



West Lothian Adult Protection Committee's Adult Support and Protection Multi-Agency Procedures

“All adults at risk should be safe, supported and protected from harm”

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1. Introduction

The West Lothian Adult Protection Committee endorses and promotes cooperation, information sharing and collaboration amongst and between all agencies, including independent and third sector agencies to assist, support and/or protect an adult by deploying a person-centred and trauma informed approach.

The West Lothian Adult Protection Procedures have been developed to guide and assist staff in all agencies to progress adult support and protection matters consistently and timeously. They are designed to inform and support practitioners' by detailing the required processes to fulfil statutory requirements of their role and operate within the suite of legislation designed to support the protection of vulnerable adults within our communities.

The procedures are aligned to the Adult Support and Protection (Scotland) Act 2007 Codes of Practice (Revised July 2022) and as such should be read in conjunction with this document.

1.1 Legislative Context

There is a range of legislation that underpins and supports these procedures including;

- ❖ Adult Support and Protection (Scotland) Act 2007
- ❖ Adults with Incapacity Scotland Act 2000
- ❖ Human Rights Act 1998
- ❖ Mental Health (Care and Treatment) (Scotland) Act 2003
- ❖ Children and Young Persons (Scotland) Act 2014
- ❖ Carers (Scotland) Act 2016
- ❖ Health and Social Care Standards

Further details on how this legislation supports and protects adults at risk of harm is contained within the appendix of the procedures. The Scottish Governments Adult Support and Protection (Scotland) Act 2007 Code of Practice (July 2022) (including guidance for General Practice) can also be found within the glossary and these procedures should be read in conjunction with the [Codes of Practice](#).

2. Principles under the Adult Support and Protection (Scotland) Act 2007 (“the Act”)

The Act provides support and protection to adults known or believed to be at risk of harm through powers to investigate and intervene in situations of risk;

- ❖ Placing a duty on Council’s to make inquiries and investigations to establish whether or not further action is required to stop or prevent harm from occurring
- ❖ Places a duty on organisations including the NHS to co-operate in the investigation of suspected or actual Harm

Any intervention commenced under the Act will be conducted and undertaken in accordance to the principles outlined in the Adult Support and Protection (Scotland) Act 2007;

- ❖ Any Intervention in an adult’s affairs will provide benefit to the adult
- ❖ Any intervention in to the adult’s affairs will be the least restrictive
- ❖ Any Intervention will take account of the wishes of adults
- ❖ Any intervention will involve the adult’s participation as much as possible
- ❖ Any intervention will not result in the adult being treated less favourably than someone who is not an adult at risk
- ❖ Any intervention will consider the adults’ abilities, background and protected characteristics

2.1 Information Sharing

GDPR and confidentiality is not a barrier to information sharing or cooperating with Social Work. Information can be shared without an adult’s consent if you know or believe them to be an adult at risk. It is considered best practice to tell an adult when you are sharing information about them but, this isn’t necessary if it will place them at further or increased risk.

More information about [Information Sharing](#) can be found on the [Adult, Support and Protection page](#) of the West Lothian Public Protection website.

2.2 S.10 Examination of Records

Under Section 10 of the Act, a Council Officer may require any person holding health, financial or other records relating to the adult who is known or believed to be at risk be given to the them. The purpose of accessing records is to enable or assist the Council Officer to establish whether further action is needed to protect that adult from harm.

The type of records that could be accessed will be dependent on the type of harm suspected, with any information request needing to be relevant.

In the case of health records, only a health professional can inspect health records. (*Codes of Practice page 70*)

2.3 The Role of a Council Officer

The Act defines a Council Officer as an individual appointed by the Council to undertake the duties and functions under the Act. Within West Lothian social workers fulfil the role of Council Officer. Social workers who have a minimum of 12 months post qualifying experience and have completed the relevant training can carry out the function of a Council Officer.

2.4 The Role of Independent Advocacy

Any intervention under the Act should consider the views of the adult. It is therefore incumbent on any Council Officer undertaking any Adult Support and Protection intervention that the provision of Independent Advocacy is considered, this includes discussing Independent Advocacy with the adult and the benefits to them in this service. It is however for the adult themselves to determine if they wish to engage with an advocate. The Council Officer should clearly record on Social Work systems that independent advocacy has been discussed with the adult and their views around this. Council Officers should revisit the offer of advocacy with the Adult at **ALL** stages of the process.

3. Who is an Adult at Risk of Harm?

The Act defines an adult at risk as anyone who meets the 3-point criteria:

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

All three elements of the above criteria must apply in order to proceed under Adult Support and Protection.

The presence of a particular condition does not automatically mean an adult is an adult at risk, for example an individual could have a disability or illness but is able to safeguard their wellbeing, property, rights or interest, therefore all three points of the criteria must be met.

The 3-point criteria should not be used as, an eligibility test for access to services. If intervention under the Act is not required, alternative support under other legislation, including the general provisions in Section 12 of the Social Work (Scotland) Act 1968 should be considered.

The definition of an adult at risk includes anyone 16 years and over with disabilities, mental disorders or illness or physical and mental infirmity and who are at risk of harm as a result of their own behaviour or the behaviour of others (*Codes of Practice 2022*).

Practitioners must ensure they consider needs of young people in transition, between 16-21years (in some instances up to 26 years) in context of other relevant provisions which may be more appropriate for their protection. This may require dual planning between social work services for Children and Families and Adults, to identify the most suitable statutory legislative framework to safeguard them.

An Adult is considered to be at risk of harm if another person's conduct is causing or likely to cause the adult to be harmed.

3.1 Who is Considered to be an Adult at Risk?

An Adult is considered to be at risk of harm if another person's conduct is causing or likely to cause the adult to be harmed.

OR

The adult themselves is engaging or is likely to engage in conduct which causes or likely to cause self-harm.

3.2 What is Harm?

The Act notes that, harm includes;

- ❖ Conduct which causes physical harm
- ❖ Conduct which causes psychological harm (e.g. causing fear, alarm or distress)

- ❖ Unlawful conduct which appropriates or adversely affects property, rights or interests (such as theft, fraud, extortion)
- ❖ Conduct which causes self-harm or self-injurious behaviours

The list above is not exhaustive and no category of harm should be discounted simply because it is not listed within the procedures.

Harm can be accidental or intentional and can occur as a result of self-neglect or neglect by other individuals including those undertaking caring responsibilities. Other forms of Harm can include;

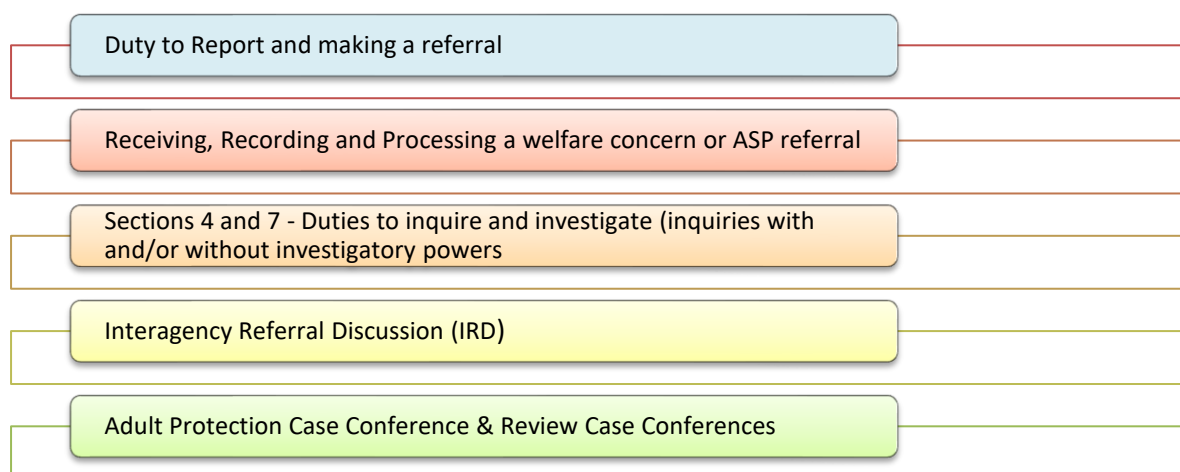
- ❖ Domestic Abuse and Coercive Control
- ❖ Gender Based Violence
- ❖ Forced Marriage
- ❖ Female Genital Mutilation (FGM)
- ❖ Human Trafficking
- ❖ Sexual Exploitation

Definitions around the types of harm an adult may experience can be found on [page 28](#) of the glossary.

In some instances, the alleged perpetrator themselves may also be considered an adult at risk, the responsible social work Team Manager should allocate a Council Officer (not linked to the other individual) to assess the risks and circumstance of this individual.

4. Operating Procedures

These procedures identify the following key stages in Adult Support and Protection.



In order to support each part of these key stages the following documents and tools are designed to assist practitioners with these stages.

4.1 Chronologies

Chronologies are an essential feature of risk assessment and risk analysis and are key in any aspect of adult support and protection. A chronology is;

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

[Page 31](#) of this document provides further operating guidance in relation to information that should be contained within a chronology.

4.2 Risk Assessment

Risk Assessment, including multi-agency risk assessment is a critical aspect of the investigation process. It is the responsibility of the Council Officer to gather all relevant information and complete the appropriate template for their inquiry. Within their risk assessment they should consider the adults views and any protective factors or individuals' strengths and resilience that may ensure that the individual is protected from future harm. The TILS approach to Risk Assessment is applied throughout all key processes. TILS breaks risk down into four areas;

- ❖ **Type of Harm** – what is the nature of the harm (being minded that there may be more than one) that the individual is exposed to
- ❖ **Imminence** – How immediate is the threat of harm; has it occurred already or is it likely to occur within the next days, weeks or months

- ❖ **Likelihood** – What are the chances of the event happening considering any mitigations or protective factors that are known
- ❖ **Severity of impact** – what is the assessed impact of each category harm identified and how serious is that likely to be

In conjunction with the individual’s chronology, a Risk Assessment supports a clearer analysis for the risks that someone is exposed to as well as the immediacy of this risk supporting clearer decision making and planning.

The risk matrix below is included within the inquiry template as a tool for practitioners to cross-reference with the TILS model and support them with the risk assessment process.

		SEVERITY				
		1	2	3	4	5
		Insignificant	Minor	Moderate	Major	Significant
LIKELIHOOD	1 Very Unlikely	1. Acceptable	2. Acceptable	3. Acceptable	4. Acceptable	5. Acceptable
	2 Unlikely	2. Acceptable	4. Acceptable	6. Adequate	8. Adequate	10. Tolerable
	3 Fairly Likely	3. Acceptable	6. Adequate	9. Adequate	12. Tolerable	15. Tolerable
	4 Likely	4. Acceptable	8. Adequate	12. Tolerable	16. Tolerable	20. Unacceptable
	5 Very Likely	5. Acceptable	10. Tolerable	15. Tolerable	20. Unacceptable	25. Unacceptable

1 - 5 Acceptable	Risk is being managed appropriately. Continue to monitor .
6 – 9 Adequate	Measures are adequate but the appropriate level of supervision must be in place to ensure areas of risk are manageable and reviewed.
10 - 16 Tolerable	Risks remain and consideration should be given to lowering the risk level further. This may involve an element of dynamic risk assessment with partners. Increased level of supervision may be required to ensure a consistent approach is deployed to monitor, review and manage the risk.
17 - 25 Unacceptable	Further actions are required and stronger controls introduced to reduce the level of risk involved. Once new controls have been identified the activity / task should be re-assessed to redefine the risk(s).

4.3 Adult Support and Protection Plans (Risk Management Plans)

Identifying the nature and likelihood of risk that someone is exposed to allows Council Officers along with multi-agency partners to develop a risk management plan. All ASP plans should;

- ❖ Clearly identify the type of harm
- ❖ Clearly identify the action being take to address this risk
- ❖ Clearly identify who is responsible for this action
- ❖ Clearly identify the timescale in which the action to be reviewed

All individuals who have been subject to an Adult Support and Protection Inquiry With Investigatory Powers should have an ASP Plan regardless of the outcome to the investigation.

5. **Duty to Report**

Everyone has a responsibility to report concerns for an adult they know or believe to be at risk of harm. If you witness harm, suspect it or receive information that an adult is at risk of harm, you have a duty to report this to an emergency service or social work, without delay.

It is important that concerns are reported timeously, no matter how insignificant the referring agency may feel their assessed concern is. Referrals to any of the core agencies (Police, Health or Social Work) should be submitted no later than 24 hours from when harm was identified.

The Codes of Practice (2022) describe 4 stages for anyone to consider when reporting a concern or an adult support and protection referral;

- ❖ **Recognise** the signs and symptoms of harm and when an adult may be at risk
- ❖ **Report** to your line manager any concerns you have about an adult and detail the harm you have identified
- ❖ **Refer** the individual to Social Work or in an emergency to the relevant emergency service, detailing the identified harm and the adult's circumstances
- ❖ **Record** in the adult's record or on your agency's database the harm identified

A referral can be made to Social Work services through;

- ❖ By completing the online referral form - [Refer an adult at risk of harm, abuse or neglect - West Lothian Public Protection Committees](#)
- ❖ Contacting your local Social Work office. Local contact numbers can be found on the [West Lothian Public Protection website](#).

There may be Child Protection issues regarding other members of the household then a referral must be progressed to the Duty and Child Protection Team.

All agencies are encouraged to share information and cooperate with those involved when they make an inquiry about an adult's circumstances to determine if they are an adult at risk.

5.1 **Receiving, Recording and Processing Adult Support and Protection Referrals**

Any referral suggesting that an adult may be at risk of harm, including anonymous referrals, will be recorded on the social work system and will be clearly categorised as an Adult Protection Referral.

All Adult Protection Referrals will be screened by a team manager (or appropriate Council Officer within the Adult Support and Protection Team) and if appropriate allocated to a Council Officer ideally within 24 hours of receipt of the referral being made to commence the initial inquiry. All referrals will be recorded within the Social Work database and clearly identified as Adult Support and Protection referral. The screening process may result in some referrals which do not require ASP processes to be reclassified as a welfare concern. In these cases the screening decision will provide a rationale for this decision and when being recorded as a welfare concern it will be noted that the welfare concern began as an ASP concern.

Following completion of the initial inquiry the organisation who made the referral will be advised of the outcome of this by the Council Officer.

5.2 Repeat Referrals

Should the council receive **three separate** referrals for an individual (either welfare concern or Adult Protection) within a rolling 6-month period the relevant Team Manger will allocate a Council Officer to undertake an inquiry (S.4 Initial Inquiry) in order to assess the adult's circumstances and any intervention required.

6. S.4 Duty to Inquire

Following an Adult Support and Protection referral being allocated to a Council Officer, an Inquiry should be completed. Inquiries can be completed **with** or **without** investigatory powers. Procedures previously distinguished between an 'inquiry' and an 'investigation' however, the updated ASP Codes of Practice provided clarification on this:

“The Act does not formalise a distinction between inquiries and investigations. Rather, an inquiry is the overarching process within which the investigatory powers set out in the Act (for instance the examination of records under section 10 of the Act) may be utilised to enable the council to fulfil its obligation to conduct inquiries. Initial information gathering may determine whether further action is required under ASP processes....Investigatory powers may also be required to determine whether the adult is at risk, prior to determination of the interventions required. Investigative activity seeks to elicit more detailed, in depth information to contribute to decision making, risk assessment, and intervention planning without the use of Sections 7- 10 of the Act.” (Codes of Practice pg. 45)

The Council Officer will be responsible for determining whether or not investigatory powers require to be used. This is something that they will decide on a case-by-case basis following consideration of the information provided in the referral and the principles of the legislation and in some cases discussion with their line manager. Any discussion between the Council Officer and their Team Manager considering of the use of powers should be documented in the case notes.

The Inquiry (whether with or without powers) will consider the following;

- 1) Review all social work records, including past referrals and update Chronology, identifying patterns of behaviour or risks
- 2) Application of the 3-point criteria and whether the Adult is considered an Adult at risk of harm
- 3) Making the necessary contact with other professionals to identify key information to be considered
- 4) That there is a clear decision making and rationale for the decision

The council officer should clearly record if the inquiry has been completed **with or without investigatory powers as well as which powers have been used.**

All agencies are responsible for fully recording information on their information database to detail their participation in a S.4 Duty to inquire.

Where inquiries indicate that a criminal offence may have been committed against the adult, this should be reported to Police Scotland immediately. The role of the Police in investigating crime should not be compromised. It is particularly important to ensure that evidence is not destroyed or contaminated before the Police arrive at the scene. This does not remove the responsibility on the Council Officer to take any immediate action to protect an adult.

6.1 Application of the 3-Point Criteria

When considering the application of the 3-point criteria, Council Officers should consider the impact of addiction, homelessness, trauma (including in childhood) and consider how this is likely to impact on an individual's ability to make informed choices and safeguard their interests. It is therefore of critical importance that previous involvement with social work

services is considered when applying the 3-point criteria.

Council Officers must consider each element of the 3-point criteria and **clearly** record whether the adult meets that element of the criteria. A clear analysis of justification must be recorded on the Duty to Inquire template and associated client record. The Council Officer must revisit application of the 3-point criteria for each subsequent adult protection referral received for an individual.

Any intervention that results from an Adult Support and Protection referral should be flexible and person centered in its approach. All intervention should come from a strengths-based approach, considering the resilience of the adult themselves as well as the formal or informal supports available to them.

6.2 Conducting an Inquiry **without** Investigatory Powers

The Council Officer will use the Duty to Inquire to identify if an adult is at risk and the nature of that risk. The Inquiry without Investigative Powers should be completed within **Five Working Days**. Key element of this initial inquiry includes;

- ❖ A review and analysis of previous referrals received and the outcome of these referrals considering this in the context of this most recent referral through the review or creation of a chronology
- ❖ Direct contact with all professional organisations involved with the individual including those who provide formal or informal support e.g. GP; Community Learning Disability Team; Justice Services etc.
- ❖ Contacting the adult to gain their views in respect of the referral made. The adult's views should be clearly recorded within the inquiry case note
- ❖ Where it is not possible to gain the adults views either as a result of their refusal to participate or they are unable to convey their views independently; this should also be clearly recorded within the inquiry
- ❖ A TILS Assessment to support risk assessment and risk management (see [4.2](#))
- ❖ Where appropriate, consideration should be given to the adult being under undue pressure or coercion by others
- ❖ Contact with parents and/or Welfare Guardians to ascertain their views following the referral; these again should be clearly recorded

6.3 Conducting an Inquiry **with** Investigatory Powers

The Council Officer will carry out their inquiry considering the same key elements listed above in section 6.2 with the addition of investigatory powers. Inquiries with Investigatory Powers should be completed within **Ten Working Days**.

Investigatory Powers under the Act:

- ❖ Undertake a visit to the adult at risk of harm (s.7)
- ❖ An interview with the adult (s.8)
- ❖ A medical examination (s.9)
- ❖ The examination of records (s.10)

Investigative activity should be carefully planned and managed to ensure that;

- ❖ All available information is gathered and considered
- ❖ The adult is fully supported to contribute
- ❖ Any medical evidence and medical intervention is provided
- ❖ The police are notified if it is thought that a crime may have been committed
- ❖ A determination can be made as to whether the adult meets the 3-point criteria as an adult at risk, **and**
- ❖ Appropriate arrangement can be made for support and protection of the adult.

Whilst an adult may choose not to co-operate with this part of the assessment, this does not mean that the inquiry ceases at this point and should be completed to the conclusion. All agencies are required to co-operate with a Council Officer in their undertaking of the Duty to Inquire.

Section 7 – Undertaking a visit to the adult

The purpose of any investigative visit is to assess the level of risk and the nature of harm that the individual has either experienced or it is anticipated that they are likely to experience. A visit under Section 7 of The Act is always conducted by a Council Officer.

Once the decision has been made that a section 7 visit to the adult will be carried out, this should be arranged as soon as is practicable. During the visit the adult, an interview under section 8 would normally be carried out unless there is a reason why this is not possible, in which case it should be arranged for the next possible opportunity.

The visit/interview may also include:

- ❖ Discussion/questions to support determination of the 3-point criteria;
- ❖ Interviews with carers or unpaid carers;
- ❖ Discussions with key stakeholders including health staff or those involved in formal or informal care activity;

Section 7 of the Act permits a Council Officer to enter **any** place to carry out a visit. This may be the adult's home but could also be a relative's house, care home or hospital. In carrying out a visit the Council Officer must;

- ❖ Produce evidence of their identity and that of anyone accompanying them
- ❖ Produce evidence of their authority to carry out the visit
- ❖ State the purpose of the visit and be clear that it is to investigate a suspected risk of harm
- ❖ Advise the adult that they do not have to take part in an interview if they do not wish to do so

Only a Council Officer can undertake a visit under the Act, however they may be accompanied by another person who may be able to assist with the inquiry. In circumstances where there is an indication that the Council Officer may encounter resistance from the individual, including the threat of verbal or physical violence then it may be appropriate for a second worker to be deployed who may or may not be a Council Officer. In planning visits both Council Officer and

Team manager should consider West Lothian Council's policy on Lone Working.

Section 8 Interviewing an Adult at Risk

When planning an interview of an adult at risk under S.8, it is for the Council Officer alongside their manager and where appropriate, IRD participants to agree the plan for the interview this includes the use of a second worker.

The purpose of any interview is to assist the Council Officer to gather information directly from an individual to further explore potential risk of harm. The Council Officer is responsible for assessing and determining what action is required to safeguard the adult. The interview should include:

- Establishing if the adult has been subject to harm
- Determining whether the adult is at risk of harm
- Establishing if the adult feels their safety is at risk and from whom
- Discussing what action, if any, the adult wishes or is able to take to protect themselves, **and**
- Discussing what action, if any, others can take to protect the adult

Prior to commencing any interview, the Council Officer should inform the adult as to the purpose of the visit and their rights under Adult Support and Protection legislation. This includes explaining to the adult that they are not required to answer any question asked of them.

Section 10 - Examination of records

Where the Council Officer knows or believes that they adult may be at risk of harm, they can request a s.10 examination of records. This would include health and or, financial records. Should the risk be of a financial nature the National bank template should be completed by the Council Officer and sent to a banking institution to make a financial information request. Only a Health professional can examine medical information.

Section 9 – Medical Examination

A medical examination includes any physical, psychological or psychiatric assessment or examination. The examination can take place either at a place being visited under Section 7 of the Act, or at the premises where the adult has been taken under an assessment order granted under Section 11.

If a medical examination is being progressed for someone under 18 years of age, it may be relevant to liaise with paediatric services and consider any possible overlap with child protection procedures that warrants further discussion with child protection services.

A medical examination may only be carried out by a health professional as defined under Section 52(2) as a doctor, nurse, midwife. A medical examination may be required as part of investigation activity for a number of reasons including:

- ❖ the adult's need of immediate medical treatment for a physical illness or mental disorder;
- ❖ to provide evidence of harm to inform a criminal prosecution under police direction or an application for an order to safeguard the adult;
- ❖ to assess the adult's physical health needs; or
- ❖ to assess the adult's mental capacity.

Section 9(2) of the Act states that the person to be examined must be informed of their right to refuse to be examined before a medical examination is carried out. Where it is not possible to obtain the informed consent of the adult because they lack the mental capacity or have difficulty communicating in order to provide consent, the council should contact the Office of the Public Guardian to ascertain whether the person has appointed a welfare attorney, or has a court appointed welfare guardian. Where no guardian or attorney has such powers, consideration may be given to whether it is appropriate to use the provisions in the Adults with Incapacity (Scotland) Act 2000 or the Mental Health (Care and Treatment) (Scotland) Act 2000.

6.4 Warrants for Entry to Premises Where an Adult Resides

If during a visit, a Council Officer is refused entry, is likely to be refused entry, or is unable to enter the premises for another reason, then consideration should be given as to how the Council Officer can gain entry without the use of force.

The Scottish Government Codes of Practice suggest that when a Council Officer is unable to undertake their visit that a multi-agency discussion should be held (when this does not compromise the safety of the individual). Therefore, on the occasions where entry has been refused, IRD participants should be consulted to consider the preferred course of action to secure entry which could include an application to a sheriff for a warrant to gain entry.

Where a warrant authorising entry is granted this will allow a constable to accompany the council officer and to use reasonable force to fulfil the object of the visit.

6.5 Capacity

In preparing for interviewing the adult the Council Officer should also consider the adult's capacity. A person's capacity can vary over time, and can relate not only to their ability to make decisions but also their ability to implement these decisions safely. The Council Officer should seek the views of the GP in relation to the individual in the context of the presenting risk. Should a specialist capacity assessment be required this should be actioned immediately.

Every effort should be made to ensure that any information provided to the adult is in an appropriate format for them to understand and support their participation. All communication including the use of independent interpreter services should be accessed in advance of the visit, as appropriate, rather than relying on children or other family members to interpret on behalf of an adult whose first language is not English.

[S.35](#) does not permit a Council Officer or medical practitioner to ignore an adult's refusal to be interviewed or medically examined even after an assessment order has been granted.

6.6 Parallel investigations

There may be occasions where other investigations may be conducted in parallel to the Adult Support and Protection Inquiry with Investigatory Powers including;

- ❖ Employee disciplinary proceedings
- ❖ Criminal investigations including the provision of an Appropriate Adult to offer support to anyone who has a mental disorder at the request of the police
- ❖ SSSC notifications and investigations
- ❖ NHS review

- ❖ Care Inspectorate investigation and or inspection
- ❖ Office of the Public Guardian financial investigation.

ASP inquiries may continue whilst another investigation is ongoing but it is important for Council Officers to be mindful of not impeding a parallel investigation and to seek advice from their Team Manager and/or the agency conducting the parallel investigation if there are any concerns about this.

6.7 Outcome of Inquiry

Following completion of the risk assessment the Council Officer should present the completed document to their manager for oversight and sign off. Within their inquiry report the Council Officer should submit a recommendation based on their assessment and analysis of risk in relation to the outcome of their investigation with a clear rationale applied;

Available outcomes for inquiries with and without investigative powers are;

1. **Does not meet three-point criteria – managed through existing care plan.** Adult is not an adult at risk and will continue to be supported via their existing supports
2. **Does not meet three-point criteria – referred to non-ASP services** Adult is not an adult at risk but requires ongoing support
3. **Meets three-point criteria and ongoing ASP work is required.** There is clear evidence that the adult is at risk or suspected be at risk. Investigative Powers should be enacted and the Team Manager should initiate an Interagency Referral Discussion, this will determine whether a case conference is required.
4. **Meets three-point criteria and Non-ASP supports are provided or offered.** The Adult meets the three-point criteria but other non-ASP support is deemed to be most beneficial for them.
5. **Does not meet three-point criteria.** No Further Action, Duty to Inquire should conclude at this time.

6.8 Interagency Referral Discussion

An Interagency Referral Discussion (IRD) is the formal process of multi- agency assessment and risk management where it is suspected that an adult is at risk of harm.

Following the receipt of a referral, an IRD should be considered in the following circumstances:

- ❖ The adult is at risk of serious harm and an IRD is required to establish if a case conference (or protection orders) may be required;
- ❖ Following an initial inquiry (with or without investigatory powers) that has identified a risk of serious harm that requires further exploration and consideration of the requirement for a case conference (or protection orders);
- ❖ There is a need for multi-agency risk assessment and risk management planning and/or information sharing;
- ❖ The decision about whether or not to proceed further under ASP at the inquiry stage is considered 'borderline' and would benefit from multi-agency consideration. An example of this may be in cases where it is difficult to ascertain whether or not the adult meets the 3-point criteria;
- ❖ Any case where Human Trafficking is known or suspected to have taken place or been planned to take place (see [Trafficking & Exploitation Procedure Children and Adults](#));

and

- ❖ The decision is made to progress to a Large-Scale Investigation (One IRD per person)

An IRD must involve Police, Health and Social Work and can be initiated by either of the core agencies. The IRD members will consider the nature of the inquiry with investigatory powers that is being progressed i.e. should this be single or multi-agency.

The IRD should consider how the inquiry with investigatory powers will be undertaken including visits to be undertaken, interviews, medical examinations etc. Members will also consider whether urgent protection is required including orders available under the Adult Support and Protection Act.

Whilst IRD participants are responsible for the sharing and assisting with the multi-agency sharing of risk, the investigative functions under the Act sit with social work services. It is therefore for the Council Officer along with their manager to plan and agree the inquiry with investigatory powers including interviewing the adult at risk.

a. Purpose of an IRD

Following the decision to proceed to IRD, an IRD should be initiated as soon as possible.

The purpose of an IRD is to:

- i. Identify and share relevant information regarding the adult at risk and consideration of any other individuals
- ii. Share all available and pertinent information in order to determine whether any criminal investigation is required
- iii. Assess whether any immediate protection is required
- iv. Agree an initial action plan and establish which agencies are to be involved
- v. Consider Risk Assessment and Decisions
- vi. Agree an Interim Safety plan
- vii. Consideration of required action when an adult is at serious and immediate risk of harm
- viii. Consider whether there are any other adults (or Children) at risk of harm.
- ix. Consider the need for an Adult Protection Case Conference
- x. Consideration as to the need for an assessment of capacity being required

Within West Lothian all information pertaining to the IRD will be recorded on the eIRD system and the IRD will be conducted with all three agencies over MS Teams. When an IRD is conducted over Teams it should be agreed which agency will be responsible for recording the discussion on the system. Each agency should also record pertinent information relating to the IRD within their agencies recording system. In exceptional circumstances where it is not possible for the IRD to be conducted via MS Teams then it may be done by telephone call.

b. Closure of an IRD

There can be number of outcomes to an IRD which can include;

- i. No Further Action
- ii. Proceed to APCC

- iii. Application for a warrant/Protection Order under the Act
- iv. Single Agency follow up (either SW or Police)

It is the responsibility of the person who initiates the IRD to agree the outcome with other agencies and update the IRD for closure.

All decision making and rationale for these should be recorded using the following headings;

- v. Date IRD was opened
- vi. Main Concern including type of harm
- vii. Any Additional risks identified during the IRD/Inquiry with Investigatory Powers
- viii. The Interim Adult Support and Protection Plan
- ix. Whether the individual is proceeding to Adult Protection Case Conference and if not clear rationale as to why not
- x. Outcome of the IRD

6.9 Use of Protection Orders

The Act allows Council Officers to apply to the court for three types of order should this be required in order to;

- i) Complete their inquiry without hinderance or coercion
- ii) To provide a measure of immediate protection for an adult

A protection order can be applied at any stage of the process and should NOT wait until the conclusion of an inquiry.

Unless the order is being sought on an emergency basis (out of hours) the application should be made by the council legal team. The Council Officer should provide the appointed solicitor with the chronology; the risk assessment and relevant police report or medical assessments.

Once submitted to court the Sheriff may convene a hearing to consider the application attended by the adult, who may be accompanied by a friend, relative or advocate or a safe-guarder and solicitor. The council officer may also be required to provide evidence to the hearing.

The protection orders that can be sought;

- ❖ An **Assessment Order**: This order allows the adult to be taken to a place where they can be interviewed and examined by a specified health professional in private. The purpose of the assessment is to allow the Council Officer to establish that the adult is an adult at risk who requires measures to be put in place prevent them from harm
- ❖ A **Removal Order**: This order allows the Council Officer to remove the adult to a specified place within 72 hours of the order being granted and for the council to take such reasonable steps as it thinks fit for the purpose of protecting the moved person from harm. **Only the Council can apply for a Removal Order**
- ❖ A **Banning Order**: Council Officers and other interested parties including the adult at risk can apply for a banning order. The order bans the subject of the order from being in the unspecified area or place. It also authorises the ejection of the person from any specified place and authorises a person to do anything else which the sheriff thinks necessary for the proper enforcement of the order. A banning order will expire 6 months after it has been granted. Banning orders can have powers of arrest attached to them.

6.10 Large-Scale Investigation

A Large- Scale Investigation (LSI) may be required where an adult who is a resident of a care home, supported accommodation, a NHS hospital ward or other facility, or receives services in their own home has been referred as at risk of harm and where investigation indicates that the risk of harm could be due to another resident, a member of staff or some failing or deficit in the management regime, or environment of the establishment of the service”

An LSI should be considered in situations where:

- A report of harm to an individual which may affect several other individuals also in receipt of care; or
- Concerns raised about systematic failure impacting on the quality of care delivered which may be placing individuals at risk of harm; or
- Multiple victims not in one setting: for example, several adults at risk in the community are

potentially being systematically targeted by criminals, such as bogus workmen, hate crime and sexual exploitation. Although the police will have the lead responsibility to investigate, a LSI brings together key agencies to assist in that investigation and take a consistent approach to support and protect victims from harm; or

- One or more reports are received from service users against other service users. In such circumstances, it may be appropriate to conduct individual Adult Support and Protection Case Conferences; however, experience indicates that taking a proactive approach which can address supervisory arrangements and/or the management of aggressive or sexualised behaviour is potentially more effective.

In cases where information gathered from a referral or inquiry indicated that an LSI may be required, the Social Work Team Manager should initiate an IRD for each adult at risk and follow the pan Lothian procedures to support the undertaking of a LSI. These can be found [here](#).

7. Adult, Support and Protection Case Conference

A multi-agency Adult Support and Protection Case Conference (ASPCC) is convened following the conclusion of the inquiry with investigatory powers and the outcome of the IRD.

Within West Lothian Adult Protection Case Conferences should be convened within 20 working days of the conclusion of the IRD.

7.1 Purpose of a Case Conference

The purpose of the multi-agency Case Conference is to:

- ❖ Convene a multi-agency meeting to share all relevant and proportionate background and current information with the adult at risk, their informal and formal support network to manage risk. This is to discuss the type, frequency and pattern(s) of harm that the adult at risk has been the subject of or is still at risk from. Identify any protective factors and agree actions to mitigate against harm to the adult at risk by implementing a multi-agency plan.
- ❖ Discuss and agree if the adult continues to be an adult at risk or not.
- ❖ Reach a decision about ongoing Adult Protection intervention.

7.2 Preparation for Holding a Case Conference

An ASPCC should be held within 20 working days and the decision being agreed and recorded on the IRD system to proceed to case conference. Should a case conference be required to go out with these timescales then the relevant social work Senior Manager should be alerted by the Team Manager with a clear justification for the delay clearly recording the level of risk and the interim support plan.

This is to allow sufficient time to appoint an Independent Chair to chair the meeting and ensure invites are sent out timeously.

Following Public Protection administrative support, being notified of the need for a case conference they will circulate the invite list to the allocated Council Officer. The Council Officer will complete the invite list detailing all individuals who should be expected to attend. This should include;

- i) The Council Officer and their manager
- ii) The adult who has been identified as being at risk
- iii) Carer or relative (being mindful of the adults wishes) or another such as an independent advocate
- iv) General Practitioner
- v) Other relevant Health Professional
- vi) Police
- vii) MHO if relevant
- viii) Children & Families SW if relevant
- ix) Any other proxy
- x) Any other relevant person or agency including Scottish Fire and Rescue Service, Housing services

All involved agencies should compile a report using the agreed template and this should be returned to Public Protection administrative support, 5 days prior to the date of the case conference.

Support should be given to ensure the adult is able to be supported to attend their meeting. This can include seeking their views on whether to hold an in-person meetings or hybrid meeting.

Should an adult choose not to attend or be represented by an advocate, carer or guardian, the Council Officer should advise the case conference of the reason for individual's nonattendance and this should be clearly recorded within the case conference minute.

Prior to any case conference progressing the Council Officer should share their report with the adult at risk, consideration should be given to having this report translated either into an easy read version should there be any issues with literacy or into the individual preferred language.

The Public Protection Administrative service circulates a minute from the ASPCC within 15 working days of the meeting being held. Amendments can be returned from all to the Public Protection Administrative service to make an amendment to the minute. Amendments are added to the original minute and re-circulated to all.

Following a case conference, the Council Officer should arrange to meet with the adult and or representative within 7 working days of the case conference taking place, to discuss any aspect of the meeting they did not understand and confirm the Adult Support and Protection Safety Plans actions agreed. This is of particular importance should the adult be unable or unwilling to attend their case conference.

7.3 Independent Chair

The Adult Support & Protection Case Conference (ASPCC) is chaired by someone with sufficient seniority who is independent of the adult protection inquiry and investigation undertaken. This is usually a Social Work Team Manager who has completed the agreed Independent Chair training.

The purpose of the Independent Chair is to introduce a level of independence and objectivity to the risk management of the case at the ASPCC as part of the adult, support and protection process.

The Independent Chair reviews the invitee list provided by the council officer to manage the number of people in attendance at the meeting to only those who need to attend. This is done to manage the size of the meeting for the adult at risk and their support network to participate.

Prior to the case conference the independent chair should meet with the adult at risk. The purpose of this is to advise them of the case conference process, confirm that they have received the reports and have had the opportunity to meet with the Council Officer to discuss the content of the report. This is also the opportunity for the chair to answer questions and provide reassurance to the individual about the meeting ensuring positive engagement in the process. It would also be at this time that the Independent Chair will confirm with the adult if they would like to assistance to complete the evaluation form which would be issued following the case conference.

The Independent Chair is responsible for promptly approving the draft prepared minute from the case conference and should do within 7 working days ensuring that this is circulated timeously.

7.4 Case Conference Outcomes

Attendees at the multi-agency meeting need to consider and identify whether the adult continues to be an adult at risk or not. Any decision should be based on the available evidence and discussion had about current and ongoing risk to the adult.

The ASPCC outcomes are:

1. **Outcome-Further non-AP action is required.** The adult is no longer deemed to be an adult at risk. The risk is being managed by the provision of service(s) and mitigations taken. The situation and circumstances for the adult can be actively managed by the allocated Social Worker or indeed by another agency going forward.
2. **Outcome-Further AP Action is required.** The adult is an adult at risk of harm and ongoing multi-agency management of the presenting risks is required to mitigate against these. A 3-month ASPCC Review date and time is set and a Core Group is agreed.

7.5 Core Group Meetings

A Core Group meeting is led by the Council Officer and attended by the adult at risk and those key people identified to provide required support and assistance to them. The Council Officer is responsible for chairing the core group and updating the multi-agency ASP Plan.

It is the responsibility of the Council Officer to ensure the participation of the adult at risk is supported by including and considering the use or provision of any communication supports, including Independent Advocacy. The adult at risk can also choose to nominate someone else to attend a Core Group with them or on their behalf. The Council Officer however will be responsible for ensuring this person's suitability to attend and support the adult at risk.

7.6 Case Conference Reviews (APCCR)

An Adult Support Protection Case Conference Review will be held within 12 weeks of the initial Adult Support Protection Case Conference or follow-up review. The meeting will be chaired by the same Independent Chair as the initial Case Conference, where possible.

The Case Conference will review the actions of multi-agency ASP plan. The meeting will consider any relevant updates from all in attendance as well as changes to the adults' circumstances. The Case Conference review should not revisit the original reasons for the Case Conference but rather focus on the current risks and the ongoing requirement for the multi-agency ASP Plan to manage these, in line with the general principles of The Act. Should ongoing risk management planning be required then a refreshed multi-agency ASP plan will be created.

Each multi-agency ASP plan can be reviewed earlier should there be a material change in the circumstances of the adult at risk, prior to, the date set for the next ASPCCR. Any agency can request for this to be arranged via the Council Officer.

The Public Protection Administrative service circulates a minute from the ASPCCR within 15 working days of the meeting being held. Amendments can be returned from all to the Public Protection Administrative service to make an addendum to the minute. Addendums are then added to the original minute and re-circulated to all.

7.7 Adult with Lived Adult Support and Protection Experience and Carer Feedback

The Adult with a lived adult, support and protection experience and carer evaluation survey questionnaire is included on the email sent with the circulated minute.

The Council Officer or an agreed other professional will seek feedback from the adult with a lived adult, support and protection experience or a carer on a template when this is their preferred feedback method, returning it to the Public Protection Administrative service.

7.8 Escalation Process

Any agency can escalate a complex case for senior managerial oversight when the [West Lothian Critical Review Team protocol's](#) criteria is met.

Any agency can make a Learning Review notification to a senior manager when the criteria is met.

How to make a [complaint](#) to the West Lothian Adult Protection Committee.

8. **Appendix and Glossary of Terms**

8.1 Overarching Legislation

Links to other legislation:

[Adult Support and Protection \(Scotland\) Act 2007 \(legislation.gov.uk\)](#)

[Adults with Incapacity \(Scotland\) Act 2000 \(legislation.gov.uk\)](#)

[Carers \(Scotland\) Act 2016](#)

[Counter-Terrorism and Security Act 2015](#)

[Criminal Justice \(Scotland\) Act 2016](#)

[Data Protection Act 2018](#)

[Domestic Abuse \(Scotland\) Act 2018](#)

[Equality Act 2010](#)

[Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)

[Forensic Medical Services \(Victims of Sexual Offences\) \(Scotland\) Act 2021](#)

[Health \(Tobacco, Nicotine etc., and Care\) \(Scotland\) Act 2016](#)

[Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

[Ico.org.uk \(public-task\)](#)

[Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#)

[Office of the Public Guardian \(Scotland\)](#)

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Scottish Independent Advocacy Alliance](#)

[Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#)

[Social Work \(Scotland\) Act 1968](#)

[The Criminal Justice \(Scotland\) Act 2016 \(Support for Vulnerable Persons\) Regulations 2019](#)

[UK General Data Protection Regulation \(UK GDPR\)](#)

[Vulnerable Witnesses \(Scotland\) Act 2004](#)

8.2 Guidance

Links to other guidance:

[ASP Code of Practice \(revised\)](#)

[Adult Support and Protection National Strategic Forum - gov.scot \(www.gov.scot\)](#)

[Advance_statement_guidancesep2018revision.pdf \(mwscot.org.uk\)](#)

[Appropriate Adults: guidance for local authorities - gov.scot \(www.gov.scot\)](#)

[Children's Rights and the UNCRC in Scotland: An Introduction](#)

[Clinical pathway for healthcare professionals working to support adults who present having experienced rape or sexual assault](#)

[European Convention on Human Rights \(ECHR\)](#)

[Learning from Adverse Events \(healthcareimprovementscotland.org\)](#)

[Makaton](#)

[National Guidance for Child Protection in Scotland 2021](#)

[Supporting disabled children, young people and their families: guidance - gov. scot](#)

[Talkingmats.com](#)

[Trauma-informed practice: toolkit - gov.scot \(www.gov.scot\)](#)

[United Nations Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#)

8.3 Types of Harm:

This provided by National Data Set list relates to the commonly recognised types of harm but is not exhaustive;

Physical Harm – Can include hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual Harm – Can include rape and sexual assault or sexual acts to which the adult at risk has not consented, could not consent, or was pressured into consenting.

Psychological/Emotional Harm – Can include emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse – Can include theft, fraud, exploitation, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery – Human Trafficking; Force Labour; Domestic Servitude; sexual exploitation.

Discriminatory Harm – Includes actions (or omissions) and / or remarks of a prejudicial nature focusing on a person’s age, gender, disability, race, colour, sexual or religious orientation.

Organisational or Institutional harm – Discouraging visit or involvement of relatives or friends; run-down or overcrowded establishments; lack of leadership; insufficient staff or high turn over of staff; abusive or disrespectful attitudes of staff; lack of respect or dignity; not offering choice or promoting independence; not taking account of individuals cultural or ethnic needs; failure to respond to abuse correctly; failure to respond to complaints.

Neglect and acts of omission – Can include ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition or heating.

Self-Neglect – Lack of Self-Care to an extent that it threatens personal health and safety; inability to avoid self-harm; failure to seek help of access services to meet health and social care needs; inability to or unwilling to manage one’s personal affairs.

Self-Harm - When an individual, knowingly or unknowingly, behaves in a way that directly or indirectly, causes serious harm to their physical, psychological or social well-being. Self-harm is a broad term and can express deep distress or trauma. This may manifest in various forms such as self-injury (such as cutting oneself), taking a drug overdose, having an eating disorder, being addicted to or abusing alcohol or drugs, or simply not looking after their emotional or physical needs.

Domestic Abuse - Domestic abuse can be any form of physical, verbal, sexual, psychological or financial abuse which takes place within the context of a relationship. The relationship may be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse may be committed in the home or elsewhere including online

8.4 [The Act’s Glossary of Terms](#)

Full statutory definitions of many of the terms used in this guidance and procedure are noted in [Section 53](#) of the Act, and it is those that should be used in any process or situation where precise definition is required;

Adjacent place A place near or next to any place where an adult at risk may be, such as a garage, outbuilding etc.

Adult An individual aged 16 years or over.

Adult at risk Refer to Chapter 2 for the full definition.

Adult Protection Committee A committee established by a council, under Section 42 of the Act, to safeguard adults at risk in its area.

Advance Statement A statement made under Section 275 of the Mental Health (Care and Treatment) (Scotland) Act 2003, setting out how a person would, or would not, wish to be treated should they subsequently require care under that Act.

Assessment Order An order granted by a sheriff to help the council decide whether the person is an adult at risk and, if so, whether it needs to do anything to protect the person from harm.

Banning / Temporary Banning Order An order granted by a sheriff to ban a person from being in a specified place or area. The order may have specified conditions attached.

Coercive Control A pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

Council Officer An individual appointed by a council to perform certain specified function under the terms of the Act.

General Practices (a) A person providing primary medical services under a general medical services contract (within the meaning of the [National Health Service \(Scotland\) Act 1978](#))

(b) A person providing primary medical services under arrangements made under [Section 17c](#) of that Act.

Health Professional In terms of the Act, this refers to a doctor, nurse, midwife or any other type of individual prescribed by Scottish Ministers.

Inquiry The overarching process, as per section 4, to gather information to establish whether or not an adult is at risk of harm (as per the 3-point criteria of the Act); conduct risk assessment; develop risk management plans; determine what, if any, action is required to be taken to safeguard that adult.

Investigative powers (investigation activity) Powers under the Act that enable or assist councils to determine whether or not an adult is at risk of harm and to determine whether it needs to do anything to protect an adult at risk of harm (for example medical examinations under section 9 or the examination of records under section 10).

Primary Carer The individual who provides all or most of the care and support for the person concerned. This could be a relative or friend, but does not include any person paid to care for the person.

Proxy A continuing or welfare attorney, or a guardian under the Adults with Incapacity (Scotland) Act 2000.

Undue Influence Pressure by which a person is induced to act otherwise than by their own free will or without adequate attention to the consequences.

Undue pressure Persuasion imposed on an individual by someone in whom the individual has confidence and trust.

ASP Referrals

ASP referrals are inclusive of all cases referred to the HSCP's Adult Protection Service where it is known or believed that an adult is at risk, and that further action may be required to protect the person's well-being, property or financial affairs. The referral is determined by the act of the sender (not the receiver).

There is a duty on public bodies or office holders who know or believe that a person is an adult at risk of harm and that action needs to be taken to protect them from harm, to make an ASP referral. However, ASP referrals may be received from sources in addition to public bodies, including third sector organisations, members of the public, or the person at risk themselves. "Referrers do not need to have evidence that all elements of the three-point criteria, as referred to in the Act, have been met. Good practice would dictate that even if in doubt the referral should be made and should be counted as an ASP referral' (Code of Practice, unpublished) by the HSCP's Adult Protection Service) receiving it.

Following receipt of an ASP referral, the council must then make inquiries and may take

such investigative steps as considered necessary to establish whether the adult is an adult at risk of harm and what action should be taken to protect their wellbeing, property or financial affairs. This assessment should not change how an ASP referral is understood or counted, with this determined by the sender.

Inquiries & Inquiries with Investigative powers

The purpose of an inquiry, with or without use of investigatory powers, is to ascertain whether adults are at risk of harm, and whether the council may need to intervene, provide support, or any other assistance to the adult or any carer. Any use of investigatory powers is triggered through the S4 duty to inquire under the Act.

An inquiry using investigatory powers requires the involvement of a council officer (an individual appointed by a council to perform specific functions under the terms of the Act). It will also require production of a full risk assessment. An inquiry which does not use investigatory powers may or may not require the involvement of a council officer, depending on local arrangements and the nature of the tasks.

The collation and consideration of relevant materials, including consideration of previous records relating to the individual and seeking the views of other agencies and professionals, does not necessarily need to be undertaken by a council officer if these inquiries do not include use of investigatory powers. Investigatory powers will be required, and a council officer involved, where there is a need for a visit and direct contact with the adult for interview or medical examination, or for the examination of record.

Inquiries may involve a single agency or more, as relevant, to the case.

It should be noted that use of inquiries (with or without use of investigatory powers) supports a move away from talking about inquiries and investigations, and is aligned with the revised Code of Practice (July 2022).

8.5 What are the headings for the chronology?

1. **Dates(s):**

The date or date range when the event(s) significant for the individual took place. If a report is received (e.g. from the police) it is not the **report** which is the significant event but the incident itself, so the date should reflect when the actual event happened. A chronology can group together similar incidents by theme, with one eventual/overall identified outcome. In these circumstances the date column should show the date range covering all the similar significant events e.g. "May to November 2015; 7 incidents of domestic violence in the home; Child accommodated with grandparents".

2. **Age:**

The individual's age at the time of the significant event will be automatically populated by the Mosaic social work recording system.

3. **Source: (name and agency where applicable)**

The original source of the information. Recognising that information may come

from members of the public, family members, neighbours as well as other agencies

Information is often passed through various sources; therefore, we need to get the source closest to the event affecting the individual, both for accuracy and should the fact require to be established in court. Occasionally, there may be sources of information that for reasons of safety need to remain anonymous e.g. reported by a close family member. In these circumstances anonymous can be recorded in the source column.

4. Event(s):

Anything that has or may have a significant positive or negative impact on the wellbeing or future development of the individual. Significant events will not be the same for each person – even within the same family. There can be no fixed list. What determines a significant event will always require professional judgment. When a chronology has been analysed, the subsequent version should, where possible, group similar events together.

5. Analysis, Impact and Actions:

What happened to the individual as a result of the event? This should reflect what happened to the individual not just an agency response – for example after an incident of physical abuse within the home, the outcome might be that the individual remained at home; was removed or the alleged perpetrator was asked to leave. The outcome may contain the mechanism for this (e.g. Child Protection Order obtained and child placed with foster carers, Removal Order under Adult Support and Protection and the placement of the adult). An example that is not child protection, may be that a child is displaying social and emotional difficulties and is referred to a Paediatrician. The outcome is that, following diagnosis, the child receives support from specialist services. An example of something that has a positive impact could be the reintroduction of a family member who has a protective relationship with an individual. In relation to an adult, an event may be that the adult presents with autistic behaviours and the outcome is that they agree to attend psychiatry to seek a formal diagnosis.

Where possible, we need to reflect the impact or the effect(s) of the significant event on the individual, rather than giving a long list of step-by-step agency actions in response to the event.

In addition to these headings, there is also a 'Category' drop down function within Mosaic to categorise the event that has occurred.

ASP REFERRAL IS RECEIVED:
SW Team Managers (or appropriate designated Council Officer within the ASP Team) will screen the referral and work flow it to the staff members involved for an inquiry to take place (5 working days to complete an inquiry without investigatory powers and 8 Working days to complete an inquiry with powers). Discussion will take place between team manager and council officer regarding the prioritising of the case and inquiries expected to be made.

