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# Renfrewshire Adult Protection Committee



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**Renfrewshire Adult Support and  
Protection Operational Procedures**

**Publication date: December 2019**  
**Review date: December 2021**

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## **1.0 Purpose**

- 1.1 This guidance is intended primarily for Social Work and other staff employed within Renfrewshire Health and Social Care Partnership (RHSCP) who are directly involved in work under the Adult Support and Protection (Scotland) Act 2007 (the Act).
- 1.2 This document aims to complement the West of Scotland Adult Support and Protection Guidance 2019 (Appendix 6) by providing more localised working guidelines to considerations for Council Officers, their Managers and others engaged directly in Adult Support and Protection work. The guidance focuses on the actions required following referral, undertaking initial inquiries, completing investigations and planning protective measures as well as addressing Adult Protection Case Conferences and Reviews.
- 1.3 All actions under the Act must be recorded on AIS. Guidance regarding the business recording process required for such records are attached in Appendix 1.

## **2.0 Background**

- 2.1 The Adult Support and protection (Scotland) Act 2007 defines an 'adult at risk' as an individual aged 16 years and over who is, or is believed to be:
  - unable to safeguard themselves, their property, rights or other interests; and,
  - at risk of harm; and
  - because they are affected by disability, mental disorder, illness or physical or mental infirmity more vulnerable to being harmed than those who are not so affected.
- 2.2 An adult is at risk of harm if:
  - another person's conduct is causing (or is likely to cause) the adult to be harmed or
  - the adult is engaging (or is likely to engage) in conduct which causes, (or is likely to cause) self-harm

'Harm' includes all harmful conduct and includes conduct which causes physical harm, conduct which causes psychological harm, unlawful conduct which appropriates or adversely affects property, rights or interests and conduct which causes self-harm.

- 2.3 The Act places a duty on local authorities to make inquiries about an individual's well-being, property or financial affairs where the local authority knows or believes that the person may be an adult at risk and may require intervention need to protect him or her from being harmed. In order to make inquiries, the Act authorises 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 where necessary.

2.4 Any intervention must have due consideration of the principles of the Act. Intervention should therefore:

- provide benefit to the individual
- be the least restrictive to the adult's freedom of the range of options available
- have regard to the wishes and feelings (past and present) of the adult at risk
- consider the views of significant others in the adult's life
- encourage the adult to participate as fully as possible, and give information and support to help them where this is required
- not treat the Adult less favourably than other adults in a comparable situation.

2.5 Renfrewshire Health and Social Care Partnership (RHSCP) locality staff have primary responsibility for leading inquiries and investigations under the Act. Concerns regarding any individual or agency should be made via ASeRT to the appropriate locality team. This will ensure that an informed decision can be made in each case as to how the inquiry and possible investigation should be treated.

### **3. Referral**

3.1 All ASP referrals received by the Adult Services Referral Team (ASeRT) are recorded on AIS before being sent to the appropriate team for response. If a referral is not received via ASeRT, the responsible Team Manager is required to contact ASeRT immediately to record the referral.

3.2 If an Adult Welfare Concern is received and the responsible Team Manager believes that it should be treated as an Adult Protection referral s/he should complete an internal ASP referral and pass to ASeRT so that the ASP module can be opened. Likewise if during the course of routine casework the responsible Team Manager decides that inquiry or investigation under the Act is required they should complete an internal ASP referral and pass to ASeRT.

3.3 The Paisley and West Renfrewshire Locality teams are the default services responsible for managing ASP referrals unless the Adult is allocated within one of the specialist service teams i.e. Renfrewshire Learning Disabilities Service (RLDS), Community Mental Health Teams (CMHT), Older Adults Community Mental Health Team or Addiction services.

Allocation within specialist services means that the person is on the active caseload of any team member within these services and is therefore in effect care managed within one of these services. An adult is not allocated within the specialist teams if he or she is on the waiting list for a specialist team, or is open for assessment purposes only. If these circumstances the relevant Locality Team should deal with the ASP referral. Further guidance regarding the specialist services adult support and protection duty system is contained in Appendix 2.

- 3.4 Where an incident resulting in a referral has occurred in one locality (i.e respite or day services in Johnstone) but the Adult lives in another locality (i.e Paisley), the team covering the area where the person lives will be responsible for the inquiry and investigation.
- 3.5 If a referral is routed to the incorrect team, the responsible Team Manager should return the referral to ASeRT for reallocation to the correct team, close the involvement and record these actions on AIS. ASeRT will then pass the referral to the correct team. If there is any dispute regarding responsibility for the referral this should be discussed by the relevant Team Managers asap. If a resolution is not reached this should be escalated to senior managers to make the decision. This process should take place as soon as possible so that response to the referral is not delayed.
- 3.5 If an Adult's case has been recently closed to a specialist team and a new referral is received this should be dealt with by the Locality team. Should the new referral be related to the reason for the adult's previous involvement with the specialist team, then the Locality team as part of the inquiry should liaise with the specialist team during the course of their initial inquiry to obtain relevant information and discuss potential re-referral where relevant.
- 3.6 The Locality Teams operate duty systems to address referrals under the Act. The Paisley and West Renfrewshire Teams (including Sensory Impairment Team (SIT)) will support and cover for each other in terms of council officer/Team Manager provision and availability of Case Conference Chairs. The Specialist Services similarly operate a system for responding to ASP referrals and will support and cover as required (see Appendix 2).

#### **4.0 Initial Inquiry**

- 4.1 On receipt of a referral the local authority has a statutory duty to make inquiries under the Act. The purpose of an initial inquiry is to ascertain whether the adult meets the 3-point criteria to be considered an adult at risk and if further investigation under the Act or other action is required in order to protect them from harm. All referrals should be reviewed by the receiving Team Manager on the day of receipt to check the category of harm is correctly recorded, consider the appropriate response and ensure that immediate action to ensure the safety of the adult is taken should this be required.
- 4.2 If an adult is the subject of 3 or more referrals in a 6 month period the Team Manager should consider progressing straightaway to investigation. If this is not required reasons should be recorded on AIS.
- 4.3 Acknowledgement of receipt of the AP1 should be sent to the referrer within five working days.

- 4.4 The AIS business process should be followed and completed within 5 working days (see Appendix 2).
- 4.5 The Team Manager should identify a Council Officer and meet with them to discuss the tasks to be undertaken during the inquiry. This will include contacting the referrer, gathering information from Social Work and other records, contacting other agencies and the GP and contacting the adult. The inquiry should consider whether capacity is an issue and if alternative legislation such as the Adult with Incapacity Act 2000 or the Mental Health (Care and Treatment) Scotland Act 2003 is relevant.
- 4.6 Council Officers and Team Managers should be aware of the need for immediate referral to and discussion with Police Scotland where a criminal offence may have occurred. If a physical or sexual assault has occurred any medical examination (other than emergency medical treatment) should be carried out under the direction of the Police Scotland.
- 4.7 The Police Scotland AP Co-ordinator is the first point of contact where there is no identified police officer and information is sought during the process of an inquiry or investigation.
- 4.8 The Care Inspectorate must be advised if the inquiry involves deficiency of provision from a registered care service.
- 4.9 If there is a change in the legal status during the progress of an inquiry or investigation the AIS record must be updated.
- 4.10 If the adult is contacted s/he should be informed of their rights under the Act. This includes informing them of their right to advocacy services and assisting with referral if required.
- 4.11 The relevant Council Officer should discuss the progress of the inquiry with the Team Manager as necessary. Following conclusion of the inquiry the Council Officer must enter a case note on AIS. This should summarise the information include relevant details of the referral/any previous referrals, information obtained from other sources including the adult, any actions taken and specifically address the capacity of the adult. The Council Officer should record whether the 3-point test has been met and recommend any further action.
- 4.12 Possible actions are:
- the 3-point test has been met and further investigation under the Act is required in order to protect the Adult
  - the 3-point test has been met but no further action under the Act is required. The Adult may require further intervention which may include

allocation to Social Work or other staff, further assessment or referral to another service.

- The 3-point test has not been met but the adult requires further intervention as above
- The 3-point test has not been met and the adult requires no further intervention

4.13 The Team Manager should meet with the Council Officer to discuss the inquiry and their assessment and recommendations. They should record the outcome of the inquiry on AIS which should include a general summary, their opinion regarding the 3-point test and confirm any further actions where necessary.

4.14 The Team Manager should then complete the module on AIS.

4.15 Initial inquiries should be completed within 5 working days. Where this is not possible the reasons for delay should be recorded on AIS.

## **5.0 Investigation**

5.1 Investigations will be undertaken by a Council Officer and a second worker. Council Officers must be qualified, registered Social Workers who have undergone adult protection training for Council Officers specified by Renfrewshire Council. The second worker should be the most appropriate person (such as an allocated or previously allocated worker) and may be from any discipline. If the second worker not a Council Officer they should have completed Renfrewshire Council specified 2nd worker training.

5.2 If it is established that a formal investigation under the Act is required this should be carefully planned.

5.3 A formal planning meeting may be helpful in the following circumstances;

- where the risks to the adult (or others) appear to outweigh the adult's wishes and there is a need to override a refusal of consent;
- where the situation is complex
- where there is a risk of significant harm to the adult or others;
- where difficulties are anticipated in accessing the adult or harmer or in setting up interviews;
- where there is a criminal investigation and/or a need to preserve evidence;
- where it is believed that more than one person is causing harm or the harmful behaviour may involve more than one adult at risk.

5.4 The Planning Meeting will not involve either the adult or his/her family or the alleged harmer in order to allow professionals to plan the investigation in an open manner with maximum information made available to those attending. However, the views of the

adult (if known) as well as issues regarding consent and capacity should be central to the discussion and referral to advocacy services should be considered.

- 5.5 The Planning Meeting will clarify and agree roles and responsibilities of those involved in the investigation and set a clear timescale for completion. A Planning Meeting forms part of a formal investigation and a minute of the meeting will be circulated to those attending and any other key professionals.
- 5.6 Where there is evidence of a criminal offence having been committed unless otherwise directed by the Crown Office Procurator Fiscal Service, the Police will lead the investigation at this stage.
- 5.7 Where harm to an adult at risk has occurred in a registered establishment or hospital setting any action should be co-ordinated with the Care Inspectorate or NHS.
- 5.8 Where a formal planning meeting is not required the Team Manager, Council Officer and any second worker should meet to agree the necessary actions of the investigation. Some key areas to consider as part of the investigation are;
- the immediate safety of the adult at risk
  - agreeing the Council Officer who will lead investigation and the second worker
  - discussing and agreeing the roles and tasks of the Council Officer and second worker. This will include discussing what interviews, visits and further information is required and who should complete
  - the rights of the adult
  - referral to advocacy
  - considering the role of other statutory agencies and the private/voluntary sector
  - considering the need to gain access to records, e.g. health or financial records, as part of the investigation (see Appendix 3)
  - whether medical examination required

Practitioners should refer to the Interagency Procedures for comprehensive guidance.

- 5.9 The investigation should normally be completed within 20 working days of the initial referral, however there may be circumstances when this timeframe will be exceeded. If any such delay occurs the reason for delay should be recorded on AIS by the Team Manager.
- 5.10 The investigation and assessment should be fully recorded on the AP2 risk assessment template by the Council Officer leading the investigation. The completion of the AP2 should be recorded on AIS.
- 5.11 The Team Manager should discuss the investigation with the council officer throughout the process and appraise the senior manager of any issues where relevant. He/she should review the AP2 once completed.

5.12 The council officer, Team Manager and senior manager should meet to discuss the outcome of the investigation and the Council Officer's recommendations and agree further actions.

5.11 If no further action or alternative action to a Case Conference is agreed, the reasons and for this and future plan should be recorded clearly in AIS. The module should be closed within 5 working days of the completed investigation.

## **6. Adult Protection Case Conference and Protection Plan**

6.1 An Adult Protection Case Conference is a multi-disciplinary, inter-agency meeting which is called by Social Work to share information and make decisions about an adult at risk in cases where harm has occurred or is suspected.

6.2 An Adult Protection Case Conference should take place within 20 working days of the decision to proceed to investigation. Investigations, including a risk assessment should be recorded on an AP2 and completed at least 5 working days before the case conference. If the investigation is protracted the reason for delay should be noted on AIS and the Case Conference held within 5 working days of conclusion. In some cases, the decision will be not to progress to a case conference but unless agreed and noted on AIS by the senior manager the AP2 will still be completed.

6.3 In most cases an investigation carried out under Adult Protection procedures will lead to a case conference. The decision on whether to hold a case conference will be made by the senior manager and be informed by the AP2. Where allegations cannot be substantiated or there is insufficient evidence a case conference should still be considered. This will provide the opportunity to carefully consider the situation and agree actions still required in terms of management of risk and responsibility for monitoring and review.

6.4 Any decision not to proceed to a case conference will be shared with other agencies and clearly recorded on AIS. Key staff from any other involved partner agency may however request that a case conference (or similar inter-agency meeting) is convened if they disagree with the decision not to hold such a meeting.

6.5 A case conference will usually be held where;

- allegations involve sexual harm
- there is a substantial level of risk
- more than one agency is required to participate in the Protection Plan

6.6 The case conference will be chaired by a senior operational manager who is a registered Social Worker and should follow the agenda set out in Appendix 5.



- 6.7 The Chair of the Adult Protection Case Conference will have a responsibility to consider wider legislation that contributes to the protection of the individual at risk of harm, such as the Adults with Incapacity Act 2000 and the Mental Health (Care and Treatment) Scotland Act 2003.
- 6.8 The Act provides a range of Protection Orders which should be considered as part of developing a risk management and protection plan. An application for a Protection Order will require considerable supporting evidence and will demonstrate that less restrictive options have been considered and that significant risk exists.
- 6.09 Renfrewshire Council Legal Services staff should be invited to any AP Case Conference where consideration may be given to seeking a Protection Order or it is believed that other legal considerations may apply.
- 6.10 Other formal mechanisms exist within partner agencies which contribute to the protection of adults at risk and may operate in parallel with Adult Support and Protection procedures. Where relevant, the senior manager will link with other partner agencies to avoid duplication and ensure effective coordination, clear lines of responsibility, and encourage a consistent approach. Examples of this could include
- Care Programme Approach – multidisciplinary meetings convened by a psychiatrist which are used to co-ordinate the care and protection of adults with a mental disorder (including those with a learning disability)
  - measures in relation to registered establishments taken by the Care Inspectorate
  - investigations by the Office of the Public Guardian into allegations of financial harm
- 6.11 The Inter-Agency Procedures provide general guidance on conducting and managing the Conference.
- 6.12 The Conference should agree an Adult Protection Plan where significant risks are identified. This should be recorded in the completed Minute and Adult Protection Plan AP3.
- 6.13 The AP3 must be signed by the Chair of the Case Conference. The Adult Protection Plan recorded in the adult's profile notes. Where it is agreed that an Adult Protection Plan is not necessary, the AP3 should still be completed and the outcome recorded in AIS.
- 6.14 All required forms are available as templates and should be recorded on AIS.
- 6.15 The manager of the service is accountable and responsible for ensuring effective performance and governance arrangements are in place for those subject to protection plans. The locality managers of the two Renfrewshire locality teams and relevant managers of the specialist services – CMHT, OACMHT, RLDS, and Addictions - will have overall responsibility for practice and management of adult protection within these services.

6.16 The case conference chair will be responsible for ensuring that a full and accurate minute of the meeting is circulated to relevant individuals and agencies. The chair will decide who should receive a copy of the minute. Where it is deemed inappropriate for reasons of confidentiality to give a copy of the minute to a particular individual or agency, consideration will be given to providing a summary version or a copy of the protection plan. Care should be exercised when sending the minute to the adult at risk where other individuals (including the person alleged to be causing harm) are able to access it and where the adult lacks the capacity to safeguard the information.

6.17 Written reports provided at the case conference by agencies will not be circulated with the minute unless this has been specifically agreed at the meeting.

6.18 The minute of the case conference will be circulated within 10 working days of the meeting and will include;

- A record of the discussion
- a copy of the protection plan, including the allocation of roles and responsibilities
- decisions made regarding statutory intervention with reasons as to why pursued or not pursued
- any other decisions taken
- identity of key worker allocated to care manage the case
- note of any dissent from decisions
- date of review case conference

6.19 The Council Officer will coordinate monthly meetings of the core team involved in the protection plan. This should involve the adult who is subject to the Protection Plan and, where appropriate, family/ unpaid carers and advocacy.

6.20 Following commencement of an adult protection plan an Adult Protection Review Case Conference should be held after 3 months and subsequently after further 3 months if the adult remains on a protection plan.

6.21 The protection plan will be formally reviewed through review case conferences. These will involve those professionals and agencies who attended the original case conference however membership may need to be updated to reflect those currently working with the adult and to maximise the participation of the adult and his/her representatives and family.

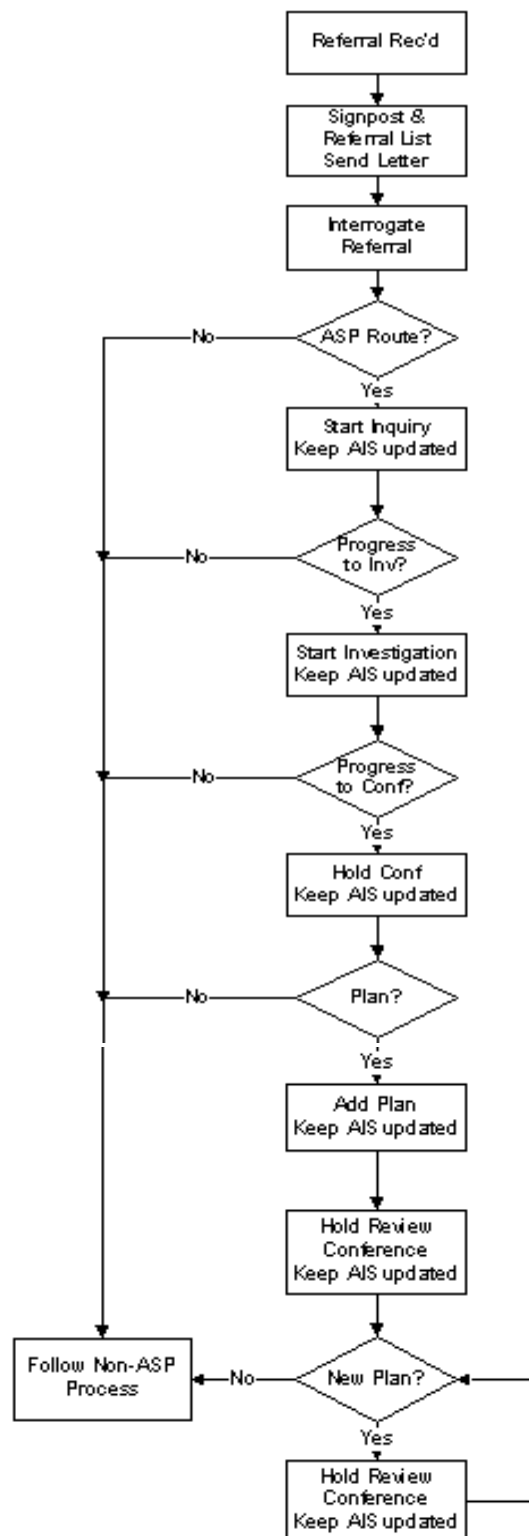
6.22 The purpose of a review case conference is to

- summarise the work undertaken since the previous conference
- establish the current level of risk to the adult
- review the effectiveness of the protection plan
- update, amend or discontinue the protection plan as required

- ensure that action agreed under the protection plan has taken place and if not the reasons for this
- confirm any change in Council Officer

6.23 Following a review Case Conference the Team manager should update the ASP module on AIS.

# 1. ASP Recording - Flow



## **2 - Recording Adult Support and Protection (ASP) on AIS**

The ASP process consists of a number of procedures that make up an episode. The ASP referral is recorded by the Adult Services Referral Team (ASeRT) in the contact screen. To be able to record and access ASP information the outcome of the contact must be '**AS – AP - Progress to Inquiry**'.

A red Alert banner appears at the top of the screen if an ASP concern has been recorded within the previous year. Check the Contact/Inquiry screens to make sure a duplicate referral is not being recorded.

## **3 - Recording an ASP Referral (ASeRT)**

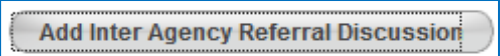
ASeRT will record an ASP contact, involvement and case note. They will also open up AP Module and create incident as per current process.

If a second referral is received within a month of a previous referral and is of a similar nature then the contact outcome should be logged as an information update, (no requirement to open up the module again) and the ERA Team Manager/Key Worker/Council Officer notified. If a second referral is received after a month of a previous referral, the full AP process should be followed accordingly.

# ASeRT PROCESS

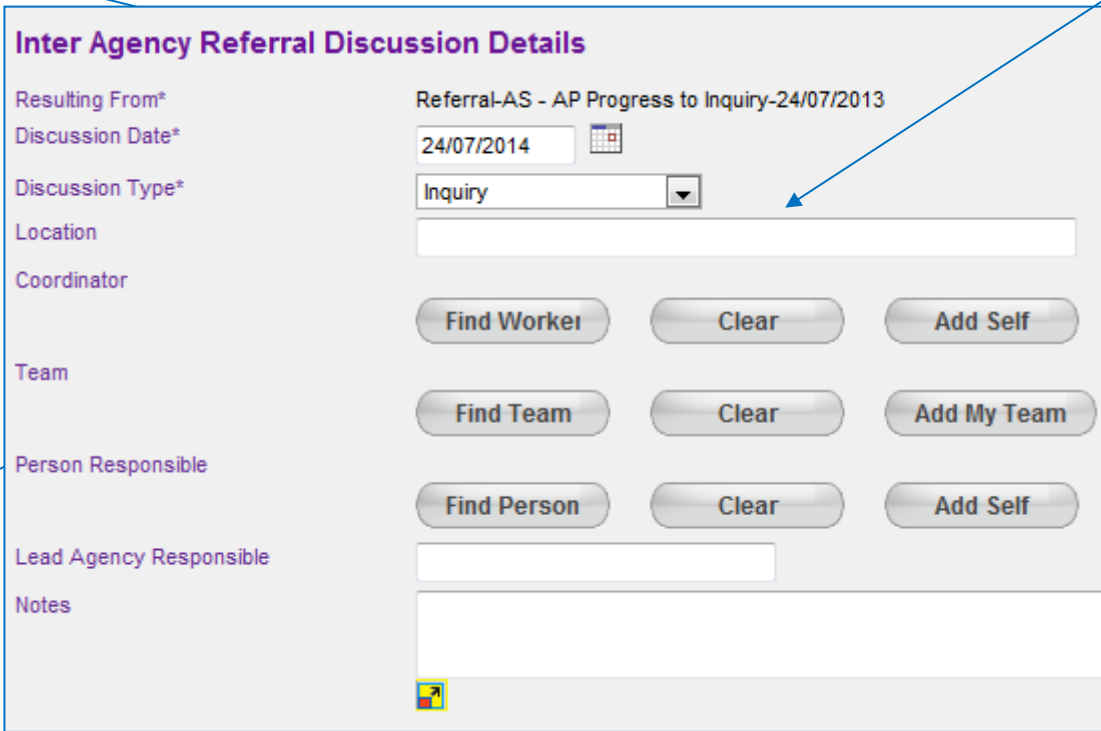
## 3.1 The Inquiry Screen

ASeRT will update the Inquiry screen as per below information. They will also include Incident details, alleged harmer and category of harm. Please note, should there be more than 1 victim, the process will be repeated for each victim.

Use the  button to access the inquiry screen.

Use the pick list to choose the correct link to the date and contact that this inquiry links to.

This is the date of the inquiry. ASERT should record the date the referral was made.



**Inter Agency Referral Discussion Details**

Resulting From\* Referral-AS - AP Progress to Inquiry-24/07/2013

Discussion Date\* 24/07/2014

Discussion Type\* Inquiry

Location

Coordinator

Team

Person Responsible

Lead Agency Responsible

Notes

Buttons: Find Worker, Clear, Add Self, Find Team, Clear, Add My Team, Find Person, Clear, Add Self

Do not use

Coordinator - The system automatically completes this field with the name of the user who is logged in.

ASERT should clear all fields by using the 'Clear' button.

In the person responsible field add the name of the Team Manager that the referral has been sent to.

**THIS IS THE END OF ASERT PROCESS**

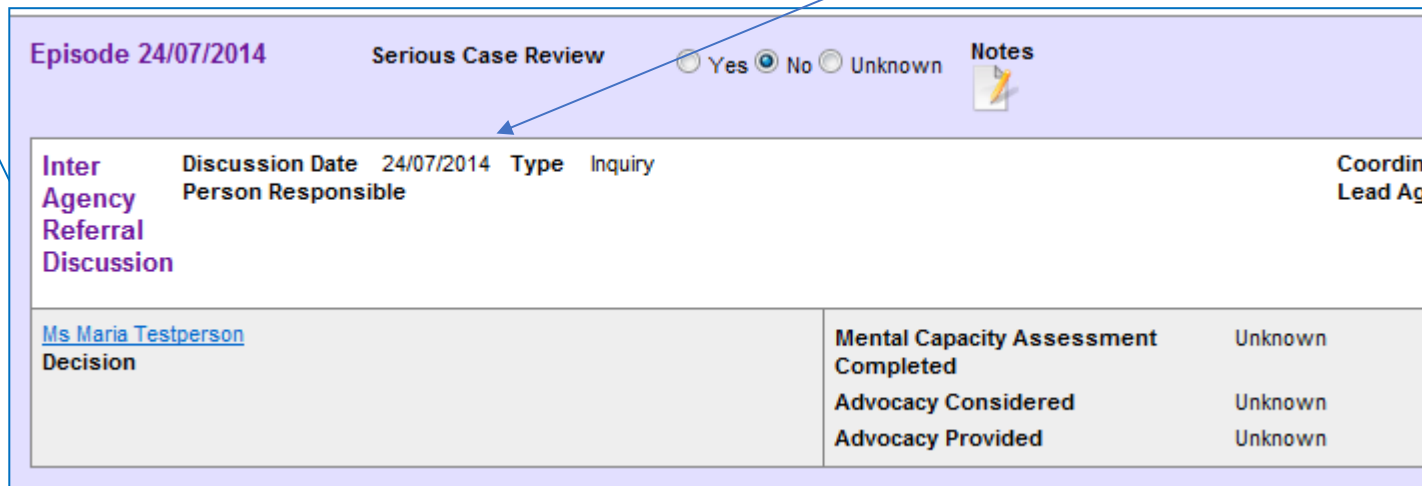
## 4 - Recording an Inquiry

As above, ASeRT complete the first part of the Inquiry screen. However, they can only add what is known at the point of referral. It is the responsibility of the SW Team Manager to ensure that the information recorded is up to date, accurate and complete. Social Work Team Manager will be responsible for completing the rest of Inquiry information onto the Inquiry screen.

The decision of an inquiry will be proceed to investigation or NFA.

### 4.1 Reading/Updating the Inquiry

Once the referral has been recorded by ASeRT the Inquiry needs to be updated once it is underway. On entering the AP Summary screen the [hyperlink](#) for the Inquiry needs to be used to access the Inquiry screen. This will be [dated](#) as per the recent referral received.



The screenshot displays a software interface for recording an inquiry. At the top, it shows 'Episode 24/07/2014' and 'Serious Case Review' with radio buttons for 'Yes', 'No' (selected), and 'Unknown'. A 'Notes' icon is also present. Below this is a table with the following content:

<b>Inter Agency Referral Discussion</b>	Discussion Date 24/07/2014	Type Inquiry	Coordin Lead Ag
<a href="#">Ms Maria Testperson</a> Decision	Mental Capacity Assessment Completed	Unknown	
	Advocacy Considered	Unknown	
	Advocacy Provided	Unknown	

The Inter Agency Inquiry screen will then load. This should be updated as the Inquiry is progressing.

Scroll up to the top of the screen.

**Episode Details**

Start Date: 24/07/2014

Notes: [Empty text area]

Was the harm systemic?  Yes  No  Unknown

Did this episode lead to a serious case review?  Yes  No  Unknown

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**Inter Agency Referral Discussion Details**

Resulting From\*: Referral-AS - AP Progress to Inquiry-24/07/2013

Discussion Date\*: 24/07/2014

Discussion Type\*: Inquiry

Location: [Empty text area]

Coordinator: [Empty text area]

Team: [Empty text area]

Person Responsible: [Empty text area]

Lead Agency Responsible: [Empty text area]

Notes: [Empty text area]

**Callout Boxes:**

- Top right: The start date will have been entered by ASeRT and will be the same date as the referral. The notes field should not be used
- Middle right: Did the episode lead to a serious case review? This field will only ever be completed on the direction of the SW Directorate
- Bottom right: The first three fields are populated by ASeRT. The location field is not in use. The name of the person responsible will have been added here by ASeRT – name of the Manager the referral was sent to. This may need to be updated to the name of the Manager who completed the Standard Stationery.



## Incidents

1 Record

Reported Date	Start Date	End Date	Period of Harm	Status	Subject - Category of Harm	Notes
24/07/2013 11:15	24/07/2013				Ms Maria Testperson - Physical Harm	

This is where incidents can be added or linked Use the add incident button to add the first or new ones if this has not been updated already

Link Incidents

Add Incident

Link Involvements

Link Case Notes or Visits

Maria  
Testperson

Ms Maria Testperson - 01/01/1961 (10126909)

This area is where other people can be linked to the referral e.g. where someone else has been subject to harm as part of this referral. The worker involvements and case notes can also be linked.

atlands Drive, Kilbarchan, Johnstone, Renfrewshire, PA102LQ

select

No  Unknown

No  Unknown

Has advocacy been provided?

Yes  No  Unknown

Initiate ASP Investigation

Please select

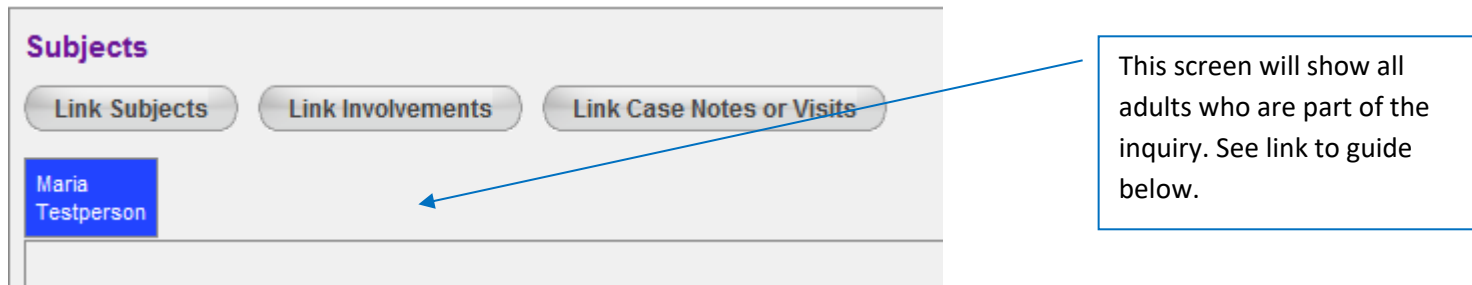
**NB** - In order to progress to an Investigation the decision must be recorded as 'Initiate ASP Investigation'

## 4.2 Adding/Linking Subjects

This section displays all people who are subjects of the inquiry. They are shown in different blue tabs across the top of the table. Click on the person's name to go to their ASP record.

An inquiry must have at least one adult associated with it. The table in this section can display up to ten records at a time.

This is where you can view and update details about a selected adult or to add further adults to the inquiry.



**Subjects**

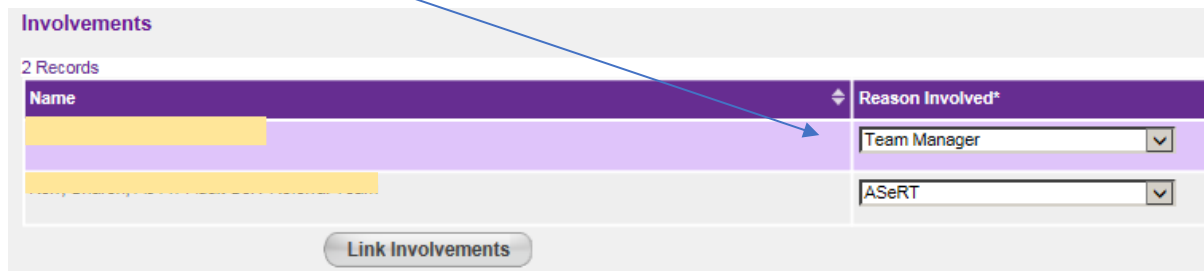
Link Subjects   Link Involvements   Link Case Notes or Visits

Maria Testperson

This screen will show all adults who are part of the inquiry. See link to guide below.

## 4.3 Involvements

Scroll down to involvements, this will display the person in ASeRT who processed the referral and will also pull through who was progressing the Inquiry. Ensure that reason involved has been entered



**Involvements**

2 Records

Name	Reason Involved*
[Redacted]	Team Manager
[Redacted]	ASeRT

Link Involvements

## 4.4 Case Notes

Scroll down to case notes, this is where you can either link a case note that has already been recorded relating to the Inquiry or you can create a case note that relates to the Inquiry taken place.

**Case Notes and Visits**

0 Records

Type	Due Date	Visit / Note Date	Headline
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## 4.5 Outcome

An outcome should be entered here to show that the inquiry is now complete.

Outcome Date\*

Outcome\*

Person Responsible

Agency Responsible

Notes

End date of Inquiry should be entered here

Inquiry ended should be entered here

Name of worker who completed inquiry should be entered here

If a decision not to progress to Investigation is recorded the system automatically ends the inquiry. Once a decision to initiate an ASP Investigation is recorded the 'add investigation' button becomes available to enable you to progress to the Investigation screen


## 5 - Recording an Investigation

An investigation may be in context of any number of people. There may be multiple involvements – other professionals that take part in the investigation. When you create a new investigation, the system copies any people and involvements from the linked inquiry to the investigation record.

If the decision of the inquiry is to initiate an ASP Investigation the Investigation screen must be completed. It is the responsibility of the SW Team Manager to ensure that all of the Investigation information recorded is up to date, accurate and complete.

The screens are laid out in the same way as the Inquiry screen with additional fields to be completed.

On entering the AP Summary screen the [hyperlink](#) for the Investigation needs to be used to access to the Investigation screen



The screenshot shows a table with investigation details. A blue arrow points from the text 'hyperlink' in the paragraph above to the text 'Ms Maria Testperson' in the table, which is underlined and blue, indicating it is a hyperlink.

<b>Investigation</b>	<b>Actual Start</b> 25/07/2014	<b>End Date</b> 25/07/2014	<b>Worker/Team Responsible</b>
<b>Method</b>	<b>Lead Agency</b>		
<a href="#">Ms Maria Testperson</a>	<b>SA Assessment Completed</b>	No	
<b>Decision</b> ASP - Progress to ASP Case Conference	<b>Mental Capacity Assessment Required</b>	Unknown	
	<b>Mental Capacity Assessment Completed</b>	Unknown	
	<b>Advocacy Considered</b>	Unknown	
	<b>Advocacy Provided</b>	Unknown	
	<b>Person Has Capacity</b>	Unknown	
	<b>Support provided by an advocate, friend or family</b>	Unknown	

The Investigation screen will then load. This should be updated as the Investigation is progressing.

Scroll to the top of the screen.

## 5.1 Reading / Updating the Investigation

**Investigation Details**

Resulting From Strategy Discussion 24/07/2014

Actual Start Date\* 25/07/2014

Method of Investigation Please select

Worker Responsible Find Worker Clear Add Self

Team Responsible Find Team Clear Add My Team

Lead Agency Responsible

Agency Reported By Date

Notes

Enter start date of Investigation

Update worker responsible for carrying out investigation. This will automatically pull through the team.

## 5.2 Subjects Box

All questions must be answered to identify if AP2 has been completed, Advocacy considered etc.

**Ms Maria Testperson - 01/01/1961 (10126909)**

Address 75 Wheatlands Drive, Kilbarchan, Johnstone, Renfrewshire, PA102LQ

Has an adult protection assessment been completed?  Yes  No

Is a mental capacity assessment required?  Yes  No  Unknown

Has a mental capacity assessment been completed?  Yes  No  Unknown

Have you considered Advocacy?  Yes  No  Unknown

Has Advocacy been provided?  Yes  No  Unknown

Person has Capacity  Yes  No  Unknown

Support provided by an Advocate, Friend or Family  Yes  No  Unknown

Investigation Decision ASP - Progress to ASP Case Conference

Notes

Once the investigation is complete, you must record the decision here :-  
ASP – Progress to ASP Case Conference  
OR  
ASP – No further action under ASP

### 5.3 Involvements

Scroll down to involvements, this will display the person in ASERT who processed the referral and will also pull through who was progressing the Inquiry. Ensure that reason involved has been entered

Name	Reason Involved*
[Redacted]	Team Manager
[Redacted]	ASERT

Link Involvements

### 5.4 Case Notes

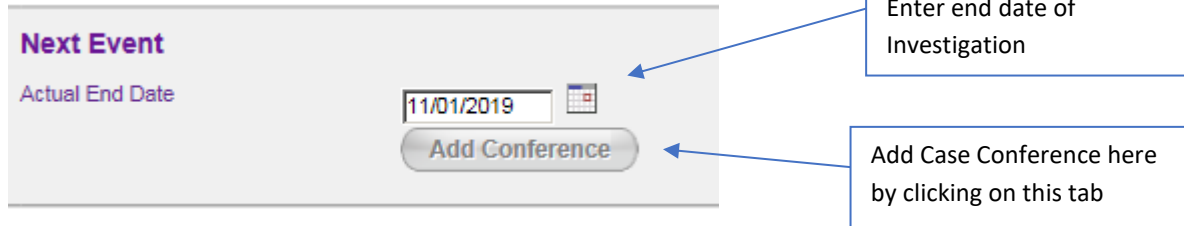
Scroll down to case notes, this is where you can either link a case note that has already been recorded relating to the Inquiry or you can create a case note that relates to the Inquiry taken place.

Type	Due Date	Visit / Note Date	Headline
------	----------	-------------------	----------

Link Case Notes or Visits    Add Case Note

## 5.5 End of Investigation

Investigation end date requires to be entered to ensure this is closed off. If decision of Investigation is to progress to ASP Case Conference, you will add case conference from here



The screenshot shows a form titled "Next Event" with a sub-label "Actual End Date". It features a date input field containing "11/01/2019" and a calendar icon to its right. Below the date field is a button labeled "Add Conference". Two blue arrows point from text boxes to these elements: one points to the date field, and the other points to the "Add Conference" button.

Next Event  
Actual End Date

11/01/2019

Add Conference

Enter end date of Investigation

Add Case Conference here by clicking on this tab

## 6 - Recording a Conference

If the outcome of the Investigation is to progress to Conference then the conference screen is completed. Review conferences take place after the initial conference has been held. (This cannot be recorded if an initial conference has not taken place). If you came from the Investigation screen and there has not been an initial conference the screen will show Initial Conference. If you came from the Plan then it shows a Review Conference. The resulting from field pulls through automatically. As in previous forms use the hyperlink to access the Episode details form.

**Conference Details**

Conference Type\* ASP Initial Case Conference

Resulting From\* Investigation Date\* 25/07/2014

Due Date 28/07/2014

Planned Date [ ] Planned Time [ ]

Actual Date 28/07/2014

Date the pre-conference report was sent to the chairperson [ ]

**Due** -The date the conference is due to take place.(28 calendar days after the initial referral) This field is initially set to the system date so will need to be changed to match target dates and must not then be changed.

**Planned** - The date it is planned to hold the conference. This date *must* be later than the Investigation end date. Add the planned time of the conference.

**Actual** - The date the conference actually took place. If a decision is recorded against at least one adult of this conference, this field cannot be updated.

**Date pre Conf report sent to the Chair** – this should be at least three days before the conference is due to take place

The name of the Chair needs to be added to this screen

Find Person Clear Add Self

If the actual date of the conference is after the due date then a delay reason needs to be entered. The delay reason box will only appear after the actual date has been entered and saved. **Need to add delay reasons**

Planned Date 26/07/2014 Planned Time [ ]

Actual Date 28/07/2014

Delay Reason\* Please select [ ]

If the actual date is after the target planned date then enter a delay reason.

The Conference decision must be recorded here, either an NFA outcome or 'New ASP Plan'. This option must be selected in order to access the Plans area of the ASP forms

Conference Decision



## 6.1 - Categories of Harm

Once the conference decision has been recorded you can add or change the categories of harm. This is done as shown below. There can be more than one category recorded but only one can be identified as the main one.

**Categories of Harm**

2 Records

Start Date	Category of Harm	End Date	High Priority
28/07/2014	Physical Threats		<input type="checkbox"/>
28/07/2014	Emotional/Psychological Harm		<input checked="" type="checkbox"/>

[Add Category](#)

Identify the Main Category

## 6.2 Case Conference Involvements

Everyone involved with the case conference should be listed here, including reason involved, were they invited and date invited, did they attend, did they provide apologies and did they provide a report for the Case Conference. The notes box allows you to enter text, eg name of person in attendance eg Police, Fire Service as names will not be listed within search system.

**Involvements**

3 Records

Name	Reason Involved*	Invited	Date Invited	Attendance	Apologies	Report Sent	Notes	More	Unlink
Fleming, Tracy Ms, Hq1 Business Improvement Team	Chair Person	No		Did Not Attend	No	No			<input type="checkbox"/>
Fleming, Tracy Ms	Chair Person	No		Did Not Attend	No	No			<input type="checkbox"/>
Roberts, Elaine Ms, Hq1 Business Improvement Team	Case Manager	No		Did Not Attend	No	No			<input type="checkbox"/>

[Link Involvements](#)

To link new involvements for case conference you can do this by clicking this button

### 6.3 Case Note recording

Actions from the case conference should be recorded here by either linking an existing case note or creating a new case note to display all actions recorded at case conference.

**Case Notes**

0 Records

Type	Note Date	Headline
------	-----------	----------

[Link Case Notes](#) [Add Case Note](#)

### 6.4 Next Event

This section will allow you to update the date the case conference minutes were distributed to those in attendance and also the location of where the minutes are stored. Should the outcome of the case conference be “ASP – New ASP Plan” this will allow you to enter the date of the Review Case Conference and to also add the new review conference. Review Case Conferences are recorded the same as an Initial Case Conference.

**Next Event**

Date the minutes were sent out  

Location of the minutes

Next Conference Date

[Add Conference](#)

## 7 - Recording an ASP Plan

Following the initial conference an ASP plan can be created for the adult. Once a conference has been entered the system automatically creates an ASP plan. This is viewed/updated via the Navigation menu (top right of screen)  
The plans screen is shown below

**Plan Details**

Plan Type\* AS Adult Support & Protection Plan

What is the planned start date of the plan? 28/07/2014

What is the planned end date of the plan? 28/07/2014

What is the main aim of the plan? Please select

Team Responsible

Find Org. Clear Add My Team

Not in use at present

Not in use at present

Add the name of the Team the Council Officer is based in

Navigation

- Summary
- Episode Details
- Conference Details
- Incidents
- Subject Details
  - o Categories of Harm
  - o Involvements
  - o Case Notes
  - o Significant Events
  - o Outcomes
- Completion
- Plan - 28/07/2014
- Assessments

Not in use at present

For any conference the plan start date pulls through and will match the actual date of the conference.

The plan end date is automatically ended if the conference decision is to end the plan. This date should only be altered if it doesn't match the actual date of the conference.

All other areas of the Plans screens are not in use at present

**Plan Management**

When was the plan ended?

The date that the plan was last reviewed

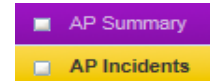
Plan Version Number Plan V0001

Create new version?  Yes  No

Create next review

Not in use at present

## 8 - Recording Information about the Harmer



Information about the alleged harmer is recorded in the AP incidents screen

Click on hyperlink that relates to the relevant incident

Reported Date	Start Date	End Date	P
24/07/2013 11:15	24/07/2013		

Add View Current

Scroll down to Alleged Source of Harm and tick the view details box to open the screen.

View Details	Name
<input type="checkbox"/>	Testperson, Jam

Information available at the point of referral will already have been recorded. However, it is important to add/update this information as any new details are made available. This is particularly important in the areas shown on the right.

Is the alleged source of harm the main carer?  Yes  No  Unknown

Category of Relationship

Lived with victim at the time of the incident?  Yes  No  Unknown

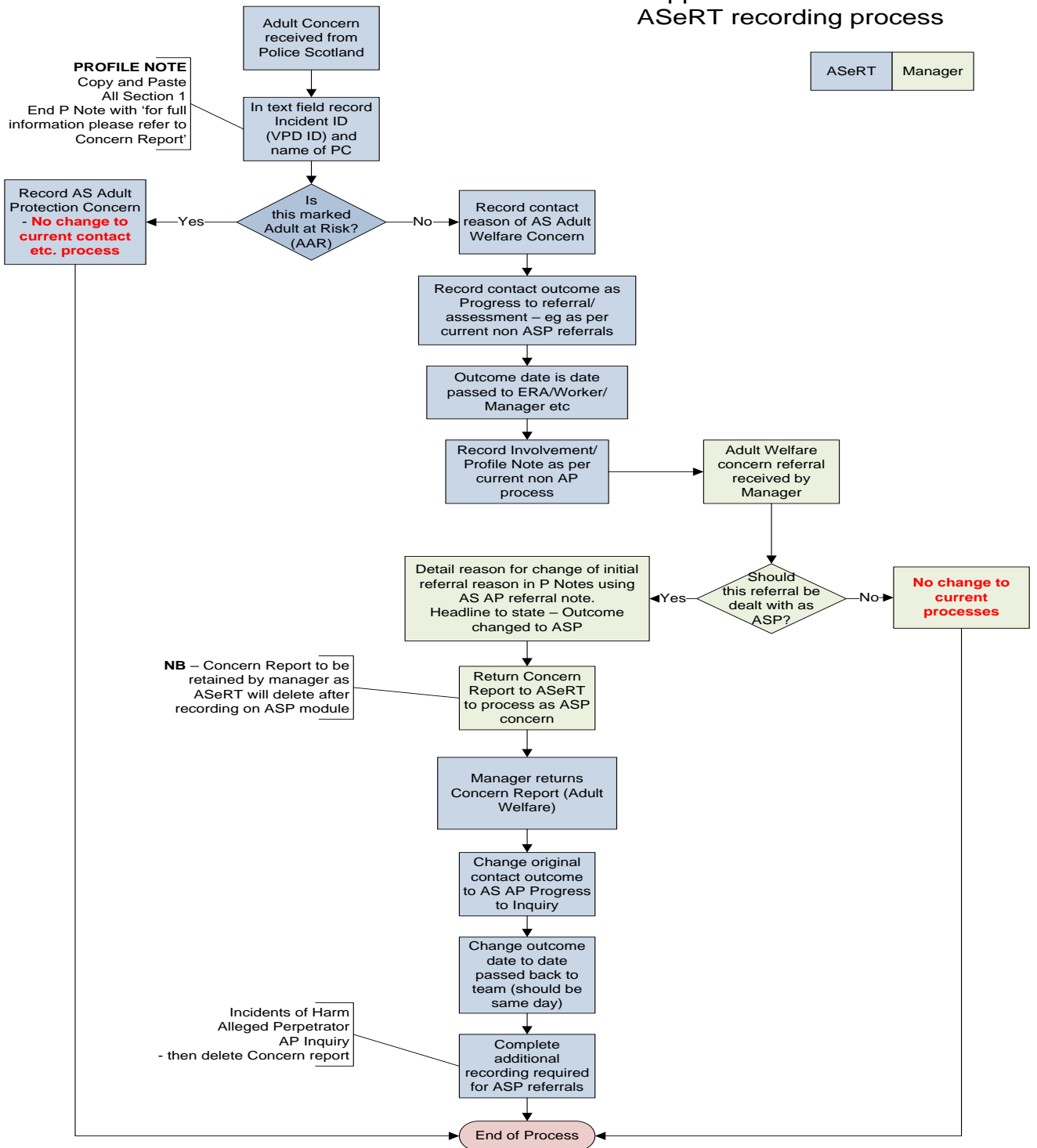
Is the alleged source of harm aware?  Yes  No  Unknown

Does the alleged source of harm care for others?  Yes  No  Unknown

Are others at risk?  Yes  No  Unknown

Is the alleged source of harm also at risk?  Yes  No  Unknown

## Adult Support and Protection referrals ASeRT recording process



## Checklist

The following table is a guide to the core information that must be recorded in Adult protection.

This is not only to ensure good case recording but it is also required for National Data Returns.

<b>EVENT</b>	<b>CHECK</b>
Inquiry	<ul style="list-style-type: none"><li>• Has a decision been recorded?</li><li>• Record profile note</li></ul>
Investigation	<ul style="list-style-type: none"><li>• Has a decision been recorded?</li><li>• Record profile note</li></ul>
Conference	<ul style="list-style-type: none"><li>• Has a decision been recorded?</li><li>• Record profile note</li></ul>
NFA Decision	<ul style="list-style-type: none"><li>• Update profile notes</li></ul>
Plans	<ul style="list-style-type: none"><li>• Has the plan got a start date?</li><li>• Record profile note</li></ul>



## Appendix 2

### HSPC Specialist Services Adult Support and Protection Inquiry Team Guidance

#### 1. Introduction

The Specialist Services Adult Support and Protection Inquiry Team was created in 2017 and after evaluation is now referred to as the **Specialist ASP Duty Team**. This team deals with Adult Protection referrals for the following teams;

- Community Mental Health Team/IHTT/Psychotherapy Team/Primary Care
- Renfrewshire Learning Disabilities Service
- Addiction Services (Integrated Alcohol Team and Renfrewshire Drug Service - not Torley Unit)
- Older Adults Community Mental Health Team – not memory clinic

This guidance was compiled to assist the staff to adhere to the Renfrewshire Inter Agency Adult Support and Protection Guidance and Procedures, whilst undertaking the '**initial inquiry**' (Section 3.10 Inquiries under Adult Protection), to ensure all Adult Protection Concern and Welfare Concern referrals to the above services, were dealt with as required, records updated and appropriate action taken. The following practice guidance was produced and circulated to ensure adults at risk currently supported by services outlined above were afforded protection, as outlined in the Adult Support & Protection (Scotland) Act 2007.

**The Specialist ASP Duty Team** consists of:

1 x 1 Duty Team Lead

1 x 1 Council Officer

#### Staff Roles & Minimum Training / Requirements



- **Duty Team Lead** – this role is undertaken by Social Work Seniors and/or Managers working at GRK grade or above, who are qualified Social Workers and Council Officers, registered with the SSSC, and are permanently employed by Renfrewshire Council and have completed all 5 days of the Adult Support & Protection training provided by HSCP Social Work Training.
- **Council Officer** – this role is undertaken by qualified Social Workers who are registered with the SSSC, are permanently employed by Renfrewshire Council and who have completed all 5 days of the Adult Protection training provided by HSCP Social Work Training

## Initial Inquiry

The main purpose of the **Specialist ASP Duty Team** is to ensure that staff are available to undertake the work, as outlined in Section 3.10 of the Renfrewshire AS&P Guidance and Procedures, to make an **'inquiry'**; and to collate sufficient information to enable the Manager to make a decision as to how to proceed. Under exceptional circumstances the team will undertake investigations under the Act.

## Referrals

Referrals to the **Specialist ASP Duty Team** are as outlined in the Renfrewshire AS&P Guidance and Procedures and routed via ASeRT. The rota for the **Specialist ASP Duty Team** is passed to ASeRT daily to ensure the referrals are routed appropriately to the correct workers.

## Business Rules

The **Specialist ASP Duty Team** operates during normal business hours: Monday to Thursday 8:45 to 4:45 and Friday 8:45 to 3:55pm. Their permanent base will be Mile End Mill from 3/12/2018.

The **Specialist ASP Duty Team** deals with any referral for a person open to the Adult CMHT, Older Adult CMHT, RLDS, RDS and IAT. These are as outlined in the Renfrewshire AS&P Guidance and Procedures, which defines the source of referrals and team responsibilities. The team does **not** progress any referral for a person who is **awaiting**





**assessment/outcome of assessment** for any of these teams or for any person open only to Liaison psychiatry or only open to psychiatry within the Torley unit. It must be noted that the **Specialist ASP Duty Team** only undertake an inquiry for adults '**OPEN**' to one of these services. All other referrals are re routed back via ASeRT to the appropriate Locality Team.

Where a referral is an active ASP case (already subject to investigation or an AP plan) the referral is redirected to the allocated worker (TL copied in). Where the allocated worker is not available the case is directed to the appropriate specialist Team Leader who arranges for a worker to deal with the referral. Only in exceptional circumstances the **Specialist ASP Duty Team** undertake this role; however this has to be agreed via specialist TL to **Specialist ASP Duty TL**.

Once it has been decided that a referral should progress to investigation this is transferred to the appropriate specialist Team Leader for allocation and action.



## Appendix



Dear

**Re: Request for Information from Financial Institution  
Section 10 Adult Support and Protection (Scotland) Act 2007 (ASPA)**

I, (name), in my role as Council Officer for Renfrewshire Council, formally require disclosure of information from (company 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 of harm as defined by the Act.

Please contact the Council Officer named above upon receipt of this request for financial 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.

All information provided will be managed within the terms of the Adult Support and Protection (Scotland) Act 2007, 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



Adult Protection  
RENFREWSHIRE

<b>Name of Adult (Customer)</b>	
<b>Date of Birth (if available)</b>	
<b>Address (if available)</b>	
<b>Account Names, Numbers and Sort Codes (if available)</b>	
<b>Brief Description of the ASPA Inquiry</b>	
<b>Financial Information that is required (please include any third party mandates relating to the accounts located)</b>	
<b>Information Format required</b>	<input type="checkbox"/> <i>Hard Copy</i> <input type="checkbox"/> <i>Electronic Copy to the stated email addresses above (where available)</i>
<b>Information Required by</b>	<i>Date Month Year</i>
<b>Council Officer's Name, Contact Details and Signature</b>	

Yours faithfully



## Information Sheet

### Designated Agency Application for Disclosure of Information under Sections 4 and 10 of the Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 (the Act) gives councils and other public bodies working with them various powers to support and protect adults at risk (as defined by the Act).

*The Adult Support and Protection (Scotland) Act 2007, (the Act) confers on 'Council Officers' a duty to investigate cases of suspected harm to an 'adult at risk'. As part of this investigation, financial records pertaining to the adult at risk can be requested. Bodies holding these records have a legal duty to co-operate with the investigation. Failure to do so can amount to the commission of an offence under the Act making the individual liable on summary conviction to a fine or imprisonment.*

"Council Officer" means an individual appointed by a council (local authority) under section 64 of the Local Government (Scotland) Act 1973. The Council Officer submitting this request is registered with the appropriate professional body as a Social Worker, Occupational Therapist or Nurse. They have been delegated the statutory responsibility of Council Officer by the Chief Social Work Officer of [insert agency].

Section 4 of the Act states that a council [or delegated agency] must make inquiries about a person's wellbeing, property or financial affairs if it knows or believes that the person is an adult at risk, and that it might need to intervene to protect their wellbeing, property or financial affairs. As part of this process, Section 10 of the 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 there is any dubiety about the identification of the Council Officer the financial institution will verify this.**

Section 3 of the Act defines an 'adult at risk' as an individual aged 16 or over who is unable to safeguard their own well-being, property, rights or other interests and is at risk of harm. In such instances and where the

person is more vulnerable because of a disability, disorder, illness or infirmity, the Act can be used to protect them.

The request does not require the consent of the individual, any financial power of attorney or financial guardian before the required information is provided, as in some circumstances the adult in question may be placed at greater risk of harm. *Under section 49(2) of the Act it is an offence for a person or an organisation to fail to comply with a requirement made under section 10, without reasonable excuse.* **Whilst you will be concerned about customer confidentiality, it is important to note that NOT sharing this information may place the adult at further risk of harm. Please refer to your internal guidance.**

Any information received in the course of an investigation is treated with the utmost confidence and will not be disclosed to any third parties other than in accordance with the provisions of the above Act and other relevant legal requirements.

For the avoidance of doubt, data processing in relation to this request is necessary for compliance with legal obligations [sections 4, 10 and 49(2) of the Adult Support and Protection (Scotland) Act 2007] to which the data controller [the local authority, the Council Officer and the financial institution in receipt of this request] is subject.<sup>1</sup> Financial Institutions could also rely on Article 6(1) (e) of the GDPR, as read with section 8(c) of the DPA, namely the necessity of processing for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller, as a lawful basis for processing (i.e. passing on) personal data to a local authority.

Where data sharing is necessary to ensure safeguarding but is not specifically covered by ASPA, legal advice should be sought.

Should you be unfamiliar with the Adult Support and Protection (Scotland) Act 2007, you can view a copy of it at: <http://www.legislation.gov.uk/asp/2007/10/contents>

## Council Officer Guidance Notes

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<sup>1</sup>If the records in question contain 'special categories of personal data', in addition to identifying a lawful basis for processing data under Article 6 of the GDPR, an additional condition under Article 9 (2) of GDPR must also be met in order to share data lawfully. Special Category data includes: Racial or ethnic origin; Political opinions; Religious or philosophical beliefs; Trade Union Membership; Genetic data; Biometric data (when used for ID purposes); Health (physical or mental); and, Sexual life or orientation. If the financial institution is complying with a Section 10 request under the Act, the Article 9 (2) condition will likely be: (b) Processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by (UK) law. Section 10(2) of the DPA then requires a further condition in Part 1 of Schedule 1 of the DPA to be met, for example that in paragraph 1: Employment, social security and social protection.



The wording and ordering of this document has been approved by national agreement with Social Work Scotland. If issues arise with the structure of the form please advise your lead officer for adult protection in order that any amendments can be considered at national level.

Please use this template in conjunction with the [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice \(April 2014\)](#) especially noting chapter ten.

***It is essential at this point that you identify the correct legal entity to address your request to.*** The name of the legal entity may be different to that of the company you are contacting and may also change over time. Some financial institutions may provide a central point and others local or regional contacts. Ascertaining the correct person, title and address will save time and allow the financial institution to provide you with the fullest level of detail.

The request should use the locally agreed logo or logos and be accompanied by the Information Sheet. Where the functions of a local authority have been delegated to your agency under Section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014 please indicate in your request which local authority has delegated that power to your agency.

Where requests are made electronically the Council Officer must ensure that the information is sent and received securely.

<b>Name of Customer</b>	Full name and any known pseudonyms listed separately e.g.  Mary McTavish  May McTavish
<b>Date of Birth (if available)</b>	Please state in full e.g. 22 <sup>nd</sup> July 1952
<b>Address (if available)</b>	
<b>Account Names, Numbers and Sort Codes (if available)</b>	
<b>Brief Description of the ASPA Inquiry</b>	Basic information only to demonstrate that there is a risk or potential risk which has triggered an ASPA inquiry. This may assist the financial institution in locating the type of information required. <b>NB</b> Where you have concerns regarding a financial proxy do not state these, however do advise that your request should not be shared with them.
<b>Financial Information that is required (please include any third</b>	The information requested must be specific as opposed to generic. Ensure you emphasise the need to provide any information about third party

<p><b>party mandates relating to the accounts located):</b></p>	<p>mandates. Requests for ‘all statements’ will not be accepted. Consider the issues the service user is facing and what material over what period may support your inquiry. Where you are unclear about the types of information the financial institution may hold use the ‘verbal’ option to seek advice as to what may be available to support your inquiry. Examples include:</p> <ul style="list-style-type: none"> <li>• <i>the balance of Ms XXXX’ account(s)</i></li> <li>• <i>any current Standing Orders or Direct Debits (including to whom payable, regularity and amounts)</i></li> <li>• <i>Statements covering the period .....</i></li> <li>• <i>We should also wish to request similar information for any other account in her name of which we are unaware.”</i></li> <li>• <i>Whether .....holds a Bank or Building Society account with your bank?</i></li> <li>• <i>If so, whether any other persons are signatories to his/her account(s)?</i></li> <li>• <i>Please provide copy statements in relation to any accounts held by .....either jointly or solely for the last .....months</i></li> <li>• <i>Similar information regarding any other account held in this name.</i></li> <li>• <i>Any known liabilities/debts/mortgages etc.</i></li> <li>• <i>Any relevant financial information held in wills</i></li> <li>• <i>Any accounts in other names e.g. joint accounts</i></li> </ul>
<p><b>Information Format required</b></p>	<p>It is likely that most institutions will only provide information in hard copy due to potential security issues with electronic transmission of personal information.</p>
<p><b>Information required by</b></p>	<p>In some circumstances this will be urgent and it may be useful to state the reasons the information is required quickly and facilitate a verbal information exchange.</p> <p>In other circumstances please indicate in your request the required time frame e.g. 7, 14 or 21 calendar days.</p>
<p><b>Council Officer’s Details and Signature</b></p>	<p>Name, position, organisation, address, email address, telephone number and signature. Please DO NOT provide a direct dial contact in the first instance.</p>

### Use of Information Received Under Section 10

**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 protection planning.** For example, bank statements obtained should not be distributed as this may be neither relevant nor proportionate. Others only need to understand that harm has been substantiated. However, 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. If in doubt please check your local data protection policy.

#### **Where a Section 10 Request is Refused**

- i. Request that the company/organisation provide their reasons promptly in writing if they have not done so.
- ii. Discuss the issue with your line manager and consider a request to your legal services department. This request should be based around the need to formally contact the organisation re-emphasising the legal basis of the request, the fact that inaction can lead to further harm and may be an offence under Section 49 (2) of the Adult Support and Protection (Scotland) Act 2007.
- iii. Record the initial refusal, reasons given and the actions and outcomes thereafter.



## Appendix 4 FORM AP1

### Adult Protection Referral Form & Actions ( AP1)

#### ALL AGENCIES

**All agencies use the AP1 with the exception of the Police who will use their own Referral Form at Appendix 8**

- You must immediately report suspected or actual harm to your line manager and you have a legal duty to report any concerns to the Council Social Work Services if it is known or believed that a person is an adult at risk and that protective action is needed.*
- All sections of **Part A** of the Referral Form require to be completed within **1 Normal Working Day** from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.*

**NB:** - If you do not have all the information required in **Part A** please do not delay and send the Referral information you have. Social Work Services will follow up on your referral and add any additional relevant and required information.

#### SECTION A

##### REFERRER DETAILS:

Name of Referrer:

Job Title:

Contact Telephone No:

Address:

##### REFERRAL DETAILS

In what capacity do you know the adult at risk you are referring?



Adult Protection  
RENFREWSHIRE

**Do you suspect a crime has been committed and have you informed the Police? ( date & time and any actions taken by the Police)**

**Who else have you informed of this referral to Social Work Services?( date & time and any actions taken)**

**What are the details and nature of the situation leading to this referral? (to include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising)**

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

**Have you obtained the adult at risk consent to make this referral? If not please give the reason for referring without consent.**

**What action, other than this referral, have you taken to ensure the adult at risk is now safe?**



Adult Protection  
RENFREWSHIRE

**ADULT AT RISK DETAILS:**

**Name:**

**Date of Birth:**

**Gender:**

**Ethnic Origin:**

**Religion:**

**Any known communication difficulties:**

**YES/NO**

**If YES, please detail:**

**Living situation, e.g. lives alone, with spouse etc., type of accommodation, any known supports, caregivers there details.**

**etc.**

**GENERAL PRACTITIONER:**

**Name:**



Adult Protection  
RENFREWSHIRE

Telephone No:

Address:

**OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED:**

Name/s:

Contact No/s:

**Details of person's physical and mental health as known to Health Professional:**

*Confidentiality is important but for the purposes of allowing Councils to undertake the required inquires and investigations information to protect an adult at risk of harm relevant information should be shared. Please refer to your agencies procedures under Adult Protection Law.*

**DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN**

Name

Relationship to person

Address



Adult Protection  
RENFREWSHIRE

**DETAIL OF ANY PREVIOUS CONCERN/INCIDENT**(to include dates, times, actions taken and outcomes)

**Referrer Signature**

**Print Name**

**Date**

**SECTION B**

**ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL**

**Within 5 days of receiving a written referral on Form AP1 the following actions MUST be completed by Social Work Services as the lead agency.**

**Letter of acknowledgement to be sent immediately to referrer /organisation.**

Form AP1 received ( date):-

Form AP1, letter of acknowledgment sent (date):-

**Referrer/Organisation to be advised in writing of the initial outcome of their referral**

Advised (date):-

**Referrer/Organisation to be invited to any subsequent adult protection meetings held by Social Work Services**

Invitation to Adult Protection Case Conference YES/NO (date sent):-

Date of Case Conference:-

**Adult at risk legal status at time of referral**

**Enquire & Complete any missing information not provided in Part A**

Completed: (date)

Reasons for non completion:-

**Gather All available initial information to inform a decision at this point.**

<b>ACTION - NO HARMFUL CONDUCT/CONCERNS</b>	YES/NO	<b>ACTION - YES HARMFUL CONDUCT /CONCERNS</b>	YES/NO
i.e. - Refer on to an appropriate agency/review existing care plan/ consider other adult legislation/ action taken and give reasons :-		i.e. – Immediate Adult Protection Order sought/Investigate Further / Case Conference arranged and give reasons:-	

**Note Primary Category of Referral**

**Note Primary Category of Referrer**

**Category is :-**

**Category is:-**

**Codes**

**Codes**

A. Physical Injury

1. Social Work Statutory Staff in Council



Adult Protection  
RENFREWSHIRE

B. Sexual Abuse	2. Staff at Council Residential Establishment
C. Physical Neglect	3. Staff at Council Day Care Establishment
D. Financial or Material Abuse	4. Home Carer ( Council)
E. Emotional /Psychological Abuse	5. Housing in the Council
F. Neglect and acts of Omission by others charged with adult at risks care	6. Police
G. Self Neglect	7. GP/ Member of Primary Care Team
	8. Hospital Medical Staff/ Registrar/ Consultant/ /Nurse
	9. Clinical Psychologist/Psychiatrist
	10. Community Mental Health Team/Nurses/Doctors/ MHO
	11. Substance Misuse Team
	12. Parent/Carer/ Guardian
	13. Neighbour/Friend
	14. Other ( Please Specify)
<b>All information from AP1 Form to be transferred to Councils Assessment &amp; Care Management IT Screens or held in Council Case Files.</b>  <b>Information gained from Police Referral Form (Appendix 80 also to be recorded.</b>	<b>Date Completed :-</b>
<b><i>Any future actions and any future relevant information gathered should also be recorded using Councils Assessment &amp; Care Management IT Screens or held in Council Case Files. ALSO</i></b>  <b><i>Information collated on Forms AP 2 (Risk) or AP 3 (Protection Plan) when relevant.</i></b>	
<b>ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL</b>	
<b>Senior Member of Social Work Signature</b>	
<b>Print Name</b>	
<b>Date</b>	

## Appendix 5

### Agenda for Initial Adult Support and Protection Case Conference

In respect of

[Enter Adult's Name] and [date of birth]

Held in Choose an item on [Enter date and time]

1. Introductions and apologies
2. Purpose of the Case Conference
3. Circumstances leading to case conference
4. Agency reports of involvement with [Enter adult's name]
5. Carer's & Families' views
6. [Enter adult's name] views
7. [Enter adult's name] individual needs:
  - Safe
  - Healthy
  - Active
  - Nurtured
  - Achieving
  - Respected and responsible
  - Included
8. Discussion on areas of strength/risks
9. Individual views (from all in attendance) on need for and Adult Support and Protection Plan for [Enter adult's name]
10. Adult Protection Plan agreed (SMART planning) along with contingencies.  
Consideration of Protection Orders / interventions under Adults with Incapacity (Scotland) Act 2003 / intervention under Mental Health (Care & treatment) (Scotland) Act 2005
11. Membership of Core Group and date of first meeting agreed
12. Appeal process\*
13. Review case conference date

\*If decision is an Adult Support and Protection Plan is required for [Enter adult's name] and they or their appointed proxy does not agree, an appeal to review the decision should be made to:

Carron O'Bryne

Head of Adult Services  
Renfrewshire Council  
Social Work  
Renfrewshire House  
Cotton Street  
Paisley, PA1 1TZ  
0141 618 6855



