



**south ayrshire**  
health & social care  
partnership



**South Ayrshire**  
**Adult Protection**  
**Committee**

# **South Ayrshire** **Adult Support and Protection** **Local Operating Procedures**

Revised July 2025



**South Ayrshire**  
**Adult Protection**  
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## INTRODUCTION

The Adult Support and Protection (Scotland) Act 2007 came into effect in October 2008 and its fundamental aim is to support and protect adults who are at risk of harm.

Most of the adults in South Ayrshire who may experience, or become at risk of harm, and are less able to protect themselves due to frailty, dementia, physical or learning disabilities and impairments or mental health problems, manage to live their lives without the need for legislative intervention to mitigate harm. Often this is with the assistance of caring relatives, friends, paid carers, professional agencies, or volunteers. However, some adults in similar circumstances, are unable to safeguard themselves, property, rights and other interests and may therefore require intervention under Adult Support and Protection (ASP) to ensure that they are living a life free from risk of harm or a life where harm is mitigated as much as possible.

The current South Ayrshire ASP Local Operating Procedure reflects the collaborative work that has been undertaken across partner local authorities and agencies in the drafting of West of Scotland Inter-Agency Practice Guidance for Adults at Risk of Harm.

The key elements of this overarching document are to support staff across the partnership who are involved in Adult Protection. While there is recognition that the council has the main responsibility under [The Adult Support and Protection \(Scotland\) Act 2007](#) to conduct investigations where it is thought an adult is at risk of harm or is being harmed, there is often a multi-agency approach in supporting the Council Officers undertaking these duties.

This local operating procedure is intended to provide a brief practice-based guide to the Adult Support and Protection process, including referral, investigation, Case Conference and review Case Conference. It is underpinned by the overarching West of Scotland Interagency Practice Guidance, South Ayrshire Adult Support and Protection Practice Guidance and the [National Adult Support and Protection Revised Code of Practice 2022](#).

# PART 1

## 1.1 GENERAL PRINCIPLES AND DEFINITIONS

- 1.1.1 The Adult Support & Protection (Scotland) Act (hereby referred to as the Act) is accompanied by a set of guiding principles, which must be taken into account by anyone taking or considering action under the legislation. These aim to ensure that the Act is interpreted correctly and ensure that any action taken under the legislation is **both necessary and proportionate**.
- 1.1.2 The general principles set out in part one of the Act are that any intervention should provide **benefit** to the adult and should be the **least restrictive** option available to fulfil the aim of the intervention.
- 1.1.3 In South Ayrshire the general overarching principles and values of good practice underpin all interventions to protect adults who may be at risk of harm and are as follows:
- The welfare and safety of the adult takes primacy in relation to any activity under the Act. Every effort should be made to enable the individual to express their wishes and make their own decisions to the best of their ability recognising that such self-determination may involve risk.
  - Every effort should be made by professionals involved to understand the risk of harm within the context of the adults' circumstances. This means obtaining detailed information relating to the risk of harm from the adult's perspective and from those who have an interest in the adult.
  - Where it is necessary to, and there is power to make decisions on behalf of the adult for their own safety (or the safety of others) this should be proportionate and be the least restrictive response to the identified risks to health, welfare, property or finances of the adult consistent with the current legislative framework.
  - The adult should not be treated less favourably than another adult in a comparable situation.
  - Consideration should be taken of the adult's abilities, background, and characteristics.

- The views of the adult's nearest relative, primary carer, named person, guardian or attorney and any other person who has an interest in the adult's wellbeing or property, must be listened to and acknowledged.

## 1.2 DEFINITION OF AN ADULT AT RISK

1.2.1 The Adult Support and Protection (Scotland) Act 2007 (Section 53) defines an adult as a person aged 16 years or over.

1.2.2 An adult at risk is defined as adults who;

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

1.2.3 All three points of the above definition must be satisfied for a person to be deemed an adult at risk under this legislation. It is important to note that the existence of a particular condition on its own does not mean that an adult is at risk. It is the interplay of how the adults condition impacts upon their ability to safeguard their wellbeing, property, rights etc resulting in a risk of harm. A person may have a disability or condition and be perfectly able to safeguard themselves.

## 1.3 TRAUMA AND TRAUMA INFORMED PRACTICE

1.3.1 **Trauma informed practice** is an approach to care provision that considers the impact of trauma exposure on an individual's biological, psychological, and social development. Delivering services in a trauma informed way means understanding that individuals may have a history of traumatic experiences, which may impact on their ability to feel safe and develop trusting relationships with services and professionals.

1.3.2 Trauma informed practice is not intended to treat trauma-related issues. It seeks to reduce the barriers to service access for individuals affected by trauma, and to promote understanding of the impact of trauma on individuals.

Key principles of a trauma informed approach are:

- Safety

- Trustworthiness
- Choice
- Collaboration
- Empowerment

1.3.3 Taking a trauma informed approach to Adult Support and Protection enables all those who perform any of the functions under the Act to better understand the range of adaptations and survival strategies that people may make to cope with the impacts of trauma. Practitioners should be alert to the need to view behaviours that compromise health, wellbeing and safety as adaptations that may have played a useful role in the individual's life in helping them to survive, and cope with, their experiences of trauma. Examples of such adaptations can include maintaining contact with an alleged harmer; use of drugs or alcohol; self-harm; hoarding, and avoidance of places and people, including professional relationships and services, which may trigger reminders of prior traumatic experiences. As above, in these circumstances, some people's ability to take and action decisions about safeguarding themselves may effectively be compromised.

**1.3.4 The ASP Revised Code of Practice (2022)** stresses the importance of adopting a trauma-informed approach when applying the three-point test. This potentially widens the scope for those who may be covered by the legislation;

*“All adults who have capacity have the right to make their own choices about their lives, and these choices should be respected if they are made freely. Many people affected by trauma and adverse childhood experiences remain able to safeguard their own wellbeing. However, for some, the complexity, severity, and persistence of post traumatic reactions may impact to the extent that these individuals repeatedly take decisions that place them at risk of harm”.*

1.3.5 A trauma-informed approach may lead to the conclusion that an individual is unable to safeguard themselves, rather than choosing not to, and therefore meeting the criteria for the three-point test.

1.3.6 The Code of Practice expands on this;

*“Equally, issues with their sense of self and interpersonal relationships, seriously affecting all or many of their relationships across many areas of life, can severely compromise their ability to safeguard. These safeguarding challenges can be associated with patterns of chronic difficulties in experience of emotions, emotional*

*expression and/or regulation, and associated coping strategies such as self-harm, care-seeking and use/misuse of alcohol and drugs”.*

1.3.7 At each stage of the adult support and protection process it therefore important that a trauma-informed approach is maintained throughout and that assessments, decisions made, and actions taken are informed by this approach.

## 1.4 AN ADULT IS AT RISK OF HARM IF:

### 1.4.1

- Another person’s conduct is causing (or is likely to cause) the adult to be harmed; or
- The adult is engaging, (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.
- Harm can be a one-off event, an escalation or ongoing harm.
- Harm can also be intentional or unintentional.
- It can also be something that is done to a person, but also something that is left undone (harm by omission).

## 1.5 DUTY OF CANDOUR

1.5.1 The Health (Tobacco, Nicotine etc. and Care) (Scotland) Act also includes a duty of candour on health and social care organisations. This creates a legal requirement for health and social care organisations to inform people (or their carers/families) when they have been harmed, as a result of the care or treatment they have received. The duty of candour was implemented in Scotland on 1st April 2018.

1.5.2 The principles and ethical duty of openness apply to all incidents and any failure in care or treatment. The Duty of Candour applies to incidents whereby moderate harm, significant harm or death has occurred. Providing health and social care services is associated with risk and there are unintended or unexpected events resulting in death or harm from time to time.

### 1.5.3 The requirements of the Duty of Candour are as follows:

As soon as reasonably practicable after becoming aware that a safety incident has occurred that falls into the moderate harm or more serious categories the social work professional must, report the incident to their line manager, for escalation to the Head of social work or delegated person so that a decision can be made as to how to:-

- Notify the 'relevant person' (this is usually the service user, but may in some circumstances be the relative, carer or advocate) that the incident has occurred and;
- Provide reasonable support to the relevant person in relation to the incident.

## 1.6 PROFESSIONAL CURIOSITY

- 1.6.1 Professional curiosity is the capacity and skills of communication to explore and understand what is happening for a person, rather than making assumptions or accepting things at face value. It requires skills of looking listening, asking direct questions and being able to hold difficult conversations. Professional curiosity and challenge are a fundamental aspect of working together to keep adults safe from harm. This approach is important in helping to identify harm, abuse and neglect which can be less obvious and can ensure that the right information is gathered and shared to assess both needs and risks. Being professionally curious is necessary to fully understand a situation and the risks an individual may face, which are not always immediately obvious.
- 1.6.2 Being more curious as professionals and 'digging deeper' into areas where there is little, or no information will help to inform assessments and empower you to influence key moments of decision making to reduce risks to adults. Escalating concerns that could cause drift, delay, and a shift in focus from the adults' best interests should be embraced and seen as effective care.

## 1.7 DATA PROTECTION AND INFORMATION GOVERNANCE

- 1.7.1 A number of bodies have a duty to co-operate under the Act (Section 5), e.g. Health Boards and Healthcare Improvement Scotland, Police and Councils. Any information received during 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. Section 5 outlines a further number of service providers who contribute to the protection of adults at risk. Bodies named in the Act have unequivocal responsibilities to cooperate with the local authority undertaking ASP inquiries; to notify the council of an adult who may be at risk of harm; and to cooperate with others named. Other organisations who are not specifically named should also cooperate with ASP processes where requested, in order to achieve the best outcome for the individual at risk of harm.
- 1.7.2 **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. The ICO provide a Step-by-step guide to data sharing. The ICO page linked above have a helpful advice relating to data sharing and associated misconceptions.

## 1.8 CAPACITY AND CONSENT

- 1.8.1 In relation to an adult’s capacity the presumption in law is that all adults have the capability to manage their own affairs until or unless they are recognised, in law, as being incapable.
- 1.8.2 Within the Adults with Incapacity (Scotland) Act 2000, the law makes a distinction between those who are capable of managing their own affairs and those who are not.
- 1.8.3 Under the Adult Support and Protection (Scotland) Act 2007, all public agencies have a duty to report concerns about a person who is or may be an adult at risk of harm, to the council. It should be noted that this is not dependent on the adult’s consent and there is no mention of capacity in the 3-point criteria, at the point of referral.
- 1.8.4 In relation to implementing the 2007 Act, some interventions are reliant on the adult’s consent. Consent is required for example, to interview; undertake medical examinations and attend meetings. Without the adult’s consent and cooperation there are restrictions on the support and protection which can be offered or provided to an adult at risk of harm however there should not be a barrier to ongoing protection.
- 1.8.5 There are actions which can be taken to establish whether the adult is an adult at risk of harm which do not require consent, such as gathering information, sharing information with other relevant professionals, holding case conferences or protection planning. Wherever possible, the adult should be informed of these activities.
- 1.8.6 The ASP codes of practice states that;

*“The adult's refusal to co-operate in an adult protection Inquiry should not automatically signal the end of any Inquiry, assessment, or intervention. Whilst the adult has a right not to engage in any such process, the council and its partners should still work together to offer any advice, assistance, and support to help manage any identified significant risks. Any assistance should be proportionate to the risk identified and any need to support carers’ needs should be considered.” - (ASP Codes of Practice 2022, p.49)*

1.8.7 Where there are concerns and/or it has been established that an adult at risk lacks capacity, the 2007 Act recommends that other legislation including the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care & Treatment) (Scotland) Act 2003 are considered in conjunction with the Adult Support and Protection (Scotland) Act 2007 to protect the adult.

## PART 2

### 2.1 COUNCIL DUTIES AND ROLE OF OTHER AGENCIES

2.1.1 The Adult Support & Protection (Scotland) Act 2007 places duties on councils to:

- Carry out inquiries to establish whether action is required, where it is known or believed that an adult is at risk of harm and that intervention may be necessary to protect the adult (Section 4).
- Co-operate with other councils and other listed (or prescribed) bodies and office holders (Section 5).
- Have regard to the importance of the provision of appropriate services (including, in particular, independent advocacy services), following making inquiries under section 4 of the act. (Section 6).
- Inform any adult prior to the starting of the interview, that they may refuse to answer any question put to them (Section 8).
- Inform an adult believed to be at risk that they may refuse to consent to a medical examination (Section 9).
- Take reasonable steps to protect property owned or controlled by the Adult, who is removed from a place under a removal order. This may include securing a property, moving property belonging to the adult from that place, where this is considered reasonably necessary in order to prevent the property from being lost or damaged. The council must ensure the property is returned to the adult concerned as soon as reasonably practicable after the relevant removal order ceases to have effect (Section 18).
- Visit a place at reasonable times only, to state the object of the visit and produce evidence of authorisation to visit.
- Council Officers may not use force to facilitate, or during, a visit. However, under Section 37 a sheriff may authorise a warrant of entry. Which allows a Council

Officer to visit any specified place under section 7 or 16 together with a constable, and a constable who so accompanies a council officer is authorised to do anything, using reasonable force where necessary, which the constable considers to be reasonably required in order to fulfil the object of the visit.

- For urgent cases a justice of the peace may authorise the same. Further information on warrant of entry can be found in Sections 36 to 40.
- Set up an Adult Protection Committee (APC) to carry out various functions in relation to adult protection in its area, and to review procedures under the Act (Section 42). The Adult Protection Committee may cover more than one council area.
- Local Authorities' social work Services are the lead agency and will have the overall responsibility for the coordination of adult protection procedures and will be the central point for the receiving and logging of referrals.
- The 'duty of care' in respect of adult protection is a corporate Local Authority responsibility incorporating all services of the council. Staff across a range of services within the council may, in the course of discharging their duties, encounter actual or suspected risk to an adult or have such information reported to them.

## 2.2. ADULT SUPPORT AND PROTECTION COUNCIL OFFICER

2.2.1 The Adult Support and Protection (Scotland) Act 2007 defines a Council Officer as a person appointed by the Council under Section 64 of the Local Government (Scotland) Act 1973. Within South Ayrshire Health and Social Care Council Officers will:

- Be a professionally qualified social worker with a minimum 12 months post qualifying experience of assessing and managing adults at risk.
- Be registered with the Scottish Social Services Council (SSSC)
- Complete the Adult Support and Protection training programme.

**2.2.2 Previous experience in another social work departments, such as, ADP or Children and Families does not always equate to transferable post qualifying experience. However individual circumstances and exceptional circumstances can be discussed and agreed with the ASP Lead Officer.**

- 2.2.3 Pre-course learning requirements** – All social workers employed In South Ayrshire must complete ASP Level 2 Training and Second Person Training. Once this is completed the social worker can then be nominated to attend Council Officer training.
- 2.2.4 If a social worker is newly employed in South Ayrshire from another Scottish Local Authority, they **MUST** complete all training in South Ayrshire, including Council Officer Training, prior to them commencing these duties.
- 2.2.5 If a social worker is employed in South Ayrshire, with previous experience in adult social work, from out with Scotland and Scottish Legislation, then they will be provided with Adult Support and Protection Training, at least 6 months from their start date in post.

## 2.3. ADULT PROTECTION COMMITTEE

- 2.3.1 The Adult Support and Protection (Scotland) Act 2007 (Sections 42 – 47), states that each council must establish a multi-agency Adult Protection Committee (APC). Its functions include:
- Reviewing adult protection procedure and practice.
  - Providing information and advice and making proposals.
  - Improving skills and knowledge; and
  - all in the context of improving cooperation and communication between agencies.
- 2.3.2 The Scottish Government published guidance in 2022 which emphasises the APC's role to give information or advice, or make proposals, on the exercise of these functions which relate to the safeguarding of adults at risk. The committee should also be seeking to improve co-operation and communication within and between each of the public bodies involved in order to better safeguard adults at risk. Adult Protection Committees have been statutorily assigned the lead role for overseeing cooperation and communication between agencies to promote appropriate support and protection for adults at risk of harm.

## 2.4. ADVOCACY SERVICES

- 2.4.1 Section 6 of the Act places a duty on the council, where intervention is required to protect an adult at risk of harm, to consider the provision of appropriate services, including independent advocacy services, to the adult concerned, after making inquiries under Section 4 of the Act.
- 2.4.2 Independent advocacy aims to help people by supporting them to express their own needs and express their own informed decisions. Advocacy services will support adults to access information and explore and understand the options available and to participate more fully in adult protection processes.
- 2.4.2 Advocacy should be offered and revisited throughout the ASP process. Advocacy can also provide support to a carer or service user to alleviate stressful or conflict situations and the potential for harm, in particular where the adult has capacity and does not wish any protective action to be taken.

## 2.5 CROSS BOUNDARY AND LOCALITY ASP CASE TRANSFER

- 2.5.1 Section 53 of the Act states the responsible council is the area where the adult is present in. This means that South Ayrshire social work Services are responsible for undertaking ASP inquiries in the South Ayrshire area, even if the “adult at risk” has been placed by another authority. This also applies in circumstances where an adult is not ordinary resident in South Ayrshire, for example if a possible adult at risk is within a health/acute setting within South Ayrshire Council boundaries. Section 5 of the 2007 Act places a duty upon Public Bodies to co-operate and share information.
- 2.5.2 In cases where adults are supported under Adult Support and Protection in another Local Authority area and have moved or are planning to move to South Ayrshire, and additionally, those adults at risk who are moving between different localities within South Ayrshire, the following principles and process should be followed at all times.
- An ASP Case conference **must** be planned and held to fully discuss the risks of harm and any accompanying risk management plans (AP3).
  - An AP2 risk assessment must be produced for the ASP Case conference clearly identifying the risks of harm, both actual and potential and information shared as to how these risks of harm are to be managed.
  - Regular communication and co-operation should take place between the Council Officers and any other agencies involved.

- 2.5.3 The above process should be led by risk of harm and the needs of the adult involved. There could be Ordinary Residence rules for those adults who are moving between local authority areas and Council Officers should contact SAC legal services for clarity of information in such cases.

## 2.6 SPECIAL CIRCUMSTANCES

### 2.6.1 Organised Home Cleaning Support

While supporting an adult under Adult Support and Protection Legislation, social work will at times provide support to clean or empty an adult's home. When doing so, it is best practice to meet with the adult and guardians/family to agree what can and cannot be emptied from the home. A list of items that have not to be removed, must be agreed and the adult/family must be advised to put them in a safe place. The company procured to clean the home must be advised what items to have not to be removed and where they are placed to ensure their safety. This information must then be recorded on the social work system.

For resident in a private owned home or private rented property, the costs of cleaning or clearing property or dwellings will be met by the individual. Where the individual is resident within local authority rented accommodation, the resident will meet the cost of cleaning. In exceptional circumstances these costs may be paid upfront by social work with an agreed recovery plan.

### 2.6.2 Animals

If a Council Officer is working with an adult under Adult Support and Protection and concerns arise in regard to any animals within the home, the responsible council officer should report any concerns to the local Scottish SPCA. This should be logged on Client Information Management System and it should advise when the concern was reported, and the name of who it was reported to. If Council Officers feel that reporting any concerns could affect their relationship with the adult, the council officer can request the concerns to be noted as anonymous to the adult. However, if doing so this must also be recorded on Client Information Management System.

## PART 3

### 3.1. ASP REFERRAL PROCESS

- 3.1.1 Section 4 of the 2007 Act places a duty on Local Authorities to make inquiries about a person's wellbeing, property, rights, or financial affairs if it knows or believes that the person is an adult at risk of harm, and that it might need to intervene in order to protect the adult from that risk of harm.
- 3.1.2 Towards effective care governance, all partner agencies should ensure their staff have an awareness of Adult Protection issues and a working knowledge of the reporting and referral requirements.
- 3.1.3 All public agencies have a duty to report any suspected or actual harm to an adult defined by the ASP Act as "an adult at risk of harm".  
The time frame for responding to an initial referral to social work Services is within **1 normal working day** where it is known or believed that a person is an adult at risk and that protective action may be needed.
- 3.1.4 The collation of relevant information at point of referral is crucial in the application of sound professional judgement. It has been agreed that all agencies, with the exception of Police Scotland, Scottish Fire and Rescue and the Scottish Ambulance Service, who will have their own referral forms, use the [Adult Protection Referral form](#) by way of written submission. All sections of the referral form Part A should be completed in writing within 1 normal working day and forwarded to social work Services.
- 3.1.5 Referrals come as adult concern or adult protection "adult at risk" referrals. All "Adult at Risk" referrals will be processed as such to the relevant team, and any adult concern referrals where the relevant social work Team Leader feels these should be

an adult at risk referral, will be reviewed and escalated to an Adult at Risk referral within 1 working day.

### 3.1.6 Escalation of response to Adult Concern referrals

The escalation trigger is the receipt of **three** Adult Concern referrals within a **three-month period**. It will be receiving Team Leader's responsibility to check Client Information Management System to see if the escalation trigger has been reached. The "**three referrals in three-months**" trigger will not be reached if there has been either a Multidisciplinary Meeting, ASP Planning Meeting or an Adult Support and Protection Inquiry or Investigation, within the previous three-month period, convened as a result of the Adult Concern.

### 3.1.7 Escalation Response.

When the escalation trigger has been reached, the response will be that the receiving Team Leader will be required to give specific consideration to the need for a Multidisciplinary meeting in each case. If the decision is that a Multidisciplinary meeting is not required, the Team Leader will give a clear and comprehensive rationale for this decision in the case note on Client Information Management System.

3.1.8 Where the referral is in respect of a person who is currently an "open" case, it is likely that there will be existing information to help inform the initial decision on how best to progress the referral. Consequently, where the referral is in respect of a person who is either not known to the team or there is little or no recent information available, consideration should be given to the need to gather further information to enable an initial assessment to be made.

3.1.9 Where an individual has been subject to ASP measures, but as a result of a Case Conference decision is no longer subject to such measures, the counting of subsequent Adult Concern referrals will start from the date of the most recent decision to remove ASP measures.

**Note: If agencies do not have all the information required in Part A of the referral form, they will not delay but send the referral information they have. social work Services will follow up on the referral and add any additional and required information.**

## 3.2 GUIDANCE ON MAKING A REFERRAL

3.2.1 South Ayrshire Council, as part of the South Ayrshire Health and Social Care Partnership, are lead agency for Adult Support Protection work and will be the central point for the receipt and logging of referrals. Social work will have overall responsibility for the co-ordination of adult support and protection risk assessment and risk management.

3.2.3 Wherever possible the following information should be sought and recorded at the point of referral:

- Details of referrer and their relationship to the adult.
- Whether or not it is likely that the referrer is willing to be interviewed if required during the course of any possible future inquires (This is not optional for employees of Public Bodies as determined by the ASP Act).
- Person who is suspected of causing harm or abuse and their relationship to the adult (if any) and whether they have contact with any other adults at risk and/or children.
- Alleged suspected harm or abuse.
- Name and address of adult and any persons with an interest e.g. family, carer etc. where known.
- Current whereabouts of the adult.
- Date of birth of the adult.
- Whether the adult has a learning disability, mental health or communication difficulties or whether there are concerns in respect of lack of capacity.
- Whether the adult is subject to any proxy decision making powers under the Adults with Incapacity Act or subject to any order under the Mental Health (Care and Treatment) Act.
- Identity of any witnesses and where they can be contacted.

3.2.4 The procedures should be followed even where referrers refuse to give their name or on receipt of anonymous letters. Where referrers do give their name, but request that their identity should not be disclosed, they can be advised that any information will be treated with discretion and that their identity will not be revealed unless the protection of the welfare of the adult or any court proceedings arising requires this.

3.2.5 Where referral by a partner agency or individual is made by telephone or other verbal means they should be advised this should be confirmed by e-mailing a completed [Adult Protection Referral](#) form to the ASP mailbox ([ASP@south-ayshire.gov.uk](mailto:ASP@south-ayshire.gov.uk)). (Appendix 1)

- 3.2.6 Referral should be made directly to ASP mailbox and the **responsible Team Leader** will be advised immediately by the referral receiver. It may become apparent during the course of the referral and subsequent initial Inquiry that full adult protection measures are not required. It is the responsibility of the **receiving Team Leader** to establish how the referral should be progressed. The application of sound professional judgement is fundamental in deciding whether or not to initiate full adult protection investigation measures. Consideration should always be given by the **Team Leader** to organise a planning meeting if there is any dubiety to ensure there is a multiagency approach and a breadth of information to support effective decision making.
- 3.2.7 Referrals out of hours should be directed to Ayrshire Out of Hours Stand-by Services (tel.0800 328 7758)
- 3.2.8 Receipt of **all Adult Protection referral information** should be logged appropriately on Client Management Information System. It will be the responsibility of the relevant **Team Leader** to ensure this happens. The Team Leader should not enter an “Adult Support and Protection” classification at this stage – this should be entered at the ASP Inquiry stage.
- 3.2.9 Where there are concerns that an adult may be at risk of the harm, the responsibility to Inquire lies with the Local Authority which covers where the harm (or risk of harm) takes place. In the case of a resident of a care home, this means that responding to the initial ASP Inquiry will be the responsibility of the Authority (“the responding Authority”) where the care home is located, even where another Authority (“the funding Authority”) has responsibility for funding and care managing the adult at risk’s care and support. However, on receipt of the ASP referral, it is good practice for the responding Authority to make contact with the funding Authority and agreeing a plan for how best to proceed.

**Note: Where a referring partner agency has concerns as to the immediate safety and well-being of an individual, they retain a duty of care and should immediately advise the appropriate emergency service or facilitate other protective measures as required in the circumstances.**

### 3.3. POLICE SCOTLAND INVOLVEMENT

- 3.3.1 The Police Concern HUB processes all Adult Protection referrals and ‘Adult Concern’ reports generated by the Police Concern Hub research officers. Officers within the

HUB are responsible for recording and referring adults at risk of harm to each social work locality within South Ayrshire. Contact Details of Hub:

**Concern Hub**

**Police Scotland**

**10 St Marnock Street**

**Kilmarnock**

**KA1 1TJ**

**01563 505163**

- 3.3.2 In relation to inquiries with and without investigative activity of adults at risk, requests for involvement of police in adult protection planning meetings and case conferences should be referred to Officers within the Police Scotland HUB in the first instance. Police should be invited to all ASP Case Conferences and consideration if required at Planning Meetings.
- 3.3.3 In general, Police involvement will come from the Police Office in the adult's home area. Should the local Police Officer require specific support from the Protection HUB, this will be coordinated by the Police Officers based within the HUB. Police Scotland has a Standard Operating Procedure for responding to adults at risk of harm.
- 3.3.4 In cases where there is suspected criminality, social work services have a duty to inform the Police of any potential criminality within referral information at the earliest opportunity. If Police decide to investigate, social work services will continue to support the adult at risk and his/her carer (where appropriate), in coordinating and monitoring any agreed interim protection plan.
- 3.3.5 If it is decided that a criminal investigation is required, this will be undertaken by the Police. During any Police investigation, the Council has an ongoing duty to safeguard and protect the adult at risk. Social work services and the Police should work in partnership to plan any actions or interventions, within timescales, necessary to protect the adult at risk. The Police will decide if a referral to the Procurator Fiscal is required and appropriate.

- 3.3.6 It is acknowledged that the person alleged to be causing harm may also be supporting the adult. In such cases social work services may need to take action to ensure the adult's support needs continue to be met during any investigation by the Police.

## 3.4 HOSPITAL SOCIAL WORK TEAMS

- 3.4.1 Where an adult is an inpatient at hospital the referral should be logged by the hospital social work team. If the adult has an allocated social worker in SAC, discussions should take place with the relevant social work Team Leaders as to who is most appropriate to proceed with the Inquiry. Where the adult does not have an allocated social worker, the Inquiry should be commenced by the Hospital social work Team.
- 3.4.2 Regardless of the adult being admitted to hospital and considered to be in a place of safety, the referral will continue to have inquiries made in order to be satisfied that the harmful situation will not continue to affect the adult or any other party on discharge from hospital.

## PART 4

### 4.1 ASP INQUIRY PROCESS

#### 4.1.1 Adult Protection Referral - Initial Action

**Note:** Reference should be made to the Scottish Government's [Adult Support and Protection National Revised Code of Practice \(2022\)](#) when reading this guidance.

The new National Adult Support and Protection Codes of Practice supports a new way of considering the Adult Support and Protection processes. Instead of differentiating between Inquiries and Investigation under the Act, it explains the whole process as an Adult Support and Protection Inquiry. Depending on the action taken during the ASP Inquiry process this will be seen as an Inquiry with or without the use of investigative activity.

4.1.2 The purpose of an Inquiry, with or without investigatory activity, is to ascertain whether adults are at risk of harm, and whether the council may need to intervene, provide support, or any other assistance to the adult or any carer. Any investigatory activity – explained in this guidance - is triggered under the Act and should be recorded as such.

4.1.3 An 'adult at risk' is defined as someone who is over the age of 16 years and meets all of the **following three-point criteria**:

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

### 4.2 INQUIRY WITHOUT INVESTIGATIVE ACTIVITY

4.2.1 Initial Inquiries under Adult Support and Protection should be commenced within 24 hours of receipt of referral. In cases where there is an allegation of physical and/or

sexual harm inquiries should commence immediately, and contact made with the Police to:

- Identify any potential areas of criminality.
- Confirm whether a Police investigation is required.
- Establish roles and responsibilities within timescales.

4.41 If the subject of the referral has an allocated social worker, the referral will be responded to by the allocated social worker. In the absence of the allocated social worker, or where the subject of the referral does not have an allocated social worker, the ASP referral will be responded to by the relevant social work Team duty social worker. The allocated social worker or duty social worker will conduct an ASP initial Inquiry and will alert the social work Team Leader where there are concerns around risk and any need for escalation and whether any immediate action is required in relation to the adult deemed to be at risk to keep them safe.

4.4.2 Each ASP referral will, minimally, result in an ASP Initial Inquiry (Inquiry without the use of Investigatory powers) being carried out by a designated Council Officer. An ASP initial Inquiry is a desk-top exercise and will involve the allocated Council Officer in checking available records and consulting with the referrer and relevant partner agencies, gathering information to enable an initial assessment of risk to be undertaken.

4.4.3 The ASP revised code of practice states that;

***“It is best practice that the adult who is subject to the Inquiry should be informed that they are subject to an ASP Inquiry and that their views will be sought.”***

Therefore, as part of the Inquiry without investigatory powers, the adult can be contacted via telephone to advise of the ASP referral by a council officer and to gain the views of the adult in regard to the concerns. This contact and the parameters of the initial discussion must be agreed prior to contact. Any further in-depth discussions out with the agreed parameters, would then be required to be moved to an Inquiry with investigatory powers.

4.4.4 The ASP Revised code of Practice states that;

***“It is reasonable to assume that a virtual encounter with an adult thought to be at risk of harm, for the purposes of inquiring into or investigating their circumstances, should be regarded as an interview in exactly the same way as if it had been a physical encounter. This means that in such cases all the requirements of a physical visit should still be met”***

This means any virtual meetings with the adult, using Microsoft Teams or NearMe can only be completed under an ASP Inquiry with the use of Investigatory Powers.

- 4.4.5 If it is felt that at this stage it is not possible to determine whether the adult is at risk of harm, the Council Officer should recommend to the social work Team Leader that the Inquiry should progress to an “Inquiry with the use of investigatory powers”. This will enable the Council Officer to interview, visit, progress a medical examination of Submit a formal request (“Section 10” request) for access to additional records and carry out a more detailed risk assessment. The details of the Inquiry with the use of investigatory powers, will be recorded on Client Management Information System.
- 4.4.6 An ASP Initial Inquiry will not be required if the referral in question is a duplicate of a referral already received and being responded i.e. for the same individual and in respect of the same incident.
- 4.4.7 On completion of the Initial Inquiry, the Council Officer will make a recommendation to the social work Team Leader as to the outcome:
1. Does not meet three-point test - No Further Action (NFA).
  2. Does not meet three-point test - support provided or offered.
  3. Meets three-point test - ongoing ASP work (further Inquiry, with investigatory powers).
  4. Meets three-point test - support offered/provided under non-ASP legislation.
  5. Meets three-point test - no opportunity for further ASP intervention.
  6. Pending/unknown.

**All Decisions above should be recorded on Client Information Management System and should be fully justified.**

- 4.4.8 In exceptional circumstances, the Team Leader may feel that the information contained in the referral suggests that a visit and interview (an Investigation) is

required to further assess the risks involved. In such cases, it should be clear that the Initial Inquiry has progressed to an Inquiry with the use of Investigatory powers and should be conducted and recorded on Client Information Management System.

4.4.9 On receipt of an ASP referral the responsible Team Leader has a target of 5 working days to carry out the duty of 4.5 Inquiry and to:

- Acknowledge in writing receipt of referral.
- Ensure immediate protection of adult at risk where required has been undertaken.
- Gather all the necessary information to support the decision-making process on how to proceed.
- To co-ordinate multi-disciplinary planning meeting if required.
- To advise the referring agency of outcome.
- To inform Senior Management/Care Inspectorate etc. where appropriate. (This could be based on the nature of the risk of harm, the potential for multiple individuals to be at risk, if the potential perpetrator of harm is a member of staff in a registered care service or if a crime may have been committed. This list is indicative, not exhaustive).
- Ensure the full details of the Inquiry have been entered by the Council Officer on Client Information Management System on Form AP1.

4.4.10 Following the recommendation of the Council Officer, the Team Leader's decision on what further action, if any, should be taken, should be informed by the following considerations:

- Extent of the alleged harmful act(s).
- Indications of whether the harmful act was a one-off event or part of a pattern.
- The impact of the alleged harm on the adult.
- Whether or not there is reason to believe a crime may have been committed.
- The intent of the alleged perpetrator(s)
- Capacity issues in respect of the adult at risk (Adults with Incapacity (Scotland) Act (2000)).
- Issues in relation to mental disorder of the adult at risk (Mental Health (Care and Treatment) (Scotland) Act (2003)).
- The legality of the actions involved and consideration of possible criminal proceedings.
- The risk of harmful act(s) being repeated either against the adult or other adults deemed to be at risk.
- The views of the adult against whom the harm has allegedly been perpetrated.

- 4.4.11 Safeguarding the welfare of the adult remains paramount and therefore any urgent action deemed necessary should not be delayed by the need for further consultation or arrangements for an initial case discussion.
- 4.4.12 Where there is evidence of a criminal offence the Police must be informed and invited to any initial multi-disciplinary case discussion should this be convened.
- 4.4.13 On completion of an Inquiry, where the decision is reached that no further action is required under the Act, the circumstances and processes resulting in this decision should be clearly recorded on Client Information Management System. In addition, any agreed actions to be taken, and the reasons behind the decisions, should be also recorded. The Client Information Management System record should also include information on the implementing of any such actions, including:
- Confirm ongoing supports to the adult.
  - Initiate appropriate interventions under assessment and care management procedures including review of care plan.
  - Consider other adult protection legislation measures more appropriate to the presenting circumstances.
  - Decide to take no further action.
  - Inform referrer/agency of decision and reasons for that decision.
  - Record decision as required on the Client Information Management System.
- 4.4.14 Where the suspected harm has occurred in a registered establishment or NHS facility, or involves an employee or volunteer of a registered care service provider, South Ayrshire HSCP Contracts and Commissioning Manager must be advised by the social work Team Leader of the details of the referral. Following discussion between the social work Team Leader and the Contracts and Commissioning Manager, an agreement should be reached regarding the roles and responsibilities of their respective teams.
- 4.4.51 In addition to the forgoing, where the referral may suggest that a number of people may be at risk of harm, consideration should be given to the criteria for a large scale investigation, with reference to the [Pan Ayrshire Large Scale Investigation Guidance](#). The Team Leader should also discuss the detail of the referral with the Adult Protection Co-ordinator. Where the possibility of a large-scale investigation is being considered, the aforementioned guidance should be followed.

4.4.16 It is the responsibility of the relevant **Team Leader** to decide, using professional judgement, liaise with other agencies (including Contracts and Commissioning, where appropriate) and information gathering following referral on how to proceed.

4.4.17 Where the decision is taken by the Team Leader that further formal action is to be taken under ASP procedures the actions below as appropriate, and the reasons for taking them, should be taken, and recorded:

- Confirm any ongoing support to the adult at risk.
- Consider using other adult protective legislation (Adults with Incapacity (Scotland) Act 2000, Mental Health (Care & Treatment) (Scotland) Act 2003, social work (Scotland) Act 1968).
- Agree and confirm lead investigating officer (Council Officer) and who will be the second officer involved. (It would be best practice that the “second person” has undertaken “ASP Second Person” Training but not having undertaken this training shouldn’t prevent an appropriate practitioner from undertaking this role).
- Set an initial (provisional) date for Adult Protection Case Conference to be held **within 20 working days** of the initial referral.

## PART 5

### 5.1 ASP PLANNING MEETINGS PROCESS

5.1.1 ASP planning meetings is a professional only meeting, it can be held at any time of the ASP process. However, it must not delay any immediate action required to protect the adult at risk and an adult protection investigation may be initiated while additional information is being collated. The ASP Planning Meeting is best utilised at the Inquiry without investigative powers stage or at the beginning of using investigative powers to gather information around risk and identify if the 3-point criteria is met.

5.1.2 Planning meetings should be convened where there are complexities around the referral and there is a need to share all available information and to agree a plan on how to proceed with the Inquiry and protect the adult at risk.

- 5.1.3 The Council Officer and locality social work manager (or delegated manager) will decide if it is appropriate to convene a planning meeting in order to:
- Decide if an investigative activity is required.
  - Consider if an investigation under the Adults with Incapacity (Scotland) Act 2000 or Mental Health (Care & Treatment) (Scotland) Act 2003 should take place or if some other more appropriate course of action should be taken.
  - Clarify the process of the investigation and who should participate or lead.
  - Clarify roles and responsibilities in relation to formal investigatory activities and to agree a timescale for the completion of the activity.
  - Agree a robust communication strategy between agencies within timescales.
  - Consider what further action, if any, is required to protect the individual.
- 5.1.4 Details of the Adult Protection Initial Report (AP1) should be made available to those attending the planning meeting to provide basic details.
- 5.1.5 The planning meeting forms part of the investigatory process and should be formally recorded.
- 5.1.6 The Team Leader is responsible to chair the ASP Planning meeting and must be briefed by the Lead Council Officer with the relevant information prior to the meeting taking place. If the Team Leader opts to delegate, the task the Council Officer should chair this meeting.
- 5.1.7 Planning meetings can be held at any time during the ASP process, to clarify information and inform decisions. **However, it must not replace the need for an ASP Case conference.**
- 5.1.8 Where there is evidence of a suspected criminal offence, the police must be invited to the planning meeting to clarify roles and responsibilities, within timescales and decide who should lead the formal investigation. If the situation is urgent then there should be no delay in agreeing the process of investigation.
- 5.1.9 A referral made under the adult support and protection procedures may also relate to a person to whom adults with incapacity or mental health legislation applies, therefore consideration should be given, where appropriate, to using these adult protection procedures in conjunction with interventions under these Acts.
- 5.1.10 In deciding whether ASP investigative activity under these procedures is required, or some other approach is more appropriate, e.g. community care assessment, service

provision, intervention under other legislation, the Team Leader should take account of the following considerations:

- The extent and severity of the alleged harm.
- Whether the harm was a one-off event or part of a long-standing pattern and the impacts of this upon the adult.
- The potential for harm on others.
- The need for protection or support for the alleged harmer if they lack capacity or also are at risk of harm.
- The intent of the person allegedly responsible for the harm.
- The legality of the actions involved, that is, does the adult meet the three-point criteria.
- The risk of harm being repeated against the person.
- The risk of harm being repeated against other adults and/or children.
- The view of the adult against whom harm has allegedly been caused.
- The capacity of the adult to understand their current situation.

5.1.11 Should the ASP Planning meeting decide that no further action under Adult Protection Procedures is required the Council Officer leading on the Inquiry will ensure that the decisions taken for this action are fully recorded.

5.1.12 **Where an adult has capacity and meets the criteria of the Act but indicates that they do not wish support this does not absolve the council and partners of their responsibilities to cooperate and consider protective measures for the adult.**

5.1.13 While the adult has the right not to engage with the process, the appropriate partners should still meet to consider what action could be taken in the best interest of the adult at risk of harm; this could include a Care or Protection Plan or advice or support to the individual where possible, to manage identified risk. All actions and decisions from any meetings and contacts with the adult must be clearly recorded to evidence defensible decision making.

## PART 6

### 6.1 ADULT PROTECTION – INQUIRY WITH INVESTIGATORY POWERS

**Note: Reference should be made to ASP [National Revised Act Code of Practice \(2022\)](#) in conjunction with this guidance. (In the Revised Code of Practice the terms “Investigation” and “Inquiry with the use of Investigatory powers” are used interchangeably).**

**During the conduct of investigation where any child protection concerns arise action must be taken under West of Scotland Child Protection Procedures to ensure the immediate and future safety and wellbeing of the child/children.**

- 6.1.1 As with all other interventions under the Act the general principles laid out in part one of the Act must be applied when undertaking any intervention.
- 6.1.2 It is the responsibility of South Ayrshire social work Services to lead on Adult Support and Protection Inquires with Investigatory Powers, other agencies may be asked to become involved if their action or contribution is required to progress the process under the lead of the local authority i.e. Police (if criminality is suspected or the safety of the Council Officer is compromised), Housing, Care at home, Health or other specialist services.
- 6.1.3 All workers who lead on Adult Support and Protection Inquiry using investigative activity **must** be a trained Council Officer of the Local Authority and a professionally qualified and registered social worker. The Team Leader (or equivalent manager) will identify the Lead Council Officer.
- 6.1.4 The investigative activity undertaken will be co-ordinated by the appropriate social work Team manager (or equivalent manager) who will keep the locality social work manager informed of progress.

## **6.2. USE OF INVESTIGATORY POWERS**

- 6.2.1 This section provides guidance on sections 7-10 of the 2007 Act and the powers that Council Officers have when conducting adult protection investigations. This includes guidance on making visits, undertaking interviews, arranging medical examinations and examining records.
- 6.2.2 The agreed documentation, Protection of Adults at Risk Referral Form, Adult Protection Inquiry Form AP1, Risk Assessment Documentation AP2 and Chronology of Significant Events will be adopted as the standard assessment, recording and care planning mechanism for all formal investigatory visits under inter-agency adult protection procedures.
- 6.2.3 A trauma-informed approach should underpin the planning and implementation of the Investigation.

6.2.4 It is the responsibility of South Ayrshire Council social work Services to lead on the adult protection Inquiry with Investigatory powers and the Lead Officer must be a Council Officer.

This does not preclude direct participation, as appropriate, by professionals from other partner agency disciplines e.g. Community Psychiatric Nurse (CPN), GP, District Nurse, Care Home staff etc, in the investigative process under the lead of the local authority. The target for completion of the investigation is 15 working days.

6.2.5 The purpose of investigative powers under the Act is to enable the council to fulfil its obligation to conduct inquiries under section 4. Investigative powers under Sections 7-10 can be used:

- To determine what action is required to protect the adult from harm.
- To gather further information not already captured in order to determine whether the adult is at risk; *or*
- To gather further information not already gathered to determine whether further action is required to protect the adult from harm.

6.2.6 An Adult Protection Investigation will contain any or all of the following elements, all of which require the involvement of a council officer:

- A visit.
- An interview with the adult.
- A medical examination of the adult.
- The examination of records.

6.2.7 Given the complexity of such investigative situations, requirements for corroboration and in the interests of support and health and safety considerations for staff it is a requirement that such investigatory visits will always be carried out by two workers. It is the responsibility of the relevant **Team Leader** in discussion with other partner agencies/disciplines or specialist services e.g. Community Mental Health Team where relevant, to agree the composition of the investigatory team.

6.2.8 A council has a duty to Inquire to decide whether it needs to do anything in order to protect an adult at risk from harm. That harm may relate to their wellbeing, property or financial affairs. As part of those inquiries, there are some activities (use of investigative powers under the Act) which may only be undertaken by a council officer or by another person accompanying them, including visits, interviews, a medical examination, and examination of records.

6.2.9 Investigation activity should be carefully planned and managed to ensure that:

- All available information is gathered and considered.
- The adult is fully supported to contribute.
- Any medical evidence and medical intervention are provided; and
- The police are notified if it is thought a crime may have been committed.
- A determination can be made as to whether the adult meets the three-point criteria as an adult at risk; and
- Appropriate arrangements can be made for support for, and protection of, the adult, by performing functions under the Act or otherwise.

6.2.10 The formal investigation should be a planned process and roles and remits of the investigatory team agreed beforehand, where the objective is to establish the most positive environment possible towards allowing full assessment of the adult's circumstances, needs and whether intervention or further action is necessary. This would include agreement within the investigatory team on:

- Compilation of fullest information available prior to formal interview, ensuring a chronology of events can be compiled.
- Where will the interviews take place.
- What questions will be asked?
- Who will ask the questions?
- Who will record the interviews?
- Agreed timescales for completion.

6.2.11 The purpose of any investigation is to:

- Check the accuracy of any allegations of harm or potential harm.
- Establish and clearly record the facts about the circumstances, which have given rise to concerns.
- Involve the adult seen to be at risk as fully as possible within the investigative process (**this may involve use of independent advocacy, appropriate adults scheme, translation or sensory impairment services, depending on the adult's needs and circumstances**).
- Review the adult's situation in respect of current protective legislative powers in force i.e. social work (Scotland) Act 1968, NHS and Community Care Act 1990, Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and Adult Support & Protection (Scotland) Act 2007.
- Identify and assess any significant risk factors or concerns arising from the adult's circumstances.
- Identify and assess any mitigating factors relevant to the risks and concerns.

- Establish with the adult whether they wish professional intervention to take place.
- Establish, where possible, the views of carers, agencies and relevant persons with an interest of the adult considered to be at risk.
- Ensure, where possible, appropriate action is taken in respect of alleged perpetrator(s).
- Determine whether it is likely harm or the potential for harm is of serious concern and determine what protective action or other action is needed for the adult or any other in situ.

6.2.12 The relevant **Team Leader** should take cognisance of the potentially demanding nature of this work and ensure, in respect of the lead investigating officer, and any other of their staff involved are offered the appropriate time, facilitation and support, that any associated workload management requirements are met accordingly, and that the process of the investigation is reviewed on a regular basis.

6.2.13 It will be the responsibility of partner agencies involved in the investigatory process to ensure their staff have similar facilitative and supportive arrangements in place.

6.2.14 The investigating **Council Officer** is permitted to enter **any** place to make necessary investigations to:

- Assist the Council on conducting inquiries under Section 4 to ascertain whether the adult is an adult at risk of harm.
- Establish what further protective action may be required (under ASP Act, other primary legislation or assessment and care management).

6.2.15 Investigatory visits should be conducted at reasonable times (unless it is considered there is a risk of immediate harm) and can take place where the adult normally resides, temporarily resides, or spends part of their time; This could include, for example:

- The adult's home.
- A relative, carer, friend's home.
- Care Home.
- A day centre.
- Place of education, employment, or activity.
- A respite unit or hospital/medical facility.

- 6.2.16 In the course of an investigatory visit the **Council Officer** must produce evidence of identity and evidence of identity of anyone accompanying them.
- 6.2.17 The adult deemed to be at risk of harm must be informed of their right not to answer any questions prior to commencement of interview and the issues of both consent and capacity should always be considered.
- 6.2.18 In the course of investigation where entry is refused, in line with the principles of the Act all other means of achieving lawful entry in order to progress Inquiry should be considered. When considered necessary an application to a Sheriff for a **warrant of entry** can be made.
- 6.2.19 Legal Services on behalf of the Council will make the application to the Sheriff to seek a **warrant of entry**. This authorises a council officer to visit any place specified in the warrant accompanied by a police constable. **This form of warrant expires 72 hours after it has been granted.**
- In cases of urgency and where all **the relevant criteria are met** there may also be the need to consider application for a protection order under the ASP Act. (For detail of legal powers see Section 3).
- 6.2.20 In exceptional circumstances where it is impractical to make application to the Sheriff and the adult at risk is likely to be harmed if there is a delay in granting a warrant application to a Justice of the Peace can be sought. **This form of warrant expires 12 hours after it has been granted.**
- 6.2.21 here is also provision under the Mental Health (Care & Treatment) (Scotland) Act in respect of duty to enquire in relation to an adult who has a mental disorder for an MHO to apply to a Sheriff or Justice of the Peace for a warrant of access to the adult. Where there is an indication that the individual at risk's mental health may be an issue, the Council Officer should liaise with a Mental Health Officer at the earliest opportunity.
- 6.2.22 The details, assessment of risk and outcome of the investigation will be recorded in the form on Client Information Management System. The responsible Council Officer will share and discuss this record with the adult at risk of harm – this is not only good practice, but the details recorded on Client Information Management System will be

discussed at the Case Conference, with an AP2 risk assessment (if the case progresses to that stage) and it is essential that the adult at risk is aware of this.

6.2.23 The responsible Council Officer will advise the Team Leader of their assessment of the situation and the Team Leader will confirm what further action, if any, is to be taken. Such actions could include a combination of care management, the implementation of the provisions of either the AWI Act 2000 or Mental Health Act 2003, supportive measures for an informal carer and/or progression to a multi-disciplinary Case Conference.

6.2.24 Where the decision is take no further action under ASP procedures, the Team Leader will also advise the Principal Social Worker of this decision and the Principal Social Worker will confirm their agreement with this decision and add a case-note to this effect on Client Information Management system.

**The outcome of the Investigation will be as follows:**

- Does not meet 3-point criteria- NFA.
- Does not meet 3-point criteria - support provided or offered.
- Meets 3-point criteria- ongoing ASP work (Progress to ASP Case Conference).
- Meets 3-point criteria - care management pathway /support offered/provided under non-ASP legislation.
- Meets 3-point criteria - no opportunity for further ASP intervention.
- Pending/unknown.

*(These are draft outcomes proposed for the ASP National Minimum Dataset)*

## 6.3 CHRONOLOGIES

6.3.1 “A chronology is a written record of **significant** events both **positive** and **negative** in the order they occur, in the life of the person. The chronology needs to be **regularly analysed** for **patterns of behaviour** and for the **impact** which these behaviours have had on the individual’s life. This helps us to better understand the person’s **needs** and **risks**, including their need for protection from harm” (Pan Lothian Guidance on Chronology, 2020).

6.3.2 Significant case reviews have taken place to support learning from cases where individuals have died, suffered significant harm or been at risk of significant harm. These reviews highlighted chronology as a key area for improvement for all agencies involved in the care and protection of children, young people, and adults.

6.3.3 It is good practice for Chronologies to be utilised within all areas of work involving children, young people and adults – across the lifespan however for the purpose of this guidance it will focus on the use of chronologies within the Adult Support and Protection process.

Care Inspectorate: Triennial Review of Initial Case Reviews and Significant Case Reviews (2018-2021) Impact on practice.

6.3.4 A chronology is:

- A summary of events key to the understanding of need and risk, extracted from comprehensive case records and organised in date order.
- A summary which reflects both strengths and concerns evidenced over time.
- A summary which highlights patterns and incidents critical to understanding of need, risk and harm.
- A tool which should be used to inform understanding of need and risk. In this context, this means risk of harm to an adult.

6.3.5 A chronology may be:

- Single agency.
- Multi-agency.

6.3.6 A multi-agency chronology must comply with information sharing guidance and protocols in the way that it is developed, held, shared and reviewed; reflecting local information sharing guidance and duties to cooperate under Section 5 of the Act. **It must be accurate, relevant, and proportionate to its purpose.**

6.3.7 A multi-agency chronology:

- Is a synthesis which draws on single-agency chronologies.
- Reflects relevant experiences and impact of events for the adult.
- Include turning points, indications of progress and/or relapse.
- Will inform analysis but is not in itself an assessment.
- May evolve in a flexible way to integrate further necessary detail.
- May highlight further assessment, exploration or support that may be needed.
- Is a tool which should be used in supervision.

6.3.8 A chronology, whether single- or multi-agency:

- **Is not** a comprehensive case record and cannot substitute for such records.
- **Is not** a list of exclusively adverse circumstances.

6.3.9 **A multi-agency chronology is expected to be developed by the council officer as part of Inquiries**, to contribute to the risk assessment and subsequent decisions.

Contribution to the chronology is a **collective** responsibility by agencies involved in the adult's life.

6.3.10 Forming a chronology should assist a shared understanding with and between those involved in the risk assessment, as well as to contribute to any subsequent support and protection plan, if appropriate. The perspective of the adult at the centre of the adult protection process should be explored to gain understanding of the impact of events and to check their perception of accuracy.

## 6.4 SECOND WORKER

6.4.1 A **second worker** can be another professional or person who can assist the Inquiry for example a key worker known to the adult, a Police officer, health professional or representative from the Care Inspectorate or Office of the Public Guardian. The Team Leader and Council Officer should take particular care should be taken to identify who would best be suited to undertake this role – taking into account that the person should have had relevant training and experience to support the Inquiry.

**The person may have prior knowledge about the adult, or it may be that due to the adult's particular situation a specific professional or input may benefit the adult and the ASP Inquiry.**

6.4.2 Anyone requested to undertake the second worker role should recognise the timescales and urgency of undertaking ASP Inquiries. The Second worker role is crucial to support during the ASP Inquiry – and should not only been seen as a scribe during an interview. They should work together with the Council Officer and the Team Leader to assess the risk to the adult. They would often be asked to continue to be involved throughout the ASP process – especially if the adult is assessed as an adult at risk of harm.

## 6.5 INTERVIEWS (SECTION 8)

**Section 8 of the Act allows a Council Officer and any person accompanying the officer, to interview the adult in private. Whether or not the adult should be interviewed in private will be decided based on whether this would assist in achieving the objectives of the ASP Inquiry.**

- 6.5.1 Section 8(2) of the Act provides that the adult is not required to answer any questions, and that the Council Officer **must** advise the adult of this before the interview takes place. The adult can choose to answer any question put to them, but the purpose of this section is to ensure that they are not forced to answer any question that they choose not to answer.
- 6.5.2 This **does not** however prevent the Council Officer from gathering information in relation to the concerns which have been raised. For example, the Council Officer and the second worker should use observational skills to identify the presentation of the adult and their immediate environment and consider this information in light of the concerns being raised. General questions could also be asked; however, this should be carried out in a sensitive manner helping the adult to understand the Council Officer role while respecting the adult's rights to refuse.
- 6.5.3 A similar process should be followed to an assessment of risk. In any interview, gaining the consent of the adult to be interviewed should also consider the adult's capacity and promote the adult's participation in the interview.
- 6.5.4 In situations where it is either known or suspected the adult does not have capacity to consent to interview, principles of participation should be paramount and professional judgement demonstrated by the council officer in relation to proceeding.
- 6.5.5 The interview, where possible, should be conducted in a safe, quiet, comfortable setting where interruptions are to a minimum.
- 6.5.6 The Council Officer undertaking the interview must keep an open mind and gather information without prejudice.
- 6.5.7 The second worker should record a summary account of the interview using appropriate paperwork and noting significant comments, information and emotions and demeanour and responses of the adult etc. The recording should reflect any points which may support any legal action necessary e.g. dates, details of what and who is/was responsible for causing harm.

**Note: If someone is describing harm, they suffered this should be recorded as fully as possible in the adults own words (verbatim).**

- 6.5.8 Circumstances may arise where an interview would not be undertaken as a physical visit to meet with the adult. In the context of an interview under Section 8 of the Act such options such as telephone interview and virtual meetings should only be used if there are strong reasons to do so (largely related to safety and infection control concerns arising out of a physical visit), and these reasons should be recorded.

6.5.9 It is reasonable to assume that a virtual encounter with an adult thought to be at risk of harm, for the purposes of inquiring into or investigating their circumstances, should be regarded as an interview in exactly the same way as if it had been a physical encounter. This means that in such cases all the requirements of a physical visit should still be met, including the council officer providing evidence of their authorisation.

## 6.6 MEDICAL EXAMINATION (SECTION 9)

6.6.1 Under Section 9 of the Act a Council Officer may request that a health professional conduct a medical examination in private, of an adult at risk of harm. Under Sec 52 (2) of the Act a health professional includes a doctor, nurse or midwife.

6.6.2 A medical examination can include physical, psychological or psychiatric assessment or examination and may be required for a number of reasons e.g.

- The adult's need for immediate medical treatment.
- To provide evidence of harm to inform a criminal prosecution.
- To support an application for an order to safeguard the adult.
- To assess the adult's health needs.
- To assess the adult's mental capacity.

6.6.3 Situations where a medical examination **must** be considered include:

- The adult has a physical injury inflicted by another person.
- The adult has an injury where the explanation is inconsistent with the injuries.
- There is an allegation of sexual abuse, and the assault may have left physical evidence.
- The adult appears to be injured due to neglect or self-neglect or self-harm.
- The adult is ill or injured and no treatment has previously been sought.

6.6.4 Section 9(2) of the Act states that the person to be examined must be informed by the Council Officer of their right to refuse to be examined before the medical examination takes place.

6.6.5 In an emergency and where consent cannot be obtained, doctors can provide medical treatment to anyone who needs it, provided the treatment is necessary to save life or avoid significant deterioration in the person's health. However, even in those circumstances, any advance notice that a person would have refused to consent to such treatment should also be taken into account.

6.6.6 Where a forensic medical examination is required/referred due to concerns around harm caused by rape or sexual assault, this must occur in a suitable healthcare facility i.e. a forensic medical suite in a Sexual Assault Referral Centre (SARC), where the suite has been properly decontaminated.

## 6.7 EXAMINATION OF RECORDS (SECTION 10)

6.7.1 Section 10 of the Act allows Council Officers to require any person holding health, financial or other records relating to an adult at risk to give the records, or copies of them to the Council Officer, in order to assist them to decide whether further action is needed to protect the adult at risk from harm. Records are defined as those held in audio, visual or other formats.

6.7.2 Whilst confidentiality is important it is not an absolute right. Nonetheless, the sharing of information must be proportionate to the harm it is being sought to prevent and where possible the consent of the adult should be sought.

6.7.3 Medical records such as those held in acute hospital records may only be inspected by a health professional. Council officers can nominate who they think is appropriate to inspect records on their behalf.

6.7.4 While a GP is not required to co-operate, the adult's medical records belong to the Health Board, and they are required to co-operate. If a GP refuses to co-operate, the Lead Council Officer should contact the practice nurse manager for access to medical records. While any Council Officer may require health records or copies to be produced, health records may only be inspected by a health professional (other than to establish that they are health records, in the first instance).

For further information - [Scottish Government's ASP Guidance for General Practice](#)

6.7.5 **If there are any issues relating to the access of medical information or assessment** this must be passed to the relevant Social Work team Leader for them to liaise with senior health personnel.

6.7.6 Where there is a risk of financial harm, and the adult has an appointee the Department of Works and Pension (DWP) should be alerted for them to pursue further investigation and action.

6.7.7 **When requesting information from DWP the - section 10 information request be utilised. Contact can be made with the Advanced Customer Care Service on: [acssl.escalationscotland@dwp.gov.uk](mailto:acssl.escalationscotland@dwp.gov.uk)**

6.7.8 Social Work Scotland and the National Banking Support Group under the auspices of the Financial Sector Resilience Group (Scottish Business Resilience Centre/Police Scotland) have agreed a national protocol for Council Officers accessing information under Section 10, from financial institutions across Scotland. Council Officers should use this protocol and template when attempting to gather proportionate information from financial institutions.

6.7.9 The principles of the Act must be adhered to and the purpose of any access to records or sharing of information must be proportionate and should be to further the best interests of the adult and otherwise unable to be achieved without such an intervention.

6.7.10 Section 49 of the Act provides that it is an offence for any person to fail to comply with a requirement to provide information under Section 10 unless that person has a reasonable excuse for failing to do so. Note: This does not apply to the adult at risk themselves.

6.7.11 When the information is gathered it will be the responsibility of the Team Leader (or equivalent manager) to decide, on information available, whether:

- immediate action is required in relation to the adult deemed to be at risk;
- whether an initial ASP Case conference is required with relevant staff and partner agencies.
- no further action is required under adult protection procedures.
- Further action beyond the scope of the ASP Act is needed.

## 6.8 RECORDING ASP WITH INVESTIGATIVE ACTIVITY

6.8.1 When an appropriate range of investigative activity have been carried out and the decision is to **progress to ASP initial case conference** or **no further action under ASP**, the council officer will enter the outcome and analysis of the risk on the Client Information Management recording system with the following Information:

- Reason for Investigation.
- Investigative Actions Taken.

- Other Agencies consulted.
- Evidence how the adult is un/able to safeguard wellbeing, property, rights, interests.
- Evidence how the adult is/not at risk of harm.
- Evidence how the adult is/not affected by disability, illness, mental disorder, physical and mental infirmity etc.
- Protective Factors.
- Recommendations/Analysis of risk.
- Feedback.

6.8.2 **An analysis of risk** is required in every case regardless of whether the Inquiry has established harm is present or not. All Inquiry recordings must include reference to the 3-point criteria and clear risk analysis given for the decision.

6.8.3 The Team Leader overseeing the case should sign off the Inquiry without Investigative activity and ensure that the recording is a true reflection and analysis of the risks and protective factors. The following options should be considered:

- Does not meet three-point criteria – NFA.
- Does not meet three-point criteria – managed through existing care plan involvement.
- Does not meet three-point criteria – referred for non-ASP services.
- Meets three-point criteria – manage through existing care plan.
- Meets three-point criteria – Proceed to Initial Case Conference.

## 6.9 AP2 – Risk Assessment

6.9.1 As part of an Inquiry where investigatory activity is utilised and a more complex multi-agency risk assessment is required, an AP2 risk assessment should be utilised.

6.9.2 The AP2 is a tool bringing together comprehensive, relevant information, the tool reflects an expectation that professional opinion/judgement is required about the risk and any protective action which might be needed. A robust risk assessment should include an overview of the Inquiry undertaken including investigatory activity used as well as other relevant information and analysis of multi-agency chronologies. The risk assessment should include information pertaining to significant others in the adult's life, and provide a clear overview of the risks, vulnerabilities, and protective factors, as well as the adult's views. A good risk assessment can support decision making and assist in considering the severity of harm and the consequence if no action is taken to reduce the risk(s).

6.9.3 It is anticipated that an AP2 risk assessment will be completed before a case conference in order to inform the Chairperson in advance. The adult being assessed should always remain at the centre of the assessment and subsequent decision making.

#### 6.9.4 THE AP2:

1. MUST be completed for all case conferences.
2. MUST be updated for review case conferences.
3. SHOULD be considered during all ASP investigations - An AP2 can be used as part of investigatory activity even if the results in an NFA decision.
4. Consideration should be given to completing an AP2 risk assessment as part of the Inquiry process to support the decision whether further action under ASP is required to mitigate risk of harm to the adult – for example to make an informed and evidence-based assessment whether an Initial Case Conference is required or not.
5. As part of an Inquiry where investigatory activity is utilised and a more complex multi-agency assessment is required, an AP2 risk assessment should be considered.
6. If there have been 3 ASP referrals in 3 months an AP2 should be considered and completed, however if not being completed the relevant overseeing manager must record on care first why it is of no benefit.

6.9.5 If the decision is to progress to an ASP Initial Case conference, the Lead Council Officer will, at all times, complete an AP2 risk assessment which should provide a balanced view between risk of harm, abilities of the adult at risk, including capacity (decisional and executorial) and consent, strengths and protective factors.

## PART 7

This section should be read in conjunction with the [ASP Chairs' Procedure \(June 2024\)](#) document.

### 7.1 ASP CASE CONFERENCE PROCESS

7.1.1 An ASP Case conference is a **multi-agency forum** held to share information and make joint decisions about how to support and protect an adult deemed to be at risk of harm. Whilst there are no statutory provisions relating to case conferences, the arrangements for case conferences detailed in these procedures have been agreed

by the agencies represented on the South Ayrshire Adult Protection Committee and public body employees have a duty to co-operate under Sec 5 of the Act.

- 7.1.2 The Locality Principal Social Worker or Equivalent Service Manager, will convene and chair an initial ASP Case Conference within **20 working days** from the date of the initial adult protection referral.

**A Case Conference should be considered when the risk of harm to the adult is significant, and a multi-agency discussion is required to ensure the safety and wellbeing of that adult.**

Where the Principal Social Worker decides to convene an initial ASP case conference out with the 20-working day timescale, they must record the reasons for this decision.

- 7.1.3 A completed Risk assessment (AP2) including a multi-agency chronology should be submitted to the Principal Social Worker and relevant others **three days** prior to the case conference taking place.
- 7.1.4 Links must be made with Children and Families Services where the circumstances involve a young person who is known to them or where children may live in the same household.
- 7.1.5 Council legal services should be invited, as appropriate, in order to provide advice where there is likely to be an application for measures to a sheriff. Should a protection order be required the Council Officer should contact South Ayrshires Council's legal department.
- 7.1.6 Where an ASP Case conference has been arranged on an urgent basis, the Lead Council Officer should complete an AP2 – risk assessment at the earliest opportunity.
- 7.1.7 A Mental Health Officer (MHO) should be invited to case conference if it is deemed necessary to consider issues of capacity, consent and options under alternative legislation.
- 7.1.8 As with all other interventions under the Act the general principles set out in part one of the Act must be applied.

## 7.2. THE CONTENT AND PURPOSE OF THE ASP CASE CONFERENCE

- 7.2.1 The ASP Case Conference should focus upon risk of harm, needs, strengths, protective factors, capacity, and consent. The content of the meeting should include:
- Introduction.

- The chairperson should introduce the Case Conference by confirming:
- The purpose and function of the case conference within the context of Adult Protection procedures under the ASP (S) 2007 Act.
- That certain information pertaining to the adult at risk may have to be restricted and give the reason for that restriction.
- Who is present - the Chairperson should ask participants to introduce themselves and identify their role.
- The role of the minute taker and the need to clearly record discussion.

## 7.3 REPORTS AND GATHERING OF FACTS

7.3.1 It is important to note that the ASP Case Conference is a multi-agency forum and should involve views and assessment from all relevant professionals.

- All professionals should be asked by the chairperson to share information beginning with the circumstances of the referral and conduct of inquiries.
- The multi-agency chronology should be considered and discussed at the case conference. It should form part of the risk assessment.
- The content of any reports submitted.
- There should be a consideration of the risks of harm, the nature and level of such risks and the likelihood of recurrence (AP2 Risk Assessment).
- Any potentially relevant legislation and /or protection orders should be considered.
- 

7.3.2 The risk assessment (AP2) is not intended as a substitute for consideration and decision making in an ASP Case Conference, rather the format is intended to provide a means by which such conferences can be fully informed about the findings and views of the assessor and the person being assessed, both in relation to past events and possible future actions.

7.3.2 The agreed documentation AP1, AP2 Risk Assessment Investigation Form, Chronology of Significant Events and possibly an emergency Protection Plan to safeguard the individual where the risk requires immediate input, will be the core documentation to inform the Case Conference decision making process. The Team Leader of the social worker who is the Care Manager should ensure that these documents are all available.

**As with other stages of the Adult Support and Protection process, a trauma-informed approach should under the planning, conduct and decision-making processes of the Case Conference.**

7.3.4 The terms of the risk assessment are also intended to provide not only for a balanced response to individual rights and agency responsibilities, but also consideration and addition, areas which need considered are:

- Whether any protection measures require to be sought or reviewed if they were established during the ASP Inquiry.
- Any relevant background information (following all the information relating to the current investigation been discussed).
- What the strengths or weaknesses are in the current support arrangements and any need for advocacy to support the person at risk's views and wishes to be heard.
- The adult at risk's ability to consent and capacity to understand. Or ability to make informed decisions. Decisional and executorial ability needs to be considered. Consideration to be made relating to past or ongoing Trauma.
- A history of any significant events – multi-agency chronology.

## 7.4 INVOLVEMENT OF THE ADULT

7.4.1 The Adult Protection Case Conference should consider the fullest information possible and should be an inclusive process involving the adult considered at risk of, or subject to, harm and key persons/agencies with an interest where reasonable and practicable. Consideration therefore should always be given as to how the adult or relatives, carers etc. might most effectively participate. Consideration should be given to ensuring that:

- The Case Conference venue is as accessible and non-intimidating as possible.
- Appropriate communication/language/translation/sensory impairment services are provided where required.
- Attendance for part of the meeting is an option where agreed and there is the facility for the adult to be consulted out with the meeting and their views appropriately represented if preferred.
- Adults should not be required to confront alleged perpetrators where this may be distressing.
- Attendance should be at the discretion of the Chair of the Case Conference who should ensure the reason for the exclusion of any individual is recorded.

### 7.4.2 Adult Attendance Virtually

NearMe should be used in an ASP Case Conference when all professionals are attending in person and the service user can only attend virtually. NearMe will allow the Service User to be part of the Case Conference enabling them to be included

within the meeting and voice their view. The video platform allows either an advance or an immediate access link to be sent to the Service User by the social worker. If required, an Advocate can aid them to attend the meeting as Circles Advocacy have completed an awareness session on accepting the meeting link.

## 7.5 INTERPRETATION AND ASSESSMENT

7.5.1 The chairperson should lead the discussion which focuses upon:

- What strengths the adult has and what are the strengths available to support the adult e.g. positive role of carers or family members?
- What are the threats to the adult at risk's wellbeing?
- What are the specific dangers, actual and/or potential to the adult at risk?
- What is the current or potential role of carers and family members?
- What extended family and other informal supports could be mobilised?
- Is there a need for community or professional supports to be offered?
- Is there a need for urgent protective action to be taken, including a formal ASP protection order?

## 7.6 DECISION

7.6.1 The multi-agency Case Conference needs to decide whether the adult or any other person is believed to be at continuing risk of harm and if so:

- Decide if there is a need for formal measures to protect the adult e.g. ASP protection orders or pursue further investigative activity.
- Refer/not refer to the police if this has not already been done in the course of the Inquiry (i.e. where it is believed that a crime may have been committed).
- Consider if an Adult Protection Plan is required – all adults confirmed as an adult at risk at the case conference stage and progressing to be supported under this legislation require to have a protection plan.
- Agree any decisions and/or actions that are required to safeguard and protect the adult at risk.
- Identify and agree an ASP core group who will work with the Council Officer
- Determine roles and responsibilities of the various professionals involved in the protection plan.
- Make arrangements for implementing and review of the AP3 Protection plan.
- Identify and agree a review date.

- 7.6.2 In some urgent situations, the ASP Case conference may identify that significant harm to the adult is likely if immediate action under AWI is not undertaken. An example of this would be, where it has been determined that there is a need for a Council solicitor to apply for a Removal Order under s293 or s294 of the Mental Health (Care and Treatment) (Scotland) Act 2003 in conjunction with an application for interim welfare guardianship. In such an instance, however, there is likely to be prior knowledge about the serious risks being posed to an adult and a locality-based MHO should have been present at the Adult Protection Case Conference.
- 7.6.3 Whilst the purpose of the Adult Protection Case Conference is to consider the need for the implementation of an Adult Protection Plan and to implement this, it will be the responsibility of the chairperson to ensure that recording requirements and case conference outcomes are all made and met timeously.
- 7.6.4 The Case Conference may decide that there is no requirement for any further intervention or action under Adult Support and Protection. This doesn't preclude the continuation, or introduction, of other supports or services, but will signal the end of the Adult Support and Protection process. Where there is "no further action" under Adult Support and Protection" and the adult has an allocated social worker and is in receipt of a package of care and support, a formal review of that care and support should be undertaken within 3 months ensuring the circumstances that triggered the Adult Support and Protection are considered.
- 7.6.5 The Case Conference may decide that additional supports are required, and an Adult Support and Protection Plan will therefore be required. The Case Conference will discuss and agree what could be provided and by whom. The responsible Council Officer will complete a written Adult Protection Plan (on Client Information Management System, this is the Form AP3). This will be submitted to the Chairperson within seven days of the Case Conference having taken place.
- 7.6.6 An ASP Review Case Conference will take place within three months (12 weeks after initial Case Conference) and the Case Conference should agree a date for this. The Case Conference should also agree on the composition of the Core Group which meet on a regular basis to monitor and review the Adult Support and Protection Plan. Initial core group 4 weeks from Initial ASP Case Conference, second core group 4 weeks from Initial Core Group, and then 4 weeks later Review Case Conference.
- 7.6.7 The Chairperson has **10 working days** from the Case Conference to **distribute the minutes and the written Adult Protection Plan** which should be signed by the Chair. This also applies to any subsequent Review Case Conference.
- 7.6.8 The Protection Plan is **not** a substitute for the requirement to ensure all Case Conferences are accurately minuted but provides a framework whereby all actions arising from decisions taken at the Case Conference can be co-ordinated, implemented and monitored. In separately identifying all key elements it clearly

identifies definition of responsibilities, timescales and outcomes to ensure effective implementation and review.

## 7.7 INVITATIONS TO ASP CASE CONFERENCE

7.7.1 Invitations should be made to all appropriate partners and agencies. Council officer should utilise Appendix 12 to request invitations are sent. Please note that Police Scotland has a separate request document. The ASP Case conference should:

- Consider the fullest information possible.
- Be an inclusive process involving the adult at risk, family, carers and/or those with a legitimate interest.
- Involve multi agencies with an interest and/or involvement.
- Consider reasonable and practicable measures in line with the principles of the Act and any formal protective actions.

7.7.2 Attendance at the adult protection Case Conference may include:

- Council Officer.
- Adult seen to be at risk of harm.
- Carer or relative (having regard to wishes of the adult).
- GP/relevant health professional.
- Police.
- Staff from any regulatory bodies; care/support provider organisations directly involved with the adult.
- Legal Services.
- Independent Advocacy.
- Proxy decision makers (attorney or guardian).
- Mental Health Officer where there are legal issues arising in relation to mental disorder or lack of capacity.
- Housing providers where relevant.

7.7.2 The Team Leader should ensure that consideration is given to the inclusion of key partner agencies. All Police and Health Professionals involved with the adult, should be invited to the Case Conference using the invite and report Proforma. The invite and report proforma should be retrieved from ASP admin staff at, [asp@south-ayrshire.gov.uk](mailto:asp@south-ayrshire.gov.uk), and returned to them to send to necessary partners.

7.7.3 If partner agencies invited to attend are unable to attend, they should submit a written report for the consideration of the Case Conference.

7.74 The Case Conference should be needs-led in focus and areas that should be considered within the meeting include:

#### **Assessment of Need**

- Past and or current history of abuse.
- Support systems currently involved.
- Involvement of other agencies.
- Key areas of deficit in relation to support, care and protection.

#### **Review of Risk**

- Description of risk.
- Pattern of risk behaviours.
- Areas of immediate and/or future concern.

#### **Risk Management and Care Planning**

- Community or other support requirements.
- Contingency/relapse plan.
- Key worker/care manager responsibilities.
- Partner agency interventions and responsibilities.

#### **Legislative Provisions**

- Consideration of current protective legislative measures required to implement the Protection Plan e.g.
  - Adults with Incapacity (Scotland) Act 2000
  - Mental Health (Care & Treatment) (Scotland) Act 2003
  - Adult Support & Protection (Scotland) Act 2007

**Note 1:** In consideration of legal protective measures of intervention due consideration **must** be given to the **principles** underpinning the various Acts as outlined in Section 3 of this document.

**Note 2:** Where issues of lack of capacity are identified and interventions under the Adults with Incapacity (Scotland) Act 2000 are considered necessary, South Ayrshire Council's relevant procedures should be followed. **In such circumstances the Adult Protection Case Conference can take the place of the Adults with Incapacity Case Conference and there is no requirement to duplicate this process.**

## 7.8 EXCLUSION FROM ASP CASE CONFERENCE

7.8.1 Practice in this area should be characterised with a genuine wish for involvement and participation, wherever appropriate the adult at risk, carers or family being present. It is only where there are substantive grounds to believe that the involvement of carers or family would undermine the process and purpose of the case conference that they should be excluded throughout.

Information which can be obtained without attendance should be gathered prior to the meeting if this allows the Chair to have the information (rather than risking information through non-attendance by someone e.g. a police officer etc).

7.8.2 Grounds for exclusion may be when:

- A level of conflict or tension exists within the carers or family; or
- There is substantive evidence to believe that there is a likelihood of violent or serious disruption of the process of the case conference.
- There is third party or sub judice information is being presented to the case conference.
- It is judged necessary by the chairperson that the presence of family or carers would seriously affect the risk to the adult concerned.

## 7.8 ASP CASE CONFERENCE DISSENT, DISPUTE, COMPLAINTS

7.9.1 In relation to dissent/dispute/complaint, any agency, adult, or persons with an interest have the right of access to complaints procedures should they disagree with any decision or outcome arising from the Case Conference process. Similarly, all parties retain the right to request a review of care provision at any time.

7.9.2 Under the Case Conference procedures any dissent/dispute or complaint occurring within the proceedings **must** be recorded in the relevant minute. The Chairperson holds ultimate responsibility for decision making within the Case Conference, and any subsequent review Case Conferences. However, in the event of serious dissent/dispute where there is no resolution, the matter should be referred to the relevant **Head of Service** within the host social work area with responsibility for adult protection for resolution.

## PART 8

### 8.1 ASP PROTECTION PLANNING PROCESS

- 8.1.1 The **protection plan (AP3)** has been designed for use when allegations of harm or exploitation have been made and an ASP Case conference has agreed that there is a risk of harm or serious harm; or when high levels of risk cannot be managed within a normal care or welfare plan.
- 8.1.2 The format for the protection plan assumes that, reflecting good practice, there will be a lead worker to co-ordinate protection work and that, in most cases, there will also be a core group of workers from different services. **The Lead Council Officer will be responsible to co-ordinate the protection plan, but it is all core groups members responsibility to contribute to it.**
- 8.1.3 The completion of a full written protection plan seeks to separately identify the definition of responsibilities, timescales and outcomes for whatever actions are necessary in the categories provided. It should be noted that there may need to be several actions under particular headings.
- 8.1.4 The terms of the protection plan format reflect certain key practice principles which are also evident in the risk assessment, particularly the need to identify and respond to the views of the adult at risk and significant others and the need for good communication both with them and between all the professionals or agencies involved.
- 8.1.5 **The protection plan should be seen as a working document and should reflect the current situation of the adult.**

## PART 9

### 9.1 ASP CORE GROUP PROCESS

- 9.1.1 Core group members must be identified during the initial adult support and protection case conference or as soon afterwards as possible if relevant representatives are not in attendance and their names, along with delegated tasks and timescale recorded in the minute. Adults should always be invited to the ASP Core Group, The SSSC Code of Practice advises:

**“The adult’s views and wishes are central to adult support and protection, and every effort should be made at each stage of the process to ensure that barriers to the adult’s participation are minimised. It is good practice to consider the best ways to check at various stages with the adult how included they feel and ensure they have the opportunity to highlight if they feel excluded at any point. All decisions must be clearly recorded and explained to the adult.”**

- 9.1.2 Core groups are small groups of interagency staff who are involved with individuals who are supported under to adult support and protection.
- 9.1.3 Membership of the core group should be kept as small as possible without compromising the adult protection planning and protective process. Too many professionals in the core group can oppress and impair the adult and their carer’s attendance.
- 9.1.4 The core group has delegated responsibilities to progress the adult protection plan and is answerable to the ASP Review Case conference.

## **9.2 ASP CORE GROUP ROLE**

- 9.2.1 The Team Leader co-ordinating the Adult Protection case is responsible for chairing the core group.
- 9.2.2 The Lead Council Officer is responsible for completing the details in the AP3 protection plan template. However, it is the multi-agency core groups responsibility to contribute to and agree actions.
- 9.2.3 The protection plan should be outcome focused and clearly identify the roles and responsibilities of each core group member, within timescales. The actions should match the identified risks of harm, clearly identify how it is intended to mitigate and/or manage the risks and deliver the outcomes to be achieved for the adult.
- 9.2.4 It is the responsibility of the first core group meeting (4 weeks from Initial case conference) to consider the decisions and actions agreed by the initial case conference and develop the Protection Plan. The Team Leader should lead these multi-agency discussions.

9.2.5 **Core group members should pay particular attention to those adults at risk who, due to their circumstances, will be returning to situations where they remain at continued risk of harm.** As above, the protection plan in such cases should clearly match the identified risks of harm but identify and record any assessment that mitigating the risk may be limited. This is particularly true when an individual's own actions constitute a major element of the risk. Sometimes in such circumstances, the plan may be restricted to limited objectives such as maintaining contact and attempting to intervene when the adult is willing to cooperate.

**This is not the same as saying that nothing can be done and does still require partners to continue to cooperate to the best of their abilities in the face of non-engagement from the adult.**

9.2.6 Each core group must review the effectiveness of the adult protection plan being worked to, and as part of this review, consider:

- Progress in implementation of the adult protection plan to date.
- Any changes to protective/risk factors identified.
- If outcomes identified are being achieved/not being achieved (if not consider why not and what needs to be changed to meet the outcomes).
- What tasks need to be undertaken (and by whom) in order to work towards agreed outcomes.
- If there is a need to recommend to the locality social work manager that a review adult protection conference is required because of a significant deterioration in the adults circumstances and likelihood of future harm.

Where core group's recommendation that there needs to be a review adult protection conference convened as soon as possible, this in itself must not preclude action to safeguard the adult in the interim period e.g. ASP protection order.

9.2.7 Any changes to the adult support and protection plan as a result of the core groups review must result in the adult protection plan being updated to reflect the changes agreed and copies of the new plan disseminated to core group members. The Lead Council Officer is responsible for this task.

### 9.3 TIMESCALES

9.3.1 The first core group should meet no later than **4 week** from the initial ASP Case Conference being held. Thereafter core groups should be held **4 weeks** for the duration of the protection plan.

- 9.3.2 Any member of the core group can also request an additional core group meeting to consider new information.
- 9.3.3 The relevant social work Team Leader should be notified of this request and decide on whether to grant this request. If the request is refused, the core group member must be advised in writing that he/she can appeal this decision by writing to the health and social work manager.
- 9.3.4 **The core group held 8 weeks after the initial ASP Case conference (the second core group meeting) will be responsible to consider the protection plan and ensure that a short analysis of the plan and its effectiveness is submitted to the ASP Review Case conference and should include a written update of the most up to date protection plan.**
- 9.3.5 Generally, the frequency of the core group meetings will be determined by the chair of the ASP case conference in line with levels of risk, however they should not be less than the timescales set out in 9.2.1. At times, where risk has increased, more frequent core group meetings may be required.
- 9.3.6 The ASP Case conference review should take place no more than four weeks after this core group meeting has taken place.
- 9.3.7 Any deviation from the above timescales must be justified and recorded fully.

## PART 10

### 10.1 ADULT PROTECTION - REVIEW CASE CONFERENCE

10.1.1 The Review Case Conference, as with the initial case conference, will be Chaired by a **relevant Service Manager/Senior Manager (where there is no Service Manager)/Adult Protection Co-ordinator**. The first Review Case Conference should be held within **3 months** (12 weeks) of the initial Adult Protection Case Conference and thereafter at not more than **6 monthly intervals** for the duration of the Protection Plan remaining in place.

10.1.2 The purpose of the Review Case Conference is to:

- Summarise support and outcomes to date and provide confirmation of the current situation.

- Review risk management plans and establish current levels of risk of harm.
- Ensure agreed duties and responsibilities across partner agencies have been fulfilled and agree any remedial action where a shortfall has been identified.
- Review and where necessary up-date the Protection Plan and associated service provision.
- Ensure any intervention or legal powers exercised is consistent with the principles underpinning the legal framework, is proportionate and is the least restrictive option in terms of maximising benefit and offering effective protection to the adult.

10.1.3 The Chair of the Core Group should ensure that the updated Protection Plan is available to the Chair of the Review Case Conference 2 days prior to the meeting taking place.

10.1.4 It is the responsibility of the Chairperson in conjunction with the relevant Team Leader with case management responsibility to ensure South Ayrshire Council social work Services Client Information Management System recording requirements are met.

10.1.5 As with the Case Conference, the Review Case Conference may decide that there is no requirement for any further intervention or action under adult support and protection. This doesn't preclude the continuation, or introduction, of other supports or services, but will signal the end of the adult support and protection process. Where there is "no further action" under Adult Support and Protection" and the adult has an allocated social worker and is in receipt of a package of care and support, a formal review of that care and support should be considered by the principle social worker and council officers, ensuring the circumstances that triggered the Adult Support and Protection are considered.

10.1.6 The Review Case Conference may decide that additional supports are still required and an Adult Support and Protection Plan needs to stay in place. The Review Case Conference will consider the existing Protection Plan and agree any changes that may be required. The responsible Council Officer will update the Protection Plan on Client Information Management System, and this will be submitted to the Chairperson within seven days of the Review Case Conference having taken place.

10.1.7 A further ASP Review Case Conference will take place, again within three months (12 weeks) and a date should be agreed for this. The Review Case Conference should also review and agree the composition of the Core Group, which will continue to meet every four weeks.

## PART 11

### 11.1 ASP PROTECTION ORDERS

11.1.1 During the process of an adult support protection Inquiry there may become need for protection measures to be considered in certain circumstances – where there is risk of serious harm to the adult and other measures to protect the adult has been considered, attempted and/or deemed unsuitable to mitigate the risk identified. It must be noted that there is no requirement under the 2007 Act for the council to have previously undertaken investigative activity – such as arranged a visit, an interview or medical examination prior to applying for any assessment, removal or banning order. Applications for protection orders can be made at any time in the process, depending on the individual circumstances of the case. Please note that the adult that is subject of an application for a protection order require to consent – unless undue pressure can be evidenced.

11.1.2 The decision to apply for a protection order will normally be taken at an Adult Support and Protection Case Conference. As such it will be a multi-agency decision, informed by a report from the council officer. The council will then arrange for the submission of the application.

11.1.3 When protection orders are considered – a representative from South Ayrshire Council legal service requires to be contacted and invited to the Case Conference.

11.1.4 It is recognised that some circumstances require an urgent application for a protection order. In those circumstances – and when an AP2 has not been completed (due to time constraints) it is important that the legal representative can gather information at the Case Conference that is usually pertained within the AP2. This will form the basis for an application to the sheriff.

**When contacting legal – please note the contact details for the Principal Social Worker and Council Officer and Second worker. This will enable the legal representative to take swift action and contact can be made with the appropriate people to gather information.**

**They will request a copy of the AP1 referral, AP2, multi-agency chronology, minutes of previous meetings and any other relevant information to the application – or considered application – prior to the case conference.**

- 11.1.5 Any proposed action, including use of other legislation, should be in line with the principles of the Act (Section 2).
- 11.1.6 The Act places a duty on the council, if it considers that it needs to intervene in order to protect an adult at risk of harm, to consider the provision of appropriate services, including independent advocacy services, to the adult concerned, after making inquiries under Section four of the Act. The rationale for referring or not referring to advocacy must be clearly recorded and specifically referred to in any reports.
- 11.1.7 Other services are not defined in the Act, but consideration should be given to practical and emotional support provided by social work, health, voluntary sector and private sector providers. For example, the provision of mainstream health and social care services such as housing, independent living, financial, occupational therapy, counselling and support for carers.
- 11.1.8 Under Section 41(6) of the Act, the Sheriff has discretion to appoint a person to safeguard the interests of the affected adult at risk in any proceedings relating to an application. It may be that the sheriff will instruct a safe guarder to report on the issue of consent.
- 11.1.9 Consideration must be given to which legislation would be most appropriate and of benefit to the adult for example child protection, mental health, civil law or criminal justice legislation.

# Appendix 1

## Adult Protection Referral Form

### Multi-agency Adult Protection/Adult Concern Referral Form (APR)

Adult Protection Referral		Adult Concern Referral	
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**Complete the form as fully as possible, but don't allow a lack of information to delay a referral**

### ADULT DETAILS

Name:		DOB:	
Home Address:		Current Whereabouts	
Postcode:		Tel No:	
Tel No:		CHI/social work Reference No (if known)	
Gender:	Choose an item.	Ethnicity:	Choose an item.
		Religion:	Choose an item.
Communication Support (please provide details including communication aids needed by the adult)			
Advocacy Support (please provide details of any advocacy support in place, referral made or any other support requested by adult)			
GP Name, Address, Tel No (if known)			
Parenting/Carer Responsibilities: (please provide details of any children or adults that the adult at risk may be responsible for)			

REFERRER DETAILS			
Name:		Designation:	
Agency:		Direct Dial Tel No:	
E-Mail:			
Relationship to adult being referred:			
Date of Referral:			

DETAILS OF CONCERN	
The Adult is affected by disability, mental disorder, illness or physical or mental infirmity (if yes, please specify) <b>YES or NO</b>	
The Adult is unable to safeguard their own wellbeing, property, rights or other interests - <b>YES or NO</b>	
The Adult is at risk of harm (if yes, please state reason and type of harm) - <b>YES or NO</b>	

If you have answered yes to all of the above questions, please tick Adult Protection Referral. If you have been unable to answer yes to all of the above questions, please tick Adult Concern Referral.

Give details of harm (suspected/witnessed/disclosed/reported) Include details of any previous AP Referrals/Concerns if known. (please use separate sheet if required)

Date of Incident:	
Have you (or any other person) told the adult that this information will be shared with social work or other relevant agencies?	YES / NO (delete as appropriate) If <b>NO</b> please state reasons
Is it suspected that a crime has been committed and have police been informed? (Include date, time, known action taken, incident number etc.)	

DETAILS OF PERSON REPORTED TO BE CAUSING HARM (If known) Please PRINT details			
Name:		Relationship to Adult:	
Address:		Tel No:	

REFERRAL FORM TO BE SENT WITHIN 24 HOURS OF IDENTIFYING A CONCERN TO	
East Ayrshire Health & Social Care Partnership	<a href="mailto:H&amp;SCPCustomerFirst@east-ayrshire.gov.uk">H&amp;SCPCustomerFirst@east-ayrshire.gov.uk</a>
North Ayrshire Health & Social Care Partnership	<a href="mailto:adultprotection@north-ayrshire.gcsx.gov.uk">adultprotection@north-ayrshire.gcsx.gov.uk</a>

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South Ayrshire Health & Social Care Partnership	<a href="mailto:ASP@south-ayrshire.gov.uk">ASP@south-ayrshire.gov.uk</a>
For assistance out of hours contact:	0800 328 7758

**Remember – An ASP Referral is not an emergency service – if necessary, phone 999 to access immediate assistance**

## Appendix 2

### ASP Acknowledgment of Outcome Letter to Referring Agencies

Dear

#### Notification of the outcome an Adult at Risk Inquiry

You made a referral on <Date> to South Ayrshire Health and Social Care Partnership regarding your concerns about <Name>.

I can confirm that we have undertaken further Inquiry/investigation <delete as appropriate> under South Ayrshire Adult Support and Protection Procedures and have concluded

#### Either

that no further action is required. *The case will continue to be monitored and reviewed, the care plan has been reviewed, and a referral has been made to... or any other action.* **<Insert appropriate action as required>**

#### Or

that further investigation is necessary. Should our investigation result in a multi agency case conference we will forward an invitation to you.

Yours sincerely

Team Leader

