Adult Support and Protection

Guidance for Council Officers

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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, their 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 following guidance is intended to assist Council Officers across Social Work services in South Ayrshire in relation to their practice, and the recording of their practice, when working under Adult Support and Protection legislation, in their role as Council Officers.

What is a Council Officer?

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.

General Principles and Definitions

The Adult Support & Protection (Scotland) 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**.

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.

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.

Definition of An Adult at Risk

The ASP Act (Section 53) defines an adult as a person aged 16 years or over.

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.

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.

Trauma and Trauma Informed Practice

Definition **"An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2014).**

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.

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.

What is Trauma-informed Practice?

"A trauma informed and responsive workforce, that is capable of recognizing where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery and can address inequalities and improve life chances."

Trauma-informed Practice is a model that is grounded in and directed by a complete understanding of how trauma exposure affects service user's neurological, biological, psychological and social development. Trauma-informed practice seeks to avoid re-traumatisation, which is the re-experiencing of thoughts, feelings or sensations experienced at the time of a traumatic event or circumstance in a person's past. Re-

traumatisation is generally triggered by reminders of previous trauma, which may or may not be potentially traumatic in themselves.

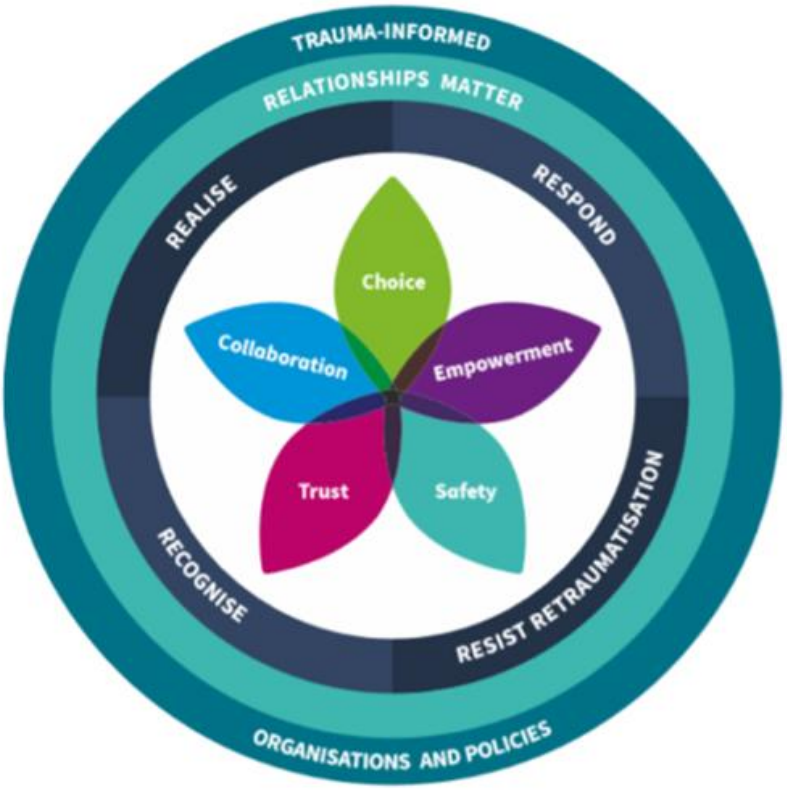
The purpose of trauma-informed practice is not to treat trauma-related difficulties, which is the role of trauma-specialist services and practitioners; instead, it seeks to address the barriers that people affected by trauma can experience when accessing health and care services.

Key principles of a trauma informed approach are:

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

Being 'Trauma Informed' is underpinned by the 5 R's

- **Realisation** – It is important for everyone to have an understanding of trauma and how it impacts on people, as well as realising it's common occurrence across the human experience. Realising is more just about the prevalence and how it is more common than most think.
- **Recognition** – It is also important for everyone to have an understanding of the signs and symptoms of trauma for adults, but also, for individuals known to them, that staff have an awareness of the signs and symptoms of trauma that they might experience. Recognising the impacts and how those impacts can last across the lifespan.
- **Response** – Your organisation, and those who work in it, should respond to others in ways that are in keeping with a knowledge of trauma, to support recovery and recognise resilience.
- **Resist re-traumatisation** – Re-traumatisation can occur when a current experience triggers the same, or similar, emotional, psychological and/or physiological response as an original, traumatic experience. In resisting re-traumatisation your organisation should support adults in a way that ensures that they are not re-traumatised by their experience of Adult Support and Protection processes.
- **Recognising the central importance of Relationships.** Focus on relationships that should be characterised by safety instead of threat, choice instead of control, collaboration rather that coercion and trust rather than betrayal, and everything we do should empower and resist re-traumatisation.



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 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.

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".

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.

Professional Curiosity

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.

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.

Professional curiosity requires professionals to:

- Think 'outside the box' to a holistic picture of the individual and/or family circumstances.
- Look beyond the surface to explore the lives of the people you are working with in more depth.
- Show a real willingness to talk to and listen to the people you are working with and those supportive networks around them, to understand their lived experiences.
- Actively seek to consider the views of all, including through discussion with other professionals and seek evidence to support your curiosity and the information that is being shared with you.
- Be able to appropriately challenge thinking and decision making, either that of the person you are working with, other professionals or organisations or your own thinking (see professional challenge document).
- Ask the 'second question', this means in addition to asking 'what' is happening, asking 'why' it is happening?
- Spend time talking and listening with the people you are working with, either in their home, in communities and public spaces, in professional discussions or through telephone or online interactions.

Professional curiosity considers many aspects of communication and involves professionals being aware of and considering talk, play, behaviour, relational interactions, nonverbal cues, vocal tone, and touch when developing an understanding of what life is like for the people we are working with.

When working with children who are pre-verbal, or children, young people and adults who may be non-verbal it is particularly important to have a heightened awareness and curiosity about all forms of non-verbal communication, including behaviours, reactions, expressions and play.

Developing Skills in professional curiosity - Consider how you can articulate 'intuition' into an evidenced, professional view.

- Listen to what the person is saying and importantly what are they not saying? What is the person trying to tell you? How do they look? How are they acting? What behaviours are they demonstrating? What non-verbal cues are they demonstrating? How is the tone of their voice? How are they communicating with others around them? A trauma informed approach to practice acknowledges the need to see beyond individuals presenting behaviours and to ask, "what does this person need?"

- Seek to explore different methods for capturing and understanding the voice and experiences of person you are working with. Considering those who may have language or communication needs, consider personalised approaches.

- Ensure, as much as possible, that decisions are made with full understanding of the person who is being supported.

- Speak to other professionals regularly, ensure timely information sharing. Don't wait for meetings.

- Seek to test and triangulate information, build evidence to support your thinking.

- Have other people heard, seen, been told, or felt the same as you?

- Have other practitioners heard, seen, been told, or felt differently to you?

- When developing an understanding of what life is like for the person you are working with, input and conversation from multiple perspectives is better than only listening to one.

- Never assume and be wary of assumptions already made. Establish the facts and gather evidence about what is happening.

- Sometimes the most important relationship to trust, is the one with yourself. If you have a feeling or intuition that something is not right, acknowledge this and proactively seek to build evidence that may support or challenge your feeling. Be professionally curious about yourself and your own practice and why you may be feeling the way you are.

- Don't use professional jargon. Talk to people using language and communication tools they understand and can relate to.

- Actively seek to establish a positive relationship with the person you are supporting. Look at the network around them to explore creative ways to develop this.

- Look at tools that can promote honest discussions with the people you are supporting and explore their values e.g., Genograms.

- Consider different perspectives and hypothesis about what is happening. Use supervision and discussions with professionals to explore different ideas. Be mindful that a different hypothesis may be worth consideration i.e., both/and, rather than, and/or, and that hypothesis may change and develop over time.

- Focus on outcomes rather than process to remain person centred.

- If you feel something is not right or you don't understand something, ask "what else can I find out?

Defensible Decision Making

The ability to make effective and competent decisions is a key feature of any social work role. Council Officers, working under ASP Legislation, are required to draw on a range of information to determine risk, needs, and support requirements, whilst taking into account their regulatory requirements, professional values, and the wishes of the adult/person they are making decisions with.

When we think about the term 'defensible' we might be thinking, for instance, about internal scrutiny and quality assurance carried out by colleagues, the judgment of the Care Inspectorate on our organisation's records or defending our decisions and recommendations in court. Perhaps the most meaningful lens with which we want to review our decision-making and record keeping is through the eyes of the adult we are writing about. This perspective requires a shift away from seeing records as primarily a vehicle for professionals to share information between themselves, to thinking about the very significant role that case files play in shaping people's understanding of their own childhood and their family's involvement with services. Therefore, it is important that these are written in a manner that is accessible and understandable to the individual.

Council Officers are required to make dynamic assessments about adults at risk of harm, in uncertain and complex situations. Working out how much uncertainty and risk can be tolerated, and when preventive or protective action needs to be taken, is a difficult balancing act. When we record defensively the focus shifts towards demonstrating 'accountability' and 'providing an electronic audit trail showing that correct procedures have been followed' (Wastell and White, 2014). Where the focus is on providing evidence of organisational accountability, there is a tendency for records to be written for a future auditor or inspector, and we can lose sight of the primary objective, which is to provide a clear picture of the adult journey. All of this requires succinct, clear written records.

Three key elements need to be in place to support defensible decision-making within South Ayrshire:

- Practitioners need high quality supervision which supports the process of defensible decision making.
- Practitioners should be able to provide clearly written commentary on an adult's case file which explains how and why decisions were made.
- An adults file belongs to them. We need to be confident that decision-making is recorded in respectful and clear language, providing a coherent narrative about ongoing work with an adult and family and the rationale behind key decisions.

Assessment of Risk in Adult Support and Protection

Definition of risk

Risk can be defined as “the possibility of beneficial and harmful outcomes, and the likelihood of their occurrence in a stated timescale”.

Principles

Risk identification, risk assessment and risk management are core elements of any risk assessment framework. Key principles of these include:

- Involvement of the adult and any carer/relative
- Multi-agency working to identify, assess and manage the risk
- Evidence based practice – use knowledge from research, theory and experience to understand the adult’s experience.

What is risk assessment?

The definition of an adult at risk requires an assessment to be made about the risk of harm to the person at the outset. Risk is the possibility of beneficial and harmful outcomes and the likelihood of their occurrence in a stated timescale.

Risk assessment means making analysis about:

- The individual’s capabilities and coping mechanisms (social, material and personal).
- The gains for the individual’s physical, psychological and emotional wellbeing.
- Possible disadvantages and harms.
- The values placed on the outcomes.
- The consequences for the individual of not going ahead with the activity.
- The presence and impact of coercive control, disguised compliance or undue pressure.

Risk is a dynamic process. Static risk factors are those things that do not change (e.g. historical factors such as childhood history of abuse and may have provided the person with trauma associated with these events).

Dynamic risk factors are things that have the potential to change (e.g. someone’s state of mental health, alcohol use, drug use, loss of social networks and supports). Risk should therefore be seen as fluid, shaped by a range of events and movement in the context and setting where it occurs. In approaching the risk assessment there is a need to consider not just the current picture and history, but future potential and capacity to change.

Risk assessment process

3

An analytical approach to risk assessment – the TILS framework

4

A helpful approach to assessing risk is to consider the interaction of the following component parts:

Type of harm	• financial harm, psychological/emotional harm, self-harm, physical harm, sexual harm, neglect etc.
Imminence	• how immediate is the threat? Is the event likely to occur today, within the next day, week, month?
Likelihood	• what are the chances of the event happening with the current controls in place? Is it certain? Very likely? Possible? Unlikely?
Severity of impact	• of the impact of each harm identified. How serious is the outcome likely to be (e.g. how severe is an injury or illness likely to be?)

High

The more imminent the threat of harm occurring, the greater the likelihood of the event occurring, the more severe the impact, the higher the risk overall

The lower the imminence of harm, the lower the likelihood of the event occurring, the less severe the outcome, the lower the risk overall

Low

Risk responses

5

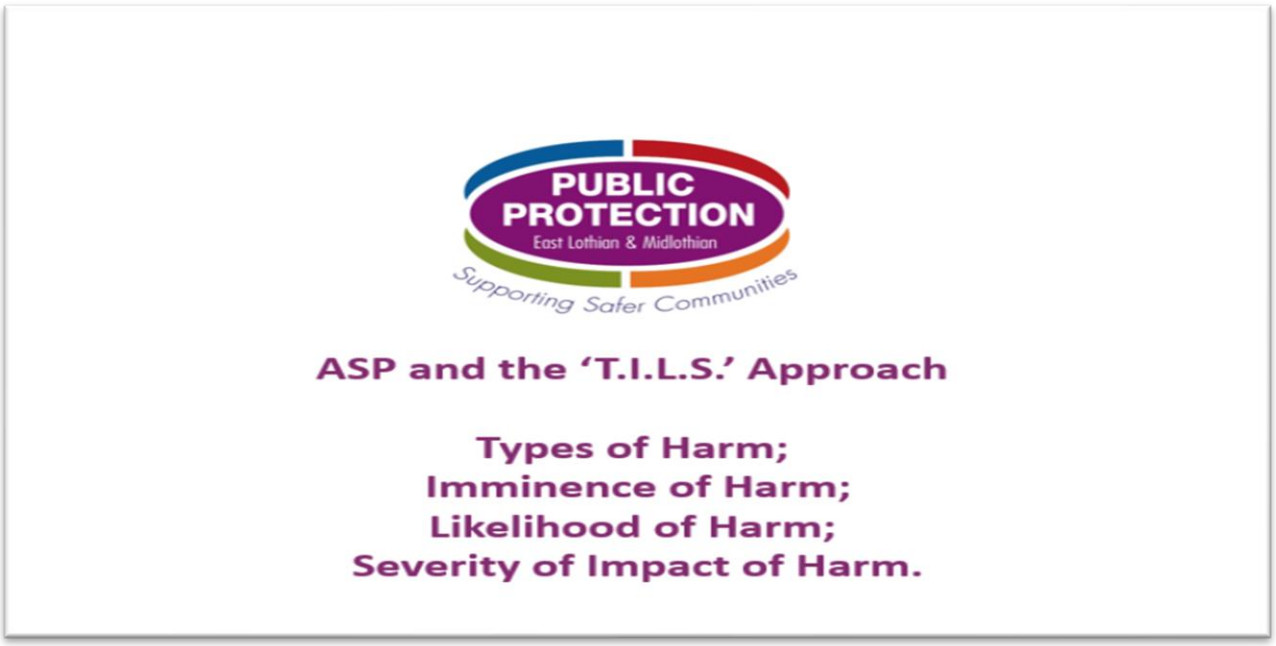
Risk management involves taking active steps to limit the impact of a risk occurring. This can sometimes be known as the 'four Ts'. For any risk management plan, it is important to know what the response is. Decide your response, and whether you are seeking to:

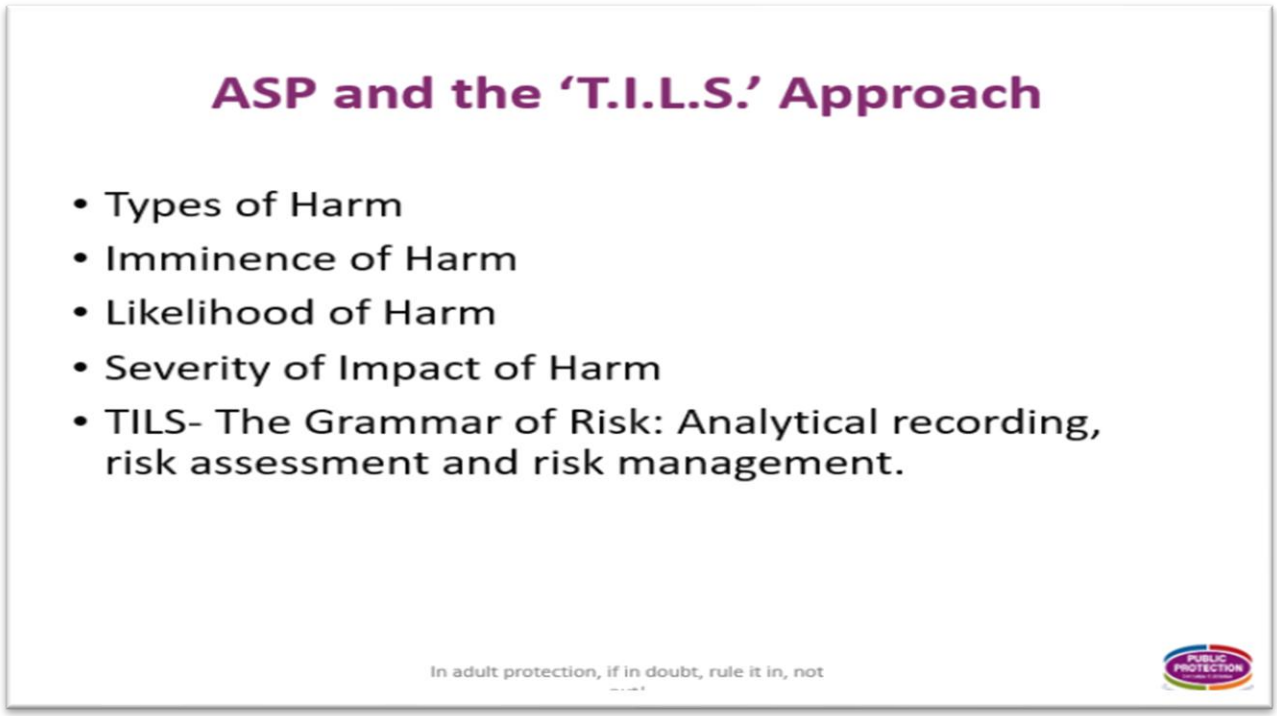
- **Treat the risk** - putting in measures to reduce the likelihood of the risk happening, or reduce the severity of the impact (e.g. corporate appointeeship to manage the risk of financial harm).
- **Terminate the risk** – to remove the risk altogether (e.g. may involve the adult moving to live somewhere else if the risk of the person living alone cannot be safely managed).
- **Transfer the risk** – transfer the consequences of a risk event to another party (e.g. power of attorney).
- **Tolerate the risk** – involves accepting the risk but putting in place contingency plans for managing the risk if it occurs. This may be necessary where all options have been explored, everything has been put in place, but the risk cannot be reduced (e.g. not putting in an overly restrictive action that potentially could have unintended harmful consequences).

All options require good recording and support defensible decision making.

Develop your SMART plan for addressing the risks that have been identified and assessed. Consider using a tool such as SWOT analysis (identifying strengths, weaknesses, opportunities and threats) when reviewing the effectiveness of the SMART plan.

Analytical Risk Management in Adult Protection - T.I.L.S Framework





What is T.I.L.S.?

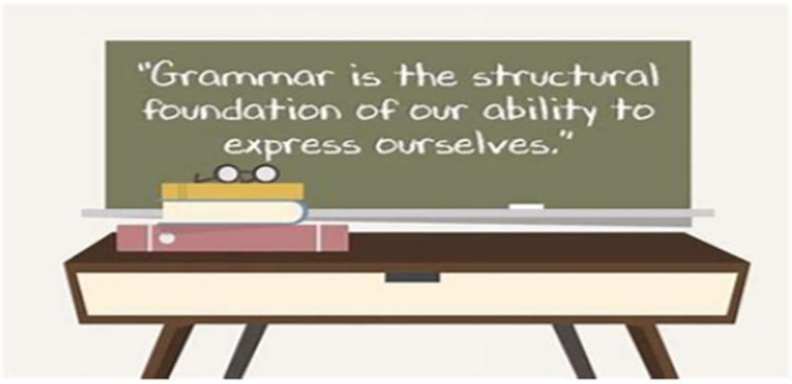
Q: Is T.I.L.S. an assessment tool?

A: No. Just as language has grammar to help you to use it, T.I.L.S. is a tool that helps you to:

- frame your thinking (analysis) of risk &
- structure your articulation of risk assessment- whether written or verbal

In adult protection, if in doubt, rule it in, not out!

What is T.I.L.S.?



T.I.L.S. is the structural foundation of your ability to express an analysis of risk.

In adult protection, if in doubt, rule it in, not out!

How to Use T.I.L.S.?

When analysing risk or articulating risk assessment, whether in verbal or written form **explicitly state:**

- the T.I.L.S. Factors (Types, Imminence, Likelihood & Severity)
- How you know the types of harm; imminence of harm; likelihood of harm & severity of impact (Articulation of your ANALYSIS)
- state what you still need to know & how you plan to find this ou

Please show your working out

How to Use T.I.L.S.?

- **With other professionals** encourage them to frame their analysis by explicitly asking about T.I.L.S.
- E.G. "So, we're concerned about the situation with Jean. I need to find out what the types of harm are, how imminent the types of harm are; how likely they are to happen and the severity of the impact on Jean of those types of harm. What's your view of the types of harm she's at risk from and their imminence, likelihood & severity of impact?"

- You may need to bring them back to T.I.L.S. To ensure you have the information.

T.I.L.S. Recording Examples

Duty to Inquire

- "The ***harm*** being alleged is ***neglect, emotional*** and ***financial*** harm. This appears to have been occurring over the past year as xxxxxxx's dementia has worsened and he has ceased working. The ***likelihood*** of this continuing is high if there is no intervention from social work. The ***imminence*** of xxxxxxxx experiencing ***serious*** harm is ***moderate***."

Advantages?

In adult protection, if in doubt, rule it in, not out!

T.I.L.S. and S.M.A.R.T. Actions

- Types
- Imminence
- Likelihood
- Severity of Impact

TILS informs SMART actions
E.g.
Types will inform the choice of action
Imminence will inform timing and frequency of review
Likelihood will inform how necessary an action is
Severity will inform how restrictive the action needs to be

In adult protection, if in doubt, rule it in, not out!

Record for the Next Person to Read Your Work

Can the next person see your T.I.L.S. based analysis & S.M.A.R.T. Actions?

T.I.L.S. and Case Conferences

Council Officers:

- Make contributions focussed on an analysis of TILS
- Say what they still need to know to complete their TILS analysis & back this up with questions to elicit the information
- Articulate the link between their TILS analysis & their recommendations for SMART action points

T.I.L.S; Descriptive Writing and Critical/analytical Writing

Descriptive writing	Critical/analytical writing
States what happened	Identifies the significance
States what something is like	Evaluates (judges the value) strengths and weaknesses
Gives the story so far	Weighs one piece of information against another
States the order in which things happened	Makes reasoned judgements
Says how to do something	Argues a case according to evidence
Explains what a theory says	Shows why something is relevant or suitable
Explains how something works	Indicates why something will work (best)
Notes the method used	Indicates whether something is appropriate or suitable
Says when something occurred	Identifies why they timing is important
States the different components	Weighs up the importance of component parts

In adult protection, if in doubt, rule it in, not out!

T.I.L.S; Descriptive Writing and Analytical Writing

Restate the question?
Question: Jean is being visited by R.S.O.s. What Types of Harm; Imminence of Harm; Likelihood of Harm and Severity of Impact of Harm is Jean at risk of?

Answer: T.I.L.S. based analysis
Types of harm? Jean has a mild learning disability which leaves her unable to protect herself from financial and sexual harm.
Likelihood of harm is high as the adult lives alone and does not have any friends. The harmers are R.S.O.s with a track record of such behaviour.
Imminence is high as the harmers visit daily and there is evidence of harm each visit.
Severity of impact of harm is currently high as the adult has attempted suicide in the past when stressed.

In adult protection, if in doubt, rule it in, not out!

T.I.L.S. Impact?

"Before T.I.L.S. I knew what the risks were at the end of the APCC. Since T.I.L.S. I know what they are before the APCC."

Council Officer.

"I really like T.I.L.S."

Council Officer Trainee

TILS allow you to write less and say more.

AND

TILS allow you to talk less and say more.

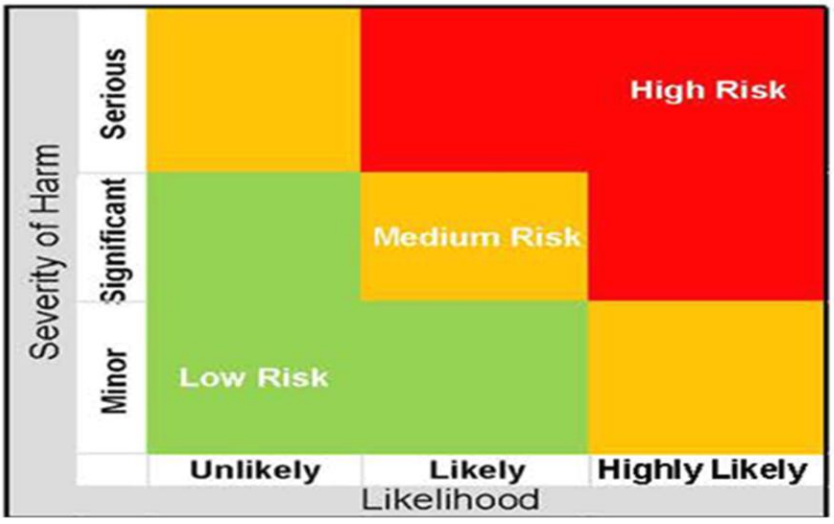
In adult protection, if in doubt, rule it in, not out!

Use the 'Risk Matrix' to clarify your risk assessment for each risk if necessary:

Risk Matrix (Fig 2a)

Severity of Harm	Likelihood
Serious	Highly likely
Significant	Likely
Minor	Unlikely

(Fig.2b)



Chronologies

Chronologies are of central importance to adult and older people's services. The introduction of the Social Care (Self-directed Support) (Scotland) Act 2013 sets out how those assessing risk and need *"should take full account of how the person's needs and risks might change over time".* Professionals can only fully achieve this if they identify and understand the significant patterns and trends in circumstances that an effectively prepared chronology will reveal. In the adult support and protection process, a multi-agency chronology is essential to protect the individual from harm and develop a protection plan to reduce the risk to the individual concerned. A multi-agency chronology is required for **ALL** ASP cases that proceed to a Case Conference within South Ayrshire.

The definition of chronologies contained in the National Framework to Assess Risk for Children and Young People (2012) is recognised by the Care Inspectorate as a comprehensive and helpful tool for both child and adult services. The framework states:

"Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances (or those of an individual using adult services), patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment."

Why is a Chronology Important?

- A chronology is a clear account of significant events in a person's life which includes all major changes and events which are based on the information held by agencies involved and should be used to identify early indicators of emerging patterns of concern.

- A chronology provides a brief description and summarised account of significant events in date order and should be used as an analytical tool to assist in the understanding of the impact of life events on the person and to inform decision making.

- A chronology does not replace existing case notes or records which will include much more detailed and sensitive information which is owned by the adult, child and/or family and a clear distinction must be made between the two.

Chronologies are part of a skilled and focused approach to our work under Adult Support and Protection and an important tool in supporting and protecting adults at risk of harm:

a) Bringing together issues identified by different agencies and presenting them coherently.
b) Contributing precise data which can help practitioners to identify patterns of behaviour which will contribute to an assessment of need and risk.
c) Recognising that a chronology is relevant in all adult/child protection work for assessing and managing people who are at risk of harm, constitute a high risk to themselves or to others.
d) Using findings as an integral part of supervision and peer review.
e) Strengthening the partnership and transparency between practitioners and people who use services.

Making key information accessible:

A chronology (single or multi-agency) should make key information easily accessible and as part of a professionally skilled approach be an essential part of a continuing assessment and care management by:

- Appropriately recording and presenting a range of issues coherently (identified either on a single agency or a multi-agency basis) between or across agencies.
- Providing an overview of key factual information which can assist practitioners to identify patterns of behaviour or concern.
- Enabling the significance of individual issues to be better understood and links made between the past and the present.
- Being used on a routine basis by the practitioner for regular review and analysis of the adult or child's situation.
- Using the information as an integral part of case discussions within formal staff supervision or formal agency support mechanisms.
- Strengthening partnership working with individuals through the sharing and regular review of information within the chronology.

Multi-Agency Chronology

A Multi Agency Chronology is produced as part of a specific multi agency intervention or support and will include only information extracted from single agency chronologies that is relevant and proportionate to support that intervention or support. In South Ayrshire, within Adult Support and Protection, this specific piece of work is an AP2 Risk Assessment.
Each agency is responsible for collating their own single agency chronological information and submitting this to the Council Officer. The Council Officer will then create a multi-agency chronology from the information provided which will then be shared with partners. This should then be updated for all review case conferences.

In the event that an agency is unable to attend the core group or case conference case discussion, they must submit their single agency chronology and, any additional reports to the Council Officer prior to the meeting.

Examples of inquiries which have promoted the importance of chronologies.

For the most part, inquiries into the circumstances surrounding serious child abuse have drawn attention to the importance of chronologies.

The Jay Report (2014) on child sexual exploitation in Rotherham found that there was a chronology in fewer than half the cases looked at (43%) where it would have been appropriate to have one. Most chronologies were out of date, with significant gaps. Professor Jay concluded that: "…It is likely that the absence of structured chronologies contributed to key information being missed when decisions were made".

Lord Laming, in his report into the death of Victoria Climbié (2004) was unequivocal in stating: "I regard the inclusion in any case file of a clear, comprehensive and up-to-date chronology as absolutely essential".

In a youth justice context, the follow-up inspection into the management of Colyn Evans (2009) concluded that: "SWIA did not find comprehensive and up-to-date chronologies in any of the files in the sample. Good risk assessment requires detailed and accurate information. For example, the young person referred to in the previous paragraph had assaulted staff in a residential unit on several occasions, and had a long history of abusive behaviour which could have been identified by an accurate chronology".

The report into the case of Miss X (2004) looked at the case of a woman with learning disabilities who, along with other adults at risk, was seriously abused over a period of years. It recommended that any reviews of social work case records of people with learning disabilities should answer a critical question: "Is there a chronology of significant events and are the implications of these events understood?"

Starting and maintaining a Chronology

In all cases under Adult Support and Protection, a single agency chronology should be started when an initial contact has been made with the service and should be maintained throughout the agency involvement. If there is no existing chronology when a case is re-opened or transferred one should be created as a priority.

As part of the assessment process previous significant events in an individual's life may be identified and these should be included within the chronology.

It is recommended that relevant information is entered into the chronology as it occurs to prevent the task becoming unmanageable and to ensure that up to date information is available for further analysis and planning.

The council officer responsible for the management of the case is responsible for maintaining the multi-agency chronology (although the information may come from other sources), and managers will be expected to monitor the use of chronologies through the use of identified tools and routine supervisory/support arrangements. It is incumbent therefore that other professional involved in the team around the person share timeously significant events with the council officer to ensure these are included in the chronology.

Compiling a Chronology

- Identifying the key events to be recorded
- Making sure what is recorded is accurate and in date order
- Recording facts, significant events in the person's life
- Placing the adult at the centre to understand the significance of events for them.

Entries on a chronology should be jargon free i.e. suitable for professionals and the individual themselves to read and should contain factual information with sources clearly identified.

The information recorded should be clear and concise while being sufficiently detailed to be used as part of the assessment to identify risks and patterns in the individual's life.

The focus of the chronology should be the individual and there should be a separate chronology for each individual receiving a service.

A chronology is not a substitute for detailed case recording but is dependent on good quality recording within the case file and any computerised system. The chronology should be used as an analytical tool in the management of the case and practitioners should understand what should be recorded as a significant event.

There are always questions surrounding what to include in a chronology. An exemplar of a chronology can be viewed in Appendix 1.

The Importance of Review and Analysis

In order to carry out an effective assessment it is essential to review and analyse the chronology. A chronology which is not reviewed and analysed serves little, if any, purpose. An ASP Multi-Agency Chronology should be completed for all ASP Case conferences, then reviewed and updated prior to any Review Case Conferences.

What Must a Council Officers do regarding Chronologies in ASP duties?

- On receival of an ASP, the Council Officer MUST add an ASP referral to the social work system single agency chronology as a significant life event.
- The Single Agency Chronology must then be updated with the ASP outcome of the ASP Inquiry/Investigation.
- All ASP meeting must be logged in the single agency Chronology with the outcome of these meetings details, ASP Planning Meeting, ASP Case Conference, ASP Core Group, ASP Review Case Conference.
- An ASP Multi-Agency Chronology MUST be completed for all ASP Case conferences as part of the AP2 Multi Agency Risk Assessment.
- The Multi Agency Chronology MUST be reviewed and updated within the AP2 prior to any Review Case Conferences.

Inquiry without the use of Investigatory Activity

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.

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.

What is an Inquiry without the use of investigatory powers under Adult Support and Protection

Section 4 of the Act places a duty on councils to make inquiries without investigatory powers about a person's well-being, property or financial affairs if it knows or believes:

- that the person is an adult at risk; and
- that it might need to intervene (under the Act or otherwise) in order to protect the person's well-being, property or financial affairs.

Inquiries without investigatory powers under Section 4 of the Act will be carried out by the council's social work services, via allocated council officer, and should follow local adult protection procedures.

An inquiry is used to gather information to determine if the person meets the three-point criteria and if any action is required to intervene. Inquiries may be triggered by an ASP notification process or referral form, or a referrer who otherwise specifies that they are referring an adult they think may be in need of support or protection under the Act. The council should consult and work in partnership with other agencies and conduct inquiries to establish where there is a need for further investigation and intervention. Other professionals, such as the police, the Care Inspectorate, third or independent sector care providers or health professionals may be asked to assist.

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.

An ASP Inquiry includes the collation and consideration of relevant material, including consideration of previous records relating to the individual, and seeking the views of other agencies and professionals. For some people, this process will allow a determination to be made as to whether or not the adult is at risk as defined by the Act. If it is determined that the adult is at risk it is likely that further adult support and protection activity requires to be undertaken by a council officer, including visits to and interviews with the adult at risk of harm.

Council's duty to Inquire under 2007 Act (Section 4)

On receipt of a phone call or adult protection referral Social Work Services are required to make inquiries under the Act.

- Timescales for the completion of an inquiry are set at 5 days.
- If there is an allegation of physical or sexual harm, or there are major concerns regarding the harm issues being raised, inquiries must commence immediately.
- The police must be contacted in the first instance if staff know or suspect a crime may have been committed and agreement made on how best to proceed. Given that the adult must be visited, and if possible, seen alone within 24 hours, it is important that this forms part of police discussions from the outset.

Concern Hub
Police Scotland
10 St Marnock Street
Kilmarnock
KA1 1TJ

As part of this process Social Work Services should: -

- acknowledge receipt of referral. (This is completed automatically by Admin on receipt of referral)
- maintain multidisciplinary liaison during inquiries.
- inform other external agencies of the referral e.g. Care Inspectorate, Police etc. if appropriate.
- offer appropriate support to the external agency / referrer
- decide if medical intervention is required
- consideration must be given to other relevant legislation, where appropriate for example, Adults with Incapacity or Mental Health Care and Treatment Act.

Where there is subsequent Police involvement

Where it is decided that a criminal investigation is required the Police will undertake this. The Police will decide if a referral to the Procurator Fiscal is appropriate.

Social Work Services and the Police should liaise over action necessary to protect the adult at risk during a Police investigation.

Social Work Services will continue to support the adult at risk and any relevant others in coordinating and monitoring any agreed protection planning.

Planning Meetings

The ASP planning meeting forms part of the Inquiry process and should be convened where there are complexities around the inquiry and there is a need for agencies to share all available information and to agree a plan on how to support and protect the adult at risk of harm.

Planning meetings can be held at any time during the process of an inquiry without investigatory powers or an inquiry with investigatory powers, to clarify information and inform decisions. However, it must not replace the need for a Case Conference.

A planning meeting is an opportunity for professionals across the multi-agency field to share information and agree on how best to support and protect the adult at risk.

The planning meeting forms part of the investigatory process and should be formally chaired by a Team Leader. This meeting is an opportunity for multi-agency partners to share information, decide if the adult meets the three-point criteria, decide if an investigation is required and agree how this should be undertaken.

If agencies are unable to attend the meeting, they must provide a report of their involvement with the adult prior to the meeting taking place.

Planning meetings are for professionals involved with the adult and should not include the adult at risk of harm or family members.

The AP1 should be made available to those attending/involved in the planning meeting.

The purpose of the planning meeting is to:

- bring multi-agency partners together, to gather information and discuss concerns relating to the adult at risk of harm
- decide whether an ASP investigation is required.
- decide if medical intervention 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. If an ASP Investigation is agreed as not being required, there must be a detailed record of why an ASP Investigation is not being undertaken and alternative support(s)/guidance provided to the adult concerned, where appropriate;
- decide how the investigation is to be undertaken and assign roles/responsibilities and timescales for action;
- decide if an interim protection plan is required;
- set a date for a case conference if this has not already been done;
- where there is evidence of a criminal offence the police must be informed and invited to the planning meeting to clarify roles and responsibilities 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. This should be done via the Police Concern HUB.

Social Work Information System and ASP Inquiry

The information and evidence gathered as part of an ASP inquiry must be recorded within the social work information system. Although there is a recent update to our Investigation and AP2 screen within the system, there is minimal changes to our Inquiry screen. However, the way in which we record our Inquiry information does need support to ensure we capture the important timeline and points of Inquiry activity.

The first section of the ASP Inquiry within the social work systems is the Referral details:

Referral Details	
1.1.1: Date of Incident	**Enter date of incident**
1.1.2: Date of Referral	**Enter the date of referral**
1.1.3: Date of Contact	**Ender the date you made contact.**
1.1.4: Details of Incident(s)	
Please provide a general summary of the referral information from the AP1 referral paperwork.	
1.1.5: Source of Referral Select where the referral has come from	
Please be accurate and capture within this section who the referral has come from.	
2.1.1:Inquiry Details	
Inquiry detail undertaken by Council Officer	
This should be on timeline and overview of what activities that have been undertaken in conducting the inquiry. The Inquiry should evidence: ➢ Record checks on social work information system – Previous ASP and adult concerns activity, Details of any previously identified risks of harm, Outcome of previous ASP Inquiries/Investigations, information from assessments, any package of care and support given, ➢ Discussions with referrer and any additional information provided. ➢ Discussions will all professionals involved, GP, Police, Care Provider, relevant health professional. ➢ Telephone call to the adult to gather their views in regards to the ASP referral	

- Any relevant contact/discussions with family/POA/Guardian

- Make sure you put the date you undertook the activity.
- The name and profession of all individuals consulted and why they are consulted.
- Ensuring to capture the information discussed and collected to inform our decision making throughout the ASP process.

Example:

Inquiry Actions

1. Social Work Systems check on the 01.02.2025 advises that there have been 3 previous ASP referrals.
    - 12/01/2023 ASP referral with concerns of falls, no further action after Inquiry and action plan put in place to mitigate risk.
    - 14/04/2024 ASP referral with concerns of self-neglect. ASP closed after Investigation and care package put in place to meet the needs of Mr Smith, mitigating the risk of self-neglect.
    - ASP raised 01.07.2024 as Mr. Smith's cognitive and physical abilities where declining, he was refusing personal care which was placing his skin at risk of breakdown. ASP closed after ASP investigation with input from DN and care provider. Plan put in place to re-assess needs to ensure care package remains meeting needs.
    - Previous social work assessment completed 01.08.2024 advises Mr. Smith has a diagnosis of vascular dementia and requires assistance with daily living tasks, such as taking medication, mobility with the use of a zimmer, getting washed and ready and support to make meals. Mr Smith receives this support from Constance Care home support team. Visits are twice daily. Family also looking into POA/Guardianship to safeguard Mr Smith long term if it is required.
2. 01.02.2025 - Telephone call to Constance care, who provides a care package to Mr Smith. The writer spoke with Angela Stevenson, assistant manager, who is the referrer of the ASP. Please capture the discussions which then took place and the outcome of the telephone call.
3. 01.02.2025 – Telephone call to Ayrshire Medical Practice to speak with the GP of Mr Smith. The writer spoke with Admin asst Julie McMillian and advised the writer is looking to gather and share information in regards to current concerns for Mr Smith under ASP legislation. Angela advised GP currently busy but will call back within 24 hours to discuss. The writer passed the concerns to Angela to inform GP reason for call.
4. 2.02.2025 – Telephone call to Mr Smith to gather his views in regards to the above concerns and ASP referral. *Please capture the conversation had with Mr Smith, and his views on the ASP
5. 03.02.2025 – Telephone call received from GP Dr Moon who was updated by the writer in regards to current concerns …..
6. 03.02.2025 – Telephone call to POA John Smith, who is the son of Mr Smith and holds Welfare POA and POA is invoked. *Please capture the conversation had with POA.

2.1.2: Independent Sector Care Home Provider or Care at Home Provider selected above, please select relevant provider
select care home or care provider
2.1.3: Is the person causing risk/harm to themselves?
Yes / No / Unknown
2.1.4: Is another person causing risk/harm to the adult?
Yes / No / Unknown
2.1.5: Was a child present at the incident?
Yes / No / Unknown
2.1.6: Does the adult have care responsibilities?

Adult / Both – Adult & Child / Child / None / Not Known	
2.1.7: If adult has care responsibilities, please provide further details	
Provide further information if appropriate	
2.1.8: Is a Carer Support Plan in place?	
Yes / No / Unknown	
2.1.9: Is a Carer Support Plan required?	**Yes / No**
2.1.10: Has an Assessment re Capacity taken place?	
Yes / No / Unknown	
2.1.10: Is there a POA/Guardianship in place?	
Category: Please ensure this section is completed if not automatically populated **Notes:**	
Client Group	
Category: **Please ensure this section is completed if not automatically populated**	

3.1.1: Harm Details
Type of Principal Harm
Domestic Emotional Financial Neglect Physical Sexual/Self Harm/ Self- Neglect Other Please ensure this is accurately recorded and Other is only used as a last resort
3.1.2: Provide further details of alleged harm

Provide further information about the alleged harm.

Who is the alleged perpetrator,
When is harm likely to happen,
Where is harm likely to happen,

What evidence of this do we have thus far. Please provide it here.

3.1.3: Did the alleged harm occur in a registered care setting?

Yes / No / Unknown

3.1.4: If Yes, state type of care setting

Care Home / Care at Home / Day Care

3.1.5: If Yes, which provider?

You need to consider informing the care inspectorate if a registered service, or passing information to SAHSCP Commissioning Team.

Three Point Test

4.1.1: Is the adult unable to safeguard their own well-being, rights, property or other interests?

Yes / No / Unknown

4.1.2

Demonstrate and provide evidence of the adult's ability/inability to safeguard.

- Do they have the physical and cognitive ability to safeguard themselves?
- Do they have decision specific capacity regarding the concerns? – Provide evidence of any concerns in this area.
- Is there evidence of undue pressure

Consider the following:

Skills – Personal ability? Do they have the physical and cognitive ability to get out of the harmful situation? Does the individual recognise that there is a problem? Are they able to identify and communicate this to another trusted person? Can they say no; or act to stop the situation. Is another individual pressurising them to do?

Means – Material means/physical ability? Can they access support required, for example do they have a mobile phone or access to a phone/laptop to get help. Could they physically get up and go to the neighbour's door to ask for help, would they ask for help.

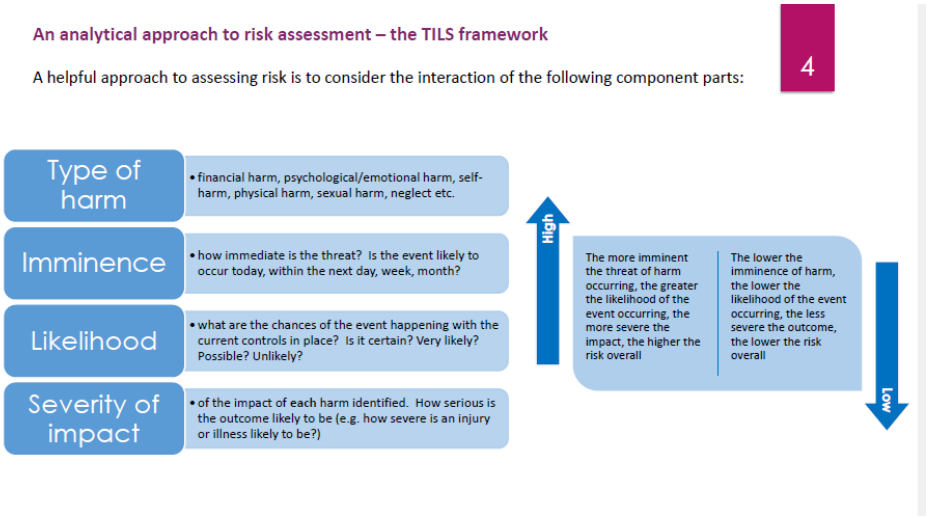
Opportunity Is there something in their ability that is stopping them or is it an informed choice that the individual is making not to do something.

4.1.3: Is the adult at risk of harm?

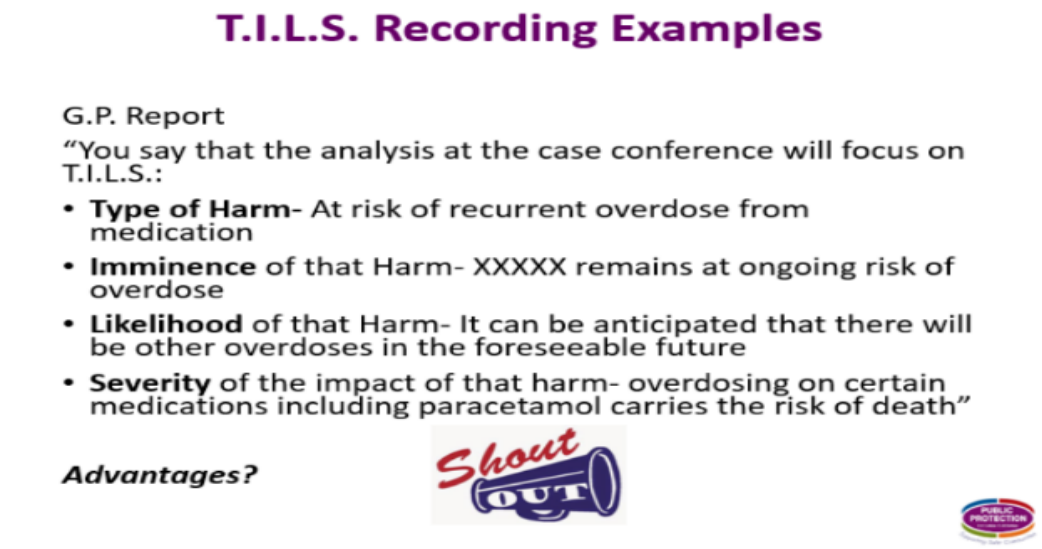
Yes / No / Unknown

4.1.4: Provide details of why the adult meets or does not meet this second criteria

T.I.L.S Framework should be utilised in this section.



Example - Mrs Smith is at risk of physical harm through falls, this is due to the decline of her mobility and her cognitive decline due to dementia. Mrs Smith is unable to recall the need for her mobility aid and will walk without one. The imminence of harm is ongoing as Mrs Smith continues to mobilise without her mobility aid or waiting for staff's support. However, the likelihood of harm is lowered and is mitigated as far as possible with the introduction of telecare sensors to alert staff if Mrs Smith is mobilising in her room, a detailed risk assessment and care plan and general observations within 24-hour care. A falls assessment has also been completed and all actions taken to mitigates the likelihood of harm through falls. The severity of Harm is considered significant as although all actions have been put in place to mitigate the risk, If Mrs Smith was to fall, due to her frailty, she is at risk of physical injury.



4.1.5: Is the adult affected by disability, mental disorder, illness, physical or mental infirmity and is more vulnerable to being harmed than adults who are not so affected?

Yes / No / Unknown

4.1.6: Provide details of why the adult meets or does not meet this third criteria

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

- In some cases, an existing medical diagnosis will show that the person at risk is so affected but it should be clear in what way they are more vulnerable to being harmed.
- The presence of a particular condition does not automatically mean an adult is an "adult at risk".

Practitioner Action

5.1.1: Recommendations & Risk Analysis

Risk analysis. *This should detail the practitioner's professional analysis of the risks involved.*

- *Consider any previous ASP referrals, risks, concerns, or relevant incidents.*
- *The nature of the harm*
- *The source of harm*
- *The frequency or likelihood of the harm taking place.*
- *The potential outcome/impact of the harm.*
- *Mitigating factors or supports that reduce the risk of harm, including existing circles of support.*
- *Resources or capacities of the individual at risk to reduce the risk of harm and to protect themselves.*

Recommendations. *In keeping with the principles of the legislation, Least restrictive intervention and maximum benefit to the adult there should always be a clear rationale given for any recommendations being made, whether they are for further action to be taken under ASP procedures or not.*

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.

5.1.2: Next steps select what you think should happen next

ASP Investigation / Case Conference / MLMO Assessment / NFA / Planning Meeting / Signposting

5.1.3: Generate Team Leader Authorisation Activity **Select yes and it will open an authorsations screen. Select Organisation and then enter CCSATLD,**	Yes / No
The rest is for the team leader to complete	
➢ It is the whole of an adult's particular circumstances, which can combine to make them more vulnerable to harm than others.	

Inquiry with the use of Investigatory Powers

It is the responsibility of South Ayrshire social work Services to lead on Adult Support and Protection Inquiries 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.

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.

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.

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.

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.

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,
- 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.

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.

Statutory Powers – Visits

Section 7 Adult Support and Protection Act

(1) A council officer may enter any place for the purpose of enabling or assisting a council conducting inquiries under section 4 to decide whether it needs to do anything (by performing functions under this Part or otherwise) in order to protect an adult at risk from harm.

(2)A right to enter any place under subsection (1) includes a right to enter any adjacent place for the same purpose.

Statutory Powers – Interviews

Section 8 Adult Support and Protection Act

(1) A council officer, and any person accompanying the officer, may interview, in private, any adult found in a place being visited under section 7.

(2) An adult interviewed under this section is not required to answer any question (and the adult must be informed of that fact before the interview starts).

(3) The power given by subsection (1) applies regardless of whether the sheriff has granted an assessment order authorising the council officer to take the person to another place to allow an interview to be conducted.

Statutory Powers - Medical examinations

Section 9 Adult Support and Protection Act

(1) Where—

(a)a council officer finds a person whom the officer knows or believes to be an adult at risk in a place being visited under section 7, and

(b)the officer, or any person accompanying the officer, is a health professional,

that health professional may conduct a private medical examination of the person.

(2)A person must be informed of the right to refuse to be examined before a medical examination is carried out (whether under this section or in pursuance of an assessment order).

(3) The power given by subsection (1) applies regardless of whether the sheriff has granted an assessment order authorising the council officer to take the person to another place to allow a medical examination to be conducted.

Statutory Powers Examination of records etc.

Section 10 Adult Support and Protection Act

(1)A council officer may require any person holding health, financial or other records relating to an individual whom the officer knows or believes to be an adult at risk to give the records, or copies of them, to the officer.

(2) Such a requirement may be made during a visit or at any other time.

(3) Requirements made at such other times must be made in writing.

(4) Records given to a council officer in pursuance of such a requirement may be inspected by—

(a)the officer, and

(b)any other person whom the officer, having regard to the content of the records, considers appropriate,

for the purposes of enabling or assisting the council to decide whether it needs to do anything (by performing functions under this Part or otherwise) in order to protect an adult at risk from harm.

(5) Nothing in this section authorises a person who is not a health professional to inspect health records (other than to determine whether they are health records).

(6)A requirement under subsection (1) which is transmitted by electronic means is to be treated as being in writing if it is received in legible form and capable of being used for subsequent reference.

(7) “Health records” are records relating to an individual's physical or mental health which have been made by or on behalf of a health professional in connection with the care of the individual.

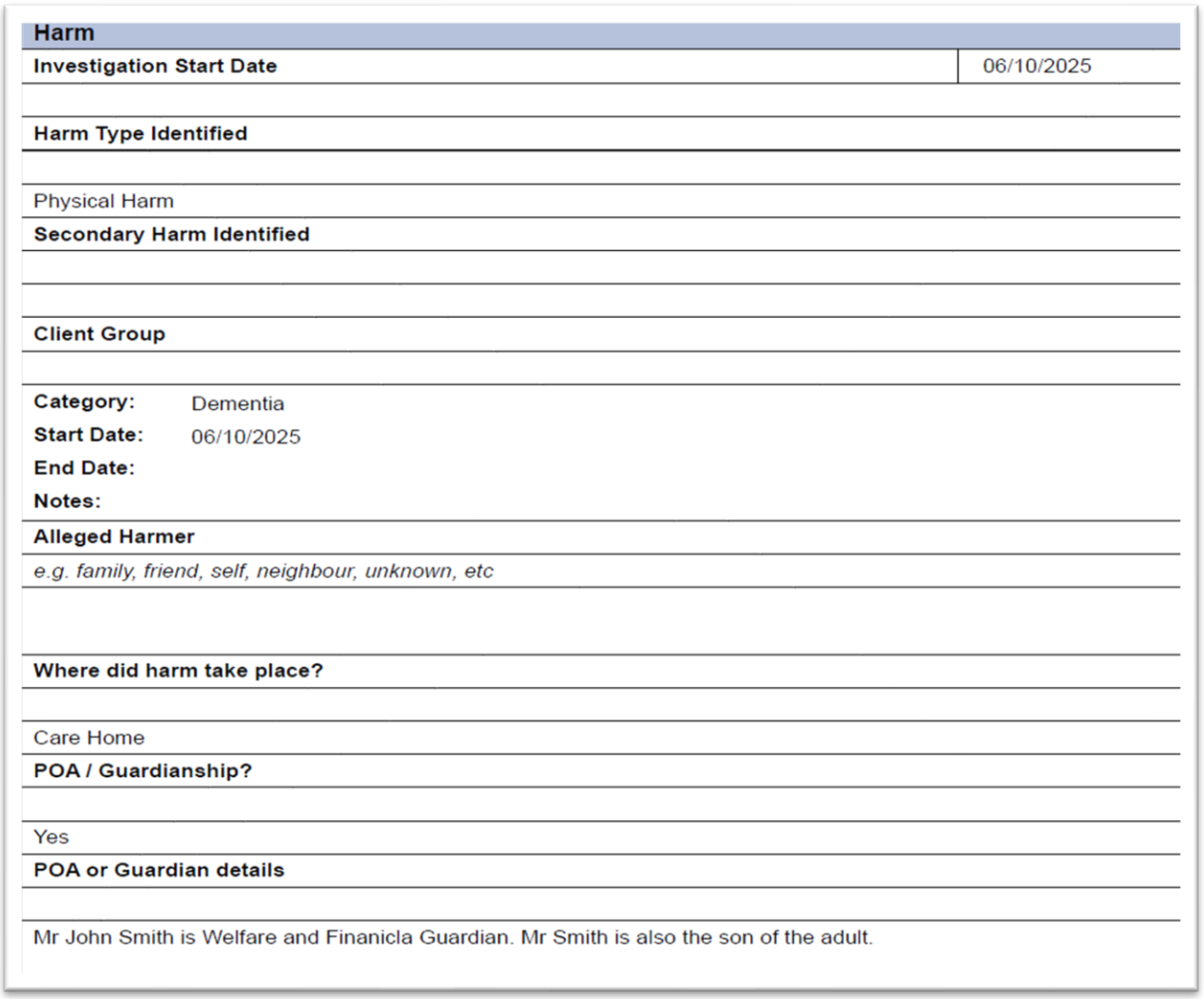
Social Work Information System – ASP Inquiry with Investigatory Powers

The write up of your ASP investigation is important in evidencing your practice and detailing how information gathered informed decision making throughout the process.

When the ASP Investigation screen is open from Inquiry the first section which requires to be completed is HARM.

Within this section you will put information on regarding:

- the start date of investigation
- Primary and Secondary Harm Identified
- Client Group
- Alleged Perpetrator of Harm Details
- Where did Harm take Place?
- AWI POA/Guardian Details
- Advocacy Referral Details



Harm

Investigation Start Date 06/10/2025

Harm Type Identified

Physical Harm

Secondary Harm Identified

Client Group

Category: Dementia
Start Date: 06/10/2025
End Date:
Notes:

Alleged Harmer

e.g. family, friend, self, neighbour, unknown, etc

Where did harm take place?

Care Home

POA / Guardianship?

Yes

POA or Guardian details

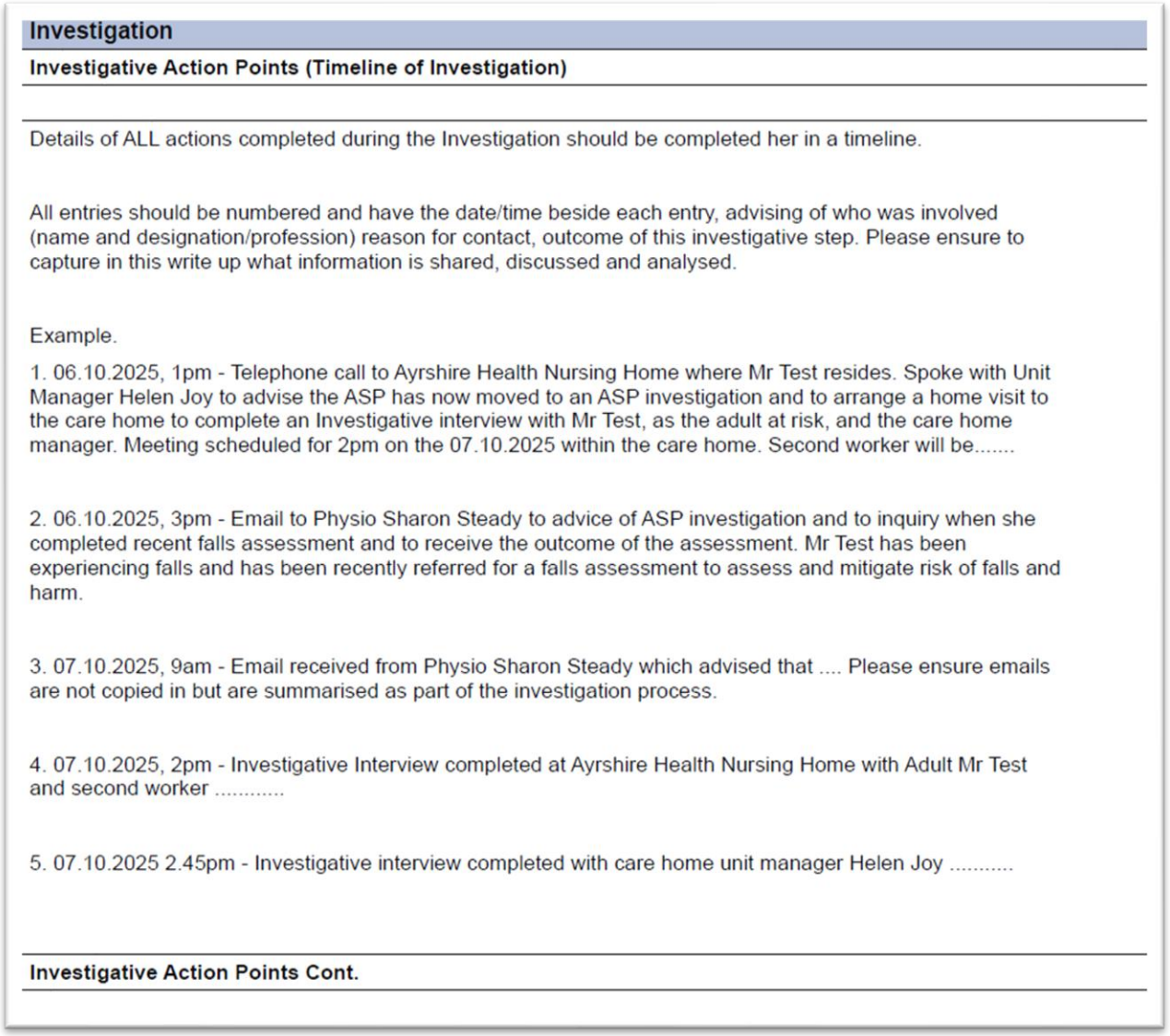
Mr John Smith is Welfare and Finanicla Guardian. Mr Smith is also the son of the adult.

The second section within the ASP Investigation screen is the Investigation TAB.

This section is where you evidence the timeline of your investigation and show your analysis of the information gathered.

The first box is Investigative Actions Points. To ensure there is enough word count, there are two follow up boxes to continue your investigative write up should they be required. These are named Investigative Action Points Cont.…

Please see insert below with example and more information.



Investigation

Investigative Action Points (Timeline of Investigation)

Details of ALL actions completed during the Investigation should be completed her in a timeline.

All entries should be numbered and have the date/time beside each entry, advising of who was involved (name and designation/profession) reason for contact, outcome of this investigative step. Please ensure to capture in this write up what information is shared, discussed and analysed.

Example.

1. 06.10.2025, 1pm - Telephone call to Ayrshire Health Nursing Home where Mr Test resides. Spoke with Unit Manager Helen Joy to advise the ASP has now moved to an ASP investigation and to arrange a home visit to the care home to complete an Investigative interview with Mr Test, as the adult at risk, and the care home manager. Meeting scheduled for 2pm on the 07.10.2025 within the care home. Second worker will be.....

2. 06.10.2025, 3pm - Email to Physio Sharon Steady to advice of ASP investigation and to inquiry when she completed recent falls assessment and to receive the outcome of the assessment. Mr Test has been experiencing falls and has been recently referred for a falls assessment to assess and mitigate risk of falls and harm.

3. 07.10.2025, 9am - Email received from Physio Sharon Steady which advised that .... Please ensure emails are not copied in but are summarised as part of the investigation process.

4. 07.10.2025, 2pm - Investigative Interview completed at Ayrshire Health Nursing Home with Adult Mr Test and second worker .....

5. 07.10.2025 2.45pm - Investigative interview completed with care home unit manager Helen Joy .....

Investigative Action Points Cont.

During your investigation it is important to complete **an analysis of risk,** this is required in every case regardless of whether the Inquiry has established harm is present or not.

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).

Therefore, as we go on to detail and show our analysis of the risk, it is important we are able to clearly articulate the adults needs and the protective factors within their life.

Adults Needs and Strengths/Protective Factors

Needs - Mr Test is diagnosed with Dementia, he is a high risk of falls, experiencing 5 falls in the last 4 month, one of which has led to physical harm and a break to his femur. This has reduced his mobility and increased risk of falls.

Strengths - Mr Test resides within 24-hour care with staff available to respond to his changing needs, his mobility risk assessment has been updated, his care plan updated, he has sensor technology in place to call staff for help and has a sensor beam in place to alert staff if he is leaving bed. This is as he is higher risk of falls when alone in his room. Importantly Mr Test is accepting of support but unable to call for help due to the decline in his cognition and requires staff to be proactive in their observations and offering support to mitigate the risk of him falling and walking unaided.

As we then go on to clearly articulate the risk identified we will use the T.I.L.S framework to support this. Please see Risk section above regarding the use of the T.I.L.S framework.

View Last

2.1.5: **Assessment of Harm**

Detail - Risk Factors, Evidence of Harm/Concerns, Actions or Protective Factors to mitigate risk

Answer: The type of harm identified is Physical Harm, Mr Test has experienced 5 falls in the last few months, one of which has caused physical harm. He is a high risk of falls due to his dementia and physical decline.

View Last

2.1.6: **Imminence of Harm**

Detail - Risk Factors, Evidence of Harm/Concerns, Actions or Protective Factors to mitigate risk

Answer: The imminence of Harm is ongoing, although steps have been put in place to support Mr Test's mobility and risk of falls, such as a sensor beam, higher staff observations, and an updated risk assessment there is a recognition that due to his dementia and frailty, Mr Test will try to mobilise without support which places him at risk. However staff will now be aware when Mr Test is to mobilse as sensory technology will advise them and they can respond quickly to mitigate risk.

View Last

2.1.7: **Likelihood of Harm**

Detail - Risk Factors, Evidence of Harm/Concerns, Actions or Protective Factors to mitigate risk

Answer: Harm remains possible at this time that if Mr Test was to fall, he could experience harm due to his general frailty and declining mobility. Staff will continue to encourage Mr Test to spend time in social areas of the care home which will allow for higher observations of him as risk is higher when he is alone in his room.

View Last

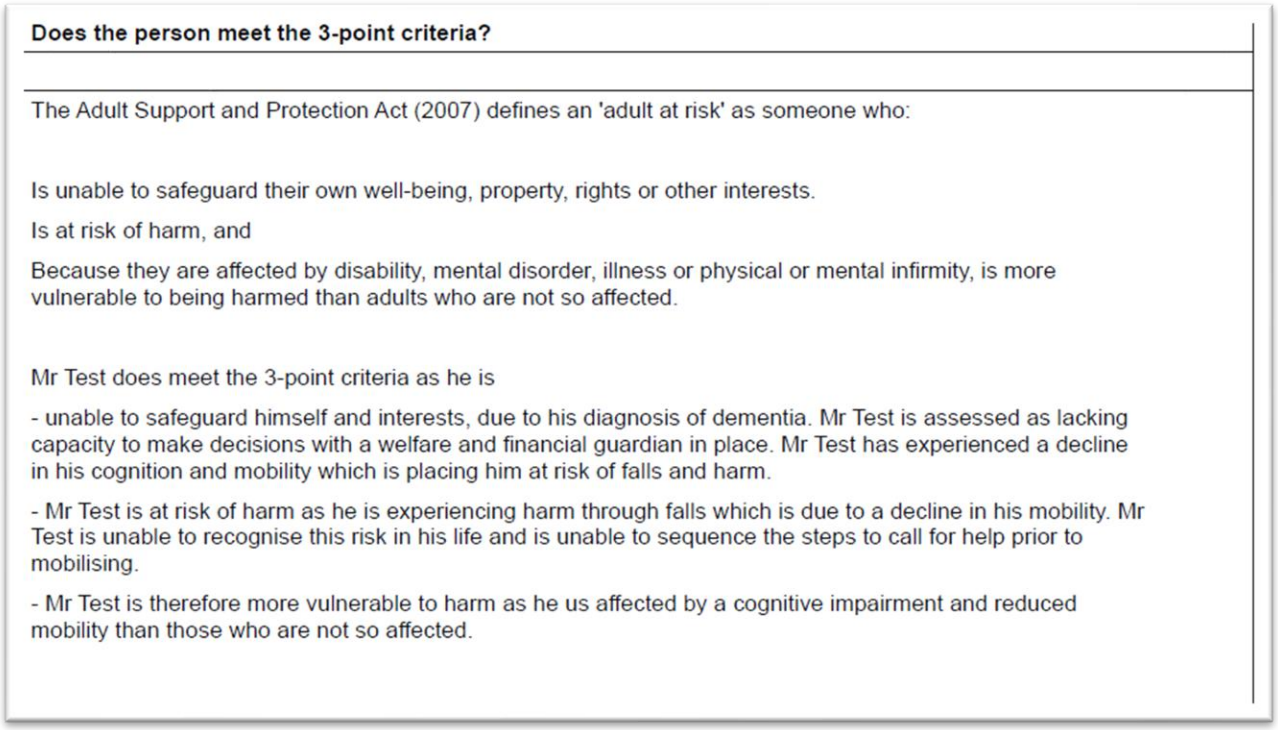
2.1.8: **Severity of Harm**

Detail - Risk Factors, Evidence of Harm/Concerns, Actions or Protective Factors to mitigate risk

Answer: The severity of harm to Mr Test could be significant if he was to fall as previous, he has experienced a break to his femur due to falls, therefore we acknowledge that this level of harm could occur again.

View Last

As we are coming to the end of our investigation, it is important to always come back to the 3-point criteria. Within this section there is a blank box, which we would ask you to complete and to evidence the information gathered in regard to the adult and the 3 point criteria. An Example is below:



Does the person meet the 3-point criteria?

The Adult Support and Protection Act (2007) defines an 'adult at risk' as someone who:

Is unable to safeguard their own well-being, property, rights or other interests.

Is at risk of harm, and

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

Mr Test does meet the 3-point criteria as he is

- unable to safeguard himself and interests, due to his diagnosis of dementia. Mr Test is assessed as lacking capacity to make decisions with a welfare and financial guardian in place. Mr Test has experienced a decline in his cognition and mobility which is placing him at risk of falls and harm.

- Mr Test is at risk of harm as he is experiencing harm through falls which is due to a decline in his mobility. Mr Test is unable to recognise this risk in his life and is unable to sequence the steps to call for help prior to mobilising.

- Mr Test is therefore more vulnerable to harm as he us affected by a cognitive impairment and reduced mobility than those who are not so affected.

AP2

You will then be asked to detail if an AP2 Multi Agency Risk Assessment is completed, The AP2 MUST be completed for all case conferences. MUST be updated for review case conferences. 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.

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.

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.

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.

ASP Recommendations:

At the end of the ASP Investigation, it is important that council officers provide their recommendations based on the information gathered throughout the Inquiry and Investigation. This is where the information gathered will

evidence decision making. See below information and example:

AP2 required?

No

Investigative Recommendations

Within our recommendations we must analysise the information gathered within the Inquiry and Investigation and link this to the 3 point criteria and IMPORTANTLY the Principles of the Act, Least Restrictive, Maximum Benefit.

Mr Test is an adult who experienced cognitive decline due to dementia and is at risk of falls as he requires the use of a Zimmer and asst of 1 to mobilise safely. However due to his cognitive impairment Mr Test will regularly attempt to mobilise without staff, which has increased the risk of falls and harm. Care staff have updated his care plan and risk assessment, he has been referred to the falls team for a falls assessment, sensor technology and beams have been put in place to alert staff when Mr Test attempts to mobilise in his room, as this is the area of concern where he may mobilise without assistance. All necessary steps have therefore been completed to reduce the risk of further falls and harm.

Although Mr Test meets the 3-point criteria defined under the Act, as he is an adult at risk of harm, who is more vulnerable than others due to his dementia and unable to safeguard himself, in line with the principles of the Act, namely Maximum benefits and least restrictive intervention. The Recommendation is that the ASP Investigation will close as the least restrictive option, there would be of no further benefit working under ASP legislation as there is no need for an ASP Case Conference and no orders would be of benefit to Mr Test. Therefore, the writer recommends the ASP to close and to continue to work with Mr Test under Care Management. This will allow for finalised falls review and a social work review of his needs to ensure the plan above is working to mitigate risk of harm and ensure Mr Test's needs remain being met safely.

Outcome of ASP

Once recommendations are made the council officer will stipulate the outcome of the ASP based on the below and must pick the appropriate option:

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
4. Meets three-point test – Care Management Pathway
5. Meets three-point test - no opportunity for further ASP intervention.

Outcome of ASP Investigation

Meets 3P criteria - Care management pathway

At this stage the ASP Investigation can be sent to the team leader for their sign off and recommendations.

ASP Case Conference

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 ASP Local Operating Procedures have been agreed by all 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.

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 completed Multi Agency 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.

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. If it is agreed to remain under ASP at the Case Conference, Core Groups will commence and a review Case Conference required to review the protection plan. Please see ASP Local Operating Procedures for further timescales and details.

AP2 Multi Agency Risk Assessment

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 executional) and consent, strengths and protective factors.

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).

An AP2 will include a Multi-Agency Chronology, of relevant information regarding the adult at risk and their circumstances. Information for the Multi Agency Chronology should be gathered from all professionals involved in the adult's life, by asking them to compile and share a single agency chronology of their intervention with the adult and any concerns they have had. Each single agency Chronology, including the social work chronology, which can be found on the social work system, should be added together into the Multi Agency Chronology.

PLEASE READ THE SECTION ABOVE IN REGARD TO CHRONOLOGIES FOR SUPPORT AND THEIR IMPORTANCE IN ASP PROCESSES.

The Joint Improvement Team (2007) states that audits of adult protection cases have indicated that there is a great deal of good practice in risk assessment and protection planning. However, the content of such assessments and plans are very often neither rigorous nor comprehensive. The formats below have been devised to remedy this, and deliberately prescribe in detail what risk assessments should include, whilst recognising that professional opinion and judgement and are also fundamental to the process.

GENERAL FEATURES AND FUNCTIONS

The format has three components:

- Core information/data.
- Communication requirements.
- The Risk Assessment.

Core Information and Communication Requirements

The **Core Information** section provides basic factual information about the adult at risk of harm and about the lead assessor.

The **Communication Requirements** section is designed to identify those who need to be involved in the risk assessment and to confirm who has been informed of the outcome of that assessment. It has been deliberately placed to follow immediately after the core information to reflect the crucial importance of multi-agency and multidisciplinary work in adult protection. The need to consider informing and involving carers, guardians and advocates is also recognised.

The AP2 then starts with a focus on the person who is being assessed and various key factors in relation to their involvement in the assessment and subsequent decision making. The AP2 requires assessors to determine whether the person assessed has special communication needs or requires support from an advocacy service. The form is designed to ensure that individual rights are recognised at the beginning of a risk assessment and that capacity is considered at this stage. The question of information sharing is included both at the beginning and end of the risk assessment, to ensure that a service user's views about this are sought at both points, although assessors may decide information-sharing is required against the person's wishes. The importance of the views of the person being assessed are emphasised in the requirement to note these views.

SLIDE 25 –

Chronology - Public inquiries and practice audits have identified a lack of attention to histories of significant events, failures to make comprehensive assessments of all possible risks and risk factors. For this reason, an AP2 Multi Agency Risk assessment, will have a detailed Multi Agency Chronology of the adult at risk, detailing significant events, positive and negative in their life, relevant to the current concerns. **A chronology has not been completed for the example below, however, please see above in regard to compiling a chronology in the Chronology section of the guidance.**

The Risk Assessment form seeks to provide for a balanced view between risk and protective factors. Whilst the Risk Assessment provides a format for bringing together comprehensive, relevant information, the form then reflects an expectation that a professional and opinion/judgement is then required about the risk and any protective action which might be needed.

AP2 - Risk Assessment

south AYRSHIRE COUNCIL

Form Details

Form Start Date: 09/10/2025	**Worker Name:** Stacey Morgan

Person Details

Name: Adult Test	**CareFirst ID:** J53447
DoB / EDD: 27/07/1945	**Gender:** Unknown
Address: 51 Dunure Road, AYR, South Ayrshire, KA7 4RU	**Tel No:** 01292 449505

Core Details

Preferred Name

Title	First Names	Surname
Mr	John	Test

Ethnic Group

Category: White - Scottish

Notes:

CHI Number

Number
12345678

Has Advocacy been offered?

Yes

If declined, advise why

Advocacy has been offered and accepted.

Name and Contact Details of Advocate

Type: Free Text

Name: Mr John Smith
Advocate J.Smith@advocayc.org
07777999111

Notes:

Please advise of any POA/Guardians

AP2 - Risk Assessment

Name: Adult Test	**CareFirst ID:** J53447

Mrs Allsion Test - Welfare and Financial Guardian
077888111222
32 Ayr Place
Ayr

Council Officer - Name and Email

Stacey Morgan Council Officer
North Local Social Work Team
stacey.morgan@south-ayrshire.gov.uk

Date of Assessment	09/10/2025

Second Worker - Name, Email & Designation

Jean Marshall - Allocated social work asst
North Local Social Work Team
J.Marshall@south-ayrshire.gov.uk

ASP Principles

Please provide evidence for each principle and how this was met during the ASP process

During the process of the ASP Inquiry and Investigation, the principles of the act where continuously considered.

During the investigation, the adult remained at the centre of the process and their past and present wishes were obtained throughout. This was gathered through interviews with the adult and interviews with their family who could advice of their previous wishes, prior to them being assessed as lacking capacity. Mr Test's legal Guardian advised previously Mr Test did not wish to reside in a care home, however, was moved here under legal powers to ensure his needs where met and risk mitigated. Mr Test has settled well, and his current wish is to remain within the care home he currently resides in where he has built relationships.

The legal Guardian and family also where provided the opportunity to provide their views, agreeing that Mr Test is supported well within the care home, and although there is current concerns in regards to the standard of care he has received, they believe he should remain within the care home while they are supported to bring the standard of care to the level required.

Mr Test and his legal Guardian were provided with all current concerns held in regard to his care and the concerns within the care home, which was relevant to them and where regularly updated throughout the ASP process.

All intervention completed by the council officer during the ASP process remained in line with the principles of maximum intervention and the least restrictive option to the adult's life, rights and freedoms. This was only through a multi-agency approach to assessing and supporting Mr Test's needs that his support was able to be

Name: Adult Test **CareFirst ID:** J53447

adapted to meet his needs and mitigate risk. The multi-disciplinary approach and ASP process allowed for Mr Test to remain at the centre of all decisions made ensuring his views were heard throughout and also independently through the support of an advocate, ensuring he was not treated less favourably than other adults in comparable situations. Keeping Mr Test at the centre of all discussions meant we had to ensure to always take into account within our practice his own background, trauma, and personal characteristics.

Communication

Please advise below who has been involved in the ASP Process and contributed to the assessment of risk

	Name & Designation	Involved and aware of current situation Y/N	Contributed to Risk Assessment Y/N	Informed of Assessment Outcome, Date included
Care Manager	Jean Marshall South Ayrshire HSCP	Y	Y	09.10.2025
Mental Health Officer	Jenny Donnelly South Ayrshire HSCP	y	Y	09.10.2025
Social Worker				
Social Work Other				
Support Worker				
Support Provider	Abbie Thomson - manager Ayr Nursing Home A.Thomson@ayrnursing.com	Y	Y	08.10.2025
Community Nurse (CPN/DN)				
Addiction Services				
GP	Dr D Shaw - Ayr Medical Practice 0777788899	Y	Y	06.10.2025
Consultant				
Other Health	Shona Douglas - Physio Medical Team 07885993445	Y	Y	06.10.2025
Police				

AP2 - Risk Assessment

Name: Adult Test	CareFirst ID: J53447

	Name & Designation	Involved and aware of current situation Y/N	Contributed to Risk Assessment Y/N	Informed of Assessment Outcome, Date included
Housing/Landlord				
Nearest Relative				
Unpaid Carer				
Guardian/POA	Allison Test Welfare and Fincjail Guardian/Daughter 07555666888	Y	Y	06.10.2025
Care Commission	Lynette Butler Care Inspectorate	Y	N	04.10.2025
OPG				
Other				

Has the Adult been assessed with any particular communication and support needs?
e.g. for interpreter, advocate, appropriate adult, Makaton, Sign, Speech and Language Therapist; or as a result of Dementia/Head Injury etc
Mr Test is diagnosed with Dementia and subsequent cognitive impairment which can affect his communication needs. Mr Test prefers verbal communication, and it has been assessed he is more able to communicate fully in a quite room one on one. Mr Test has difficulty with word and memory recall and therefore he requires a quiet environment and time to fully communicate his needs. It has been noted throughout the investigation Mr Test communicates better when he has someone familiar with his for emotional support, namely this has been his Guardian/daughter.
Has there been recent formal Assessment of Capacity YES/NO
If YES, detail outcome in relation to identified areas of risk
Mr Test was assessed as lacking capacity by Dr G Shaw on the 01.01.2023 and AWI processes where initiated with his daughter being named welfare and financial Guardian.
Is a formal assessment of capacity required in relation to specific risks identified? YES/NO
Has this process been initiated?
No
Comment on the adult's ability to make his/her own decisions about risk and to safeguard his/her own well-being?
Evidence any limitations, if possible; refer to any examples of undue pressure, if relevant

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

Mr Test can be supported to make decisions in his life such as what he eats, wears and his daily routine and social activities. However, Mr Test struggles to make decisions which may impact his life as he is unable to retain and recall information and assess the consequences of his decisions on himself and others. This is due to his diagnosis of dementia and being formally assessed and lacking capacity. However, Mr Test is part of all discussions and decisions made by his legal Guardian and council officer.

Please evidence the adult's involvement in the assessment of risk and the communication that has been had with them throughout the ASP process?

Have you had a conversation with the adult to ascertain the adult's views in relation to the work completed?

If No, why not?

What communication worked best to ensure the adults involvement was maximised

Mr Test has been communicated to throughout the ASP process, through formal investigative interviews and regular contact between the council officer, himself and his legal Guardian. Mr Test's viewed where gathered in regards to the option of him moving care facility and he strongly advised he wanted to remain where he was currently placed. Mr Test was able to engage to a point, however to much information could be distressing for him and therefore conversations where kept short and with clear simple language.

Has there been a discussion with the person about information sharing? YES/NO

Any comments? (see local procedures and local Information Sharing Protocols

Mr Test was unable to comprehend the discussions and issues around information sharing, however his legal Guardian was in agreement to information being shared.

Chronology

Please complete a Multi-Agency Chronology of relevant events/significant event history.

List significant relevant events under date, brief detail, agencies/people involved, outcome/consequences

	Date of Event	Brief Details of Event	Agencies/People Involved	Outcome/Consequences
1				
2				
3				
4				
5				
6				
7				

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

	Date of Event	Brief Details of Event	Agencies/People Involved	Outcome/Consequences
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

	Date of Event	Brief Details of Event	Agencies/People Involved	Outcome/Consequences
27				
28				
29				
30				

Risk

Adult is at significant harm from:

(Tick all you consider may apply)

	Risk of Significant Harm to Adult?	Risk of Significant Harm to Others?	Immediate Danger/Imminent Crisis?	Adult Agrees?	Carer Agrees?
Physical Injury	Y	Y	N	N	Y
Violence /Aggressive Behaviour					
Sexual Abuse/Exploitation					
Progressive Illness	Y	N	N	N	Y
Harassment/Exploitation/Racial Abuse					
Psychological/Emotional distress	Y	Y	N	N	Y
Suicidal Intent					
Self-harm					
Drug Use					
Alcohol Use					
Mental Health problem					
Mental/Cognitive Impairment	Y	N	N	N	Y

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

	Risk of Significant Harm to Adult?	Risk of Significant Harm to Others?	Immediate Danger/Imminent Crisis?	Adult Agrees?	Carer Agrees?
Self-neglect					
Reduced social functioning/Isolation					
Financial Abuse/Theft					
Homelessness					
Institutional abuse					
Abuse by paid carers	N	N	N	N	Y
Risk to/Concerns for Children					
Other (Specify)	Y	Y	N	N	Y

If "Other" selected above, specify type

Neglect - Concerns rasied of neglect by care home staff which resulted in physical harm,

WHAT behaviour, allegation, complaint, circumstances, or event has prompted this risk assessment?

Detail the nature of the behaviour or incidents which put the person at risk, e.g. the nature and extent of sexual/physical/financial abuse; the specific areas of self-neglect (eating, medication, wandering)

An ASP was raised on the 21.09.2025 by Paramedics when they were called to Ayr Care Home to respond to an incident with Mr Test on the 19.09.2025 at 6pm. Paramedics advised Mr Test was laying on the floor, injury to knee and head and was very distressed. Staff where unable to advise how exactly this had happened and paramedics shared this concern through an ASP referral. Upon investigation it was identified that the care home is currently short staffed and utilising temp care staff and nurses. Mr Test has reduced mobility and requires a Sara Steady for transfers. An internal investigation at the care home found that staff who were supporting him where not aware of his needs and had attempted to transfer without using the appropriate equipment, resulting in a fall and injury. During the ASP Investigation concerns where then raised around the care not just to Mr Test but to others within the care home given the lack of staffing and possible neglect of care. The current concerns are therefore that of neglect, physical harm, and emotional harm as a result of neglect.

Mr Test can become distressed when he is not provided the correct support and there is a recognition that his emotional wellbeing is being effected by staff who are not aware of his needs and not providing the accurate level of support.

WHO has caused the harm and who is involved in the risk events?

Care and Nursing staff within Ayr Nursing home and reported to be the potential perpetrators of harm.

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

WHEN does this / do these circumstances occur - and how often?

(Evenings / Weekends / Every day / Mealtime, etc. : rarely, frequently, occasionally etc)

It would seem that the risk is heightened at nights and weekends from 6pm to 8am due to this being the time where temp staff is being utilised due to staff shortages.

WHERE does this / do these circumstances occur?

Daycentre, at home, on the streets, travelling

The circumstances and concerns occur within Ayr Nursing Home in Ayr South Ayrshire.

Medical Assessment and / or Clinical Diagnosis of Mental Disorder, Learning Disability, Sensory Impairment or Physical Health Condition

Mr Test was assessed and diangosed with mixed dementia on the 01.07.2022. Test was assessed as lacking capacity by Dr G Shaw on the 01.01.2023 and AWI processes where initiated with his daughter being named welfare and financial Guardian. Mr Test has poor mobility and was assessed by Physio Shona Douglas on the 30.04.2025 as requiring asst of 1 when mobilising and the use of a Sara Steady for trasfers to ensure his safety.

Particular Triggers or Risky Circumstances that heighten the risks?

(e.g. when person is alone; if home carer is late; if relative makes contact / does not make contact; arrival of benefit; contact with specific person / staff member etc

The risk to Mr Test is heightened by low numbers of permanent staff within the care home, resulting in temp staff providing support who do not know his needs and have not received the appropriate handover of information, having also not read his care plan.

Mr Test will attempt to mobilise independently without the input of staff as he is not aware of the risk he is placing himself at due to his cognitive impairment and being assessed as lacking the capacity to risk assess in these situations. Therefore, when Mr Test is alone within his room without staff this can heighten the risk of harm through falls.

Protective Factors or Circumstances that have protected the adult, or reduced the risk?

Detail any immediate actions that have already been taken in relation to the ASP Investigation in order to reduce the risk and increase the protection of the adult at risk of harm.

Please discuss this in context of the principles of the Act, least restrictive and maximum benefit

During the ASP investigation, it was recognised that Mr Test will attempt to mobilise and not wait for staff, therefore he, his guardian and staff agree with the use of telecare and sensory technology to alert staff immediately should he attempt to mobilise without support within his room. This mitigates the risk of harm through falls in his room. Mr Test will also be encouraged to sit socially within the unit and not to spend to much time alone in his room which can affect his mental health and emotional wellbeing, also reducing the risk of falls as staff will have direct supervision of him.

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

Low staff numbers were also addressed throughout the ASP investigation and the care home manager is aware of the concerns. Agreement between social work and care home manager that at least 1 permanent staff senior will be within each unit each evening to oversee Temp staff. A handover will be convened at the start of each shift and information shared with staff in regard to the adults needs and care.

Assessment

What is your assessment of the risk? How severe might the consequences/injuries/harm/damage be if no action is taken to reduce the risk, or increase protection? How probable is it that these circumstances will recur? What is your view and any agreed view about the degree of risk and urgency of action?

The Type of risk identified is physical and emotional harm through neglect by his care team within Ayr Nursing Home.

The imminence of harm was initially regular and ongoing; however, steps have been put in place throughout the ASP investigation such as sensor technology and an action plan with social work and the care home to address the use of temp staff. The care home professional support team has also offered additional training to support staff in their role.

The likelihood of harm continuing is mitigated by steps put in place however with the high turnover of staff and temp staff usage, it remains a concern and likely that incidents could remain until which time a stable staff team is in place.

The severity of harm for Mr Test should these continue is significant, he becomes distressed when staff are inappropriately supporting him, and he can experience physical harm through inappropriate transfers and support with his mobility and moving and handling. However, staff have been offered additional training and support through the care home professional support team and the care home manager advises no Temp staff will provide support unless they have a full handover and have read each individual care plan. They will also use the same Temp staff to provide some consistency to residents.

Your assessment will include the contributions of other agencies/services. Indicate here if there is any disagreement

All agencies who have been part of ASP process and assessment agree with the information within and no disagreement.

What is the adult's assessment of the risk? Does he/she agree with your assessment?

If not - explain

Mr Test has been invovled in the process throughout, however due to his cognitive decline is unable to retain and recall information. He is aware of the steps put in place and his past and present wishes have always to be supported in a consistent manner by cocnsistent staff and therefore these action are in alighment with those wishes. He was in agreemnt with the plan when it was detailed to him but his Guardian was also invovled and in full agreement.

What is the unpaid carers' assessment of the risk?

explain if not available or not appropriate

AP2 - Risk Assessment

Name: Adult Test **CareFirst ID:** J53447

Mr Test has been involved in the process throughout, however due to his cognitive decline is unable to retain and recall information. He is aware of the steps put in place and his past and present wishes have always to be supported in a consistent manner by consistent staff and therefore these actions are in alignment with those wishes. He was in agreement with the plan when it was detailed to him, but his Guardian was also involved and in full agreement due to his cognitive decline.

Recommendations

Detail any immediate actions that have been taken in order to protect, or reduce the risk

Include whether this situation/risk/concern been referred to another service, or agency, and if so, with what result

The writer and senior management within social work have worked with the manager of the care home to ensure an action plan is in place in regard to concerns over staffing. A Senior staff member from the permanent staff team will be on shift each day within each unit of the care home to ensure consistency and stability. They will oversee the temp staff in their unit and ensure they have a handover with all relevant information and share the care plans to ensure appropriate levels of care to each resident.

A meeting will take place each morning and evening with all staff and the manager (called a flash meeting) to discuss and highlight any concerns over staffing, and residents who have changes to their care or concerns of their needs. The staff team have an on-call staff team to contact for any concerns when the manager is not available, and all temp staff utilised will be used regularly to provide some consistency in care. This will reduce the risk of emotional harm to Mr Test and others through inconsistent and inappropriate care.

In regard to Mr Test, Physio are re-assessing his needs to ensure his mobility is managed and risk mitigated in regard to falls and harm. Care staff will update his care plan and risk assessments upon the outcome of assessment. Mr Test and his guardian in agreement for sensor technology to be used on his seat and bed to alert staff when he attempts to mobilise to mitigate the risk of falls and harm, he will be offered to sit regularly within staffed, social areas of the home where he can have social interaction and staff have direct sight to him and his needs throughout the day.

What future action do you recommend is taken to reduce the risk, or protect the adult being assessed?

e.g. increased support; review of Care Plan; further needs assessment; change of environment/service, legal action, etc. Clearly indicate who should do what and whe

A review assessment of Mr Test's needs should be completed within 6-8 weeks to ensure all his needs remain met within the care home and that all actions put in place are working to mitigate the risk of harm.

Social work management continue to work with the care home to address the concerns of low staff numbers with an action plan in place and regular updates and communication with the care home.

At this time, it is not assessed that ASP legislation would bring any further benefit to Mr Test, there is no order which would be utilised under the act with no need for an assessment, banning or removal order. An ASP case conference is also not felt to be required at this time with a detailed action plan in place which all agree, including Mr Test and his guardian. The situation and care home will be supported and closely monitored, and a review of Mr Test and his needs will be completed in 6-8 weeks after his physio and MH assessment to ensure all his needs continue to be assessed and met in his current environment which is in line with Mr Test and his guardians wishes. Therefore, the writer recommends in the least restrictive manner that the ASP Investigation close and the case be managed under care management.

What advantages and disadvantages, to the adult's quality of life, might result from these actions?

Name: Adult Test **CareFirst ID:** J53447

e.g. in the event of increased supervision, change of home, statutory intervention

The advantages of these actions to the adult at risk of harm is that he will have direct staff support when required to mobilise along with his assessed need to reduce the risk of harm. Furthermore, the adult and others within the home will benefit from consistent staff and a consistent care offered to them to meet their individual needs.

A disadvantage we must recognise though is that increased supervision may have a negative effect on Mr Test and his emotional wellbeing as he seems himself as a very private and independent man and therefore increased supervision will be assessed continuously and discussed with the guardian and social work to ensure it is working to have the desired effect and not having a negative effect on Mr Test.

What future action do you recommend is taken to reduce the risk to OTHER PEOPLE?

Consider risks to other adults, carers, children, alleged harmer. Consider actions such as Police Scotland, POG and/or Care Inspectorate Investigation of Allegations, Carers Assessment, Alert to Home or Centre Management in respect of other Service Users

The Care Inspectorate is aware of the current issues and working with social work management and the care home moving forward to ensure any concerns/risk to all adults within the care home is addressed. There is currently an action plan in place and will be reviewed regularly with all involved and communication needs to remain open and honest to ensure risk is continuously assessed and addressed.

The care home professional support team is made aware and will be offering support to care home staff through agreed training that can be provided from moving and handling to any other issues or concerns.

If it is felt that the adults are at risk of harm within the care home, then there should be consideration of a Large Scale Investigation. However, this is not felt required at this time with an action plan in place and working and all in agreement.

3-Point Criteria - Please outline and provide evidence to advise if the adult meets the 3-point criteria

Is the adult unable to protect their own wellbeing, property, rights or other interests

Is the adult affected by disability, mental disorder, illness or physical or mental infirmity

Is the adult at risk of harm

The Adult Support and Protection Act (2007) defines an 'adult at risk' as someone who:

Is unable to safeguard their own well-being, property, rights or other interests.

Is at risk of harm, and

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

Mr Test does meet the 3-point criteria as he is

- unable to safeguard himself and interests, due to his diagnosis of dementia. Mr Test is assessed as lacking capacity to make decisions with a welfare and financial guardian in place. Mr Test has experienced a decline in his cognition and mobility which is placing him at risk of falls and harm.

AP2 - Risk Assessment

Name: Adult Test	**CareFirst ID:** J53447

- Mr Test is at risk of harm as he is experiencing harm through falls which is due to a decline in his mobility. Mr Test is unable to recognise this risk in his life and is unable to sequence the steps to call for help prior to mobilising. Mr Test is also at risk of emotional harm as he shows distress when being supported by individuals he does not know or who do not know him and his care needs well.

- Mr Test is therefore more vulnerable to harm as he us affected by a cognitive impairment and reduced mobility than those who are not so affected.

However, in line with the principles of the act, namely the principles of least restrictive and maximum benefit intervention on Mr Test's life, although he meets the 3 point criteria, it is felt that ASP legislation brings no further benefit to Mr Test and the case will be managed through care management pathways. This will allow a review of his needs from social work, with health professionals also re-assessing his needs. Care Homes also engaging with the plan and have open communication with the care inspectorate and social work around concerns of staffing and a plan in place.

Signatures

Signatures

	Signature & Date
Council Officer	
Adult	
Second Worker	
Team Leader	
Principle Social Worker	

If no signature for adult at risk, please advise why?

Outcome Details

Outcome Date:

Outcome:	**Outcome Reason:**