

**East Renfrewshire Health and Social Care Partnership**

**Adult Support and Protection**

**Local Operating Procedures**

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| Document Name | Adult Support and Protection: Local Operating Procedures |
| Owner | HSCP |
| Issued by | Robert Price |
| Version Number | V. 2.4 |
| Date Completed | 01.04.2022 |
| Review date | 01.04.2023 |

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## Introduction

The following procedures are intended as accessible guidance to interventions in terms of the Adult Support and Protection (Scotland) Act 2007 – hereafter referred to as the 2007 Act – within the context of the local authority’s duties and powers as prescribed in the legislation.

The document is not intended as a comprehensive guide to the 2007 Act itself. The Scottish Government, The Office of the Public Guardian and the Mental Welfare Commission provide additional resources to support practitioners, adults and the public to access and discuss this Act.

The procedures are aimed primarily at practitioners and managers who work with adults who may be deemed to be at risk of harm. The procedures are necessarily brief and should be read with reference to the Act itself, associated codes of practice, and further guidance as relevant.

## Professional Judgment

All practice takes place in an ethical and practice framework, these procedures set out that framework within East Renfrewshire HSCP and are intended to aid the application of professional judgment, not replace it. To that end all professionals must apply the following skills in their decision making:

Ensure the balance of rights and needs, demonstrating an awareness of discrimination in all its forms. Reflect critically on their own practice; and reason from a basis of experience and knowledge. Consider the emotional impact of the work on themselves and others and use it as a source of understanding about the behaviour of children, families, self and other professionals. Apply everyday skills and wisdom with enriched skills drawn from training and practice experience and employ their knowledge of the law, policies, procedures and theories.

The application of sound professional judgment may lead, in exceptional circumstances to deviation from the framework set out within this procedure to meet the individual needs of the adult. This should be the exception and never be utilised solely for the interest of expediency or for the benefit of the professionals or organisations involved. Where a decision is taken to progress out with the procedures, this decision must be defensible and agreed in advance with the Team Manager or the Adult Support and Protection Service Manager.

## Defensible Decision Making

Every action under this procedure should flow from a defensible decision, that is a decision that is informed, balanced, proportionate and fair. These decisions should not be made in a defensive manner, avoiding risk or with fear of blame. They should evidence through: effective recording and reflection, considered professional judgment, having regard for all available information, the views of the individual, and the principles of the legislation.

## Trauma Awareness

In East Renfrewshire Health and Social Care Partnership we aim to be Trauma aware in all of our practice, recognising that everyone we work with is more likely than not to have a history of trauma. Experience of trauma can affect our sense of self, sense of others and beliefs about the world. This can directly impact an individual's ability or motivation to connect with and use supports. Our Practice will identify the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life- including those of our colleagues.

We will attempt to understand the whole of an individual who is seeking services the direct impact that trauma can have on access to services through training, implementing trauma informed procedures and creating emotionally safe spaces for those we support and our colleagues. We will take every steps to avoid Re-traumatisation, through our practice which may trigger difficult feelings and reactions associated with the original trauma

## Brief Overview - Adult Support and Protection (Scotland) Act 2007

Social Work has the lead responsibility for the Adult Support and Protection (Scotland) Act 2007 within East Renfrewshire Council and this responsibility is delegated to the HSCP. Council Officers who are social workers and are responsible for completing ASP Inquiries, Investigations and safety planning for adults that meet the three point test.

The Act places a duty on Council Officers to make inquiries about an individual’s wellbeing, property or financial affairs where the local authority knows or believes that the person is an ‘adult at risk’ and there is a need to intervene to protect the person from being harmed. The Act directs Council Officers to carry out visits, conduct interviews or require health, financial or other records to be produced. It also allows a health professional to conduct a medical examination.

Concerns about adults at risk should be made to the Adult Support and Protection Team, this will ensure that an informed decision can be made in each case as to how the inquiry and possible investigation should be progressed.

Where a referring 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.

The General Data Protection Regulation (GDPR) and Data Protection Act 2018 do not prevent or limit the sharing of information for the purposes of keeping those at risk safe. The Data Protection Act 2018 includes “safeguarding of children and individuals at risk” as a condition that allows practitioners to share information without consent. Information shared should be proportionate, relevant and necessary for the protection of the individual.

## Public Protection and Young People

Both the Adult Support and Protection (Scotland) Act 2007 and the Children (Scotland) Act 1995 can be applied to a young person aged between 16 and 18 years old. East Renfrewshire HSCP will respond to all concerns regarding a person under 18 years old under Child Protection procedures in the first instance. Where it is in the best interest of the young person, Adult Support and Protection procedures may also be explored. This will be determined through a discussion between the respective Service or Senior Managers of Children’s Services and Adult Support & Protection.  However, this discussion should not delay our response to a young person who is at risk of harm.

Care experienced young peopleare entitled to Continuing Care up to the age of 21 and After Care up to the age of 26. In keeping with the Promise, we will endeavour to follow the young person and support them through adult support and protection procedures wherever they reside.

We all have a responsibility for ensuring that care experienced individuals receive aftercare support. Where a care experienced young person has been supported through either ASP or CP Procedures the Youth Intensive Support Service must be notified at the earliest stage and consulted on any ongoing support they can offer to the young person. The responsible Team Manager must ensure this action has been taken during any inquiry/investigation.

## Adult Protection and Cross-Boundary Placements

East Renfrewshire HSCP will undertake all ASP activity in relation to adults who are at the time of the incident staying in East Renfrewshire Council area. Where an adult is known to East Renfrewshire HSCP but resides in another area, such as in a care home we will not undertake the ASP activity, but will actively participate in the process to support the adult.

For adults in care homes or in supported living arrangements within East Renfrewshire but funded by another HSCP (a Cross-Boundary Placement), ERHSCP will undertake ASP activity and ensure that the placing authority are made aware of any concerns. We will seek to include the placing authority in the process as it progresses.

## ASP and the Scottish Prison Service (SPS)

The Act does not apply within prison or young offenders institutions, support for adults within the prison population will be managed under the Prisons and Young Offender (Scotland) Rules 2011.

Council Officers may not exercise powers under the Act to enter or examine records within a prison.

If an adult receives a custodial sentence or is remanded to Prison/Young offender institution, while subject of ASP activity in the community, The Council officer must:

* Communicate with SPS the nature of the risks considered under ASP and any action which has been taken to date.
* Establish the likely period of custody
* Request updates on the adults release be sent to the ASP mailbox.
* Communicate this information to the Team Manager and Case Conference Chair (if identified)

ER HSCP will take no further action under the 2007 Act while the adult is in prison. Any open inquiry/investigation forms should be updated and closed recording an outcome of no further action.

If a Protection Plan has been implemented following a Case Conference the Chair should inform all parties that this will not be progressed and the intervention should be closed.

The Team Manager and Case Conference Chair will be responsible for notifying the Chief Social Work Officer of the adult’s circumstances including:

* Details of the risk,
* Support provided to date
* Circumstance leading to the adult’s incarceration.

At the point of release SPS will assess the adults need for support and involve any necessary professionals in multidisciplinary planning, as per existing offender management procedures.

Where SPS become aware that an adult in our areas may be harmed *by an individual in custody*, either intentionally or unintentionally, a referral under Adult Support and Protection will be made to ER HSCP to consider whether the adult is at risk of harm.

## Fig.1 ASP Flow Chart

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## Adult Support and Protection - Referrals

### 1.1 Making a referral

Adult Support and Protection concerns can come from a variety of sources and by a variety of methods. Referrals received from members of the public via Customer First will be directed to the Adult Support and Protection Team. Their email address is [adultprotection@eastrenfrewshire.gov.uk](mailto:adultprotection@eastrenfrewshire.gov.uk).

Referrals out of hours should be directed to Greater Glasgow and Partners Out of Hours Stand-by Services on 0300 343 1505, they can be contacted during working hours by email [standbyadmin@sw.glasgow.gov.uk](mailto:standbyadmin@sw.glasgow.gov.uk)

All public agencies have a duty to report any suspected or actual harm to an adult defined by the Act as “an adult at risk of harm”.

All agencies and HSCP staff (with the exception of Police Scotland and Scottish Fire and Rescue) will use the Adult Support and Protection Referral form (AP1) ([appendix 1](#_Appendix_1_AP)). All sections of the referral form Part A should be completed within 1 working day and forwarded to the ASP mailbox [adultprotection@eastrenfrewshire.gov.uk](mailto:adultprotection@eastrenfrewshire.gov.uk)

The following information should be provided in writing 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.

If agencies do not have all the information required for Part A they should send the referral information they have and not delay.

### 1.2 Police Scotland and Scottish Fire and Rescue Service

Police Scotland and the Scottish Fire and Rescue Service will notify The Adult Support and Protection Team and will identify within their referral form whether their concern is that the adult is at risk of harm and/or requiring intervention concerning welfare.

All referrals from the above agencies must be screened to ensure that the adult is not at risk of harm

### 1.3 Business Support and Referrals

Where a partner agency has made the referral by telephone contact they are required to complete an Adult Support and Protection Referral form and send this to the Adult Support and Protection Team mailbox.

The Adult Support and Protection Team Business Support Team should monitor the Adult Support and Protection Team mailbox and log all ASP and welfare concern referrals on Carefirst within 24 hours of receipt.

It will be the responsibility of the Adult Support and Protection Team Manager to quality assure this business process and progress to screening within 24 hours of receipt.

When a referral is received ASP Business Support will be responsible for confirming the number of previous referrals received in the last 12 months and submitting this information with the referral to the ASP Team Manager.

Where the ASP Team Manager identifies that the adult has an allocated Council Officer, the CO and their manager will be sent this information with the referral for consideration.

### 1.4 Anonymous Referrals

Referrers have the right to remain anonymous and when they do not wish to give personal details and request that their identity should not be disclosed, they should be advised that any information will be treated with discretion However, where there is an immediate risk of safety for the adult and that may require a legal order and/or criminal investigation the referrer must be advised of that their right to anonymity may be superseded.

### 1.5 Worker’s making/receiving referrals

HSCP staff will routinely visit nursing homes, day centres and other places and identify potentially harmful situations or receive information that may require referral under Adult Support and Protection.

The worker should discuss these concerns immediately with their line manager, who will instruct them to complete an AP1. If the worker is currently working with the adult and is a Council Officer their manager will direct them to progress to inquiry or investigation. If this adult does not have an allocated Council Officer this will be progressed by the Adult Support and Protection Team.

If there is any disagreement over the progression of the referral this should be resolved by the managers involved within that working day and if a resolution is not reached the ASP service manager and/or Senior Manager should then make the decision.

In either case the disagreement and resolution should be recorded on Carefirst. The relevant information should then be recorded on the AP1 from and sent to the Adult Support and Protection Team mailbox to be logged in line with the above guidance.

### 1.6 Screening

The Adult Support and Protection Team Manager will screen each referral and make a decision within 1 working day of receiving the referral whether this meets the criteria for Adult Support and Protection or welfare concern and decide on the appropriate action to be taken. The Adult Support and Protection Team Manager is required to consider the following:

* That immediate action is required to make the adult safe
* An Initial Inquiry form (V5) is completed.
* For complex cases a case discussion/planning meeting may be required
* An Adult Support and Protection Investigation to be progressed immediately.
* Any other welfare intervention e.g. assessment and planning, review.

It is the responsibility of the Adult Support and Protection Team Manager (or Team Manager) to decide how the referral should be progressed. The application of sound professional judgement is fundamental in deciding how a referral should be progressed.

Where an adult is currently known to another professional or where children are also mentioned within the referral, a discussion should be undertaken by the Adult Support and Protection Team Manager and the professional/Team Manager to agree the roles of each worker to aid effective joint working and reduce duplication for the adult.

### 1.8 Multiple/repeat referrals

Where three vulnerable adult requests (welfare concerns) are received in relation to an adult within a six month period the request will be treated as an adult at risk and an Inquiry will be undertaken. The responsible Team Manager must consider if an Multi-agency Planning Meeting should be arranged.

If the adult does not have an allocated Council Officer this meeting shall be arranged by the manager of the Adult Support and Protection Team.

Where there are three ASP requests in a six month period, an ASP Investigation must be undertaken. Consideration should be given to progressing to a case conference to support multiagency risk assessment and planning.

If a Support and Protection Plan is not progressed this provision will be applied each time the trigger is met.

### 1.9 Death of Adult

When an adult has died and at the time of death was being supported under East Renfrewshire Adult Support and Protection Procedures this must be notified to the Chief Social Work Officer.

The notification should be completed within 48 hours by the Team Manager responsible for the ASP management of the case (When completing a notification the form in [appendix 1](#_Appendix_1_AP) should be utilised). When a notification is completed for this category it should be sent to the relevant Locality/Service Manager, Chief Social Work Officer and ASP Service Manager.

Event/incident must also be recorded on the Datix system.

This does not exclude the need to notify as detailed above.

The Chief Social Work Officer will consider the notification and may discuss the case with the Chair of the APC.

The Chief Social Work Officer will make a decision within 10 working days from notification. The following options are available:

* Internal case review
* Refer to Chair of APC
* Multi-agency Case Review
* Significant Case Review (internal or external)
* Written feedback
* Request further information
* No further action
* The decision will be communicated in writing.

## Adult Support and Protection - Inquiries

### 2.1 Inquiries

If following referral screening, the decision is taken that an Inquiry should progress (under S.4 of the 2007 Act) the Adult Support and Protection Team Manager /Team Manager has 2 working days from receipt of the referral to arrange for the following duties to be completed:

* Ensure immediate protection of the adult at risk (where required) has been undertaken.
* Direct a Council Officer to gather information to support the decision making.
* To advise the referring agency of the outcome ([Appendix 2](#_Appendix_2_Outcomes))
* To inform senior management where significant risk has been identified.
* To confirm the Care Inspectorate has received statutory notification when it applies to a registered service, where this has not been received by the CI the TM will make the notification
* Complete the details of the inquiry on Form V5

Where it is not possible to undertake the above actions within 2 working days, the Adult Support and Protection Team Manager /Team Manager must record the barriers which lead to this delay.

It is recognised that there are factors beyond the control of the manager or Council Officer which may lead to such a delay. These barriers will be reviewed monthly by the Adult Services Senior Management Team and quarterly by the APC to ensure that, where possible, actions can be taken to remove barriers to the completion of inquiries.

If a worker is currently involved with the adult and is a Council Officer their manager will direct them in progressing the inquiry. If this adult does not have an allocated Council Officer this will be progressed by the Adult Support and Protection Team.

Where information is shared that would suggest that the adult is not safe, immediate action should be taken and the adult is seen.

### Criminality and referring to the police

When undertaking an inquiry we must always consider any indication of criminal activity. Where there is suspicion of any criminal activity, this must be reported to Police Scotland, who shall determine if a crime has occurred and if they have a role in any further investigation.

Criminal investigation must be given priority over ongoing ASP activity, in order to ensure that the investigation and evidence gathering is compliant with the standards required for criminal prosecution. As such it is imperative that Police Scotland are contacted at the earliest opportunity.

The adult does not need to consent to the reporting of this information to the Police, but should be made aware of our reporting requirements even if they do not wish to report an incident. This can be distressing, particularly when supporting victims of domestic abuse or sexual harm, sensitivity and awareness of trauma in these discussions is essential. The adult’s views and desired outcome should be clearly recorded and communicated to the Police, to ensure that the adult is not disempowered further by this process.

Unless a delay would place the adult at risk, concerns of criminality should be discussed with the responsible team manager who will identify the appropriate route for reporting:

* Where we suspect a crime may have occurred or when there is a requirement for planned police involvement, Police Scotland should be contact on 101.
* For complex/specialist responses the manager should request contact with the Public Protection Unit/Police Concern Hub.

Where an emergency situation exists and immediate Police involvement is required contact should be made via 999.

If following referral to the Police there is no further action required under ASP then the following actions, and the reasons for them, should be recorded and applied (as appropriate):

* Confirm ongoing supports to the adult.
* Initiate appropriate interventions under assessment planning and review.
* Consider other statutory measures.
* No further action.
* Inform referrer/agency of the outcome of the referral.
* Record decision as required on Carefirst.



### 2.3 Large Scale Investigations

Where the suspected harm has occurred in a registered establishment or NHS facility or where a number of people who are supported by the one provider may be at risk of harm, consideration should be given to a Large Scale Investigation. The Team Manager should also alert the referral to the Adult Support and Protection Service Manager.

Where a Large Scale Investigation is being considered, ERHSCP LSI guidance must be followed.



### 2.4 Undertaking Inquiries

The progression of an initial Inquiry is dependent on the level of risk, harm and complexity and will require the Council Officer to make a professional judgment about how this is best progressed. This may include telephone contact with the adult at risk, but in many cases may require the Council Officer to visit the adult or ask the adult to attend the office or a place they feel safe and ensure that they are not at risk of immediate harm. Council Officers need to ensure the adult is able to speak freely without coercion.

It is essential that the adult or their legal proxy is consulted (where appropriate) unless there is an indication that they may be the perpetrator of harm, taking account of any disability, communication need or any other barriers to their involvement.

The worker should clearly explain the purpose of their visit to the adult and explore the referral gathering information relevant to the 3 point test.  If in the course of this visit the worker recognises that there are risks present which require immediate investigation under the ASP Act they should conclude the visit and make the adult aware that they or a colleague will visit at a future date following discussion with the relevant manager.

### 2.5 Advocacy

At the point of Inquiry the adult should be made aware of the availability and function of advocacy services provided by the Advocacy Project. It is a requirement for all Inquiries that a referral should be made to advocacy services, unless otherwise indicated by the adult. This decision can only be made by the adult and not by any legal.proxy.

### 2.6 Approval of Inquiry

When an ASP Inquiry is completed by a Council Officer when they are on the ASP Duty rota

* The Inquiry should be reassigned by the Council Officer to the ASP Duty Manager in the first instance for approval.
* The ASP Duty Manager will reassign the Inquiry to the ASP Team Manager for 2nd TM approval.
* The ASP Team Manager will approve the Inquiry and either, close down the activity on Carefirst completely, or close the Inquiry and assign an Investigation to the Council Officer when the case is proceeding to Investigation.
* The ASP Team Manager will arrange for an Outcome Notification letter to be sent to the referrer.

When an ASP Inquiry is completed by a Council Officer for a case which is open to their existing caseload

* The Inquiry should be reassigned by the Council Officer to their own Line Manager in the first instance for approval.
* The responsible Team Manager will reassign the Inquiry to the ASP Team Manager for 2nd TM approval.
* The ASP Team Manager will approve the Inquiry and either, close down the activity on Carefirst completely, or close the Inquiry and assign an Investigation to the Council Officer when the case is proceeding to Investigation.
* The ASP Team Manager will arrange for an Outcome Notification letter to be sent to the referrer.

The only exception to this process is when the Council Officer is not managed by a Social Work Team Manager (e.g. Hospital Team) in this situation, the process outlined for ASP Duty Rota cases should be followed.

## Fig. 3 Approval of Inquiry

### 2.7 Decision Making

The Adult Support and Protection Team Manager and ASP Duty Manager should discuss any Inquiry where they do not agree on the recommendation, agreeing further actions to aid decision making. If there is disagreement the Inquiry must be escalated to the ASP Service Manager.

Each level of recommendation and decision making should be recorded within the ASP Inquiry form.

If there is no further action required under ASP then the following actions, and the reasons for them, should be recorded and applied (as appropriate):

* Confirm ongoing supports to the adult.
* Initiate appropriate interventions under assessment planning and review.
* Consider other statutory measures.
* No further action.
* Inform referrer/agency of the outcome of the referral.
* Record decision as required on Carefirst.

### 2.8 Multiagency Case discussion

Should be considered where the outcome of the investigation is no further action under ASP but ongoing support may be required or where three or more welfare concerns are received within 6 months. The meeting will consider the welfare of the adult and produce a prevention plan to support the adult’s recovery and reduce risk.

## Adult Support and Protection – Investigation

### 3.1 Investigation

If it is established that there are grounds to support a statutory investigation under the 2007 Act, the Act authorises Council Officers to carry out visits, conduct interviews or require health, financial or other records to be produced in respect of an adult at risk.

It is the delegated responsibility of East Renfrewshire Health and Social Care Partnership to lead on the adult protection investigation. The investigation should be completed within 15 working days of receipt of the referral.

### 3.2 Investigation Team

It is a requirement that such investigatory visits will always be carried out by two workers due to the complexity and concern for the adult. Due to the complex nature of the investigation there is a requirement for corroboration and to ensure safe working practices.

It is the responsibility of the relevant Team Manager in discussion with other partner agencies/disciplines to agree the scope and format of the Investigatory Team. The Team Manager should, wherever possible, support the investigation from planning to completion to ensure continuity.

Any registered professional in the adult’s support network can be considered as a second worker. Second workers can be professionals such as Community Psychiatric Nurse (CPN), GP. District Nurse etc. The professional should have undertaken Council Officer or second worker training and their involvement will be directed by the relevant Team Manager.

Where matters of complexity or criminality are identified prior to undertaking the investigation, the second worker should always be a Social Worker.

### 3.3 ASP Planning Meeting

Where significant complexity is identified during the inquiry a Multi-agency Case Discussion should be arranged to plan for investigation. This meeting can also be used to agree responses to complex cases which do not require further action under ASP.

ASP Case Discussions do not replace the case conferences within the ASP process. Both meetings will be chaired by a Service Manager or Senior Manager where required.

### 3.4 Interim Support and Protection Planning

If during the Investigation the risk is ongoing or likely to reoccur prior to the completion of the investigation an interim Support and Protection Plan should be put in place to support the adult.

This plan will be recorded on the Support and Protection Plan form on Carefirst and noted as an Interim Plan. If this is not assured through an ASP Case Conference within 30 days the protection measures will be assumed to have lapsed.

### 3.5 Planning the investigation

The investigation should be a planned process with roles and remits of the investigatory team agreed beforehand, the responsible Team Manager should brief the Council Officer and the second worker before they carry out an investigation visit to confirm the areas of concern and scope and remit of investigation. This would include.agreement.within.the.Investigatory.Team.on:

* Compilation of all 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 report using the V5 form

The manager should consider the scope of second workers involvement, bearing in mind that their primary role will be around the investigative interview. The second worker should be an active participant in the interview and will also be responsible for:

* Recording the interview as accurately as possible, where matters of criminality are identified this should be recorded verbatim.
* Offering support to Council Officer with questioning and supporting the adult
* Assisting the Council Officer to progress and record the investigation.
* Assisting the Council Officer to record investigation and complete report for Case Conference
* Attending the Case Conference as required

An investigation can be complex and dynamic and will require the Investigation Team to support each other and respond flexibly to situations as they develop, such as the second worker leading interviews and the Council Officer recording, where this is a more effective approach for the adult.

Following the investigation both workers should review this record and agree and sign that it is an accurate reflection of the interview, any changes should be initialled.

A copy of this record should be saved in the adult’s file on the document management system for future reference.

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

* Assist the Local Authority to conduct inquiries 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).

### 3.6 Investigation and Planning Discussion

As part of the planning of the investigation the Investigation Team should also consider how the adult’s carer, family and the professionals involved in their care will be engaged in the investigation. Where it is of benefit to the investigation each party can be contacted and involved through individual contact. However, consideration should always be given to an investigation and planning discussion.

An investigation and planning discussion is a multi-agency collaborative approach to investigation, giving a platform for the sharing of information and engagement in multi-agency planning which will support the development of protections plans for the adult.

This approach allows each partner to share and receive knowledge of the situation, develop a shared responsibility to risk and supporting the adult and agree their future role in any Support and Protection Plan.

### 3.7 Investigative Interview

The main purpose of the investigative interview is to:

* Find out what has happened to the adult;
* Learn the adult’s account of the circumstances that prompted the investigation.
* Establish with the adult whether they wish professional intervention to take place.
* Gather information to allow decision making on whether the adult in question, or any other adult, is in need of protection
* Establish where possible the views of carers, agencies and relevant persons with an interest of the adult considered to be at risk.
* Establish whether a crime has been committed and
* Ensure where possible, appropriate action is taken in respect of alleged perpetrator(s).
* Consider if there is any other requirement for alternative statutory or assessment and planning intervention. 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.
* Take immediate action if it is identified that the adult is not safe.
* Set an initial date for Adult Support and Protection Case Conference to be held within 20 working days of the initial referral.

Investigatory visits should be conducted at times where it causes no distress for the adult (unless there is a risk of immediate harm) and can take place where the adult normally resides, temporarily resides or spends part of their time. Consideration should.always.be.given.to.the.location.of.the.alleged.perpetrator.

At the investigatory visit the Council Officer must produce proof of identity and proof of.identity.of.anyone.accompanying.them.

The adult deemed to be at risk of harm must be informed that it is their right not to take part in the investigation. Although the adult may not wish to participate in the investigation, Council Officers have a statutory duty where the adult is not safe and/or continues to be at risk of harm, to continue with the investigation.

Consent and capacity should always be assessed. Where there is a differing view from the adult and the Council Officer this should be recorded and highlighted to the responsible Team Manager.

The Council Officer must complete all relevant section of the Investigation form on Carefirst, ensuring clear analysis and recommendations. This should not be a record of the investigation activity, which will be recorded in the observations. The investigation form must include analysis and assessment of risk and recommended outcome of the investigation.

### 3.8 Accessing information held by other bodies (S.10)([appendix 3](#_Appendix_3_Section))

Section 10 of the 2007 Act stipulates:

**“***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.”*

Where this information is not readily available, such as when making requests of financial institutions, the Council Officer must request this information using the agreed format (appendix)

It is essential to note that information received must not be distributed in its original form to third parties. It must only be used to inform Support and Protection Planning.

Sharing an assessment or actions required based upon the information received may be relevant and proportionate but should not refer to exact amounts or details. Where a crime has been committed this may not apply.

Further detail on this process is available from Social Work Scotland in their Guide to Generic Protocol for Requesting Information Under Section 10 Adult Support and Protection (Scotland) Act 2007 (the Act) (Add link)

### 3.9 Role of the Team Manager in Investigation

### 

The Team Manager’s role is to oversee and coordinate the investigation and provide the duty Service Manager with the following information:

* The views of the adult
* Severity, frequency and impact of the harm
* The risk and/or likelihood of future risk from the perpetrator(s)
* The risk of harm being repeated either against the particular adult or other adults deemed to be at risk.
* Capacity issues in respect of the adult at risk (AWI Act).
* Issues in relation to mental disorder of the adult at risk (MHCT Act).
* Consideration of possible criminal investigations.

The ASP Duty Manager/responsible Team Manager will ensure that investigation have been completed appropriately and should ensure that any amendments or corrections are made prior to completing their recommendation.

Safeguarding the welfare of the adult remains paramount and therefore any urgent action deemed necessary should not be delayed by the need for further investigation.

When an ASP investigation is completed by a Council Officer when they are on the ASP Duty rota:

* The Council Officer should complete all relevant section of the Investigation form, ensuring clear analysis and recommendations are made.
* The investigation should be reassigned by the Council Officer to the ASP Duty Manager in the first instance for approval.
* The ASP Duty Manager will review the content of the investigation and where they are satisfied it is of a suitable standard, make a recommendation detailing their decision and any disagreement with the Council Officer recommendation
* The ASP Duty Manger will then reassign the investigation to the Duty Service Manager.

When an ASP Investigation is completed by a Council Officer for a case which is open to their existing caseload:

* The investigation should be reassigned by the Council Officer to their own Line Manager in the first instance for approval.
* The responsible Team Manager will review the content of the investigation and where they are satisfied it is of a suitable standard, make a recommendation detailing their decision and any disagreement with the Council Officer recommendation
* The responsible Team Manager will then reassign the investigation to the Duty Service Manager.

### 3.10 Approval of Investigation

All investigations will be approved by a Duty Service Manager. The Service Manager will review the investigation and recommendation and ensure that any amendments or corrections are made prior to reaching their decisions.

* The Duty Service Manager will detail their decision and authorise the investigation form on carefirst.
* Any disagreement with the recommendations should be discussed and an agreement reached prior to the investigation being authorised.
* The Duty Service Manager will communicate their decision to the Team Manager and Council Officer within 1 working day.

If it is agreed that no further action is required under ASP then the following actions must be undertaken and recoded by the Team Manager:

* Confirm ongoing supports to the adult.
* Initiate appropriate interventions under assessment planning and review.
* Consideration of any other statutory measures.
* Arrange for an Outcome Notification letter to be sent to the referrer.

If the Duty Service Manager notes that a case conference is required, the Council Officer will complete the ASP notification form (appendix 4) and ensure that a Support and Protection Plan has been prepared.

## Fig. 4 Approval of Investigation

### 3.11 Sharing the Investigation

The responsible Council Officer will share and discuss in person, in a way which supports the adult’s communication style and engagement, the contents of the investigation form with the adult at risk of harm.

This is not only good practice but will reduce distress to the adult when the details recorded on the Investigation form are discussed at the Case Conference and it is essential that the adult at risk is aware of this.

### 3.12 Warrants to support inquiries/investigation

When entry to the premises that the adult is located within is refused and access cannot be achieved through agreement, consideration should be made for an application to a Sheriff for a warrant of entry.

The decision to progress an application for a warrant of entry shall be made by the Senior Manager and/or the Adult Support and Protection Service Manager. East Renfrewshire Council Legal Services will support the Council Officer in making this application to the Sheriff for a warrant of entry. This authorises a Council Officer to visit any place specified in the warrant accompanied by a Police Constable. This warrant expires 72 hours after I has been granted.

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.

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

## 4. Adult Support and Protection - Support and Protection Plan

In preparation for the Case Conference, the responsible Council Officer and Team Manager will prepare an initial Adult Support and Support and Protection Plan, this will be submitted to the chairperson.

The Protection Plan should be a collaborative plan, written in consultation with the adult, those involved in their formal and informal networks and any additional supports that are being recommended. This will ensure that the plan can be put in place as quickly and effectively as possible.

The Support and Protection Plan should separately identifying all key elements including definition of responsibilities, timescales and outcomes to ensure effective implementation and review. This shall be assured through the Case Conference.

### Fig.5 Support and Protection Planning General Principles

The Support and 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.

### Fig.6 What to consider in a Support and Protection Plan.

### 

# 5. Adult Support and Protection Conferences

Adult Support and Protection Conferences are an essential feature of interagency working to protect adults from harm. Case Conferences enable agencies to share information, assessment and chronologies and agree what action, if any, is needed to reduce risks to the adult and that they are supported.

The overall purpose of the Adult Support and Protection Conference is to ensure that the adult is kept at the centre of decision making and that all agencies work collectively towards ensuring the best outcome for the adult by working collectively to reduce the risk of harm.

### 5.1 The Purpose of the Case Conference is to:

* Ensure the rights of the adult at risk of harm are safeguarded
* Explore the support and outcomes to date and provide updates of the current situation.
* Establish current levels of risk of harm and assure risk management plans.
* Agree duties, responsibilities and actions across partner agencies.
* Assure that the initial Support and Protection Plan reduces risk of harm for the adult.
* Ensure any interventions or legal powers exercised are consistent with the principles underpinning the legal framework

The Case Conference should be strengths based and promote the involvement of the adult.

The Case Conference should be held within 20 working days from referral date. Where there are exceptional circumstances that require this to be extended this should be recorded with the reasons given by the Senior Manager.

The Chairperson has 10 working days from the Case Conference to distribute the minutes and the Adult Support and Protection Plan. Record of circulation should be recorded on Carefirst. This also applies to any subsequent Review Case Conference.

A Core Group must be convened within 2 weeks of the case conference to confirm multi agency tasks and timescales.

### 5.2 ASP notification form ([appendix 4](#_Appendix_4_ASP))

For any Case Conference being arranged this form should be completed at the earliest opportunity but no later than 5 working days, prior to meeting taking place.

The Council Officer is responsible for completing the notification form and providing the completed investigation form.

Business Support is responsible for arranging the meeting, chair and booking a room/arranging virtual meeting. (Appendix [5A](#_Appendix_5A_Invitation) and [B](#_Appendix_5B_Invitation))

It is the responsibility of the Team Manager that coordinated the investigation to convene a Case Conference.

### 5.3 Chairing a Case Conference ([Appendix 6](#_Appendix_6_ASP))

The Case Conference is chaired by the Adult Support and Protection Service Manager/ Locality Manager. It is the responsibility of the chair to ensure an accurate record of the discussion and key decisions is produced within 10 days of the Case Conference.

The Adult Support and Protection Case Conference should consider all relevant information available and should be an inclusive process involving the adult and relevant persons/agencies with an interest in the welfare of the adult. Consideration should be given to the support that may be required by the adult, relatives and carers that would promote their participation. Consideration should also be given ensuring that:

* The venue for the Case Conference is accessible.
* Communication/language/translation/sensory impairment services are provided where required.
* Plan how best the adult can contribute to the Case Conference ensuring that their views are central to the process.

Adults should not be required to meet with perpetrators. However, where the perpetrator has been identified as the main carer or part of the extended family this requires sensitive management on their behalf by the Chair.

Individual 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.

### 5.4 Arranging ASP Case Conference

### 5.5 Purpose of the Case Conference Minute

## 

The Case Conference minutes is a record of the meeting for its participants and a source of information for those who could not attend. The minute does not need to record every statement made (verbatim) during the meeting.

The minute is intended to capture the salient points of the meeting and act as a reference point for all of the tasks assigned and timelines for completion. The minute must include:

* decisions made
* next steps planned
* identification and tracking of action items

Where there are areas that require specific recording, such as areas of complexity or criminality the Chair of the Case Conference should indicate, in advance where possible, the required level of recording.

**What Should a Minute include?**

Before you start taking notes, it’s important to understand the type of information you need to record at the meeting, meeting minutes should include the following:

* Date and time of the meeting
* Names of the meeting participants and those unable to attend (e.g., “apologies”)
* Summary of discussion/salient points
* Decisions made about each agenda item, for example:
  + Actions taken or agreed to be taken
  + Next steps
* Next meeting date and time
* Any feedback from the adult or their family/carer
* Legislation meeting held under

### 5.6 Role of the Minute taker

**Before the meeting**

A well-planned meeting helps ensure effective meeting minutes, a standard agenda has been agreed for all Case Conferences (appendix 6) to support this planning. The agenda provides an outline for the progress of the meeting and the minutes, it is important that any changes to this are discussed in advance between the chair and minute taker to support effective recording.

The minute taker must ensure that the Chair and Council Officer of meeting are notified the day before the meeting of anyone who is unable to attend.

Documents that are sent out with the agenda or handed out in the meeting should be stored with the meeting minutes for future reference and for sharing with those who were unable to attend the meeting (and others as determined by the meeting’s Chair).

**During the meeting**

During the meeting the minute taker should use the agenda as an outline to support them to take notes of discussions and record decisions etc. The minute taker should record decisions or notes on action items as they occur to be sure they are recorded accurately.

The minute taker is free to ask for clarification during the meeting, if necessary.

If the meeting moves on without making a decision or an obvious conclusion, they should ask for clarification of the decision and/or next steps involved.

There may be times this is not appropriate such as if the adult is distressed by the discussion, in these circumstances the minute taker should make a note of the point to be clarified and speak with the chair or council officer at the end of the meeting.

**Minute writing**

Before leaving the meeting the chair and minute taker must ensure all decisions, actions and timescales are clearly noted.

The minute should be written as soon after the meeting as possible, while the details are fresh in the minute takers mind. A minute must include sufficient detail, while maintaining brevity and clarity, so the minutes are easy to read.

**Points to remember:**

**Distributing or sharing of meeting minutes**

Case Conference Minutes and any agreed protection plan, must be shared with all parties (including the adult at risk) within 10 working days of the case conference. The adult and their carers should also be sent the link to the ASP Feedback Form

When incomplete the minute should be marked as ‘draft’ with a watermark, which will be removed when approved. Only completed minutes saved on the document hub on care first should be circulated, to prevent incomplete minutes being issued in error. The meeting minute must be reviewed and agreed by the Chair prior to being shared.

**Storing minutes**

Completed minutes must be uploaded to Carefirst via the document hub. An observation should be entered on Carefirst referencing the addition of the minute to the adult’s record.

**Revision of minutes**

If an amendment is proposed to the minute following the completion of the minute, this should be raised with the Chair either at the earliest opportunity.

If the correction is required regarding a point of fact i.e. a name etc. this will be made as a revision. If a meaning or fact is in dispute an addendum will be added to clarify the points raised.

### 5.7 Role of the Case Conference Chair

The role of the Chair is to facilitate the smooth and effective running of the meeting, ensuring that all the business is discussed, everyone’s views are heard and clear decisions are reached.

The Chair is responsible for maintaining an overview of the meeting and keeping a balance between hearing everyone’s views and reaching decisions. The Case Conference is not a revisiting or retelling of the investigations, it is a place to discuss the analysis and recommendation that flow form the investigation.

The Chair should not allow the Case Conference to rework the investigation. If the Chair feels that that more investigation is necessary, the Case Conference should be postponed to allow investigations to be completed and full information provided by the appropriate person.

The Chair relies on all attendees to present information and analysis which contributes to the understanding of the meeting,

**Before the meeting**

Prior to the meeting the Chair should have received and read the supporting papers and reports, including the proposed Protection Plan which should assist them in answering these questions with the support of the Council Officer and Minute Taker.

* Is the purpose of the meeting clear from the papers provided (does this include a chronology)?
* Does the Protection Plan clearly evidence a multidisciplinary response to risk?
* Do you need to get more information to inform the discussion?
  + If so can the Case Conference progress as scheduled?
* Do you need to distribute any information/reports in advance of the meeting?
  + This should be arranged with the meeting organiser to allow time for attendees to receive and read any material.

Where information or reports are not available the Chair must consider if the meeting can proceed as planned or if it should be postponed to allow the reports to be considered by those to attend.

Organisation and timing are important to the success of the meeting, a standard agenda has been agreed for all Case Conferences (appendix 6) and should be used by the Chair to plan how the meeting will progress with the support of the Minute taker. This planning should consider timings within the meeting and highlighting any variations from the standard agenda.

**During the meeting**

The Chair should open the meeting with introduction and set the scene for the meeting, giving a clear explanation of the purpose of the Case Conference. The Chair should bear in mind that the adult will be asked to give their views first, the introduction by the Chair should provide context and clarity as to what is expected.

The Chair should make sure everyone has the agenda and any papers, if necessary allowing time to for them to be considered if not circulated in advance.

The Chair should set out the way in which the meeting will be conducted and ensure that considerations such as health and safety or etiquette are addressed.

**The key tasks of the Chair are:**

**Appeal against decisions**

The Chair must ensure that any dissent/dispute or complaint from the adult, their family or other agency occurring within the Case Conference are heard and action taken to resolve them where possible. This must be recorded in the minute.

In the event of serious dissent/dispute by the adult, their family or other agency where there is no resolution, this matter should put in writing to the Chief Social Work Officer.

**After the Meeting**

The Chair should take time immediately after the meeting has finished to meet with the Minute Taker to ensure they have all the information needed to progress the minute.

The Chair should receive a draft of the minute at the earliest opportunity to agree accuracy and clarity. Once the minute has been agreed by the Chair, it must be forwarded with the Support and Protection Plan to the appropriate Senior Manager for countersigning.

The Chair must return the countersigned minute to the Minute Taker for distribution within 10 working days of the case conference. The Chair can apply their electronic signature where it is not practical to sign the original document. The minute must be sent to all who attended the Case Conference and the Service Manager/Senior Manager responsible for the team supporting the adult.

Where this has been delayed the Chair must record the reason for this delay in the adult’s case file (observations) on care first.

### 5.8 Countersigning the minute

The Senior Manager for the area with responsibility for the Investigation Team will review and countersign all Case Conference minutes. This will ensure that appropriate operational support can be offered to the investigation team and provide assurance of the Case Conference decisions. The Senior Manager can apply their electronic signature where it is not practical to sign the original document.

If there is any disagreement with the recommendations/outcomes of the Case Conference, these should be discussed with the chair and an agreement reached prior to the minute being distributed. Where an agreement cannot be reached this should be referred to the Head of Adult Services (Communities & Wellbeing).

If there are any substantive changes to the actions agreed a the Case Conference, consideration should be given to reconvening the meeting to ensure the adult, their family or carers and the other professionals involved are included in the decision making.

## 6. Continued contact with the adult and Core Groups meetings ([appendix 7](#_Appendix_7_ASP))

### 6.1 Visiting the adult

The Council Officer should visit the adult in line with the risks, as outlined within the Support and Protection Plan and at a minimum the visit should be **weekly**.

### 6.2 Recording of continued contact and oversight

It is the responsibility of the Chairperson in conjunction with the responsible Team Manager to ensure that a record of all activity relating to ASP is undertaken and maintained regularly.

The Council Officer must maintain a regular record of their contact with the adult and those involved in the protection plan. The Council Officer must record an observations on a weekly basis or more frequently depending on the circumstances.

The Team Manager must record an observation on a fortnightly basis reflecting their discussions with the Council Officer and the impact of the Support and Protection Plan in addressing the risk of harm for the adult.

On a minimum of a three monthly basis, the responsible Case Conference Chair must also record an observation. This should reflect their consideration the minutes of the Core Groups, their discussions with the Council Officer and Team Manager and commenting on the impact of the Support and Protection Plan in addressing the risk of harm for the adult.

### 6.3 The Core Group meeting

For the duration of the Support and Protection Plan, Core Groups must take place every 4 weeks as a minimum.

Core Group meetings should be organised by the Council Officer and chaired by the Responsible Team Manager.

The purpose of the Core Group meeting is to ensure continued communication between all parties, monitor progress of the Support and Protection Plan and identify any further risks/harm. If following the Core Group meeting the Support and Protection Plan changes this should be authorised by the responsible Team Manager and the Support and Protection Plan updated with a copy given to the Chair of the Case Conference.

Where significant risk and harm has been identified or noncompliance with the Support and Protection Plan, the Core Group must consider whether a Case Conference is to be reconvened.

The Council Officer should complete the standard pro-forma for the Core Group, recording the decisions and actions agreed

### 6.4 Ongoing contact not progressed

Where the continued contact with the adult or Core Groups cannot progressed in line with this procedure the Council Officer must record this within their observations and seek advice from the Team Manager and the Chair of the Case Conference.

The Team Manager should address any gaps in contact or Core Groups, recording the reason for these gasp and their professional judgment supporting these decisions or actions required to remedy the situation.

If the Case Conference Chair is not satisfied that ongoing contact or Core Groups have been undertaken, they must address this with the Team Manager and Senior Manager responsible for the investigation. If there has been a change in circumstances a Review Case Conference should be convened.

## 7. Adult Support and Protection - Review Case Conference

### 7.1 The Council Officer Update report

The Council Officer Update report ([appendix 8](#_Appendix_8_ASP)) must be completed 10 working days prior to review case conference taking place and emailed to Chair.

### 7.2 Review Case Conference ([appendix 6](#_ASP_Case_Conference))

The Review Case Conference, as with the Initial Case Conference, will be chaired by the Adult Support and Protection Senior Manager or Locality Manager, this should be the same Chair as the Initial Case Conference. The first Review Case Conference should be held within 3 months of the Initial Adult Support and Protection Case Conference and thereafter at not more than 6 monthly intervals for the duration of the Support and Protection Plan remaining in place.

The purpose of the Review Case Conference is to:

* Reviewing progress and measuring the reduction of risk of harm
* Ensure the rights of the adult at risk of harm are safeguarded
* Explore the support and outcomes to date and provide updates of the current situation.
* Ensure any intervention or legal powers exercised is consistent with the principles underpinning the legal framework
* 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 Support and Protection Plan and associated service provision.
* Consider the necessity of continuing under ASP

## 8. Dissent/Complaint

Any dissent/dispute or complaint from the adult, their family or other agency occurring within the proceedings must be recorded in the relevant minute. The Chairperson holds ultimate responsibility for decision making within the Case Conference, and any subsequent Review Case Conferences. However in the event of serious dissent/dispute by the adult, their family or other agency where there is no resolution, this matter should put in writing to the Chief Social Work Officer.

All parties have the right of access to the complaints procedures should they disagree with any decision or outcome arising from the Case Conference process.

## Glossary of Terms

### The Principles

The Adult Support and Protection (Scotland) Act 2007 is based upon a set of principles. The principles are a set of guidelines for how all professionals should carry out functions under the Act.

### Adults at risk -

An adult is at risk of harm if it is known or believed that:

* Another person’s conduct is causing (or is likely to cause) the adult to be harmed or
* The adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm

An ASP Inquiry is intended to identify If the following criteria are or appear to be met. This is known as the “3 point test”. All these points must be known or believed for an investigation to be made under the 2007 Act.

### Warrant of entry

### Protection Orders

The 2007 Act allows a Council to apply to a Sheriff for a Protection Order, either:

### Roles within ASP –

See practice note Roles and Responsibilities in ASP ([Appendix 9](#_Appendix_9_Supporting))

# Appendix 1 AP referral from

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ADULT AT RISK DETAILS (please PRINT details, thank you)** | | | | | | |
| NAME |  | | | DOB |  | |
| HOME ADDRESS |  | | | CURRENT  WHEREABOUTS |  | |
| POSTCODE |  | | | POSTCODE |  | |
| TEL NO: |  | | | TEL NO: |  | |
| GENDER |  | ETHNIC ORIGIN | |  | RELIGION |  |
| COMMUNICATION NEEDS  (please provide details including communication aids by the adult and specify first language if not English) | | |  | | | |
| GP NAME / ADDRESS | | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRER DETAILS (please PRINT details, thank you)** | | | | |
| NAME |  | | DESIGNATION |  |
| AGENCY |  | | DIRECT DIAL TEL NO: |  |
| EMAIL ADDRESS |  | | | |
| RELATIONSHIP TO ADULT BEING REFERRED: | |  | | |
| SIGNATURE | |  | | |
| DATE | |  | | |

|  |
| --- |
| IS IT SUSPECTED THAT A CRIME HAS BEEN COMMITTED AND HAVE POLICE BEEN INFORMED? (Include date, time, known action taken etc.) |
|  |

|  |  |
| --- | --- |
| **DETAILS OF CONCERN (please PRINT details, thank you)** | |
| 1. IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS? (If **no**, please state reason) |  |
| 1. IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if **yes**, please state reason) |  |
| 1. IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (if **yes**, please specify) |  |
| GIVE DETAILS OF HARM (SUSPECTED / WITNESSED / DISCLOSED / REPORTED). DATES, PROTECTIVE ACTIONS TAKEN INCLUDE DETAILS OF ANY PREVIOUS CONCERNS. (please use separate sheet if required) | |
|  | |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF PERSON SUSPECTED OF CAUSING HARM (If known) (please PRINT details, thank you)** | | | |
| NAME |  | RELATIONSHIP TO ADULT: |  |
| ADDRESS |  | TEL NO |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DETAILS OF MAIN CARER / RELATIVE / POA / GAURDIAN (please PRINT details, thank you)** | | | |
| NAME |  | RELATIONSHIP TO ADULT: |  |
| ADDRESS |  | TEL NO |  |

**Please send AP1 to**

[**adultprotection@eastrenfrewshire.gov.uk**](mailto:adultprotection@eastrenfrewshire.gov.uk)

# 

# Appendix 2 Outcomes Letter

Address

Our Ref:

Date:

When calling, please ask for:

**Address**

Dear

**Re: Adult Support and Protection Case Discussion/Case Conference/Review Case Conference held for <Name> at <Venue>**

At the above mentioned meeting the following actions were agreed

<list with responsible officer as appropriate>

Please could you ensure that any actions for which you are responsible are taken forward immediately?

Yours sincerely

Chair

# Appendix 3 Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA)

Our Ref: HSCP/

Your Ref:

Contact:

Tel:

Date:

|  |  |  |
| --- | --- | --- |
|  |  | Eastwood Health and Care Centre  Health and Social Care Partnership  Clarkston  Glasgow  G76 7HN |

Dear

Re: Request for Information Under

Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA)

I , (name), in my role as Council Officer for [insert relevant organisation name and where the power is delegated from the local authority state ‘with delegated authority and powers in relation to this request under s1(5) of the Public Bodies (Joint Working)(S) Act 2014 from [ENTER LOCAL AUTHORITY NAME] formally require disclosure of information from (company/organisation name and address). The request is made under Sections 4 (Inquiry) and 10 (Examination of Records) of the Adult Support and Protection (Scotland) Act 2007 (the Act) on the basis that we know or believe the below named to be an “adult at risk” as defined by the Act.

Please contact the Council Officer named above upon receipt of this request for records to discuss the provision of the information required. The professional title of the Council Officer may vary as per the definition of Council Officer in the attached information sheet. *If for any reason, you are unable to comply with this request, please contact the Council Officer immediately* **and** *advise them of your reasons in writing* as a person commits an offence by, without reasonable excuse, refusing or otherwise failing to comply with a requirement made under section 10 of the Act.

All information provided will be managed within the terms of the Act, the Data Protection Act 2018 (“DPA”) and the General Data Protection Regulation ((EU) 2016/679) (“GDPR”).

Please see the *Information Sheet* attached regarding the legal context of this request and provide the information below:

|  |  |
| --- | --- |
| **Name of Adult** |  |
| **Date of Birth (if available)** |  |
| **Address (if available)** |  |
| **Relevant reference numbers (please state which reference is being used e.g. national insurance, CHI etc.)** |  |
| **Brief Description of the ASPA Inquiry** |  |
| **Information that is required (please include any third party mandates relating to the information located)** |  |
| **Information Format required** | * *Hard Copy* * *Electronic Copy to the stated email addresses above (where available)* |
| **Information Required by** | *Date Month Year* |
| **Council Officer's Name, Contact Details and Signature** |  |

Yours faithfully

# Appendix 4 ASP Meeting Notification

|  |  |
| --- | --- |
| **Lead Council Officer** |  |
| **Lead Team Manager** |  |
| **Date Meeting Requested** |  |

|  |  |
| --- | --- |
| **Adult at risk - Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **Carefirst ID** |  |
| **Type of meeting** |  |
| **Chair** |  |
| **Please provide three possible dates** |  |
| **Please detail any dates that are not suitable** |  |

**Invite list**

|  |  |  |
| --- | --- | --- |
| **Name** | **Role/relationship** | **Address/telephone number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional Information (e.g. access issues/preferred meeting place) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix 5A Invitation Template – Adult at risk/Carer

Our Ref: HSCP/

Your Ref:

Contact:

Tel:

Date:

|  |  |  |
| --- | --- | --- |
|  |  | Eastwood Health and Care Centre  Health and Social Care Partnership  Clarkston  Glasgow  G76 7HN |

Dear Adult/Carer

An Adult Support & Protection Case Conference/Review Case Conference/Core Group has been convened under East Renfrewshire HSCP Adult Support & Protection Procedures.

The meeting will take place:

|  |  |
| --- | --- |
| Date |  |
| Time |  |
| Venue |  |

This meeting is to discuss the concerns and supports that are available to you/name adult.

Please contact 0141 451 0753 to confirm your attendance at this meeting. Please note only those named in the invite should attend, the chair reserves the right to ask those who have not been invited to leave the meeting. If you would like additional people to attend the meeting or want someone to attend in your place, in the first instance please contact xxx, Council Officer to discuss.

Yours sincerely

# Appendix 5B Invitation Template – Agencies

Responsible Team Manager:

Date Completed:

Our Ref: HSCP/

Your Ref:

Contact:

Tel:

Date:

|  |  |  |
| --- | --- | --- |
|  |  | Eastwood Health and Care Centre  Health and Social Care Partnership  Clarkston  Glasgow  G76 7HN |

An Adult Support & Protection Case conference/Review Case Conference/Core Group/Professionals Meeting (Delete as appropriate) has been convened under East Renfrewshire HSCP Adult Support and Protection Procedures.

The meeting will take place:

|  |  |
| --- | --- |
| Date |  |
| Time |  |
| Venue |  |

This meeting has been convened to discuss the needs of the Adult named below:

|  |  |
| --- | --- |
| Full Name |  |
| Date of Birth |  |
| Current Address |  |
| Previous Address(es) |  |

**Distribution List:**

Please contact 0141 451 0753 to confirm your attendance at this meeting. If you are unable to attend please provide a summary of your involvement or report. This can be sent to the address/email shown above.

Yours sincerely

Business Support

# Appendix 6 ASP Case Conference Agenda

|  |  |
| --- | --- |
| ASP Case Conference Agenda | |
| **Agenda Item** | **Guidance** |
| 1. **Welcome and Introduction** | The person chairing (the Chair) the meeting will explain what the adult Support and Protection (Scotland) act 2007 is and why this meeting has been arranged.  The Case Conference will discuss if the adult is an ‘adult at risk’ and what support if any is needed to reduce these risk. An adult at risk is:     * an adult who is or is believed to be at risk of harm; * They are unable to safeguard themselves, their property, rights or other interests; * because they are affected by disability, mental disorder, illness or mental infirmity are more vulnerable to being harmed than those who are not so affected.   The Chair will make sure that everyone knows who is in the meeting, when they will get a chance to speak and what to do if they need to take time out of the meeting or if there are any specific issues that need to be discussed. |
| 1. **Attendees** | The meeting will normally include the adult at risk of harm, their carer or relative (if the adult wants them to be there) and anyone who has a role in helping the adult make decision like a Power of Attorney or Guardian.  The Council Officer and second worker (the Investigation Team) who have been working with the adult will be at the meeting to give a summary of risk and any supports they are recommending. The manager responsible for the investigation team will normally attend as well.  A variety of other people who know or support the adult may also be invited if they are involved in the adult’s life and offer information or support which will help make the adult safer. This could include a GP, CPN, Housing officer, support worker etc. |
| 1. **Apologies/invited but did not attend** | The Chair will check to make sure everyone who was invited is at the meeting and make a note of anyone who couldn’t attend. |
| 1. **Reports Tabled** | The Chair will make sure that everyone has received any information that was sent out before the meeting or allow time for everyone to read this information.  This might be a report from someone who cannot attend the meeting that shares the information they would have provided if they had attended. |
| 1. **Views of Adult** | The adult at risk of harm will normally be given the chance to speak first so that everyone at the meeting knowns what it is that they are experiencing and how they think things can be changed or improved.  The adult can be supported by an independent advocate to help them take part in the meeting and organise what they want to say. |
| 1. **Carer/Proxy view (if appropriate)** | The adult’s family, carers and anyone who has role in helping the adult make decision like a power of attorney or Guardian will also be asked to give their views on what has been happening and what they think could be done to make the adult safer. |
| 1. **Views of investigation team (council officer, second worker, manager)** | The Council Officer, second worker and their manager will summarise what they have learned about the situation through the investigation and risks experienced by the adult and provide details of the plan they think will protect the adult. |
| 1. **Views of other professionals** | The other people who know or support the adult will be asked to describe how they know the adult and what they know about the risks the adult experiences and any supports they may be able to provide. |
| 1. **Discussion of Risk Management and Care Planning** | The Chair will make sure that everyone has an opportunity to speak and that everyone understands the risks. This gives the adult and others the chance to add to what they have said earlier or to comment on what they have heard.  The Case Conference will consider what is in the adult’s best interest and their decision will be of benefit to the adult, this means that the outcome of the Case Conference will be different for each person, based upon what they need and will not always involve any additional support or involvement with services.  If the Case Conference agrees that the adult does require support, this will be include the views of the adult, considering what is best for them and their situation.  If the adult, their family or other agency disagree with the decisions taken within the Case Conference, the Chair will make sure these views are heard and action taken to resolve the disagreement, where possible.  If this disagreement cannot be resolved the concerns should be put in writing to the Chief Social Work Officer, Kate Rocks [hscppa@eastrenfrewshire.gov.uk](mailto:hscppa@eastrenfrewshire.gov.uk). |
| 1. **Recommendations** | Before the meeting ends the Chair will make sure that everyone is clear on what, if anything will happen next.  Where the meeting agrees that something needs to happen then a ‘Protection Plan’ will be agreed. This plan make sure that everyone knows what will happen and what they will be asked to do.  The Chair will also make sure that those who will be most involved set times to meet as part of the ‘Core Group’. The Core Group meet to make sure that the plan is working. |
| 1. **Date of Next Meeting** | The Chair will make sure that if another meeting is needed, everyone knows the date and time of the meeting.  This will normally be about 3 months after the case conference. |

# Appendix 7 ASP Core Group – Agenda

|  |  |
| --- | --- |
| ASP Core Group – Agenda | |
| **Agenda Item** | **Guidance** |
| 1. Introductions/apologies | The person chairing (the Chair) the meeting will explain what the adult Support and protection (Scotland) act 2007 is and why this meeting has been arranged.  The Core Group will discuss the protection plan and hear updated form everyone involved. This will make sure that everyone is aware of any changes and that their views are heard, particularly those of the adult.    The Chair will make sure that everyone knows who is in the meeting, when they will get a chance to speak and what to do if they need to take time out of the meeting or if there are any specific issues that need to be discussed. |
| 1. **Views of Adult** | The adult at risk of harm will normally be given the chance to speak first so that everyone at the meeting knowns what it is that they are experiencing and how they think things can be changed or improved.  The adult can be supported by an independent advocate to help them take part in the meeting and organise what they want to say. |
| 1. **Carer/Proxy view (if appropriate)** | The adult’s family, carers and anyone who has role in helping the adult make decision like a Power of Attorney or Guardian will also be asked to give their views on what has been happening and what they think could be done to make the adult safer. |
| 1. Feedback from core group members of decisions of protection plan | The Council Officer and those who support the adult as part of the protection plan will summarise what has happened since the last meeting. |
| 1. **Discussion of Risk Management and Care Planning** | The Chair will make sure that everyone has an opportunity to speak and that everyone understands the risks. This give the adult and others the chance to add to what they have said earlier or to comment on what they have heard.  The Core Group will consider any changes in the risk and if the protection plan is working well.  If the Core Group agrees that the risk have changed or the adult no longer require support the Council Officer will arrange a Review Case Conference at the earliest opportunity.  If the adult, their family or other agency disagree with the decisions taken within the Case Conference, the Chair will make sure these views are heard and action taken to resolve the disagreement, where possible.  If this disagreement cannot be resolved the concerns should be put in writing to the Chief Social Work Officer, Kate Rocks [hscppa@eastrenfrewshire.gov.uk](mailto:hscppa@eastrenfrewshire.gov.uk). |
| 1. Update protection plan and confirm core group members | The Core Group will agree any minor amendments to the Protection Plan and the membership of the group, such as if a new care provide becomes involved or a worker changes.  If the Protection Plan or Core Group needs to change singifnatly the Council Officer will arrange a Review Case Conference at the earliest opportunity. |
| 1. Note any other decisions | The meeting will consider any other actions which may be of benefit to the adult. |
| 1. Date of next meeting | The Chair will make sure that everyone knows the date and time of the next meeting.  This will normally be 4 weekly |

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# Appendix 8 ASP Council Officer’s update Report

|  |
| --- |
| **Update on progress ASP** |
| **Frequency of contact with Adult at Risk from all agencies** |
| **Significant Changes** |
| **Risk Assessment** |
| **Does the Adult still meet the 3 point test? (Explain the reason for your views)** |
| **Recommendation** |

# Appendix 9 Supporting Guidance and Procedures

|  |  |  |
| --- | --- | --- |
| Guidance and Procedures | Description | File |
| Roles and Responsibilities in ASP | This practice note contains a summary of key roles and responsibilities and should be read in conjunction with the ERHSCP ASP Multi-agency Policy and Procedures. |  |
| Communication Framework: Notifications Involving Commissioned Services | This framework sets out how information should be communicated to ensure all involved in supporting adults and commissioning services. |  |
| Notification of significant events | The notification of significant events is for use by any agency that wants to alert the CSWO and senior management within East Renfrewshire HSCP of a significant event. |  |
| Chronology Practice Guidance | This Guide provides guidance on the use of chronologies and life events. |  |
| Missing Persons Guidance | This guidance supports HSCP staff to support missing persons and provide a clear HSCP response to this issue. |  |