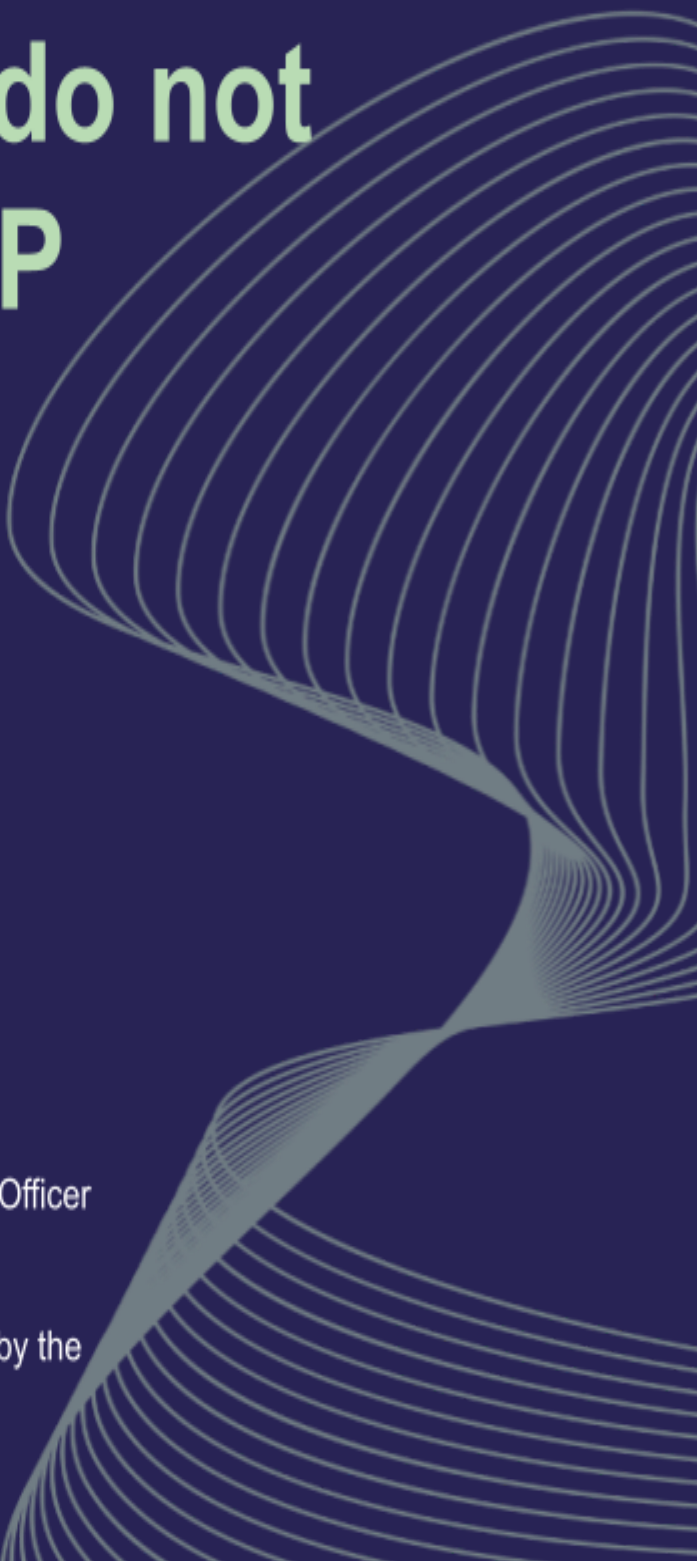
NATIONAL ADULT SUPPORT AND PROTECTION RESOURCE

Quality Assurance Processes for ASP Referrals that do not Proceed to ASP Inquiry



Developed by:

The National ASP Implementation Group

Subgroup:

Inquiries, Investigations and the Role of the Council Officer

Endorsed:

This national ASP Resource was formally endorsed by the National ASP Strategic Forum in March 2026

Development of this Resource:

In August 2022 the National Implementation Group and its Subgroups were set up to assist Adult Protection Committees with the implementation of changes to policy and practice that may be required as a result of the introduction of the Revised ASP Code of Practice, which was published in July 2022.

The Intended audience for this specific resource has been specified as:

This guidance is aimed at managers who decide whether or not ASP referrals should proceed to ASP inquiry, in those partnerships where local procedures do not state that all ASP referrals should progress to an ASP inquiry.

The proposed review date of this Resource is intended to be no later than March 2027. This will be one year from the date of introduction, though this can be amended if required.

The Responsibility for overseeing reviews and revisions of this resource currently lies with the National ASP Implementation Group. However, in future, should that Group have ceased to operate, this responsibility will move to the National Adult Support and Protection Coordinator, who will call upon appropriate support and assistance – consulting with relevant parties.

Context to Guidance:

There are significant variations across Scotland in the 'conversion rate' from ASP referral to ASP inquiry. This prevents useful data comparisons and highlights inconsistencies in practice arising from differing interpretations of the Adult Support and Protection (Scotland) Act 2007 and the associated Code of Practice.

The National Code of Practice Implementation Group sub-group on 'Inquiries and Investigations and the Role of the Council Officer' have discussed this with the Scottish Government and the National ASP Coordinator. It was agreed to produce a guidance document on the subject.

Many ASP partnership areas' procedures include progression to a S4 inquiry for all ASP referrals (with possible exceptions, including for duplicate referrals for the same incident). This may include desktop activities; minimal or no additional information sought to supplement the information contained in the referral.

In other areas, local procedures allow for ASP referrals to not progress to an ASP inquiry. However, there may be information gathering activity to inform decision-making about the referral. This will result in a decision to:

- Progress with an ASP inquiry
- Other non-ASP action
- No further action

The guidance will quote-relevant sections of the Act and its Code of Practice. It is recommended that the relevant sections of the Code of Practice are read in full. Anything in bold or italics that has been quoted is to draw attention to key areas. This is a guidance document. Legal advice can be sought on local legal positions, as necessary.

What the Act and the Code of Practice States

The Act states:

"Section 4. Council's duty to make inquiries

A council **must make inquiries** about a person's well-being, property or financial affairs **if it knows or believes—**

(a) that the person is an adult at risk, and

(b) that it might need to intervene (by performing functions under this Part or otherwise) in order to protect the person's well-being, property or financial affairs."

The Code of Practice states:

"The Act places duties upon the council to:

- Make inquiries if it knows or believes that a person is an adult at risk of harm and that it might need to intervene under the Act or otherwise to protect the person's wellbeing, property or financial affairs (Section 4, P-25)

- Any information that can be provided at the referral stage will assist the local authority in undertaking adult protection inquiries (P -33)

- Once you have made a referral **this places a duty** on the council to make inquiries where they know or believe that an individual may be an adult at risk of harm (P-35)

- Initial information gathering may determine whether further action is required under ASP processes. If the determination is that the adult does not meet the 3-point criteria and/or that additional action under ASP is not required, inquiries would cease (with the caveat that other support or intervention activity may still be required, including onward referrals and involvement of services new or existent to the adult) (P-45)

- As per Section 4, a council has a duty to inquire to decide whether it needs to do anything in order to protect an adult at risk from harm (P- 51)"

Initial Information-Gathering Activity

Before deciding to progress with the duty to inquire, the council will read the referral and decide if they know or believe the adult is at risk of harm. If they decide the adult is not, the case will not proceed any further under ASP. There may be referrals badged as ASP by the sender where the receiving council does not know or believe that the adult is at risk in terms of the Act. This could be because the referral:

- Is too vague
- Has insufficient information
- Is detailed enough to inform a decision that the adult is not at risk in terms of the Act

Information gathering activity can include:

- Checking social work records
- Contacting the referrer
- Contacting other professionals

Some local authorities may regard any of this activity as an ASP inquiry; others would have local thresholds before formalising an ASP inquiry. The Code of Practice states:

"**Initial information gathering may determine whether further action is required under ASP processes**. If the determination is that the adult does not meet the 3-point criteria and/or that additional action under ASP is not required, **inquiries would cease** (with the caveat that other support or intervention activity may still be required, including onward referrals and involvement of services new or existent to the adult)." (Pg.45)

Therefore, where the receiver knows or believes the adult is at risk of harm and it might need to intervene to protect the adult, **the Act and the Code regards initial information gathering as inquiry work**. More consistent interpretation of when an ASP inquiry has begun will allow for more useful data comparisons. ASP Lead Officers, operational

managers and leaders across ASP practice should be mindful of local procedures and consider whether these procedures align with the above interpretation of inquiries in the context of information gathering; and whether any amendments are warranted to practice or procedure.

Quality assurance processes for ASP referrals that do not proceed to ASP Inquiry

We all have a shared commitment to the support and protection of adults at risk of harm. Having robust quality assurance processes in place for ASP referrals that do not proceed to ASP inquiry is a way of underpinning that commitment. So, for ASP referrals that do not proceed to an ASP inquiry, this guidance advises:

- Quality assurance processes should be in place to audit ASP referrals that do not proceed to ASP inquiry.
- It is the responsibility of the local areas to decide whether this is a percentage or set number of ASP referrals that do not proceed to ASP inquiry.
- The audit work should examine whether it is agreed that the ASP referral should not have proceeded to ASP inquiry.
- The audit work should consider whether any information gathering or other activity on receipt of the ASP referral was “inquiry” activity but was not identified as such at the time.
- Some individual adults may have a number of ASP referrals made that do not progress to ASP inquiry. Local areas should have escalation protocols in place for these circumstances; these repeat referrals and subsequent escalation protocols should trigger audit processes to review previous decision making.
- The purpose of the escalation protocol is to establish whether risk was managed appropriately and further ASP referrals for that individual were unavoidable or preventable. This is an opportunity to consider whether a more robust approach, with an earlier ASP referral or formalised progression to ASP inquiry, could have prevented the need for subsequent referrals.

Conclusion

Practice should always be informed by the Act and the Code of Practice. It is recognised that practice can vary across Scotland which prevents useful comparison of data. One thing that does not vary is our shared commitment to the support and protection of adults at risk of harm. A way of demonstrating that commitment is to have robust quality assurance processes in place for those ASP referrals that do not proceed to ASP inquiries. These quality assurance processes should underpin improvement, which could lead to changes in practice, procedure, data collection, or training, ultimately leading to improved outcomes for adults at risk.