has happened to them? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please detail below</i></p>
<p>Is the Adult at Risk aware of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please give details</i> <i>The Adult at Risk does not have to give consent but where it is safe to do so it is preferable and should be sought.</i></p>	<p>Do you believe a crime has been committed? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please give details including if you have contacted the police</i></p>
<p>Who else have you informed of this referral? <i>Date, time, contact details and any actions taken</i></p>	
<p>Any additional information</p>	
SUBMISSION DATE:	Click here to select a date
<p>PLEASE REMEMBER TO LOG AN InPHASE INCIDENT</p>	

THIS FORM CAN NOW BE EMAILED TO THE RELEVANT SOCIAL WORK LOCALITY (EMAIL LIST BELOW). PLEASE ALSO "CC" THE NHSL PUBLIC PROTECTION DEPARTMENT ON: AdultProtectionNHSL@lanarkshire.scot.nhs.uk

North Lanarkshire Council Social Work		
Social Work Locality	Telephone No	Email
Airdrie	01236 757 000	Airdriesocialworklocality-AdultProtectionreferral@northlan.gov.uk
Bellshill	01698 346 666	Bellshillsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Coatbridge	01236 622 100	Coatbridgesocialworklocality-AdultProtectionreferral@northlan.gov.uk
Cumbernauld	01236 638 700	Cumbernauldsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Motherwell	01698 332 100	Motherwellsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Wishaw	01698 348 200	Wishawsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Out of hours	0800 121 4114	

South Lanarkshire Council Social Work		
Social Work Locality	Telephone No	Email
Cambuslang/Rutherglen	0303 123 1008	swlorutherglen2@southlanarkshire.gov.uk
Clydesdale	0303 123 1008	swloclydesdale@southlanarkshire.gov.uk
East Kilbride	0303 123 1008	swloeastkilbride@southlanarkshire.gov.uk
Hamilton/Blantyre/Larkhall	0303 123 1008	swlohamilton@southlanarkshire.gov.uk
Out of hours	0800 678 3282	

ENSURE YOU SAVE A COPY IN THE ADULT'S FILE

South Lanarkshire Adult Support and Protection Referral Form **AP1**

Adult Support and Protection Referral/Inquiry Form (AP1)

- All staff working in public agencies (Council, Health, Police, and Care Inspectorate) must report suspected or actual harm to an adult at risk to Social Work Resources.
- While it is preferable to have the consent of the adult at risk prior to referring to Social Work Resource it is not necessary.
- All sections of the AP1 require to be completed within 1 working day of the concerns arising.
- If you do not have all the information required do not delay in passing your concerns to Social Work Resources.
- AP1 should be completed and uploaded into the adult's case file.

NB: if you do not have all the information required in SECTION A please do not delay and send the referral information you have. Social Work Resources will follow up on your referral and add any additional information.

Section A

Adult at Risk Details:

Name: _____ Known as: _____

Date of birth: _____

Address: _____

Post Code _____

Phone number: _____

Gender: _____

Any known communication needs: Yes/No

If **yes**, please provide details including communication aids that the adult may use:

Living situation e.g. lives alone, with spouse etc, type of accommodation, any known supports, caregivers their details etc.

GP details:

Name _____

Address _____ Phone number _____

Referrer details:

Name of referrer _____ Status _____

Address _____

Telephone contact _____

E-mail contact _____

Relationship to the adult being referred _____

DETAILS OF THE CONCERN/S

Please provide details of the situation leading to the referral (include details of any specific incidents (suspected/witnessed/disclosed/reported), dates, times, injuries, witnesses, evidence such as bruising etc), actions taken (use a separate sheet if required):-

In your opinion is the adult able to safeguard their well-being, property rights or other interests?
In your opinion is the adult at risk of harm? (if yes, please state the reason)
In your opinion is the adult affected by a disability, mental disorder, illness or physical or mental infirmity and are more vulnerable to being harmed the adults who are not so affected? (if yes, please specify)
Describe why you believe the action is needed to safeguard the adult from harm (unless set out previously).
Other Information:
Do you believe the adult at risk is capable of understanding what has happened to them?

Have you discussed the making of this referral with the adult or relevant person? If not please explain why not, if yes, please set out any views expressed by the adult or that relevant person

(Note: the relevant person would be where the adult is incapable of expressing any views)

(a) The adult's nearest relative

(b) Any primary carer, guardian, or attorney of the adult or,

(c) Any other person who has an interest in the adult's well-being or property
(provide details)

If you believe that a crime may have been committed has Police Scotland been notified? Detail below Yes/No/NA - include Police contact details

What action if any, have you taken to ensure the adult at risk is now safe?

Details of the alleged harmer if known:

Name: _____

Address: _____

Relationship to adult: _____

Is there any further additional information that you consider relevant to this referral?
(You should include any previous concerns/incidents that you are aware of).



Referrer signature:	
Print name:	
Designation	
Contact details	
Email address	
Date:	

North Lanarkshire Multi-Agency Adult Support and Protection Referral Form (AP1)

You must immediately report suspected or actual harm to your line manager, and you have a legal duty to report any concerns to the Council Social Work Services if you **know or believe** that a person is an adult at risk and that protective action is needed.

Do you have concerns regarding the immediate safety of an adult please contact Police Scotland on 101 or 999.

The Adult Support and Protection (Scotland) Act 2007 states that:

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

If you feel that someone is not an adult at risk of harm but needs support or assistance from social work, please contact the Locality Social Work Teams on the below telephone numbers to make a referral for an assessment.

Complete this form as fully as possible, but don't allow a lack of information to delay a referral.

1. ADULT AT RISK DETAILS:

Name:		DoB:	
Home Address:		Current Whereabouts:	
Postcode:		Tel. no:	
Tel. no:		CHI/Social Work Reference no (if known):	

Gender:	Choose an item.	Ethnicity:	Choose an item.	Religion:	Choose an item.
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Adult at risk legal status at the time of referral e.g. MHCTA, AWI, Child Care Legislation

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Is the adult care experienced?	Choose an item.	Has the adult been in prison?	Choose an item.
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Has the adult got any known communication difficulties	Choose an item.	If YES, please provide details including aids to communication that the adult may use
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If Yes, please provide details including aids to communicate that the adult may use	
Advocacy Support (Please provide details of any advocacy support in place, referral made or any other support requested by the adult)	
GP Name, Address, Tel no (if known)	
Other health professionals known to be involved:	
Parenting/Carer responsibilities Choose an item. (please provide details of any children or adults that the adult at risk may be responsible for) Please consider whether the child/adult cared for require a separate at risk referral.	
Living situation , e.g. lives alone, with spouse etc., type of accommodation, any known support, caregivers including their details	

2. Referrer details:			
Name:		Designation:	
Agency/address:		Tel. no:	
E-mail:		Relationship to adult being referred:	

If different from above please provide an email address where you wish feedback regarding this referral to be sent to:	
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3. Details of concern	
Date of referral: Click or tap to enter a date.	Date of incident/harm: Click or tap to enter a date.

Where did the incident occur Choose an item.	
Is the Adult unable to safeguard their own wellbeing, property, rights, or other interests. Yes If Yes, please provide further information	
Is the Adult at risk of harm Choose an item. If yes, please state reason and type of harm Primary harm: Choose an item. If known, secondary harm: Choose an item.	
Is the Adult affected by disability, mental disorder, illness or physical or mental infirmity Choose an item. (if yes, please specify)	

Please provide further details of the situation leading to the referral that you have not raised above (to include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising)	
Is it suspected that a crime has been committed and have the Police been informed? (date, time & any action taken) Choose an item.	Are there concerns regarding Domestic Abuse? (if yes, please provide details) Choose an item.

Was a child present at the time of the incident? (please select option and provide further detail as required) Choose an item.	
Who else have you informed of this referral to Social Work Services (date, time and any actions taken)	

Do you believe that the adult at risk is capable of understanding what has happened to them?
While the adult at risk does not have to give consent to the making of this referral, have they consented? If not, please give reason why.
What action, other than this referral, have you taken to ensure the adult at risk is now safe?
Details of any previous concerns/incidents (include dates, times, action taken and outcome)

Details of any alleged or known harmer		
Name:	Relationship to person:	Address/Contact Details:
Please provide any further relevant information that you feel would assist the inquiry. (e.g., any additional support needs and/or know to any services)		

Referrer's Signature:	Print Name:	Date:
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		Click or tap to enter a date.
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Locality	Contact Details	Email address for Adult Support and Protection referrals
Airdrie Locality	01236 757000	Airdriesocialworklocality-AdultProtectionreferral@northlan.gov.uk
Bellshill Locality	01698 346666	Bellshillsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Coatbridge Locality	01236 622100	Coatbridgesocialworklocality-AdultProtectionreferral@northlan.gov.uk
Cumbernauld Locality	01236 638700	Cumbernauldsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Motherwell Locality	01698 332100	Motherwellsocialworklocality-AdultProtectionreferral@northlan.gov.uk
Wishaw Locality	01698 348200	Wishawsocialworklocality-AdultProtectionreferral@northlan.gov.uk



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