



South Ayrshire
Adult Protection
Committee

South Ayrshire Council
Adult Support and Protection
Local Operating Procedures
Revised – July 2017

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Purpose

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

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

This local operating procedure is intended to provide a brief practice-based guide to the Adult Support and Protection process, including referral, investigation, Case Conference and review Case Conference. It is underpinned by the overarching West of Scotland Interagency Practice Guidance, South Ayrshire Adult Support and Protection Practice Guidance and the Scottish Government Adult Support and Protection Code of Practice 2014.

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Initial Adult Protection Referral

Note – Reference should be made to South Ayrshire Interagency Practice guidance and the ASP Act Code of Practice in conjunction with this guidance.

1. Referral Procedures

1.1 Towards effective care governance all partner agencies should ensure their staff have an awareness of adult protection issues and a working knowledge of the reporting and referral requirements.

1.2 All public agencies have a duty to report any suspected or actual harm to an adult defined by the ASP Act as “an adult at risk of harm”. The time frame for responding to an initial referral to Social Work Services is within **1 normal working day** where it is known or believed that a person is an adult at risk and that protective action may be needed.

1.3 The collation of relevant information at point of referral is crucial in the application of sound professional judgement. It has been agreed that all agencies, with the exception of Police Scotland and Scottish Fire and rescue, who will have their own referral form use the **Adult Protection Referral form** by way of written submission (see Appendix 1). All sections of the referral form Part A should be completed in writing within 1 normal working day and forwarded to Social Work Services.

1.3.1 Referrals come as “vulnerable adult” referrals “adult concern” or adult protection “adult at risk” referrals. The relevant social work Team Leader will make a decision within 1 working day whether this meets the criteria for Adult Protection or vulnerable adult and decide on the appropriate response.

1.3.2 When there is a third “adult concern” or “vulnerable adult” referral within a twelve month period, the referral will be treated as an adult at risk referral. The Team Leader will convene either a multiagency planning meeting or an ASP Case Conference to consider the circumstances of the individual and to assess what, if any, additional supports or protective measures may be required. This provision applies irrespective of the outcomes of the previous referrals.

1.3.3 The requirement to progress to a planning meeting or Case Conference does not apply if the individual is currently subject to ASP procedures. Where existing protective or supportive measures are deemed to be sufficient, a case note to this effect should be entered on SWIS.

1.3.4 Where an individual has been subject to ASP measures, but as a result of a Case Conference decision is no longer subject to such measures, the counting of subsequent “adult concern” or “vulnerable adult” referrals will start from the date of the most recent decision to remove ASP measures.

Note: If agencies do not have all the information required in Part A they will not delay but send the referral information they have. Social Work Services will follow up on the referral and add any additional and required information.

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

- Alleged suspected harm or abuse.
- Name and address of adult and any persons with an interest e.g. family, carer etc. where known.
- Current whereabouts of the adult.
- Date of birth of the adult.
- Whether the adult has a learning disability, mental health or communication difficulties or whether there are concerns in respect of lack of capacity.
- Whether the adult is subject to any proxy decision making powers under the Adults with Incapacity Act or subject to any order under the Mental Health (Care and Treatment) Act.
- Identity of any witnesses and where they can be contacted.
- Whether or not the referrer is willing to be interviewed if required during the course of any possible future investigation.

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

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

1.7 Referral should be made directly to ASP mailbox and the **responsible Team Leader and the appropriate duty mailbox** will be advised immediately. The aim is to provide a flexible system which makes best use of available resources to target need. It may become apparent during the course of referral and subsequent initial enquiry that full adult protection measures are not required. It is the responsibility of the **receiving Team Leader** to establish how the referral should be progressed. The application of sound professional judgement is fundamental in deciding whether or not to initiate full adult protection investigation measures. Consideration should always be given by the **Team Leader** to organise a planning meeting if there is any dubiety to ensure there is a multiagency approach and a breadth of information to support effective decision making.

1.8 Only the ASP Admin Team should log these referrals on SWIS. If an adult protection referral or information which relates to an adult who may be at risk of harm is received directly by a social work team (as opposed to having been forwarded to them from the ASP Admin team) the information should be forwarded to the ASP Admin Team who will then log the details on SWIS and process the referral accordingly.

1.9 Referrals out of hours should be directed to Ayrshire Out of Hours Stand-by Services (tel.0800 328 7758)

1.10 Receipt of **all Adult Protection referral information** should be logged appropriately on Adult Protection SWIS management information systems. It will be the responsibility of the relevant **Team Leader** to ensure this happens. It will be the responsibility of the relevant social work area/Partnership Director to ensure appropriate recording mechanisms, with the required administrative logistical support in place in relation to the processing of referrals in respect of adult protection concerns.

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

Adult Protection Referral - Initial Action

Note: Reference should be made to the Scottish Government's Adult Support and Protection National Code of Practice in conjunction with this guidance

2.1 The responsible **Team Leader** needs to decide immediately on the initial information available whether:

- Immediate action is required in relation to the adult deemed to be at risk to make them safe.
- An initial inquiry, including consideration of a multi-disciplinary meeting such as a case discussion or a planning meeting is required to inform any decision
- Some other intervention e.g. assessment and care management procedures would be a more appropriate response.
- Full Adult Protection Investigation and Case Conference Procedures should be invoked.

2.2 Where the decision is to proceed to invoke full Adult Protection Procedures **immediately on receipt of referral** the responsible Team Leader should contact:

- The Police to ascertain their view on whether an offence has occurred and whether this is of sufficient seriousness for the police to lead on the investigation.
- Any other relevant agency (including referral agency) to agree the level of co-operation and participation in the process of investigation.

2.3 On receipt of an initial referral or Police Referral the **responsible Team Leader** has **5 working days** to carry out their duty of inquiry and to:

- Acknowledge in writing receipt of referral
- Ensure immediate protection of adult at risk where required has been undertaken.
- Gather all the necessary information to support the decision making process on how to proceed.
- To co-ordinate multi-disciplinary liaison/planning meeting.
- To advise the referring agency of outcome.
- To inform senior management/Care Inspectorate etc. where appropriate.
- Complete the details of the inquiry on Form AP1

2.4 In recognising the primacy of professional judgement in deciding whether a full adult protection investigation and Case Conference should proceed, or further exploratory measures, which may include a multi-disciplinary planning meeting as an proportionate response within the underlying principles the **Team Leader** should be informed by the

following considerations:

- Extent of the alleged harmful act(s)
- Indications of whether the harmful act was a one-off event or part of a pattern
- The impact of the alleged harm on the adult.
- The intent of the alleged perpetrator(s)
- Capacity issues in respect of the adult at risk (AWI Act).
- Issues in relation to mental disorder of the adult at risk (MH Act).
- The legality of the actions involved and consideration of possible criminal proceedings.
- The risk of harmful act(s) being repeated either against the particular adult or other adults deemed to be at risk.
- The views of the adult against whom the harm has allegedly been perpetrated.

2.5 Safeguarding the welfare of the adult remains paramount and therefore any urgent action deemed necessary should not be delayed by the need for further consultation or arrangements for an initial case discussion.

2.6 Where there is evidence of a criminal offence the Police **must** be informed and invited to any initial multi-disciplinary case discussion should this be convened.

2.7 Where the suspected harm has occurred in a registered establishment or NHS facility, or involves an employee or volunteer of a registered care service provider, the SAHSCP Contracts and Commissioning Manager must be advised by the Social Work Team Leader of the details of the referral. Following discussion between the Social Work Team Leader and the Contracts and Commissioning Manager, an agreement should be reached regarding the roles and responsibilities of their respective teams. In addition to the forgoing, where the referral may suggest that a number of people may be at risk of harm, consideration should be given to the criteria for a large scale investigation, with reference to the [Pan Ayrshire Large Scale Investigation Guidance](#). The Team Leader should also discuss the detail of the referral with the Adult Protection Co-ordinator. Where the possibility of a large scale investigation is being considered, the aforementioned guidance should be followed.

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

2.9 On completion of an inquiry, where the decision is reached that no further action is required under the Act, the circumstances and processes resulting in this decision should be clearly recorded on SWIS. In addition, any agreed actions to be taken, and the reasons behind the decisions, should be also recorded. The SWIS record should also include information on the implementing of any such actions, including:

- Confirm ongoing supports to the adult.
- Initiate appropriate interventions under assessment and care management procedures including review of care plan.
- Consider other adult protection legislation measures more appropriate to the presenting circumstances.
- Decide to take no further action.
- Inform referrer/agency of decision and reasons for that decision.
- Record decision as required on SWIS Management Information system.

The Team Leader will also advise the Service Manager of the decision to take no further action at this stage. The Service Manager will confirm their agreement with this decision and add a case-note to this effect on SWIS and in the case-file.

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

- Confirm ongoing support to the adult at risk.
- Consider using other adult protective legislation (Adults with Incapacity (Scotland) Act 2000, Mental Health (Care & Treatment) (Scotland) Act 2003, Social Work (Scotland) Act 1968).
- Confirm plan for formal adult protection investigation and advise appropriate **Service Manager/ or Senior Manager where there is no service manager** accordingly.
- Agree and confirm lead investigating officer (council officer) and who will be the second officer involved.

2.11 Set an initial date for Adult Protection Case Conference to be held **within 20 working days** of the initial referral.

Adult Protection - Investigation

Note: Reference should be made to ASP Act Code of Practice May 2014 in conjunction with this guidance.

3 Formal Investigation

3.1 The agreed documentation, Protection of Adults at Risk Referral Form, Adult Protection Inquiry Form AP1, Risk Assessment Documentation AP2 and Chronology of Significant Events will be adopted as the standard assessment, recording and care planning mechanism for all formal investigatory visits under inter-agency adult protection procedures.

3.2 It is the responsibility of South Ayrshire Council Social Work Services to lead on the adult protection investigation. The lead officer must be an officer of the local authority (a Council Officer) and a professionally qualified and registered Social Worker with a minimum of 12 months post-qualifying experience. This does not preclude direct participation, as appropriate, by professionals from other partner agency disciplines e.g. Community Psychiatric Nurse (CPN), GP, District Nurse etc, in the investigative process under the lead of the local authority. The investigation should be completed within 8 working days

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

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

- Compilation of fullest information available prior to formal interview, ensuring a chronology of events.
- Where the interviews will take place.
- What questions will be asked.
- Who will ask the questions?
- Who will record the interviews?
- Agreed time-scales for completion and produce a short report.

3.5 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)**.
- Review the adult's situation in respect of current protective legislative powers in force i.e. Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and Adult Support & Protection (Scotland) Act 2007.
- Identify on assessment any significant risk factors or concerns arising from the adults circumstances.
- 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.

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

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

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

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

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

3.9 Investigatory visits should be conducted at reasonable times (unless it is considered there is a risk of immediate harm) and can take place where the adult normally resides, temporarily resides or spends part of their time e.g.;

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

3.10 In the course of investigatory visit the **council officer** must produce evidence of identity and evidence of identity of anyone accompanying them.

3.11 The adult deemed to be at risk of harm must be informed of their right not to answer any questions prior to commencement of interview and the issues of both consent and capacity should always be considered.

3.12 In the course of investigation where entry is refused, in line with the principles of the Act all other means of achieving lawful entry in order to progress inquiry should be considered. When considered necessary an application to a Sheriff or for a **warrant of entry** can be made.

3.13 Legal Services on behalf of the Council will make the application to the Sheriff to seek a **warrant of entry**. This authorises a council officer to visit any place specified in the warrant accompanied by a police constable. **This form of warrant expires 72 hours after it has been granted.**

In cases of urgency and where all **the relevant criteria are met** there may also be the need to consider application for a protection order under the ASP Act. (For detail of legal powers see Section 3).

3.14 In exceptional circumstances where it is impractical to make application to the Sheriff and the adult at risk is likely to be harmed if there is a delay in granting a warrant application to a Justice of the Peace can be sought. **This form of warrant expires 12 hours after it has been granted.**

3.15 There is also provision under the Mental Health (Care & Treatment) (Scotland) Act in respect of duty to enquire in relation to an adult who has a mental disorder for an MHO to apply to a Sheriff or Justice of the Peace for a warrant of access to the adult.

3.16 The details, assessment of risk and outcome of the investigation will be recorded in the form AP2. The responsible Social Worker will share and discuss this record with the adult at risk of harm – this is not only good practice but the details recorded on the AP2 will be discussed at the Case Conference and it is essential that the adult at risk is aware of this.

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

3.18 Where the decision is take no further action under ASP procedures, the Team Leader will also advise the Service Manager of this decision and the Service Manager will confirm their agreement with this decision and add a case-note to this effect on SWIS and in the case-file.

Adult Protection - Case Conference

4 Case Conference and Protection Plan

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

4.2 The Adult Protection Case Conference will comprise a multi-agency meeting following enquiry and investigation to share information and make decisions about an adult deemed to be at risk in circumstances where harm has occurred or is suspected.

4.3 The Case Conference is chaired by an independent officer/manager of the South Ayrshire Health and Social Care Partnership. In respect of South Ayrshire Health and Social Care Partnership it will be the responsibility of the relevant Service Manager/Senior Manager (where there is no Service Manager)/ of the relevant local social work team/Adult Protection Co-ordinator to convene and chair the Adult Protection Case Conference. It is the responsibility of the chair to ensure an accurate record of the discussion and key decisions by way of Case Conference minute is undertaken.

4.4 The relevant **Service Manager** should convene the adult protection Case Conference within **20 working days** from the date of the initial referral. Where, due to circumstances arising from the duty to inquire/investigate this requires to be extended, this should be formally recorded and the reasons clearly stated.

4.5 The independent chair, in consultation with the Team Leader responsible for managing the investigation process, will ensure that times and venues are arranged and that all relevant people are invited.

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

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

- Attendance should be at the discretion of the chair of the Case Conference who should ensure the reason for the exclusion of any individual is recorded.

4.7 Attendance at the adult protection Case Conference may include:

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

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

Assessment of Need

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

Review of Risk

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

Risk Management and Care Planning

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

Legislation

Consideration of current protective legislative measures required to implement the Protection Plan e.g.

- Adults with Incapacity (Scotland) Act 2000
- Mental Health (Care & Treatment) (Scotland) Act 2003
- Adult Support & Protection (Scotland) Act 2007

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

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

4.9 Following from the discussions/decisions at the case Conference, the responsible Council Officer/Care Manager will complete a written Adult Protection Plan. This will be submitted to the chairperson within seven days of the Case Conference having taken place.

4.10 The chairperson has **10 working days** from the Case Conference to **distribute the minutes** and **the written Adult Protection Plan** which should be signed by the chair. This also applies to any subsequent Review Case Conference.

4.11 The Protection Plan is **not** a substitute for the requirement to ensure all Case Conferences are accurately minuted but provides a framework whereby all actions arising from decisions taken at the Case Conference can be co-ordinated, implemented and monitored. In separately identifying all key elements it clearly identifies definition of responsibilities, timescales and outcomes to ensure effective implementation and review.

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

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

Adult Protection - Review Case Conference

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

5.1 The purpose of the Review Case Conference is to:

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

5.2 It is the responsibility of the chairperson in conjunction with the relevant Team Leader with case management responsibility to ensure South Ayrshire Council Social Work Services SWIS management information recording requirements are met.

Adult Protection Referral Form

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

Adult Protection Referral

Adult Concern Referral

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

ADULT DETAILS

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

REFERRER DETAILS

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

DETAILS OF CONCERN

The Adult is affected by disability, mental disorder, illness or physical or mental infirmity (if yes, please specify) YES or NO	
The Adult is unable to safeguard their own wellbeing, property, rights or other interests - YES or NO	

The Adult is at risk of harm (if yes, please state reason and type of harm) - YES or NO	
If you have answered yes to all of the above questions, please tick Adult Protection Referral. If you have been unable to answer yes to all of the above questions, please tick Adult Concern Referral.	
Give details of harm (suspected/witnessed/disclosed/reported) Include details of any previous AP Referrals/Concerns if known. (please use separate sheet if required)	
Date of Incident:	
Have you (or any other person) told the adult that this information will be shared with Social Work or other relevant agencies?	YES / NO (delete as appropriate) If NO please state reasons
Is it suspected that a crime has been committed and have police been informed? (Include date, time, known action taken, incident number etc.)	

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

REFERRAL FORM TO BE SENT WITHIN 24 HOURS OF IDENTIFYING A CONCERN TO	
East Ayrshire Health & Social Care Partnership	H&SCPCustomerFirst@east-ayrshire.gov.uk
North Ayrshire Health & Social Care Partnership	adultprotection@north-ayrshire.gcsx.gov.uk
South Ayrshire Health & Social Care Partnership	ASP@south-ayrshire.gov.uk
For assistance out of hours contact:	0800 328 7758

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



AP1 Form

SECTION 1: SERVICE USER DETAILS

Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
DOB	<input type="text"/>	Referrer Name	<input type="text"/>		
SWIS	<input type="text"/>	Referrer Agency	<input type="text"/>		
CHI	<input type="text"/>	Other Referrer (If Police)	<input type="text"/>		
Referral Date	<input type="text"/>	AP1 Completion Date	<input type="text"/>		

SECTION 2.1 INQUIRY TYPE

Date of Incident	Time of Incident	Date of Initial Council Officer Contact	Contact Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
In what capacity do you know the adult you are referring?			
<input type="text"/>			
Relationship to Person			
<input type="text"/>			
Who else have you informed of this referral to social work services?			
<input type="text"/>			
Resident Type	Lives with	Client Group	Secondary Issues
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Harm Type	Secondary Harm Type	Harm Location	Source of Harm
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Does the referral relate to a particular provider?		Yes	No
		<input type="text"/>	<input type="text"/>
Provider / Care Home Name			
<input type="text"/>			

SECTION 2.2 INQUIRY DETAILS

What are the details and nature of the situation leading to the referral?

Do you believe the adult at risk is capable of understanding what has happened to them?

Have you obtained consent from the adult at risk to make the referral?

If consent was refused what was the reason?

What action, other than this referral, has been taken to ensure adult at risk is now safe?

Details of the alleged abuser - where known.

Advocacy Offered

Advocacy accepted

Advocacy Involved

SECTION 2.3 INQUIRY OUTCOME

Has a letter of acknowledgement been sent to the referrer?

Decision and action taken

Inquiry Outcome

Referrer Agency notified of outcome

Date Completed

Approved by Team Leader

Manager Notified

SECTION 2.4 THREE POINT CRITERIA

1 The person is unable to safeguard their own well-being, property, rights or other interests.

Reason

2. Is at Risk of Harm

Reason

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

Reason



AP2 Form

SECTION 1: SERVICE USER DETAILS

Title	<input type="text"/>	Forename	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>				
DOB	<input type="text"/>	SWIS	<input type="text"/>	CHI	<input type="text"/>
Date of Risk Assessment	<input type="text"/>				

SECTION 2.1 SUPPORT NETWORKS IN RELATION TO RISK ASSESSMENT

Name	Designation/Role	Informed of Assessment Outcome?
<input type="text"/>	<input type="text"/>	<input type="text"/>
Involved and aware of process	Contribution to risk assessment	
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2.2: COMMUNICATION, CAPACITY AND INVOLVEMENT

Has the person being assessed any particular communication and support needs?

If yes, please specify

Comment on the person's ability to make his/her own decisions about risk and to safeguard his/her own well being

Has there been a recent formal assessment of capacity

If yes, please detail outcome in relation to areas of risk?

Is a formal assessment of capacity required in relation to specific risks identified?

Has this process been initiated

Has there been a discussion with the person about information sharing

Any comments

SECTION 2.3: CHRONOLOGY OF SIGNIFICANT EVENTS

Date of Even	Detail of Even	Outcome	Agencies Involved

SECTION 2.4: CURRENT RISK DESCRIPTION

What behaviour, allegation, complaint, circumstances or event has prompted this assessment

Who is the source of concern, and who is involved in the risk of the events

When does this /do these circumstances occur, and how often

Where does this/do those circumstances occur?

Medical assessment and/or clinical diagnosis of mental or physical illness

Particular triggers or risky circumstances that heighten the risks?

Are there any protective factors, or circumstances, that have protected or reduced the risk in the past?

SECTION 2.5: CURRENT RISK DESCRIPTION

What is your assessment of the risk

Does the assessment include any disagreement from contributing agencies? If so please provide details.

Does the adult at risk agree with your assessment
If no, please comment:

What is the unpaid carer's assessment of the risk

SECTION 2.6: RECOMMENDATIONS / ACTIONS

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

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

What changes to the adults quality of life might result from these actions?

Individual further comments

Individual consent to share information in this assessment

Risk assessment discussed with Line Manager

Is an ASP Case Conference required

SECTION 2.7: NOTIFICATION REQUIREMENTS

Agency	Requirement to Notif	Date Notified

Adult Support and Protection

Case Conference

Agenda

- 1. Welcome and Introductions**
 - **Legislative context**
- 2. Advocacy and Representation Considerations**
- 3. Brief and Background to ASP Involvement**
- 4. Input and discussion from all parties around the table**
- 5. Risk Assessment / Assessment of Need**
- 6. Are there concerns regarding children**
- 7. Legal Options**
- 8. Protection Plan**
- 9. Decisions**
 - **Core group meeting**
- 10. Date of Next Meeting**

Adult Support and Protection

Review Case Conference

Agenda

- 1. Welcome and Introductions**
 - **Legislative context**
- 2. Advocacy and representation considerations**
- 3. Update on implementation of Protection Plan (AP3)**
- 4. Input and discussion from all parties around the table**
- 5. Risk Assessment and Assessment of care/support needs**
- 6. Establish if ASP criteria is still met and consider the principles of the legislation**
- 7. Identification and discussion of any concerns regarding children**
- 8. Consideration of legal options**
- 9. Reconsider whether current Protection Plan requires updating**
- 10. Core group meeting minutes**
- 11. Decisions**
- 12. Date of Next Meeting**

Case File Chronology – recording template

Date of entry	Date of event	Significant event	Outcome/Action taken	Entered by

FORM AP 3
Support and Protection Plan

Appendix 7

This form must be used when an Adult Protection Case Conference has agreed that an adult is at risk of harm and action needs to be taken to ensure that the adult is protected from further harm. The Protection Plan should be completed within one week of an Adult Protection Case Conference.

DATE OF PROTECTION PLAN:

Chair of Case Conference:

Social Worker:

Social Work Manager:

1. PERSONAL DETAILS – ADULT AT RISK

First Names:		Surname:	
Date of Birth:			
ID Number:		CHI No	

2. Outcomes and actions

Support and Protection Plan			
Outcome	Personal Outcomes (as applicable)	What changes need to happen? How will these happen? Who will be involved?	Target date of achievement/ review
1. Feeling Safe		What:	
		How:	
		Who:	
2. Having things to do		What:	
		How:	
		Who:	
3. Seeing people		What:	
		How:	
		Who:	
4. Being as well as you can		What:	
		How:	
		Who:	

Support and Protection Plan			
Outcome	Personal Outcomes (as applicable)	What changes need to happen? How will these happen? Who will be involved?	Target date of achievement/ review
5. Living where you want/as you want		What:	
		How:	
		Who:	
6. Dealing with stigma and discrimination		What:	
		How:	
		Who:	
7. Improved Confidence		What:	
		How:	
		Who:	
8. Improved Skills		What:	
		How:	
		Who:	
9. Improved mobility		What:	
		How:	
		Who:	

Support and Protection Plan			
Outcome	Personal Outcomes (as applicable)	What changes need to happen? How will these happen? Who will be involved?	Target date of achievement/ review
10. Reduced symptoms		What:	
		How:	
		Who:	
Risk Management			
Are there any specific risks in relation to me achieving my personal outcomes in my support plan and how these will be managed?			
Risks Identified	How will the identified risks be managed and reduced? Who will be involved and what requires to be done?		Timescale for review

3. Contingency plan (*Identify any significant events or changes in circumstances which might be anticipated and which could have an impact on the delivery of the Support and Protection Plan. Where possible, you should clearly outline what actions should be taken or what alternative measures should be put in place to support and protect the adult at risk. While any contingency plan will be specific to the circumstances of the individual at risk of harm, the “What if...?” question should always be considered, as should returning to Case Conference and/or additional legal measures.*)

Anticipated significant events or changes in circumstances which may negatively impact on the delivery of the Support and Protection Plan and place the adult at additional risk of harm	Action if significant change occurs	Responsibility

4. Adult at risk and others views of Support and Protection Plan

Adult's view of Protection Plan:
Significant others'/Carer's view/s of Protection Plan:
Guardian/Attorney's view/s of Protection Plan:
Record of any agency's/individuals disagreement with any details or the implementation/practicalities of the Protection Plan:

5. Record of agencies/individuals involved and Core Group membership

AGENCIES INVOLVED		
Practitioner name	Agency	Core Group member?
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.
		Choose an item.

		Choose an item.
		Choose an item.

6. Distribution of Protection plan

(Distribution to be identified which takes account of confidentiality and third party information issues)

Person/Agency	Name and Designation	Sent copy of Protection Plan (<i>date, or N/A</i>)
Adult at risk		
Nearest relative/carer		
Attorney/Guardian		
Named person		
Advocate		
Social Work staff		
Support Agency		
Community Health		
G.P		
Consultant		
Police		

Housing		
Legal Representative		
Others		

7. Review arrangements

Review Date:	Review Location (if known):
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Protection Plan approved as accurate and confirmed copied to set agencies and Core Group members

Signed by Case Conference Chair:

Date:

ASP Acknowledgement Letter to be sent to members of the public and agencies on receipt of a referral

Dear

Acknowledgement of an Adult at Risk Referral

Thank you for contacting South Ayrshire Health and Social Care Partnership on <**Date**> about your concerns for the safety and wellbeing of <**Name**>.

I can confirm that your concerns have been recorded and will be followed up according to South Ayrshire Adult Support and Protection procedures.

If you have any further concerns please do not hesitate to contact me.

Yours sincerely

Team Leader

ASP Acknowledgment of Outcome Letter to Referring Agencies

Dear

Notification of the outcome an Adult at Risk Inquiry

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

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

Either

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

Or

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

Yours sincerely

Team Leader