

Adult Support and Protection: Large Scale Investigation Guidance

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Contents

1. Ministerial Foreword.....	5
2. Large Scale Investigation 7 Minute Briefing	7
3. Introduction.....	9
3.1 What is a Large Scale Investigation?.....	9
3.2 The legal context	11
3.3 Who this guidance is for.....	11
3.4 What this guidance seeks to achieve.....	12
3.5 How the guidance was developed.....	12
4. Preventing the need for a Large Scale Investigation.....	13
5. Principles of a Large Scale Investigation	15
5.1 Principles in the Adult Support and Protection Act (Scotland) 2007.....	15
5.2 The LSI principles from the 2023 National Framework.....	17
6. Public and other key bodies involved in a Large Scale Investigation.....	18
6.1 Introduction.....	18
6.2 Public bodies involved in a Large Scale Investigation	19
6.3 Health and Social Care Partnerships, Councils and Health Boards.....	19
6.4 Police Scotland	21
6.5 The Care Inspectorate.....	22
6.6 Healthcare Improvement Scotland	23
6.7 Mental Welfare Commission.....	23
6.8 Office of the Public Guardian (Scotland).....	24
6.9 Other bodies key to an LSI	24
6.10 The agency, organisation or service subject to an LSI	24
6.11 Independent advocacy	25
6.12 Adults at risk support groups and family support groups.....	27
6.13 Scottish Care.....	27

6.14	GPs and general practice staff.....	28
6.15	Scottish Fire and Rescue Service	28
7.	Instigating a Large Scale Investigation	29
7.1	Responding to the initial referral	29
7.2	Convening a multi-agency initial LSI discussion	30
7.3	Collating and discussing initial evidence at the multi-agency initial LSI discussion.....	31
7.4	Making a decision	32
7.5	Disagreements with the decision, or if a decision cannot be reached.....	33
8.	Commencing a Large Scale Investigation.....	34
8.1	Notifications process.....	34
8.2	Notifying the organisation, agency or service subject to an LSI	34
8.3	Notifying adults (and their families and supporters) who use the service	35
8.4	Notifying other council areas (including those outside of Scotland)	36
8.5	Notifying GPs	37
8.6	Other notifications	38
8.7	LSI planning meeting	40
8.8	Lead Investigation Officer (LIO) and the LSI Team	43
8.9	The LSI Oversight Group	44
9.	Conducting the Large Scale Investigation.....	46
9.1	Establishing milestones locally	46
9.2	Initial planning and activity	47
9.3	Individual ASP Inquiries/Investigations and possible learning reviews	47
9.4	Duty of Candour	48
9.5	Meeting with the agency, service or organisation subject to an LSI	49
9.6	Interviews, focus groups, and liaising with adults at risk and their families	51
9.7	Information sharing	53

9.8	Creating and maintaining organisational chronologies	54
9.9	Using professional curiosity.....	56
9.10	Communications with the media regarding the Large Scale Investigation ..	56
9.11	Consideration of LSI Team welfare during the LSI	57
9.12	Oversight of the LSI process	58
9.13	Concluding the Large Scale Investigation.....	58
10.	General circumstances when an LSI should end.....	59
10.1	Large Scale Investigation Outcome Report	59
10.2	Large Scale Investigation Outcome Meeting	59
10.3	Notifications of the conclusion to an LSI	61
10.4	Progress reviews.....	62
10.5	Future Learning debrief.....	63
11.	References	65
12.	Appendix 1: Flowchart illustrating LSI process.....	67
13.	Appendix 2: Frequently asked questions about LSIs	68
14.	Appendices 3 – 11	72

1. Ministerial Foreword



I welcome the publication of the Large Scale Investigation Guidance and extend my sincere thanks to everyone involved in its development. Building on the 2023 Large Scale Investigation (LSI) Framework, which provided helpful processes and principles for those conducting or participating in LSIs, this guidance has been shaped by a dedicated short-life working group, led and supported by Iriss (The Institute for Research and Social Services).

This guidance brings together a range of current local procedures, promoting national best practice consistency while allowing flexibility to reflect local ways of working. It aims to build on the good practice already evident across many local authorities in supporting adults at risk of harm.

I am confident that this guidance will strengthen local and multi-agency adult protection procedures, enhance learning, and support practitioners during what can be a particularly challenging time. A consistent approach will make a meaningful difference to individuals who may be at risk and unable to safeguard themselves.

I'm pleased that the guidance has been developed collaboratively, with input from stakeholder groups, practitioners, and a wider engagement exercise. This collective effort has helped refine the guidance and ensure it is genuinely useful to those conducting LSIs.

I encourage all local authorities to implement the guidance and support their teams in making full use of this valuable resource; and for multi-agency partners in ASP to

similarly draw on the guidance to promote best practice in their LSI-related work. My sincere thanks go to Iriss and everyone who contributed to its development.

Tom Arthur, MSP

Minister for Social Care and Mental Wellbeing

2. Large Scale Investigation 7 Minute Briefing

The seven-minute briefing is a quick overview of the Guidance, clearly setting out what the Guidance is, who it is for, and what it will help with. Each part of the seven-minute briefing is separated into one-minute bitesize segments, with each segment clearly setting out essential elements of the Guidance. The briefing can be used by local areas to introduce the Guidance, or incorporated as part of Large Scale Investigation training. As a basic overview, it is also useful for anyone who is less familiar with Large Scale Investigations. Thank you to Jeanette Sutton at Iriss (The Institute for Research, Innovation in Social Services) for designing this 7 minute briefing.

Large Scale Investigations: National Guidance

Resources to help. Alongside the guidance, there are several supporting documents and templates. These can be used as they are, or freely adapted to local need.

For instance, there is a plain-language 'Frequently Asked Questions about LSIs' accompanying the guidance. It can be adapted by local areas to create their own public- and provider-facing information on LSIs.

There are also templates for organisational chronologies, notification letters, requests for information, meeting agendas, and outcome reporting.

The Large Scale Investigation principles. These are values that inform the process of an LSI throughout. They were originally created for the [2023 Adult Support and Protection National Large Scale Investigation Framework](#) and have now been adapted for this guidance.

These principles are that LSIs should be **person-centred, supportive, planned, multi-agency, professionally curious, lawful, and clearly communicated.** Throughout, the guidance offers numerous practical ways to help everyone achieve these.

A clear process. There is benefit to everyone (including services that may be subject to an LSI) in having clear guidance to aid local processes, and to improve outcomes overall. The guidance supports using LSIs as a planned and structured intervention wherever possible, while recognising that LSIs may also need to be locally flexible and respond to changing circumstances.

The guidance will be especially helpful at the beginning and end of an LSI. It contains clear information about the factors to consider in each circumstance.

The guidance also includes a flowchart setting out a simplified version of the LSI process. Each part of the flowchart is cross-referenced with the relevant part of the guidance.

What is a Large Scale Investigation? A Large Scale Investigation, or LSI, is a specific and time-bound type of Adult Support and Protection investigation. It may be required when there is a belief that a particular service, or an alleged harmer, may be placing more than one adult defined as 'at risk' under [Section 3\(1\) of the Adult Support and Protection \(Scotland\) Act 2007](#) at risk of harm.

Large Scale Investigations apply to services provided by agencies and/or organisations. They can also apply when there is an alleged harmer, unconnected with a service, placing more than one adult at risk of harm.

How was the guidance developed? This guidance was developed by a short-life working group drawn from many different geographical areas. The group included local Health and Social Care partnerships, Police Scotland, the Care Inspectorate, Scottish Care, Healthcare Improvement Scotland, Iriss, the National Adult Support and Protection Co-ordinator, and Scottish Government. Everyone shared their knowledge, experience and expertise to shape the guidance. Other public bodies reviewed the guidance at draft stage. It also underwent engagement with ASP stakeholders.

The guidance also drew from the 2023 [Adult Support and Protection National Large Scale Investigation Framework](#). This framework was based on good practice, policy, research, and feedback from professionals experienced in LSIs.

Who is this guidance for? Everyone who is involved in carrying out, or may be subject to, an LSI will find this guidance helpful. This includes (but isn't limited to) Council Officers, their managers, ASP Lead Officers, members of Adult Protection Committees (APCs), senior ASP leaders, commissioning teams, Chief Officer Groups, the Care Inspectorate, Police Scotland, Health Improvement Scotland, local Health Boards, and providers of health and/or social care services.

LSIs are complex. Many different organisations and individuals may be involved. This guidance seeks to clearly set out everyone's roles and responsibilities and **promote the joint working that's not only a duty, but so important in making LSIs effective.** For example, there is clear information about which organisations should be notified that an LSI has begun – alongside how to do this.

What will the guidance help with? The guidance aims to improve the quality and effectiveness of LSIs. It includes sections on instigating, commencing, conducting and concluding LSIs. There is also a section on work that councils can undertake to help prevent the need for LSIs.

Scotland is a diverse country, and this guidance doesn't suggest changing job titles, meeting names, or other specifics. Indeed, many aspects of the guidance explicitly support a locally-agreed, and context-specific, approach to LSIs.



3. Introduction

3.1 What is a Large Scale Investigation?

A Large Scale Investigation, or LSI, is a specific type of Adult Support and Protection investigation. It is a time-bound multi-agency investigation (led by the council, or social work service where relevant to the delegation arrangement). It may be required when there is a belief that a particular service, or an alleged harmer, may be placing more than one adult defined as 'at risk' under [Section 3\(1\) of the Adult Support and Protection \(Scotland\) Act 2007](#) at risk of harm.

It applies to services provided by public, private and third sector agencies and/or organisations, and can include day services, outreach facilities, NHS facilities, care homes, supported accommodation, or when someone is receiving services in their own home or in community settings. The risk of harm can come from different sources: for instance, a member of the public, including an adult who may be themselves at risk of harm; a member of staff, some failing or deficit in a management regime, or in the environment of the establishment or service. It can also apply when there is an alleged harmer, unconnected with a service, placing more than one adult at risk of harm.

The [Adult Support and Protection \(Scotland\) Act 2007](#) deals with the protection of adults at risk of harm. The [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) provides information and guidance on the principles of the Act, and about the measures contained within the Act including where and when it would be appropriate to use such powers.

According to the Code of Practice, an LSI should be considered if one or more of the following criteria apply:

- An adult protection referral is received that involves two or more adults living within or cared for by the same service or care provider, or

- A referral is received regarding one adult, but the nature of the referral raises concerns regarding the standard of care provided by a service, or
- Where more than one perpetrator is suspected, or
- Institutional harm is suspected, or
- A whistle-blower has made serious allegations regarding a service, or
- There are significant concerns regarding the quality of care provided and a service's ability to improve. These concerns could come from a regulatory body such as the Care Inspectorate or Healthcare Improvement Scotland, or
- An adult or adults are living independently within the community but are subject to harm from a perpetrator or group of perpetrators, or it is strongly suspected that more than one adult is subject to such harm, or
- Concerns regarding an adult are raised following their admission to hospital or discharge. This may include concerns about a care service that are evidenced by an admission to hospital, or concerns regarding an NHS service area, or
- Concerns are raised via a complaint to the Care Inspectorate, NHS Board, or the local Council or Health and Social Care Partnership, or
- Concerns are raised by GPs, Primary and Community Nursing, Dentists, Allied Health Professionals, social workers, social care staff, etc. who visit a service.

LSIs should only be considered when the above criteria are met. LSIs should not be used as an ongoing support mechanism for services or organisations who are providing a poor standard of care.

There are many different scenarios when an LSI may apply, and **every LSI is unique**. The most common LSIs relate to care and health services, but they are not limited to use in these settings. LSIs can occur in settings that are 'unregistered' with a public body, such as charities or community groups. They can also be applied when an alleged perpetrator unconnected with an organisation is causing harm to more than one adult (who is defined as 'at risk' by Section 3(1) of the Adult Support and Protection (Scotland) Act 2007) in the community. While this guidance cannot account for every situation, it does offer a framework for the vast majority of LSIs.

LSIs are a formal process. However, they also offer opportunities for learning and wider improvements to keeping adults safe from harm. This is also reflected in this guidance.

3.2 The legal context

The principal legislation underpinning Adult Support and Protection in Scotland is the [Adult Support and Protection \(Scotland\) Act 2007](#). LSIs are outlined in the [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) (as detailed in Section 3.1 of this guidance).

However, not all LSIs culminate solely in the use of the 2007 Act. Where appropriate, powers in the [Adults with Incapacity \(Scotland\) Act 2000](#), [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#), and/or the [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#) may also be used.

3.3 Who this guidance is for

This guidance is intended for all who undertake or contribute to LSIs. This includes Council Officers, their managers, members of Adult Protection Committees (APCs), and senior leaders involved in the delivery and/or operations of Adult Support and Protection services within Health and Social Care Partnerships. It is also of clear relevance to commissioning teams, Chief Officer Groups, the Care Inspectorate, Police Scotland, Health Improvement Scotland, local Health Boards, and a wide range of agencies and their staff. Everyone who is involved in carrying out, or may be subject to, an LSI will find this guidance helpful.

LSIs are complex. Many different organisations and individuals may be involved. This guidance seeks to clearly set out everyone's roles and responsibilities and **promote the joint working that's not only a duty, but so important in making LSIs effective**. When close joint working happens, the outcomes are better for everyone – especially those adults who may be at risk of harm.

3.4 What this guidance seeks to achieve

The guidance aims to provide a framework that can be used across Scotland, with a view to improving the quality and efficacy of LSIs. The guidance also aims to achieve greater consistency across Scotland in how LSIs are commenced, conducted, concluded and reported on. There is benefit to everyone (including services that may be subject to an LSI) in having clear guidance to aid local processes, and to improve outcomes overall. The guidance supports using LSIs as a planned and structured intervention wherever possible, while recognising that LSIs will also need to be flexible and respond to changing circumstances.

There will always be the need for some local differences to reflect Scotland's geographical and social diversity. Job titles, meeting names, and other specifics related to LSIs may differ across Scotland. This guidance does not suggest making these uniform; many aspects of the guidance explicitly support a locally agreed and context-specific approach to LSIs. What the guidance seeks to achieve is consistent and effective practice, whatever the local context, for all relevant organisations.

A simplified flowchart, illustrating the LSI process outlined in this guidance, can be found at Appendix 1.

This guidance is accompanied by several other appendices. These offer templates and documents that, if required, can be adapted according to local need and circumstance.

3.5 How the guidance was developed

This guidance was developed by a short-life working group. The group was made up of professionals from local Health and Social Care partnerships, Police Scotland, the Care Inspectorate, Scottish Care, Healthcare Improvement Scotland, Iriss, the National Adult Support and Protection Co-Ordinator, and Scottish Government. The guidance has also been informed by conversations with the Mental Welfare Commission, Scottish Care, Office of the Public Guardian, Scottish Fire and Rescue Service and the Scottish Independent Advocacy Alliance.

The guidance also drew from the [Adult Support and Protection National Large Scale Investigation Framework](#), published by Iriss in 2023. This framework was based on good practice, policy, research literature, and feedback from professionals experienced in LSIs throughout Scotland.

4. Preventing the need for a Large Scale Investigation

While preventing the need for an LSI is not a specified statutory requirement, proportionate and proactive work early on is widely regarded as best practice. Early intervention when issues first emerge can not only reduce the likelihood of an LSI; it can also foster collaboration and partnership working with services, helping to embed support. This, in turn, can further enable potential concerns to be identified and addressed at an early stage.

Should preventative work be unsuccessful, and the service becomes subject to an LSI, earlier work can still have value. It can provide important evidence to aid the LSI process; it can also help minimise the element of surprise when an LSI begins. Additionally, preventative work can inform future learning, since it supports all (including an organisation subject to an LSI) to better understand why the LSI commenced.

Good preventative practice, particularly in terms of health and social care providers, may include the following:

- Considering having a team, or worker(s), holding a specific responsibility for prevention of LSIs and leading on the practice detailed below. This may include collaboration with local independent advocacy services, in order to ensure adult and family views are represented.
- Regular analysis of the patterns of Adult Support and Protection referrals from local health and social care providers (an organisational chronology – see Appendix 5 – can help with this). Do referrals seem disproportionately high or low? If so, proactive working with the service in question to query the reasons for the excess or lack of ASP referrals, involving contracts and commissioning

colleagues in these discussions, and providing any support identified, can help prevent an LSI in the future.

- Being transparent and proactive with local health and social care services about local ASP procedures (including what might trigger an LSI) and encouraging services and care providers to reach out at an early stage if they identify any patterns or issues of concern. Appendix 2: Frequently Asked Questions about LSIs may be helpful to share.
- Strengths-based and relationship-based work with local services and care providers, sustained over time, in order to build trust. This can help with developing the soft intelligence needed for supportive work in the event of future ASP involvement.
- Proactive work when a new service or care provider sets up in the local area, building up relationships from the beginning.
- Using the [Early Indicators of Concern in Care Services](#), which are specifically designed to help health and social care practitioners in Scotland intervene at an earlier stage to prevent the significant deterioration in service quality associated with abuse and neglect. They are particularly useful in services for people with learning disabilities, and care homes for older people. Sharing these with local services and care providers can also help establish a common language about standards in care.
- Ensuring a robust mechanism for addressing care that does not meet required standards is embedded in the contracts and commissioning processes.
- Consider how you can build up a picture of the service at times outside of regular office hours. This could include visits in the evenings or weekends, and/or sharing or receiving intelligence with the Care Inspectorate or others who know the adult(s) or the service which may include family and carers.

Not all preventative work will prevent an LSI from occurring. It is important that Section 5 of this guidance – instigating a Large Scale investigation – is adhered to, with an LSI being triggered when the criteria are met.

5. Principles of a Large Scale Investigation

5.1 Principles in the Adult Support and Protection Act (Scotland) 2007

As with individual ASP Investigations, an LSI should follow the principles of the Adult Support and Protection (Scotland) Act 2007.

The principles in section 1 require that any intervention in an adult's affairs under the Act should:

- provide benefit to the adult which could not reasonably be provided without intervening in the adult's affairs, and
- be the option that is least restrictive to the adult's freedom.

The principles in section 2 require that any public body or office holder performing a function under the Act must have regard to the following:

- the general principles in Section 1
- the wishes of the adult - any public body or office holder performing a function or making a decision must have regard to the present and past wishes and feelings of the adult, where they are relevant to the exercise of the function, and in so far as they can be ascertained. Efforts should be made to assist and facilitate communication using whatever method is appropriate to the needs of the individual. Also, where the adult has an Advance Statement made under Section 275 of the Mental Health (Care and Treatment) (Scotland) Act 2003 then this should be given due consideration. Advance Statements should be considered as part of any care plan.
- the views of others – the views of the adult's nearest relative, primary carer, a guardian or attorney, and any other person who has an interest in the adult's well-being or property, must be taken into account if such views are relevant. It is important that the adult has the choice to maintain existing family and social contacts. What the Act seeks to provide is support additional to the networks that may already be in place. Thus, a person who may be an adult at risk may have neighbours or friends who have an interest in their wellbeing

and are willing to give support. Every effort should be made to ensure that any action taken under the Act does not have an adverse effect on this.

- the importance of the adult participating as fully as possible – the adult should be enabled to participate as fully as possible in any decisions being made. It is therefore essential that the adult is also provided with support and information to help that participation, and in a way that is most likely to be understood by the adult. Any needs the adult may have for help with communication (for example, translation services or signing) must be met barring exceptional circumstances. Any unmet need must be recorded. Wherever practicable the adult should be kept fully informed at every stage of the process. This includes information about their right to refuse to participate.
- that the adult is not treated less favourably – there is a need to ensure that the adult is not treated, without justification, any less favourably than the way in which a person who is not an ‘adult at risk’ would be treated in a comparable situation.
- the adult’s abilities, background and characteristics – including the adult’s age, sex, sexual orientation, religious persuasion, racial origin, ethnic group, and cultural and linguistic heritage – are taken account of and will inform the decision-making process and the nature and extent of any proposed interventions.

These principles should always be considered when decisions, including decisions taken as part of an LSI, are required about action that may be taken to protect an adult. However, there will be situations where their consideration produces potential conflicts, such as occasions when the adult at risk refuses any form of intervention but the professionals involved believe that Adult Support and Protection interventions would provide a benefit to them. In such circumstances, the expectation is that decision-making should take place on a multi-agency basis to enable full and complete discussion of potential protective actions and the application of the principles set out above.

For the purposes of these principles, making a decision not to act is still considered a decision and the reasons for taking this course of action should be recorded as a matter of good practice.

5.2 The LSI principles from the 2023 National Framework

The Large Scale Investigation principles were originally created for the [2023 Adult Support and Protection National Large Scale Investigation Framework](#). These are values that inform the process of an LSI throughout. They have now been adapted for this guidance.

Principle 1: Person-centred. This includes taking a rights-based and relationship-based approach to all LSIs. While an LSI will look at systemic and management issues, the wellbeing, safety, rights and experiences of the adults at risk of harm are always the central concern of all LSIs. An LSI begins when there is more than one adult at risk of harm and it ends when there are no adults at risk of harm.

Principle 2: Supportive. It is important to start from the belief that everyone involved in an LSI wants to provide good care and support unless proven otherwise. LSIs can be emotionally demanding for all involved, and it's important to recognise and address this from the beginning.

Principle 3: Planned. This is about what the LSI aims to achieve, and how it will get there. Clear planning of the scope and scale of the LSI from the very beginning is important. While it is possible that circumstances may change during the course of the LSI, clear planning and the identification of agreed, time-bound milestones while the LSI is taking place helps the LSI remain on track.

Principle 4: Multi-agency. An LSI is a multi-agency response. While the Council has the principal responsibility, there is a statutory duty of co-operation for the agencies involved. Professionals need to be clear in their own responsibilities, and able to articulate these responsibilities to others.

More than a statutory duty, however, is the benefit to all – particularly adults who may be at risk of harm – when there is joined-up working. All those working on an

LSI should strive to reduce duplication and promote collaboration. This includes senior leaders as well as frontline managers and staff.

Principle 5: Professionally curious. Professional curiosity is about changing information into intelligence. It means questioning, challenging and analysing the information received, thinking through different possibilities, being able to identify concerns, and to make connections between different types of information. It's also about being open-minded and being prepared to have difficult conversations. LSIs use professional curiosity throughout, in order to get to the heart of the issue – both about individuals and the 'big picture' over time.

Principle 6: Lawful. Under Adult Support and Protection legislation, Councils have a duty to investigate harm. While LSIs are not mentioned in law, the Adult Support and Protection (Scotland) Act 2007 Code of Practice sets out statutory powers and are the principal basis on which an LSI is carried out. As well as statutory powers, the council may have contractual powers whereby the council is a purchaser of the service and has a contract with the provider where certain requirements have to be met. Alongside the Adult Support and Protection (Scotland) Act 2007, there are other Acts that may be relevant to an LSI. These include the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016 (Part 3, establishing offences related to the willful neglect or ill-treatment of adults receiving health and social care), the Adults with Incapacity (Scotland) Act 2000, and the Mental Health (Care and Treatment) (Scotland) Act 2003.

Principle 7: Clearly communicated. LSIs can be confusing and distressing. Clear and regular communication is fundamental. Everyone has a duty to ensure that – to the best of their ability – the right information is shared at the right time with the right people.

6. Public and other key bodies involved in a Large Scale Investigation

6.1 Introduction

In an LSI, **collaborative working is an expectation at all levels**, whether in frontline work or at leadership level.

This section provides an overview of the remit of those commonly involved in an LSI. However, because every LSI is unique, there is potentially a very wide pool of other professionals who may be involved. During an LSI, there may be organisations, agencies and individual professionals who are not used to working together. They may not know of each other's remit, and this section will help provide clarity. Roles and responsibilities may adapt to the particular circumstances of individual LSIs. This section aims to enable local conversations about the most appropriate roles and responsibilities for each partner to undertake during an LSI. Each local area should be able to evidence that they have had a discussion that agreed local roles and responsibilities for the duration of an LSI.

6.2 Public bodies involved in a Large Scale Investigation

The Adult Support and Protection (Scotland) Act 2007 requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights. Section 5 of the Act provides that certain bodies and office holders **must**, so far as it is consistent with the proper exercise of their functions, co-operate with a council making inquiries under Section 4 of the Act and with each other where this is likely to enable or assist the council making the inquiries.

The Adult Support and Protection (Scotland) Act 2007 [Code of Practice](#) states LSIs "must" involve Care Inspectorate, the relevant local council, and the service provider responsible for the care of the adults. This, however, does not imply that other public bodies' involvement is not valuable and, in some circumstances, vital to an LSI's effectiveness.

The following public bodies are the most likely to be part of an LSI.

6.3 Health and Social Care Partnerships, Councils and Health Boards

From the specific context of adults, each health and social care partnership (HSCP) is responsible for adult social work, adult social care, adult primary health care and unscheduled adult hospital care. HSCPs are comprised of councils and local Health Boards. Third and independent sectors may also be connected to the HSCP.

Integration arrangements may vary in different areas, and therefore the composition of the HSCP itself may vary.

Every HSCP works towards a set of national health and wellbeing outcomes. HSCPs are required to work with their local communities, and providers of care, to ensure care is responsive to people's needs.

Under Adult Support and Protection legislation, councils have a statutory duty to investigate harm. In an LSI, the council (or social work service, where relevant to delegation arrangement) is the lead agency. This means the council is responsible for decisions related to the start and the end of an LSI, and leading on the LSI throughout. The council is also responsible for keeping the LSI on track and for coordinating other agencies' involvement.

In some cases, a council may manage or fund a service subject to an LSI. Impartiality is crucial throughout an LSI so, in these cases, a council may consider if the LSI would benefit from involving a different council in aspects of the LSI – for instance to oversee the LSI process, or to chair certain key meetings.

Local NHS Health Boards are responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services and also provide clinical leadership, advice, and strategic planning. Clinical Directors, Chief/Lead Nurse(s) or Nurse Consultant(s) require to be assured that clinical and care governance has a high profile, ensuring that the quality of care – including attention to adult protection - is given the highest priority at every level within integrated services. They take the professional lead on all aspects of the health contribution to safeguarding and are central to the Health Board's clinical and care governance processes for public protection.

A Council may also be responsible for commissioning a service that becomes subject to an LSI, such as a care home or a care-at-home service. This means that council contracting and commissioning teams will also be involved in an LSI, as these teams are able to provide information on contractual terms.

Both Councils and Health Boards may have substantial background information both on a service that is subject to an LSI and on the adults who use that service. This can be vital at the start of, and during, an LSI.

6.4 Police Scotland

The main purpose of policing is to improve the safety and wellbeing of persons, localities, and communities in Scotland. In addition, where a crime has been committed it is the duty of the police to trace the offender and bring them to justice. The police do this in partnership to protect the safety of vulnerable adults and any other identified person within their family or the wider community.

The paramount consideration in any decision or arrangement in respect of LSIs taking place alongside other investigations is the need to protect adults from harm. In many instances this will be achieved by securing improvements in systems which exist to prevent adults being exposed to harm alongside, where relevant, the successful prosecution of those who pose a threat to adults.

Whilst criminality will not always be a factor in an LSI it is imperative that the police are notified about the LSI from the outset. This allows for both early identification of, or early elimination of, criminality.

The investigation of crime requires a high degree of cooperation between all departments, stakeholders and partner agencies. Police are responsible for making quick-time decisions to protect the safety of vulnerable adults and also any other identified person within their family or the wider community. The need to gather information and evidence must always be balanced against the need to take any immediate protective action.

A criminal investigation is led by the police. The council will consult with police in LSIs where there is a criminal investigation, and the police will advise how these parallel investigations can progress.

Even if criminality is not suspected, Police Scotland can provide background checks, relevant local or national information, and advice on safety planning and/or risks to

the community. Where the risk of harm is significant and immediate, the focus of the initial risk assessment is to ensure direct action is taken to mitigate risk and to provide appropriate safety measures to the adult(s).

Through early engagement with the police, and their inclusion throughout an LSI, vital evidence can be obtained, and plans put in place to ensure an efficient and effective parallel investigation is carried out alongside any intervention to safeguard any individual adults at risk. This joint working ensures that safety and welfare considerations are captured within the investigation strategy.

6.5 The Care Inspectorate

The Care Inspectorate is a scrutiny body which supports improvement. They look at the quality of care in Scotland to ensure it meets high standards. Where improvement is needed, the Care Inspectorate supports services to make positive changes. If the Care Inspectorate finds underperforming care, they take action: outlining areas for improvement and issuing requirements for action. This can include using enforcement powers and, as a last resort, cancelling the registration of a service subject to the decision of a sheriff.

The Care Inspectorate require Councils and HSCPs to notify them at the commencement, and the completion, of an LSI where the subject of the LSI is a service or provider registered with them. This must be done via the [Care Inspectorate notifications](#) web page.

Because the Care Inspectorate is the national regulator for care services in Scotland, when an LSI concerns a service registered with them the Care Inspectorate must be invited to be involved throughout an LSI. This includes being invited to key meetings or as part of the LSI Oversight Group. The exact type of collaboration with the Care Inspectorate can vary according to the nature of each LSI (and, in some circumstances, they may not be involved at all). However, during an LSI, the Care Inspectorate can be a valuable source of current and historical evidence in relation to services that are registered with them. This might include information from previous inspections, and can often include information on leadership, management, and workforce skills in a service registered with them. Information arising from the LSI

may also inform Care Inspectorate activities in other services (if any) provided by the same organisation.

Alongside an LSI, the Care Inspectorate may carry out their own scrutiny activity related to the standard of care in a service registered with them. If this is the case, it is important that there is coordination between the Care Inspectorate and the team conducting the LSI. In some cases, it may be appropriate for the LSI team and Care Inspectorate staff to undertake joint visits and jointly examine records.

6.6 Healthcare Improvement Scotland

Healthcare Improvement Scotland (HIS) has a statutory duty to further improvement in the quality of health care. They support, ensure and monitor the quality of healthcare provided or secured by the health service.

HIS is not routinely involved in LSIs in NHS settings. When an LSI occurs within an NHS setting, representation in LSI meetings would be provided by someone appropriately senior and informed from the health board. Where appropriate, however, HIS may become involved under its statutory duty to support, ensure and monitor the quality of healthcare provided or secured by the health service.

6.7 Mental Welfare Commission

The Mental Welfare Commission is an independent body, set up by statute with a safeguarding role. It protects and promotes the rights and welfare of people in Scotland with a learning disability, mental illness, personality disorder, dementia, and related conditions. It has statutory duties to safeguard the interests of people under mental health or incapacity law, notably the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adults with Incapacity (Scotland) Act 2000. The Commission carries out these statutory duties by focusing on five main areas of work: visiting people, monitoring the Acts, investigations, information, and advice, and influencing and challenging.

The Mental Welfare Commission is not routinely involved in LSIs. However, it does have duties under the 2007 Act to raise ASP referrals and cooperate in any investigation. If the LSI concerns one or more adults at risk with a learning disability,

mental illness, or other mental disorder, or who is subject to compulsory measures under the 2003 Act or the 2000 Act, it is good practice to notify the Mental Welfare Commission at the commencement of an LSI. In this circumstance, the Mental Welfare Commission may become involved in an LSI as part of their statutory duty. Notifications to the Commission are available on their website.

6.8 Office of the Public Guardian (Scotland)

The Office of the Public Guardian (OPG) in Scotland has a general function to maintain a public register of powers of attorney registered, guardianship and intervention orders granted and authorisations granted under the access to funds scheme. OPG also supervise those individuals who have been appointed to manage the financial and property affairs of adults who lack the capacity to do so for themselves, and investigate circumstances made known to them where the property or finances belonging to an incapable adult appear to be at risk.

The OPG is not routinely involved in LSIs. However, if there is a belief that the LSI may overlap with OPG responsibilities (for example, if there are concerns about the actions of a proxy decision maker, appointed under Adults with Incapacity legislation), they should be contacted for discussion and to assess a possible role in the LSI.

6.9 Other bodies key to an LSI

While the Adult Support and Protection (Scotland) Act 2007 places statutory duties on public bodies, it is everyone's business to help identify and safeguard adults at risk of harm. Since every LSI is unique, this means there are potentially a very wide range of organisations and individuals who may be involved in an LSI. The following list is not exhaustive; however, it does include bodies whose involvement, where appropriate, is likely to be central to the successful outcome of an LSI.

6.10 The agency, organisation or service subject to an LSI

When an LSI relates to an agency, organisation or service, working in partnership with them (wherever possible, and where it does not conflict with a police investigation) is often the key to an LSI's successful outcome. Proprietors, Boards of

Trustees, managers and staff will all potentially be involved in the investigation, and their co-operation will be essential.

It is the responsibility of the team leading the LSI to clearly explain what an LSI is and why the service is subject to it. Clear and patient explanations are important at all times but take on particular significance when the service subject to an LSI does not provide health or social care services and is not registered with a public body such as the Care Inspectorate. Providing, or adapting, the material in Appendix 2 may be helpful.

All those involved in conducting the LSI should also take care to avoid apportioning blame. Blaming language is likely to hamper co-operation from staff, managers and/or owners of a service subject to an LSI. The team conducting the LSI should also be sensitive to the disruption an LSI is likely to have on a service, especially to the adults who rely on it; clearly communicating key milestones and actions to the service subject to an LSI (unless there is a good reason not to). There should be defined lines of communication, with named contacts, between the service subject to an LSI and the team conducting the LSI.

The service subject to an LSI should co-operate fully with the LSI team in order to keep adults at risk safe and ensure the LSI proceeds as smoothly and fairly as possible. This includes, but is not limited to, sharing information when asked; facilitating interviews with staff and users of the service; responding promptly to requests; and attending LSI meetings when invited.

Managers and proprietors of a service should be encouraged to develop their own communication strategy, whose aim is to help adults who use their service, families, and their own staff to understand the LSI process. Appendix 2 can help with this.

6.11 Independent advocacy

Independent advocacy is about speaking up for, and standing alongside individuals or groups, and not being influenced by the views of others. Essentially it is about everyone having the right to a voice, addressing barriers and imbalances of power, ensuring that an individual's rights are recognised, respected, and secured.

There is a statutory duty in the Mental Health (Care and Treatment) (Scotland) Act 2003 for each council and each local health board (in collaboration with each other), to secure the availability, to persons in its area who have a mental disorder, of independent advocacy services – and to take appropriate steps to ensure that those persons have the opportunity of making use of those services. In the Adult Support and Protection (Scotland) Act 2007, the responsibility to ensure that those with a mental disorder have access to independent advocacy is reiterated and has the same meaning as in the Mental Health (Care and Treatment) (Scotland) Act 2003. It is also made clear that services should have regard to the importance of independent advocacy services for all adults at risk under the Act.

Independent advocacy services should be proactively offered to adults at risk, and their families or supporters, in any service subject to an LSI. Clear explanations as to the purpose of advocacy should be provided, ensuring people understand its importance in upholding their rights. Independent advocacy should be offered at the start of, and throughout, an LSI. Information on independent advocacy should be included in information sent to adults at risk.

It is good practice to involve independent advocacy services as early as possible, including in any preventative work. The same principles of information sharing and multi-agency collaboration apply to independent advocacy as they do to all other agencies involved in an LSI. Local advocacy strategic plans should ensure that there are sufficient resources for independent advocacy organisations taking part in an LSI. Often, multiple people will be supported in one setting, and this may require more intensive input from the independent advocacy organisation.

Some of the independent advocacy may fall under the category of ‘non-instructed advocacy’ within the context of Adult Support and Protection. This form of independent advocacy can be provided to individuals who are unable to give a clear articulation of their views or wishes in a specific situation and are unable to clearly express whether they would like an independent advocate.

If the adult at risk does not want independent advocacy, it is important to clearly record this. Adults who initially refuse independent advocacy should still be offered it periodically. Their decision should be revisited and noted during each formal review, such as at multi-agency meetings, assessments, or professional meetings.

6.12 Adults at risk support groups and family support groups

The central concern of an LSI is to keep adults who may be at risk safe. The Adult Support and Protection (Scotland) Act 2007 makes it a statutory duty to take account of the wishes and feelings of the adult (as set out in Section 5 of this guidance). Moreover, engaging directly with adults at risk and their families to ascertain their experiences in and perspectives of the service subject to an LSI is vital evidence.

If there is a support group for adults who use the service that is subject to an LSI, or for their families, this group should be contacted as soon as possible after a decision has been taken to progress to an LSI. They should be kept informed as to the progress of the LSI and, if appropriate, the team conducting an LSI should seek to meet with these user/family support groups.

For this engagement to be meaningful, the views of adults at risk have to be considered in both an open-minded and non-judgmental way. Sometimes, this is straightforward, requiring no specialist input or expertise beyond the sensitive and empathetic communication skills which would be expected of all professionals liaising with individuals in what can be challenging circumstances. In other cases, there will be special requirements around communication or accessibility. The team conducting the LSI should put in place all arrangements needed for the active and meaningful participation of adults at risk and their families.

6.13 Scottish Care

Scottish Care is a membership organisation and the representative body for independent social care services in Scotland. It represents services delivering residential care, nursing care, day care, care at home and housing support services.

If a service subject to an LSI is an independent social care service, they may be a member of Scottish Care. Scottish Care can offer support to their members around LSI activity, including advising them on their rights and responsibilities.

Independent Sector Leads (ISLs) can provide support and guidance to independent social care services during an LSI (regardless of Scottish Care membership). Independent social care services should check with their local HSCP to see if there is an ISL in their area for support.

6.14 GPs and general practice staff

The involvement of GPs and general practice staff in LSIs can be significant. For instance, in LSIs involving care homes, specific GPs may hold considerable information on several adults. General practice hold responsibilities to share information – either verbally or written – relating to adults at risk; participate in discussions and decision-making; understand the wide range of risks involved for their patient, and partake in any risk assessments; offer their patients help if they think their rights are being abused or denied; and act promptly on any concerns they have about a patient.

Further information about Adult Support and Protection responsibilities for general practice can be found in the [RCGP safeguarding standards for general practice](#) and the seven-minute briefing [Adult Support and Protection for GPs, primary care and other health staff](#).

6.15 Scottish Fire and Rescue Service

The Scottish Fire and Rescue Service (SFRS) works in partnership with communities and with others in the public, private and third sectors, on prevention, protection and response to improve the safety and wellbeing of people throughout Scotland.

SFRS is not routinely involved in LSIs. However, there may be occasions when SFRS involvement is valuable for their area of expertise, including fire prevention, fire safety legislative compliance and operational response. If this is the case, they should be contacted for discussion and to assess a possible role in the LSI.

7. Instigating a Large Scale Investigation

Just as with any individual concerns as laid out within the Adult Support and Protection (Scotland) Act 2007, proportionate discussion should take place regarding the need for an LSI. The least restrictive principle should be considered when it comes to the decision whether, or not, to instigate an LSI.

The criteria that determine whether an LSI is to take place is dependent on whether there is **more than one adult at risk of harm**, as defined in the Adult Support and Protection Code of Practice. Sometimes this will be clear, but – due to the nature of possible institutional harm, or harm at scale in the community, often it will not. This section of the guidance is designed to support the best possible local decision-making when commencing an LSI.

7.1 Responding to the initial referral

In the first instance, on receipt of an ASP referral, ASP Section 4 inquiries and local ASP procedures should be followed. The speed and accuracy of an initial response to a referral can prevent further harm from occurring, embed oversight and support from the earliest stage, and ensure a prompt evaluation of the circumstances. If it appears that immediate action is needed to protect any adults at risk of harm, this should be taken without waiting for further stages in the LSI procedure.

When a referral is received indicating that more than one adult may be at risk, this referral should be screened by a Team Leader or Manager within 24 hours, with a view to considering if LSI criteria may be met. Any local guidance, which may provide a detailed local process to follow, should also be consulted at this stage. This should occur in parallel with continuation of local ASP procedures in response to the referral, including the undertaking of any S4 enquiries.

From this initial screening, and if it looks like an LSI might be a possible outcome, the Team Leader or Manager who screened the initial referral should contact the relevant senior manager (designated locally) within 24 hours of the initial referral screening. This senior manager is then able to oversee initial inquiries to establish whether the referral is likely to require an LSI. The Chief Social Work Officer,

relevant Head of Service, and Adult Support and Protection Lead Officer should also be notified at this stage.

7.2 Convening a multi-agency initial LSI discussion

Although the decision to begin an LSI is with the council, they should work in partnership and take account of the opinions of their multi-agency partners. This can be most effectively done at a multi-agency initial LSI discussion to reach a consensus whether to instigate an LSI or not. This meeting may be called by different names in different areas – the exact terminology is not important.

Since every potential LSI is unique, there is not a definitive list of who should be invited to this discussion, although it is likely that Police Scotland and relevant local health managers should be invited. Contracts and commissioning services may also hold useful information. The case holding inspector from the Care Inspectorate can also be invited should the concerns relate to a service registered with them. In essence, all professionals with key information and/or evidence, whose professional insight will help with the decision whether or not to proceed to an LSI, should be invited.

Consideration should be given to how the service subject to the potential LSI is involved at this stage. It may be appropriate to invite a representative of the service to all or part of this discussion (providing their involvement would not negatively affect any police, ASP or Care Inspectorate activity); or to notify them that the initial discussion is occurring.

The purpose and possible outcomes of the discussion, essentially whether to proceed or not to an LSI relating to the named agency, service or organisation, should be clearly stated in the invite. It should also be stated that each invited person should collate, and be prepared to present, their evidence at this meeting (see 7.3, Collating and presenting evidence, below).

This multi-agency initial LSI discussion should be chaired by a senior officer of the council with sufficient authority to effect strategic and operational changes, including the authority to proceed with an LSI.

A sample agenda for the multi-agency initial LSI discussion can be found at Appendix 4.

7.3 Collating and discussing initial evidence at the multi-agency initial LSI discussion

Dependent on the nature of the specific agency, service or organisation under discussion, and the circumstances of possible harm, the evidence presented at the meeting can vary. Possible evidence that an attendee may present includes (but is not limited to):

- Previous Adult Support and Protection referrals related to the specific agency, service or organisation under discussion – including previous LSI discussions
- Details of any prevention work undertaken, including evidence related to Early Indicators of Concern
- Details of any improvement work undertaken to date, even if the improvements have not been sustained
- Organisational chronologies, which show patterns of previous concern and/or improvement work
- Information on previous criminality in the specific agency, service or organisation under discussion
- Intelligence from complaints, feedback and contract monitoring
- Previous inspection reports related to the specific agency, service or organisation under discussion
- Any locally produced organisational guidelines
- Any referrals made to regulatory bodies, such as the SSSC or NMC.

There is a Summary of Information template included at Appendix 3 that invitees may find it useful to complete in advance of the meeting.

In presenting and discussing the evidence, the task of the multi-agency initial LSI discussion group is to ascertain whether the central criteria for an LSI are met: whether there is more than one adult at risk of harm. The discussion should also aim

to consider whether there is a risk to other adults not mentioned in the initial referral. In doing this, the attendees may be attempting to differentiate between 'poor care' and 'harm'. This can be a difficult distinction to draw, especially since poor care can foreshadow harm. Skills of professional analysis and always returning to the central point whether there is more than one adult at risk of harm, can help focus this discussion and aid decision-making.

This discussion should also consider the potential impact of an LSI on adults at risk and their families, taking a trauma-informed approach at all times. Being trauma-informed means that all workers, in the context of their own role and work remit, have a unique and essential trauma informed role to play in responding to people who are affected by trauma. There is more information about trauma and trauma-informed practice in the [National Trauma Transformation Programme](#).

The multi-agency initial LSI discussion should always be minuted, with actions clearly documented. This should include the specific agencies and/or individuals responsible for these actions, and timescales for their completion. These minutes should also be shared with anyone who was invited but could not attend.

7.4 Making a decision

The decision to proceed, or not to proceed, with an LSI rests with the council. But the council should always work in partnership and take account of the professional judgement and evidence of their multi-agency partners. If the attendees at the multi-agency initial agency discussion ascertain, through the evidence and their professional judgement, that more than one adult is at risk of harm, this would indicate an LSI should proceed.

The decision to proceed should take into account the ASP Principles. For example, consideration should be given to whether conducting the LSI may provide benefit to the adult(s) at risk and – of the range of options available – will be the least restrictive to the adults' freedom. However, it should also be noted that assessing the benefit, or degree of restriction, before an LSI begins may be unrealistic. It may

sometimes be necessary to instigate the LSI in order to properly assess the provision of benefit and least restrictive option.

If the attendees at the multi-agency initial LSI discussion decide that more than one adult is experiencing care that falls short of expected standards, and that adults are not at risk of harm, then this would indicate other mechanisms outside of an LSI (at least as a first response). This would also be consistent with the 'least restrictive' principle. In this event, robust mechanisms for addressing poor care outside of an LSI (such as through contract monitoring and quality assurance). In this case, the attendees can suggest alternative actions to an LSI (dependent on the particulars of the agency, service or organisation under discussion). It may also be discussed how and when to keep this decision under review, and in what circumstances this decision might be reconsidered.

There may be instances where the decision is not clear-cut. The council may decide, for example, to implement improvements within a specific timescale, before or in tandem with commencing an LSI. A review meeting should be arranged to monitor these improvements after a specified time, which may also inform subsequent LSI-related decisions.

Details of the decision whether or not to proceed to an LSI, the rationale for this, and any actions arising, should be clearly included in the minutes.

If a Head of Service is not present at the multi-agency initial LSI discussion, it is good practice to inform them of the decision within 24 hours. It is also good practice to update the Chief Social Work Officer, the Chief Officers Group (COG), the Adult Protection Committee (APC) and other senior managers of the decision whether or not to proceed to an LSI.

7.5 Disagreements with the decision, or if a decision cannot be reached

In some cases, a decision cannot be reached whether to proceed to an LSI or not. In other cases, one or more attendees may disagree with the decision to proceed, or

not to proceed, to an LSI. If this occurs, the decision should be escalated to a senior management group of decision-makers.

This group will differ according to local circumstances. It may, for example, include the Chief Social Work Officer, Director of Nursing, and Clinical Medical Director. They will work to the same principles as the multi-agency initial LSI discussion group and decide, through the evidence and their professional judgement, whether or not more than one adult is at risk of harm and whether an LSI should commence.

If this group is also unable to decide whether or not to proceed to an LSI, or there is a potential conflict of interest, the decision-making may be further escalated; for example, to the local Chief Officers Group (COG).

8. Commencing a Large Scale Investigation

Once the decision has been taken to proceed to an LSI, a clear start to an LSI can yield benefits throughout the whole process. This section covers the notification process, the first meeting to begin the LSI, the roles and responsibilities of those involved, and establishing oversight.

8.1 Notifications process

Notifications of LSI are not only a formal process. They are the basis for good communication through the LSI, ensuring everyone who needs to know about the LSI is kept informed. They can also provide extra information that helps address anxieties about the LSI, signposting to further details and support. The person or persons responsible for the notifications below should be decided locally, and a clear record made of this.

8.2 Notifying the organisation, agency or service subject to an LSI

Working with the agency or service concerned will be key to the successful completion of the investigation. Proprietors, Boards of Trustees, managers and staff will potentially be involved in the LSI and their co-operation will be essential. Although it is a formal necessity to notify the agency or service via letter, consideration should be given to the feelings, concerns and anxieties of all

concerned. It is important to start with the view that – unless it is proven otherwise – everyone wishes to provide good care and not cause harm. A sensitive notification can have positive effects right through the course of an LSI. It is particularly helpful, if possible, that a worker who knows the organisation subject to an LSI is involved in notifying them.

This means that the notification should contain information about what the service can expect from an LSI. This may be general information about LSIs (see Appendix 2) alongside more specific information about the nature of this particular LSI. A named contact, to act as the Liaison Lead to the service, should also be provided in this notification if possible (or as soon as possible following the notification). A sample letter is included in Appendix 7.

8.3 Notifying adults (and their families and supporters) who use the service

Adults who use the service (and those who support them) may be understandably anxious at the news of an LSI in a service that they use. If the LSI takes place in a care home, or in supported housing, this is where the person may live on a permanent basis, and call home.

It is essential that, when notifying those who use the service that clear information is provided on what an LSI is (and what it isn't) and what it seeks to achieve. This should be provided in a format that adults who use the service are most likely to understand. Reassurance should be provided that the adult and their supporters will be kept informed as to the progress of the LSI. The notification should include a named contact, to act as the Liaison Lead to adults (and those who support them) who can be contacted in the event of any queries. This Liaison Lead also has responsibility for proactively keeping those who use the service informed.

The service subject to the LSI may also request to have their own representative's contact information included in the notification, in order that they may also be contacted to answer questions. This can be decided after discussion with the service in question, taking into account any factors relevant to the circumstances of the LSI.

The notification should inform the adults that their rights will be upheld and that their participation is valued. It should also include details of independent advocacy, explanation of what advocacy is, and how to access this. Information of advocacy should also include, where appropriate, details of 'non-instructed advocacy'. This form of advocacy can be offered to people who have some level of incapacity, or who (for any reason) are unable to clearly express whether they would like an independent advocacy worker. A sample letter is included in Appendix 9.

8.4 Notifying other council areas (including those outside of Scotland)

Action should be taken, by a named worker, as soon as possible to identify any adults using the service who are outside of the council area conducting the LSI. Information should be provided from the host council (e.g., where that service is based) to any other council with adults who are using that particular service (the placing council). This can include people who self-fund their care, as the placing council may still hold relevant information about their care that could inform the LSI. The placing council may also have some important information about the service, and they should share this with the LSI Team.

A communication plan associated with the LSI should include clarity about whether enquiries regarding the LSI should go to the host or placing council in the first instance. A single point of contact and substitute contact from each council should be established to ensure consistent, accurate and timely communications between councils. This may be the social worker or team leader for the team in the placing council holding the case for the adult (if known). If not, enquiries can be directed to a senior social work manager, operations manager, or ASP Lead Officer of the placing council.

The placing council will be invited to send representation to LSI meetings and may have a role to play in reviewing the needs and care of the individual (in close collaboration with the host council conducting the LSI).

If the placing council is outside of Scotland, it is recommended to make it clear that an LSI falls under Scottish Adult Support and Protection legislation. If the line of

communication with a council outside of Scotland is unclear, advice should be sought from the Chief Social Work Officer and/or a council's legal services.

Should the service or organisation subject to the LSI also operate outside Scotland, and there are potentially similar concerns outside Scotland to those which gave rise to the LSI, then the relevant legislation in that jurisdiction applies. However, it will obviously be important for co-ordination and information sharing between any investigations into the same organisation, regardless of where they take place. There is a template for notifying other councils at Appendix 8.

8.5 Notifying GPs

It is good practice to notify, by letter or email, all the GPs involved in the care of any adult affected by the LSI. GPs can also be a valuable source of information during the course of an LSI. The involvement of GPs and general practice staff in LSIs can be significant. For instance, in LSIs involving care homes, specific GPs may hold considerable information on several adults. General practice hold responsibilities to share information – either verbally or written – relating to adults at risk; participate in discussions and decision-making; understand the wide range of risks involved for their patient, and partake in any risk assessments; offer their patients help if they think their rights are being abused or denied; and act promptly on any concerns they have about a patient.

As set out in the Adult Support and Protection (Scotland) Act 2007: guidance for General Practice, all GPs are expected to share information in the context of an ASP referral or inquiry relevant and proportionate to the specific concerns raised. UK law (including UK GDPR), GMC guidelines, ICO guidelines and the Caldicott principles do not prevent sharing of personal information for the purposes of safeguarding.

Any information received in the course of an inquiry is treated with the utmost confidence and will not be disclosed to any third parties other than in accordance with the provisions of the Act.

8.6 Other notifications

The below is a summary table of who else to notify when an LSI begins.

Guide	Who to notify	Contact details
The service subject to an LSI is registered with Care Inspectorate	Notify the Care Inspectorate. This must be done via the Care Inspectorate notifications web page.	Care Inspectorate Website Email enquiries@careinspectorate.gov.scot Phone Number - 0345 600 9527
The service subject to an LSI relates to a hospital or healthcare service	Notify Healthcare Improvement Scotland	Healthcare Improvement Scotland Website Email - his.comments@nhs.scot Phone Number - 0141 225 6999
An alleged perpetrator/s professional registration	Notify relevant body e.g. SSSC, NMC, GMC, Health & Care Professions council	SSSC Website Phone Number - 0345 603 0891 NMC Website Phone Number - 020 7637 7181 GMC Website Email - standards@gmc-uk.org Phone Number - 0161 923 6602 Health & Care Professions Council Website Phone Number - 0300 500 4472
An alleged perpetrator/s is registered with Disclosure Scotland	Notify Disclosure Scotland if staff member is dismissed	Disclosure Scotland Website Email response@disclosurescotland.gov.scot Phone Number - 0300 020 0040

<p>An adult at risk in the service subject to an LSI has a mental disorder or lacks capacity; or, if adults who use the service are subject to welfare guardianship</p>	<p>Notify Mental Welfare Commission. More information can be found on the notifying the Commission web page.</p>	<p>MWC Scotland Website Email - mwc.enquiries@nhs.scot Phone Number - 0131 313 8777</p>
<p>An adult at risk in the service subject to an LSI has a continuing attorney, financial guardian or financial intervener or withdrawer under ATF</p>	<p>Notify Office of the Public Guardian Notify Power of Attorney, Guardian, Intervener or Withdrawer (except where they are the alleged perpetrator(s) of harm)</p>	<p>Office of the Public Guardian Website Email - opg@scotcourts.gov.uk Phone Number - 01324 678 300</p>
<p>Suspect there may be criminality</p>	<p>Notify Police Scotland</p>	<p>Police Scotland Website Contact details for local police stations</p>
<p>Suspect there may be environmental risks, including fire risks or concerns related to fire safety legislative compliance</p>	<p>Notify Scottish Fire and Rescue Service</p>	<p>Contact Scottish Fire and Rescue Service's Community Action Team (CAT). To contact the CAT in your local area, please refer to the following list. Your area Scottish Fire and Rescue Service</p>

8.7 LSI planning meeting

The LSI Planning Meeting should be held soon after the multi-agency initial LSI discussion (see Section 7.2) and once the decision has been taken to proceed to an LSI. It is recommended that this meeting take place within five working days of the decision to proceed to an LSI. Even if some planning has already taken place, a detailed and robust planning meeting is essential to an effective LSI. It is a critical part of the LSI process, is multi-agency, and sets in place the structure, processes and action to be taken during the LSI.

This meeting may be called by different names in different local areas, but the purpose of the meeting will remain the same.

Exact invitees are decided in collaboration between the Chair (likely a senior officer of the council at Head of Service level, or above, with previous experience of chairing Adult Support and Protection case conferences) and the team conducting the LSI. Invitees may include (this list is not exhaustive and attendees will be determined on relevance):

- Council ASP staff
- Council contract monitoring staff
- Council quality assurance and commissioning staff
- (If applicable) representatives from any other councils who have placed adults in the service subject to the LSI
- The Care Inspectorate
- Police Scotland
- The Mental Welfare Commission
- Healthcare Improvement Scotland
- Relevant health staff
- Scottish Fire and Rescue.

Many, if not all, of those invited will be the same as those invited to the multi-agency initial LSI discussion as set out in Section 7. The manager and/or owner of the

service may be invited to the meeting (or part of the meeting) unless their presence would compromise the LSI.

As a minimum, the meeting aims to achieve, and assign named people for actions arising from, the following:

- Official confirmation that an LSI will be initiated
- Identify the objectives of the LSI, with these being as SMART (specific, measurable, achievable, relevant and time-bound) as possible
- Confirm the Lead Investigation Officer (see Section 8.8) and the team conducting the LSI
- Identify a Senior Manager from the HSCP to chair and convene the LSI Oversight Group (see below)
- Identify or confirm lead officers from each agency involved, and points of contact for each agency
- Identify any relevant agencies who have not yet been notified, and make a plan to inform these agencies
- Discuss the existing evidence, for instance all previous concerns, complaints and reports. This is likely to build on the discussions in the multi-agency initial LSI discussion as set out in Section 7.
- Agree an initial risk management plan, including any immediate actions to protect adults at risk. The meeting may also need to address whether a moratorium on referrals to the service needs to be introduced (this can also be a voluntary moratorium, agreed with a service provider). This will very much depend on the nature of the issues under discussion.

A discussion on the needs of the adults who use the service. This is likely to include:

- Identifying any users of the service deemed at risk of harm that may need a separate ASP risk assessment, separate ASP case conference, and (potentially) a separate ASP protection plan.
- Identifying any users of the service who may need their care and support packages reviewed, in order to ensure their care and support needs are being met now, and in the immediate future, while the LSI is being conducted. If it

appears that these needs are not being met, then alternative arrangements should be identified.

- Identifying which users of the service may have been assessed as lacking capacity and whether there are appropriate proxy powers in place. Where there are no powers in place, the early provision of non-instructed advocacy should be considered.
- Identifying which users of the service should initially be the subject of the LSI
- Plans for a clear notification and engagement strategy with users of the service, their families and supporters, including direction to independent advocacy services as soon as possible.
- Clarify any parallel investigations (such as by the police, Care Inspectorate, Scottish Social Services Council, the Mental Welfare Commission, or Healthcare Improvement Scotland; individual Adult Support and Protection investigations; adverse events review process; single agency health reviews; internal investigation activity or disciplinary procedures and agree mechanisms for communication and feedback
- Address any cross-boundary issues – for instance, where adults who use the service have been placed by a different council (including councils outside of Scotland) or where the provider runs services in other council areas
- Allocate the resources needed, including a physical space, if required, for the investigation team. Release of practitioners and clinicians to undertake the LSI should be prioritised and senior managers should address existing staff workloads to ensure capacity to undertake the LSI.
- Consider possible interest from the media and elected members, and agree a formal media strategy (See Section 9.10)
- Agree how information will be securely shared and stored, allowing key information to be quickly accessed. This should be supported by business processes and systems.
- Consider the possible impact of the LSI, including in the cases of a suspension of new referrals to the service and service closure
- Consider the support needs of the service provider and the staff working at the service. Although the Council is not responsible for the support needs of other employers, it is good practice to (at a minimum) discuss with the owner

or proprietor of a service about the anxieties that may be triggered in their staff around an LSI and enquire about the support available to them.

- Agree an action plan and timescale.
- Agree a next meeting date.

There is a sample Agenda in Appendix 6.

The meeting should be minuted, with the agreed action plan attached to the minutes. It should be acknowledged that although the LSI planning meeting's purpose is to agree plans, structures and actions, an LSI will always require a degree of flexibility in its approach. Changing needs and circumstances are likely as the LSI proceeds, and it is therefore essential that the LSI Oversight group (see Section 6.4) is regularly updated, in order to give a clear steer to the LSI.

8.8 Lead Investigation Officer (LIO) and the LSI Team

Having one key person leading the LSI is important. For the purpose of this guidance, that role is called the Lead Investigation Officer, but the local terminology and exact functions may differ.

A Lead Investigation Officer (LIO) for the LSI will be designated (likely by a Head of Service or other senior officer of the council) once the decision to proceed to LSI has been taken. The LIO will lead the investigation and is responsible for the day-to-day progress of the LSI, including designating roles within the team conducting the LSI.

Adult Support and Protection experience is very important in the LIO role, due to the sensitive, complex, and highly collaborative nature of LSIs. This means the LIO is likely to be a senior manager with substantial experience of Adult Support and Protection work. It may be beneficial for the LIO to be a qualified social worker registered with the SSSC, and it is recommended that this individual be an authorised Council Officer (as defined by Section 53(1) of the Adult Support and Protection (Scotland) Act 2007).

Once appointed, the LIO takes responsibility for coordinating any immediate actions to keep an adult or adults at risk safe. These actions can also be discussed with the Chief Social Work Officer and any manager who has been involved in relevant individual ASP cases at that stage.

The LIO will oversee the day-to-day progress of the LSI and support the LSI team. The LIO takes responsibility for providing updates that have been agreed locally, such as to the Chair of the LSI Oversight group and the Adult Protection Committee. The manner and frequency of these updates is also to be agreed locally, reflecting the risks, dynamics, and workload involved.

8.9 The LSI Oversight Group

A formal multi-agency group should be established to oversee the LSI and ensure the actions of the team conducting the LSI are accountable. Such a group is called the LSI Oversight Group for the purposes of this guidance, but local terminology may vary. This group will also be responsible for briefing other senior stakeholders who are not actively involved in the LSI. The Chair of the LSI Oversight Group should be independent of the team conducting the LSI.

The LSI Oversight Group has overall responsibility for the planning, monitoring and review of the LSI. This includes ensuring agreed timescales are adhered to and ensuring the resources allocated are both proportionate and adequate.

The LSI Planning Meeting (See Section 8.7) will identify a Senior Manager from the HSCP to chair the LSI Oversight Group who will convene the membership of the Oversight Group. Exact membership will be dependent on the nature and circumstances of the LSI. Usually, however, it will include

- Senior representatives from the HSCP, including Contracts and Commissioning staff
- Chief Social Work Officer
- Adult Support and Protection Lead Officer

According to circumstances the following, amongst others, may also be part of the LSI Oversight Group:

- Police Scotland
- Local Health Board
- the Care Inspectorate
- the Office of the Public Guardian
- the Mental Welfare Commission
- Health Care Improvement Scotland
- other council services
- other services within the council area, including independent advocacy
- other councils and partnerships, who may become involved if they have adults placed in the service subject to the LSI.

Specific consideration will need to be given to whether a representative of the agency subject to the LSI should be part of the LSI Oversight Group. In some cases, it may be considered appropriate for them to be part of some, or all, of LSI Oversight Group discussions; in other cases, this may be considered to be detrimental to the LSI and could potentially hinder any associated potential criminal investigations by Police Scotland. Specific advice should be sought from Police Scotland on this point. Where they are not included as part of the LSI Oversight Group, it will be important to agree how and when updates are provided to the agency subject to an LSI, and who will provide them. Key messages to the service should be done in coordination with the LSI team to ensure consistency of message and to avoid any duplication.

The LSI Oversight Group should meet regularly, with frequency and duration of meetings decided locally. The frequency and duration of LSI Oversight Group meetings will be determined by the assessment of risk, the pace of the LSI and the need for a sufficiently flexible response to what may be a rapidly changing situation.

The LSI Oversight Group should ensure that Adult Support and Protection principles, and the Large Scale Investigation principles (as set out in Section 5 of this Guidance) are adhered to throughout the LSI. When the organisation subject to an

LSI is an in-house provider rather than an external agency, it will be particularly important for the LSI Oversight Group to ensure an equitable and unbiased process.

The LSI Oversight Group should also ensure that appropriate administrative support is provided for the conducting of the Investigation, including the scheduling and minuting of LSI meetings.

9. Conducting the Large Scale Investigation

9.1 Establishing milestones locally

Every LSI is unique. Therefore, the overall timescale for an LSI is not outlined in this guidance (although the overall timescale for each LSI should be discussed and planned locally). It is recommended that the LSI team establish **milestones** within this overall timescale that can be considered during the progress of an LSI.

Milestones are unique to each LSI and are particular points where a decision needs to be taken, or when LSI moves on in a significant way. Milestones should always evidence progress in an LSI in some way – for instance, when all planned interviews have been completed.

Milestones are important for several reasons. They prevent drift and delay; they help all those affected by a LSI, especially adults and their families, to feel confident in the process; and they help with resource management. This guidance supports local conversations about the most appropriate milestones in the circumstances, from which timescales can be derived. Each local area should be able to evidence that they have set their own reasonable and proportionate timescales.

Agreeing milestones locally, coupled with effective local governance from the LSI Oversight Group (see Section 8.9), help ensure action points are progressed.

9.2 Initial planning and activity

The Lead Investigation Officer (see Section 8.8) and the team conducting the LSI should meet as a team as soon as practicable after the LSI Planning Meeting (see Section 8.7). This will enable the team to:

- review the agreed objectives of the LSI
- agree milestones related to these objectives, which are to be time-bound and clearly recorded
- analyse gaps in current evidence and make plans to address this
- discuss the current and future risk to adults who use the service, including the progress of individual ASP referrals.
- establish a strategy for communicating with other partners who may be carrying out parallel investigations
- discuss whether specialists are needed and how they will be involved. This may include (but is not limited to) LSIs that involve health issues or financial harm.
- agree to a schedule of meetings to discuss progress within the team conducting the LSI

After the initial planning activity, the LIO and the team conducting the LSI should continue to meet regularly. In these regular meetings, updates should be given on all the agreed milestones. The LIO and the team conducting the LSI should also practice professional curiosity (see Section 7.9), helping each other to analyse the evidence collected so far.

9.3 Individual ASP Inquiries/Investigations and possible learning reviews

The LIO should identify which individuals should be the subject of an ASP inquiry/investigative activity. These should follow local operating procedures, and the principles underpinning the Adult Support and Protection (Scotland) Act 2007 (see Section 5.1).

The LIO should advise the LSI Oversight group of the outcome of any individual ASP Inquiries/Investigations, including any protection actions that may be required and the need to convene an Adult Support and Protection multi-agency case conference.

The LIO should also have regard to the applicability of other statutory interventions, including consideration of any ASP Protection Orders, and any applications which may be required under the Adults with Incapacity Act or the Mental Health (Care and Treatment) Act.

The LIO will also have regard to extent to which any individuals' circumstances may meet the criteria for an ASP Learning Review. Where this may be considered to be possible, individual cases should be brought to the attention of the LSI Oversight Group. Where the LSI Oversight Group considers that formal consideration of an ASP Learning Review would be warranted, local ASP Learning Review procedures should be followed.

9.4 Duty of Candour

The organisational [duty of candour](#) may apply in some LSI circumstances. This is a general duty to be open and transparent with people who receive care from services. Its aim is to make sure that those providing care are open and transparent with the people using their services, whether or not something has gone wrong. The legal duties, and issues that organisations will want to consider, are outlined in the [Organisational duty of candour: guidance](#).

A crucial part of the duty of candour is the apology. Apologising is not an admission of liability. This is the case, regardless of whether the organisation is in health or social care, or public or private sectors. This statutory duty of candour was brought into law in 2014 for NHS Trusts and 2015 for all other providers and is now seen as a crucial, underpinning aspect of a safe, open and transparent culture. It is so fundamentally linked to concepts of openness and transparency that often the policies and procedures related to it have come to be known by staff by other names, for example, "Being Open", "Saying Sorry", and "Just Culture".

A notifiable safety incident (notifiable to the Care Inspectorate) is a specific term defined as the duty of candour regulation. It must meet all three of the following criteria:

1. It must have been unintended or unexpected
2. It must have occurred during the provision of an activity regulated by the Care Inspectorate
3. In the reasonable opinion of a healthcare professional, already has, or might, result in death, or severe or moderate harm to the person receiving care. This element varies slightly depending on the type of provider.

If any of these three criteria are not met, it is not a notifiable safety incident (but the overarching duty of candour, to be open and transparent, always applies).

9.5 Meeting with the agency, service or organisation subject to an LSI

Communication and the relationship with the agency, service or organisation subject to an LSI are central to an effective LSI. Therefore, it is recommended that the agency subject to an LSI also designates a main point of contact for the Liaison Lead. This representative could also take responsibility for cascading information about the LSI within their own agency.

The nominated Liaison Lead within the LSI team (see Section 8.8) should regularly meet with the representative within the service (how regularly should be decided locally, according to the circumstances of the LSI). The Liaison Lead should collaborate with the organisation subject to an LSI over meeting times, in order to promote positive relationships and minimise service disruption. If this is a service commissioned by the Council, the Liaison Lead may be accompanied by representatives from the council's Contracts and Commissioning service and/or representative from the Care Inspectorate.

In this meeting, and in subsequent meetings, it is important to establish with the organisation that an LSI is an Adult Support and Protection intervention, is time-

limited, and **not** a tool for ongoing service improvement. The organisation subject to an LSI may have questions about the process; many of these will be answered in Appendix 2, and it may be useful to share this document or a locally adapted equivalent with them. If the service is 'unregistered' – for instance, a charity, faith group, or other organisation that does not directly provide health or social care services, clearly explaining an LSI is likely to take on greater significance.

It is also important to acknowledge that the LSIs often feel destabilising to the organisation, to those who work in it, and to those who rely on its services. All LSI meetings should discuss how adults and their families will be kept informed, and how independent advocacy can represent the views and wishes of adults and their families.

Each organisation subject to an LSI will have different support mechanisms in place for its staff and it is that organisation's responsibility to support their own staff. However, in practice, the Liaison Lead can ask what supports they have in place. The Liaison Lead can be clear on the benefits to all when staff are supported. These benefits include not only those related to an individual's wellbeing, but also their ability to participate fully in the LSI, with the psychological safety to recall and reflect.

Depending on circumstance, the Liaison Lead may wish to signpost to support for staff working in the organisation subject to an LSI, or offer some joint support, such as shared debrief sessions. This approach can also be beneficial in fostering partnership working throughout the LSI. **But there is no requirement on the LSI Team to offer this, and it depends on local capacity and circumstance.**

The Liaison Lead should proactively communicate regularly with the representative of the service, to ensure they feel informed, and are able to pass information on the LSI to their own staff. It also means that the LSI team can understand any changes made, offer support or answer questions, and continually assess the ongoing risk of harm.

9.6 Interviews, focus groups, and liaising with adults at risk and their families

When interviews or focus groups with adults who use the service, or their families, take place, Part 1 (Sections 1 & 2) of the Adult Support and Protection (Scotland) Act 2007 must be observed. These establish that the intervention will provide benefit to the adult, be least restrictive to the adult's freedom, and have regard to their (and their families') ascertainable wishes and feelings. Section 2(d) also states that the adult should be provided with such information and support as is necessary to be able to participate. Therefore, every consideration should be given to issues of accessibility, ease, equality and diversity. All necessary supports, including interpreters and communication aids, and/or a professional who knows the adult well, can be considered in order to support this. Consideration should be given to the setting and time of day of the interview or focus group, and this should be the choice of the adult(s), wherever possible.

In some cases, the interview and/or focus group should also give regard to the principles of 'supported decision-making'. As defined by the [Mental Welfare Commission](#), supported decision-making is any process in which an individual is provided with as much support as they need in order for them to be able to:

1. Make a decision for themselves; and/or
2. Express their will and preferences within the context of substitute decision-making.

The purpose of supported decision-making is to ensure that the individual's will and preferences are central to and fully respected in decisions that concern them. There are briefings available on supported decision-making from [Iriss](#) and from the [Mental Welfare Commission](#).

Independent advocacy, as a means for the individual or group to have their voice heard during the process, can also be a means to promote participation in the interview and/or focus group. Adults should be offered independent advocacy prior to the interview or focus groups.

If running a focus group rather than conducting an interview, the LSI team should ensure that this is the most effective and trauma-informed approach to take. Focus groups can be positive: they promote interaction, enabling participants to ask questions of each other, as well as helping participants to re-evaluate and reconsider their own understandings of their specific experiences. However, they can also have limitations. They can discourage people who are not confident or who do not wish to share their experiences with many other people; they can also distress participants as sensitive topics are discussed in a group setting (Sim & Wakefield, 2019; Gibbs, 1997).

Where there is an ongoing parallel police investigation (or this is yet to be established), the police should be consulted as they will be able to advise on any legal aspects of the interview or focus group.

The professional(s) conducting an interview with an adult at risk of harm should always follow local ASP procedures for investigative interviews. The following principles may also be helpful:

- Provide information as to the purpose of the interview in advance. This should indicate what questions may be asked and information on what to expect. This will give the person an opportunity to think about what they would like to say in advance.
- Conduct interviews in a trauma-informed way. Adults and their family members who are involved in LSIs may have been (or are) experiencing the effects of trauma. Those carrying out interviews are encouraged to ensure they are familiar with the impact of trauma and seek appropriate support if needed.
- Use professional curiosity (see Section 9.9)
- Be clear that adults need to give their consent to being interviewed.
- Be patient with, and sensitive to, complex issues. Consider the impact on the adult throughout – not just of harm or potential harm, but of the LSI process itself. For instance, adults who rely on the service subject to an LSI may feel that they are ‘getting people into trouble’ if they talk about harm, abuse or

neglect. They may feel like their home, or the way they live their life, is threatened.

- Wherever possible, reduce or eliminate the need for adults to answer the same questions to different professionals. This will require close collaboration with multi-agency partners and information sharing (see Section 9.7).
- Check understanding throughout the interview and leave contact details at the end.

It is essential that those conducting interviews involved have all undergone specific training in investigating allegations of harm. As per section 8 of the Act, all interviews with adults at risk should be conducted by a Council Officer, and one other appropriate professional. Those conducting the interview should meet before the interview to ensure that they are each aware of all the circumstances related to the adult. There is further information about conducting interviews as part of the Adult Support and Protection process in [Chapter 7 of the Adult Support and Protection \(Scotland\) Act 2007: Code of Practice](#).

There should be consideration given to all adults using the service, whether they are being interviewed or not, and they should be kept informed as to the progress of an LSI. These updates should be provided as part of the LSI plan and be included as a specific and time-bound action. What these updates will be depends on the nature of the organisation subject to LSI and the circumstances of the LSI itself, but at a minimum, adults should be kept informed as to when an LSI is expected to conclude.

9.7 Information sharing

[The Adult Support and Protection \(Scotland\) Act 2007: Code of Practice](#) states that “good practice is that all relevant stakeholders will co-operate with making referrals and assisting with inquiries, not only those who have a duty to do so under the Act.” While there are named public bodies in the Act (see section 6.2) who have a duty to share information in order to keep adults safe and protected, a wide range of other services also contribute to the protection of adults at risk. These include independent contractors such as General Practice, Dental Practices, Community Pharmacy, Out of Hours services and Optometry Practice; Scottish Fire and Rescue Service; and

agencies of the Scottish Government. These services are also expected to co-operate with assisting inquiries. This is the case for LSIs as well as individual ASP inquiries/investigations. All partners in an LSI are expected to share necessary information to progress the LSI, since it is an ASP process to keep adults at risk safe. There is a template for information sharing at Appendix 3.

Data protection law enables organisations and businesses to share personal data securely, fairly and proportionately. The Information Commissioner's Office (the "ICO") has a [Data Sharing Code of Practice](#) and the resources available at their [Data Sharing Information Hub](#) provide detailed guidance and tools to aid data sharing in compliance with data protection law. A [step-by-step guide](#) to data sharing is available online. There are many **misconceptions and fears** around data sharing, and the ICO have a helpful page exploring these at [Data sharing myths busted](#). As information is collated throughout the LSI, it can be added to an organisational chronology (see section 9.8), and this can be shared with all partners.

Records of any individual ASP inquiries, investigatory activity and interventions undertaken as part of the LSI will be created, stored and retained by the Council. Partnerships will want to make sure that clear arrangements are also in place to manage the wider records produced by the multi-agency Investigation and Oversight groups, and it is suggested that these records are retained in accordance with any relevant Scottish Council Archive and Record Retention Schedules (SCARRS) in force at the time.

9.8 Creating and maintaining organisational chronologies

Chronologies provide a key link in the chain of understanding needs and risks, including the need for protection from harm. When used with an individual in Adult Support and Protection, they set out key events in sequential date order and give a summary timeline of that person's circumstances, patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of

information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment.

An organisational chronology can be used in work to prevent LSIs as well as when an LSI is underway. It works to the same principles as individual ASP chronologies, but in this case the focus is on the agency, service or organisation subject to an LSI. All agencies involved in an LSI should be invited to contribute their knowledge in order to create a comprehensive timeline, which can be added to as more background information becomes known and/or the LSI progresses.

Good organisational chronologies contain comprehensive yet succinct entries, with enough detail to make them easily understood. There is no definitive list of what to include in an organisational chronology, but the following should be considered for inclusion:

- Previous LSI activity (including when a potential LSI was under discussion, but the decision was taken not to proceed)
- Current and previous individual ASP referrals
- identification and analysis of patterns of ASP activity in the organisation (for instance, repeated instances of financial harm) and action taken to address these
- significant changes in the management or organisation of the service
- outcomes of inspection activities
- analysis of the risk in the organisation, including strengths and protective factors in the organisation
- views of multi-agency partners, including information on criminal investigations
- a person-centred approach that reflects the views of adults that use the service.
- intelligence from any prevention activity (including Early Indicators of Concern indicators)

There is a template for creating an organisational chronology at Appendix 5.

9.9 Using professional curiosity

Professional curiosity is about how we change information into intelligence. It means questioning and challenging the information received, thinking through different possibilities, being able to identify concerns, and to make connections between different types of information. It's also about being open-minded and being prepared to have difficult conversations. LSIs use professional curiosity throughout, in order to get to the heart of the issue – both about individuals and the big picture over time. Consider how you can build up a picture of the service at times outside of regular office hours. This could include visits in the evenings or weekends, and/or sharing or receiving intelligence with the Care Inspectorate or others who know the adult(s) or the service which may include family and carers.

All those working on an LSI should practice professional curiosity. Members of the LSI team should be encouraged to professionally challenge one another, be open to challenge themselves, identify gaps and inconsistencies, and to offer different perspectives on the evidence gathered. This will support the robust triangulation of evidence, the consideration of multiple hypotheses, and really use the valuable skillsets of those who work in Adult Support and Protection.

9.10 Communications with the media regarding the Large Scale Investigation

There is always a possibility of local or national media attention in the event of an LSI. A media statement acknowledges the media interest but doesn't go into detail. Where there is likely to be media interest at any stage in the LSI Process and there is an ongoing parallel police investigation (or this is yet to be established), a media statement and media strategy should be prepared with the police and must include consultation with the police Senior Investigating Officer.

In most circumstances, when preparing the media statement, it would also be agreed with the agency, service or organisation subject to the LSI, who may have a dedicated communications officer.

All in the LSI Team, their multi-agency partners, and relevant people in the council can be provided with the media statement, which they will be able to quote in the event of media interest. The media statement should be regularly reviewed and updated, as necessary. The service subject to the LSI can also be provided with the media statement, which they can also use in the event of direct media enquiries.

Elected members, including MSPs and local councilors, may receive enquiries from their constituents or the local community on the LSI. The council may consider providing elected members the media statement and a confidential briefing, so the elected members can feel confident when talking to members of the public or press. In the event of a parallel police investigation, this briefing must also be prepared jointly with the police.

9.11 Consideration of LSI Team welfare during the LSI

Conducting an LSI can be an intense and demanding part of Adult Support and Protection work. HSCPs have a responsibility to take a trauma-informed approach in supporting their staff. Supported staff will have more capacity for analysis and reflection, skills that are paramount to the LSI's effectiveness.

Support measures for those conducting an LSI might include (but are not restricted to):

- relieving them of other work
- promoting a sense of collective learning and togetherness in conducting the LSI
- robust and reflective supervision
- ensuring that those feeling overwhelmed are identified, and supported to access higher intensity care if needed
- opportunities for debrief and peer support, ensuring that these are also a safe space for sharing worries and emotions triggered by the LSI process.

Staff working on an LSI also have a responsibility for their own self-care, and to proactively bring wellbeing issues to their manager or supervisor.

9.12 Oversight of the LSI process

The LSI Oversight Group should meet regularly. The frequency and duration of LSI Oversight Group meetings will be determined by the level of assessed risk, the pace of the LSI and its milestones, and the need for a sufficiently flexible response to what may be a rapidly changing situation.

The LIO will provide updates to the Chair of the LSI Oversight Group (or, depending on the agreed frequency of Oversight Group meeting, to the Oversight Group itself). How and when this is done will be determined by the nature of each Investigation, reflecting the risks, dynamics and workload involved. However, updates are likely to include:

- Overall current status of the LSI
- Any new or emerging risks identified
- Completion of milestones
- Any challenges or difficulties
- Positive progress and good practice by the LSI Team
- The impact on the adults using the service subject to an LSI
- Any proposed changes to the original plan or timescales, and why

The LSI Oversight Group holds responsibility for updating other key stakeholders who are not part of the group. This may include (but is not limited to) other Heads of Service, the Chief Social Work Officer, the Adult Protection Committee (APC), the Chief Officers Group (COG) and other senior managers.

9.13 Concluding the Large Scale Investigation

An LSI is an Adult Support and Protection intervention. This means that the duty of those conducting an LSI is to ensure adults who are at risk of harm are safe. This may mean that there are still issues of poor care to be addressed. However, ongoing

monitoring of the quality of care is **not necessarily the responsibility of those conducting the LSI.**

10. General circumstances when an LSI should end

The criterion for ending an LSI is **that the service subject to the LSI, or the actions of an alleged harmer, are no longer placing adults at current risk of harm.** (In some circumstances, there may be individual Adult Support and Protection enquiries ongoing even though the risk of harm at scale is no longer present.)

The LSI action plan can be used to help determine how far the service or agency subject to an LSI has improved. But if a plan has been implemented, that plan is being monitored and reviewed, and there are no adults at current risk of harm, then the LSI can be closed. In advance of the decision being taken to end the LSI, a Large Scale Investigation Outcome Report (see Section 10.1) should be produced to inform this decision.

10.1 Large Scale Investigation Outcome Report

The LIO (see Section 8.8) should prepare a Large Scale Investigation Outcome Report when all actions agreed on at the Large Scale Investigation Planning Meeting have been completed and the milestones agreed locally have been achieved. A template can be found at Appendix 10.

The purpose of this report is to gather the evidence collected during the LSI and present it to the Large Scale Investigation Outcome Meeting. It should be circulated to attendees in advance of the meeting.

10.2 Large Scale Investigation Outcome Meeting

The purpose of this meeting (which may be called by different names in different local areas) is to determine, based on the information obtained during the LSI, if the adults within the service subject to an LSI are still 'adults at risk of harm' under the terms of the 2007 legislation. If they are not, then the LSI can be closed, with the

next actions outlined. If they are, then it will be discussed whether the LSI should continue (or if other actions are more appropriate). The Large Scale Investigation Outcome Meeting allows for discussion and deliberation of the findings of the LSI as set out by the LIO in the Large Scale Investigation Report.

If possible, it is good practice for the Chair of this meeting to be the same person who chaired the multi-agency initial LSI discussion (see Section 7.2), and ideally someone not responsible for the management of the LSI. However, if the Chair is not available, the meeting should not be held up and a suitable replacement should be found.

All those who were invited to the multi-agency initial LSI discussion should also be invited to the LSI Outcome Meeting. In addition, any other relevant parties who may contribute to effective decision-making should also be invited. This includes the representative of the service subject to an LSI (although they may be excluded from certain parts of the meeting). The attendees at this meeting should have the authority to agree to the conclusion, or continuance with defined next steps, of an LSI.

At a minimum, the LSI Outcome Meeting aims to achieve the following, and assign named people to any actions arising:

- To discuss the report from the LIO
- To consider any outstanding concerns and their severity, including whether moratoriums are in place, creating an improvement plan, with measurable targets
- To take a longer-term look, giving consideration to how any improvements can be sustained and any supportive monitoring needed for this. It is important that this is done in collaboration with any other public bodies that require improvements, such as the Care Inspectorate. Streamlined improvement plans will reduce duplication of work and provide clarity for the organisation that has been subject to an LSI. The aim should be for improvement plans to work together for as long as they naturally can.

- To ensure that appropriate risk assessments have been completed, and that protection or care management plans are in place
- To create a communication plan for notifying all interested parties – including adults who have been at risk, and their families – of the conclusion of the LSI
- To decide on a media strategy for communicating the end of the LSI, particularly if there has been media interest during the LSI itself. In some cases, there may be a need to develop and share a statement to the press and/or elected members about the conclusion to an LSI. Just as in the media strategy detailed at Section 9.10, this should be developed in collaboration with the police and must include consultation with the police Senior Investigating Officer.
- To discuss any staff welfare issues that have arisen during the LSI, and any action that needs to be taken arising from them
- To identify any themes that can be used for future learning (see Section 10.5)
- To identify if any individual ASP cases are to continue
- To decide on how progress will be reviewed (see Section 10.4)
- To consider any further actions, including the possibility of a Learning Review

10.3 Notifications of the conclusion to an LSI

As a general principle, everyone who was notified at the commencement of an LSI (see Section 8.1) should now be notified that it has concluded. The Care Inspectorate has a [dedicated space](#) on its website for notifications to be sent to them.

The HSCP should clarify and formalise local governance arrangements. These may vary according to local structures and agreements, and may be tiered: for example, a report could be submitted to the Adult Protection Committee for the area, the Public Protection Chief Officers Group, and the HSCP's Clinical and Care Governance Group.

It will be for each area to decide on the degree of detail to be included in a final report on the LSI for appropriate oversight bodies, but any report will be likely to include a summary of:

- the circumstances of the LSI
- details of the agencies involved and the actions they undertook
- the findings and outcomes of the LSI
- any improvements required and impact of such improvement action
- any good practice or areas for improvement identified in terms of the management of the LSI

It is important to ensure that, in any report for wider sharing outside of the core LSI team and Oversight Group, that confidentiality and data protection is adhered to (see Section 9.7)

10.4 Progress reviews

Once an LSI is concluded, progress reviews help determine whether improvements are sustained, and link back to prevention work for future LSIs. It is expected that risk mitigation is to be sustained, with ongoing monitoring to be decided and evidenced locally. Monitoring is essential for hearing intelligence and future concerns at an early stage, meaning review work also becomes prevention work for future LSIs.

If it seems that progress has not been achieved as expected, and adults are once again at risk of harm, there may need to be another initial multi-agency LSI discussion (see Section 7.2). In this case, the discussion would need to explore the reasons why any or all of the improvement plan, implementation of the plan, monitoring or review were not effective and take action to address these concerns. Repeat LSIs in the same organisation are negative for all concerned, particularly adults who use the service.

It should be decided locally how and when progress reviews will be conducted. There may be one progress review, or several, depending on the nature of the LSI that has concluded. The progress review plan should be recorded.

10.5 Future Learning debrief

Since LSIs are usually resource-intensive, there is value in ensuring that the LSI has been conducted as effectively and efficiently as possible. Robust evaluation and reflection on a recent LSI can also yield intelligence that will support the prevention of future LSIs.

As the LSI concludes, questions for internal review may include:

- Did we have the right people with the right skills involved? Were there capacity issues?
- What were the views and feedback of the adults and families connected to the LSI? What do we need to learn from them?
- Do we need to think about revisiting and amending local procedures?
- Were staff appropriately briefed and/or trained to participate in the LSI?
- Was staff welfare regularly considered, and were issues related to wellbeing addressed quickly?
- Was the LSI expected or unexpected? If unexpected, do we need to consider our approach to prevention?
- Have we agreed if, and how, we can monitor the longer-term impact of the LSI on the adults concerned?
- Might there be value in sharing any learning outcomes across the sector at local and national levels? This would include where the service under scrutiny is operated by a national provider, who should seek ways of conveying learning across their organisation.

It may also be useful to revisit the LSI Principles (see Section 5.1) and reflect on how far the LSI met each one.

Feedback should also be sought from the agency, service or organisation that was subject to the LSI. Questions will be dependent on the nature of the LSI, but may include the following:

- Was the LSI process explained adequately to you?
- Were you aware of the reasons for the LSI?
- Were updates regularly given?
- Was the impact of the LSI on adults at risk regularly discussed with you?
- What do you think worked well in the LSI?
- What could be improved?

LSIs are an opportunity for all to improve practice in Adult Support and Protection. The Future Learning debrief, which can discuss all of the above questions and feedback, is most helpful when it has a tone of learning, support, professional curiosity and sharing. Even if an LSI seems to have been relatively straightforward, with what may be considered a successful outcome, there is a lot of potential learning. It's important to learn from when things go well in addition to the learning from difficult or challenging LSIs.

Specific attention may be given to learning from what could have happened at earlier stages, with a view to strengthening local preventative work with providers. All professionals involved in an LSI can be considered for attendance at the Future Learning debrief, regardless of seniority, and multi-agency partners may also be invited. National bodies, including the Care Inspectorate, Healthcare Improvement Scotland and the Mental Welfare Commission, may also be invited, in order to consider the wider learning in Adult Support and Protection across Scotland. Public bodies such as these can also offer a 'birds eye' perspective on patterns within (for example) large care providers, or Health Board areas. This Future Learning debrief is most beneficial when it convenes no later than a month after the conclusion of an LSI. This is to ensure learning remains fresh.

There may be benefit in writing up the Future Learning debrief as a report, which can then be shared (with confidential and sensitive elements removed) for wider training and learning. It may also be useful to collate Future Learning debriefs into an annual overview, which allows for more thematic analysis. The Future Learning debrief may also identify themes that may be relevant at national level. In this case, it is good

practice for the Chair of the outcome meeting to contact the ASP Policy Team at Scottish Government or the National Adult Support and Protection Coordinator.

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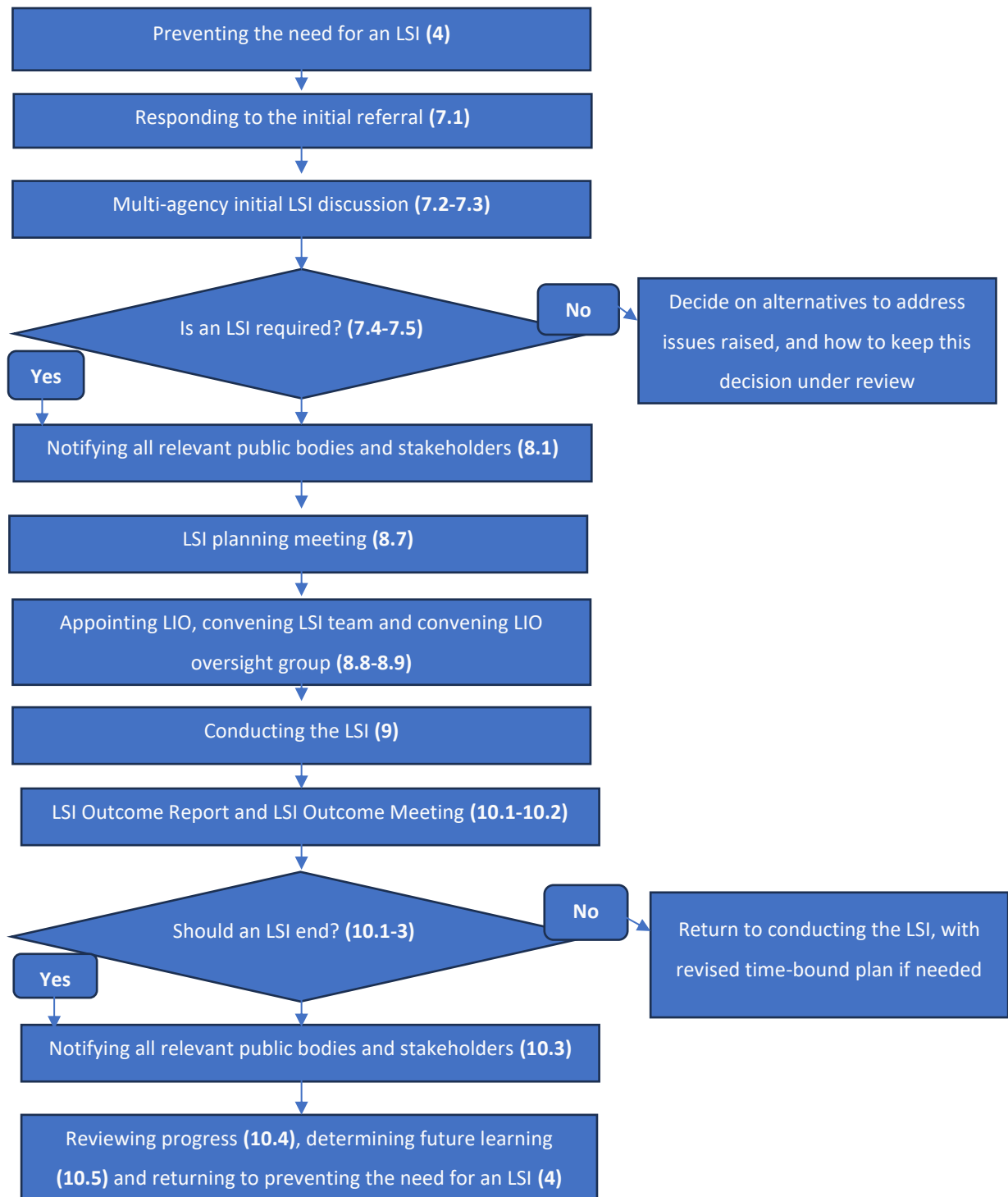
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12. Appendix 1: Flowchart illustrating LSI process

This flowchart illustrates a simplified version of the process outlined in this LSI Guidance. Numbers after each process relate to further details found in the relevant section of the Guidance.



13. Appendix 2: Frequently asked questions about LSIs

This section is written in plain language and can be freely adapted by local areas to create public- and provider-facing information on LSIs. It may also be useful for professionals who are less familiar with LSIs.

What is a Large Scale Investigation (LSI)?

A Large Scale Investigation or LSI is a specific type of Adult Support and Protection investigation. It applies to services provided by agencies and/or organisations, and can include day services, outreach facilities, NHS or other health facilities, care homes, supported accommodation, or when someone is receiving services in their own home. It can also apply when there is an alleged harmer, unconnected with a service, placing more than one adult at risk of harm.

It may be required when there is a belief that a particular service, or an alleged harmer, may be placing more than one adult at risk of harm.

Who are 'adults at risk'?

An 'adult at risk' is a legal term from the Adult Support and Protection Act 2007 (Scotland). It means someone who is 16 years and over, and who has been assessed as meeting **all three of the following criteria:**

1. They are unable to safeguard their own well-being, property, rights or other interests;
2. They are at risk of harm; and
3. That 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 presence of a particular condition does not automatically mean an adult is an 'adult at risk'. It is important to stress that all three elements of this definition must be met. It is the whole of an adult's particular circumstances which can combine to make them more susceptible to harm than others. In terms of an LSI, it means that **if more than one adult is assessed as being 'at risk'** in relation to a service or organisation, or a common alleged harmer, an LSI may apply.

What causes an LSI?

This can vary. In some cases, it may be that a perpetrator, or several perpetrators, are purposefully causing harm to people. In other cases, there may be a poor standard of care in a service that has caused adults to be at risk of harm. Part of the reason for an LSI is to understand, and take action to address, the reasons why people are at risk of harm.

What does an LSI aim to achieve?

An LSI is an Adult Support and Protection intervention and it aims to keep adults at risk of harm safe. Many professionals from different agencies and disciplines work together to investigate the reasons for the risk of harm. Then, collaboratively and in a coordinated way, the LSI then takes action to stop it. It's important to understand that an LSI is about Adult Support and Protection and is time-limited. It is **not** an ongoing process for addressing poor standards of care in a service.

How long does an LSI take?

It varies. Each LSI is unique and may involve many adults at risk of harm, or only a few. The circumstances involved in an LSI may be particularly complicated and this may mean an LSI takes a longer time. On average, LSIs take between two and four months to complete, but it is not unusual for LSIs to take longer than this.

It is important for everyone involved, especially the adults at risk, that LSIs are **time-bound**. This means that the team leading the LSI agree milestones and targets with their partners, and clearly communicate these to all involved in an LSI. Sometimes these may change during the course of an LSI, but clear timescales will help prevent drift and delay during an LSI.

Do LSIs only take place in care homes?

No. While care homes are common places for LSIs to take place – because they usually have many residents who may meet all three of the criteria for an 'adult at risk' – they are not the only settings. For instance, a hospital ward is also likely to have many adults who could meet all three criteria for an 'adult at risk'. LSIs can also

take place in the community. There may be, for example, a service that provides care in people's own homes that is subject to an LSI.

Can an LSI take place in NHS services?

Yes. For instance, an LSI may take place on a hospital ward, or in NHS services being provided in the community. Private health services, including private hospitals, could also be involved in an LSI.

Can an LSI take place in a service that's 'unregistered', as in not registered with a regulatory body such as the Care Inspectorate, or in services unconnected with the NHS or Councils?

Yes. For instance, organisations such as charities and community groups, which are not registered with regulation bodies, may be subject to an LSI. Organisations do not have to provide health and social care services to be subject to an LSI. In these cases, awareness of the LSI process is likely to be lower than in health and social care settings. This usually means the team conducting the LSI may need to spend more time explaining the purpose and process of an LSI.

Do LSIs take place in children's services?

No. LSIs are Adult Support and Protection interventions and do not apply to services or circumstances related to children under the age of 16. It does however apply to those aged 16 and over who may be supported by a children's service. It is unlikely - but not impossible.

Do LSIs take place outside of Scotland?

No. They are an approach to Adult Support and Protection in Scotland. This is underpinned by Scottish Adult Support and Protection legislation. In some cases, a service or organisation subject to an LSI may have a head office outside of Scotland. But as long as the service itself is provided in Scotland, the Scottish Adult Support and Protection legislation applies.

Should the service or organisation also operate outside Scotland, and there are similar concerns outside Scotland to those which gave rise to the LSI, then the

relevant legislation in that jurisdiction applies. However, it will obviously be important for co-ordination and information sharing between any investigations into the same organisation, regardless of where they take place.

Does an LSI mean that a service will close?

Not necessarily. In fact, it is rare that when a service undergoes an LSI it means a service will shut completely, although it can happen. The aim of an LSI is to end the risk of harm and mitigate the risk of future harm. As long as there are other ways to achieve this, the service is unlikely to close completely.

When does an LSI end?

An LSI ends when the adults who were at risk of harm no longer face these risks (although individual Adult Support and Protection investigations may still be ongoing). This is because an LSI is about Adult Support and Protection (and is not about supporting services to improve).

If an LSI ends, it does not mean that a service or organisation has no ongoing issues. (There is likely to be an action plan that addresses these.) But it does mean that adults who were previously at risk of harm when the LSI started are now either not at risk of harm, or any inquiries/investigative activity required is being progressed on an individual – rather than large-scale – basis.

Can LSIs happen to a service more than once?

Yes. After the LSI has finished, there will be reviews of the service to ensure that the improvements needed to keep adults safe have been maintained. If they have not and adults are once again at risk of harm, or if new risks emerge to adults, there may have to be another LSI.

How is an LSI recorded in the Minimum Dataset?

Currently, the ASP minimum dataset collects information, quarterly, on the number of LSIs commenced in that quarter by service type. Other indicators may develop in the future. All ASPCs are required to accurately record the number and service type of LSIs as part of their ASP minimum dataset reporting responsibilities.

14. Appendices 3 – 11

[Appendices 3 to 11](#) are available separately in Word format and can be downloaded and adapted as required.



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