

# Adult Support and Protection

Standard Operating Procedure (SOP)

This SOP provides clear direction and procedural instruction to provide a consistency of response in accordance with force policy. It is recognised that policing is a dynamic profession and the standard response may not be appropriate in every circumstance. In every situation, your decisions and actions should be supported by the National Decision Model and based on the values and ethics of Police Scotland. You may be expected to provide a clear and reasonable rationale for any decision or action which you take.

## Notice:

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## 1. Introduction/purpose

The purpose of this SOP is to ensure that all officers and staff within Police Scotland are fully aware of their own individual roles and responsibilities in relation to Adult Support and Protection (ASP).

The Adult Support and Protection (Scotland) Act 2007 herein referred to as “the Act”, introduced measures which place a duty on councilsto 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 to protect the person’s wellbeing, property, or financial affairs. The Act also places a statutory duty on other bodies, including Police Scotland, to refer any adult who may be at risk of harm and to cooperate with council inquiries, in line with local policies and procedures.

In practice, this will involve accurately recording and sharing relevant information, working effectively with key partners, and ultimately supporting and protecting adults at risk of harm.

## 2. Principles of the Act

The overarching principle of the Act is that any intervention in an adult's affairs should provide benefit to the adult and be the least restrictive option. The following must be considered for any interventions.

* The wishes of the adult.
* The views of others.
* Provide support additional to that of existing networks.
* The importance of the adult participating as fully as possible.
* That the adult is not treated less favourably.
* The adult's abilities, background, and characteristics.

Full details can be found in the Scottish Government’s Adult Support and Protection (Scotland) Act 2007 Code of Practice.

## 3. Key components of the Act

### What constitutes an ‘adult at risk’?

The Act refers throughout to an ‘adult’. In terms of Section 53 of the Act, adult means a person aged 16 years or over.

Section 3(1) of the Act defines an adult at risk as someone who meets all of the following three-point criteria:

1. they are unable to safeguard their own well-being, property, rights or other interests;
2. they are at risk of harm; and
3. because they 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.

Note: All three elements of the three-point criteria above must be met to be deemed an adult at risk.

It may not always be possible to determine if an individual fits all the criteria. For the avoidance of doubt where any person is suspected to be an adult at riskthen they should be treated as such until their status is deemed otherwise by Local Authority Adult Protection professionals.

### Unable to safeguard or unwilling to safeguard?

The first point of the three-point criteria relates to whether the adult is able to safeguard their own well-being, property, rights, or other interests.

Most people will be able to safeguard themselves through the ability to take clear and considered decisions and as such could not be regarded as adults at risk of harm within the terms of the Act. However, this will not be the case for all people, and when a person is deemed unable to safeguard themselves, they will meet the first point of the three-point criteria.

* ‘Unable’ is not further defined in the Act, but is defined in the Collins English Dictionary as “lacking the necessary power, ability, or authority (to do something); not able”.
* ‘Unwilling’ is defined in the Collins English Dictionary as “unfavourably inclined; reluctant” and may thus describe someone who is aware of the potential consequences but still makes a deliberate choice. A distinction may therefore be drawn between an adult who lacks these skills and is therefore unable to safeguard themselves, and one who is deemed to have the power, ability, or authority to safeguard themselves, but who is apparently unwilling to do so.

The Adult Support and Protection (Scotland) Act 2007 Code of Practice provides details around the careful considerations that should be taken before determining if an adult is unable or unwilling.

The Code of Practice clearly sets out that those who have capacity have the right to make their own choices about their lives and these should be respected if freely made.

That being said, the Code heavily emphasises the importance of taking a trauma-informed approach to adult protection whereby the complexity and severity of past experiences may impact an individual’s decision making thus placing them at risk of harm. It is unlikely that as emergency responders we will have a full picture surrounding this however it is important to capture and convey the circumstances as accurately as possible in order that a joined-up approach can be taken to assessing an individual’s ability to safeguard themselves.

### What is ‘harm’ and who may be considered at risk?

To meet the second point of the three-point criteria the adult must be assessed as being at risk of harm.

Section 3(2) of the Act defines an adult as being at risk of harm if:

* another person’s conduct is causing (or is likely to cause) the adult harm; or
* the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

### What constitutes harm?

Section 53 of the Act states that harm includes all harmful conduct and gives the following examples.

* Conduct which causes physical harm.
* Conduct which causes psychological harm (for example by causing fear, alarm, or distress).
* Unlawful conduct which appropriates or adversely affects property, rights, or interests (for example theft, fraud, embezzlement or extortion).
* Conduct which causes self-harm.

The list is not exhaustive, and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be:

* physical
* sexual
* psychological
* financial, or
* a combination of these.

The harm can be accidental or intentional, as a result of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide. Other forms of harm can include:

* domestic abuse
* gender-based violence
* forced marriage
* female genital mutilation (FGM)
* human trafficking
* stalking
* scam trading
* hate crime, and
* modern slavery.

Some such cases will result in adults being identified as at risk of harm under the terms of this Act, but this will not always be the case.

Note: This includes neglect or omission of care, by another person with carer responsibility, or the adult themselves.

### Being more vulnerable to harm

The third point of the three-point criteria requires that, because the adult is 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.

Physical or mental infirmity are distinct from disability and mental disorder and are not defined in the Act. Infirmity is defined as a “physical or mental weakness”. Infirmity does not, therefore, necessarily rely upon a medical diagnosis in the way that mental disorder or illness do.

The three-point criteria should be used to determine whether an adult is at risk of harm, and from this will follow decisions regarding what steps can be taken to protect that adult from harm. However, where an adult has an identified concern, but does not meet either, or both, of the other two criteria of the three-point criteria, then partnerships—on a multi-agency basis—would still be expected to pursue all avenues in order to protect that person from harm.

Where possible the individual should be a part of the decision-making process regarding next steps to be taken to address the risks identified.

### Capacity

Capacity is not a deciding factor with regards to whether someone meets the three-point criteria or not and this is clear within the code of practice. The action taken will be determined based on the facts and circumstances presented.

A person can have the capacity to make a particular decision but through illness, traumatic event, or infirmity may not have the physical or emotional capacity to retain a memory of a decision and/or to implement that decision.

A person’s capacity can vary over time and in respect of different types of decision making. While capacity or lack of capacity does not determine an assessment of the three-point criteria, capacity is relevant in relation to the ability to consent to, for example, a medical examination or to take decisions relating to care arrangements or financial dealings.

The three-point criteria make no reference to capacity. The Adults with Incapacity (Scotland) Act 2000 defines Adults with Incapacity (AWI) as “those adults (people aged 16 or over) who lack capacity to take some or all decisions for themselves because of a mental disorder or an inability to communicate”.

Incapable means “a person aged 16 years or over, who is incapable of:

* acting on decisions;
* making decisions;
* communicating decisions;
* understanding decisions; or
* retaining the memory of decision,

by reason of mental disorder or of inability to communicate because of physical disability. A person shall not fall within this definition by reason only of a lack or deficiency in a faculty of communication if that lack or deficiency can be made good by human or mechanical aid.”

For the purposes of the Act, capacity should be considered on a contextual basis around a specific decision, and not restricted to an overall clinical judgement. It is recognised that, due to many factors in an individual’s life, capacity to make an authentic decision is a fluctuating concept. Thus, even if deemed to possess general capacity, attention must be paid to whether a person has clear decisional and executional ability (that is, to both make and action decisions) to safeguard themselves in the specific context arising.

The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare and finances of people who lack capacity.

**Vulnerable adult**

Where the adult does not meet the three-point criteria in terms of the legislation but is otherwise vulnerable and in need of support and protection, the action to be taken will be determined by the facts and circumstances presented. Police officers should take appropriate action to protect them if they are at risk or vulnerable to abuse, criminality, or exploitation.

Where the adult is not at risk of harm but is a ‘vulnerable person’, considerations for support should be shared with partners via the raising of a Concern Report on the interim Vulnerable Person Database (iVPD). Section 32 of the Police Fire and Reform (Scotland) Act 2012 outlines the policing principle to improve the safety and well-being of persons, localities, and communities in Scotland.

A vulnerable person could be someone who may not have a medical diagnosis confirming a physical or mental condition, however, their behaviour or position at a particular time can place them in vulnerable situations. They may not meet the three-point criteria, however if they were to receive additional support from the Council or third sector organisations, they would be able to safeguard themselves. This may include adults who misuse substances, self-harm or are disadvantaged through circumstances placing them at particular risk due to their overall vulnerability and risk taking.

## 4. Adult at risk reporting

Notification in respect of adults at risk can come to the attention of the police from a variety of sources and will necessitate the submission of a Concern Report on the iVPD.

* Police Incident — Highlighted during the course of operational duties, for example where the police identify an adult at risk as a result of dealing with a crime / offence or any other operational matter.
* External Report — Information reported to the police by another agency where a crime or offence is suspected**.** The crime would be investigated as a normal criminal inquiry however, the vulnerability of the adult must be considered also.
* Third Party Reporting —Information reported to the police on behalf of an adult at risk, for example by a family member or any other member of the public. Reports may come from an anonymous source, for example by letter or telephone call.

All reports of adults at risk of harm, including anonymous reports, must be taken seriously and treated as a source of information which may be used as evidence at a later stage.

### Information sharing

The Act places statutory responsibilities on the police in respect of protecting adults at risk of harm, these responsibilities are the duty to refer and the duty to cooperate. This means that where we believe an adult is at risk of harm, we are duty bound to share that information with the local authorities.

The Seeking Views (iVPD) Aide Memoire must be read to every person from whom we take information and intend to add their personal information to the iVPD, unless there are proportionate and justifiable exemptions where this would not be practical or appropriate. The adult’s views are to be recorded in officer’s notebook / mobile device and recorded on the Concern Report for inclusion on the adult’s iVPD history.

Further details with regards to Information sharing can be found in the Information Sharing SOP.

## 5. Roles and responsibilities

### Service advisors

Service advisors are responsible for:

* Creating a System for Tasking and Operational Resource Management (STORM) incident and append relevant and available information.
* Conducting an initial Threat, Harm, Risk, Investigation, Vulnerability, Engagement (THRIVE) assessment and thereafter transferring either to the Resolution Team (RT), or the Area Control Room (ACR).

### Resolution Team

An assessment of the THRIVE should be conducted by the RT, to establish appropriate operational response through identification of any vulnerabilities by:

* Liaising with the adult and any appropriate partner agencies to take ownership of the incident.
* Undertaking background checks of the adult.
* Prioritising the safety and wellbeing of the adult.
* Applying the vulnerability tag to STORM incidents, along with an adult at risk disposal code (if appropriate).

### Area Control Room (ACR) controller

Following receipt of the incident the controller will:

* Conduct an assessment of the THRIVE and establish the appropriate operational response, thereafter notify the relevant divisional supervisors.
* Apply the Vulnerability tag to STORM incidents, along with an adult at risk disposal code PW20 (if appropriate).

### Attending officer / enquiry officer

Following notification from an ACR, officers who are attending an incident must:

* Assess the situation and assume operational responsibility.
* Prioritise the safety and wellbeing of all persons involved.
* Undertake initial police system checks in relation to the adult at risk, in order to assess any known vulnerabilities and risks.
* Afford the adult at risk who has been the victim of a relevant crime the opportunity to specify the gender of the interviewing officer, as per Victim and Witnesses (Scotland) Act 2014.
* Contact supervisor and Social Work (out of hours if required) to make them aware of the circumstances and to assess the immediate risk of harm to the adult, if assessed they are believed to need urgent support.
* Consider utilising an Appropriate Adult if necessary, as per Appropriate Adult SOP.
* Where available seek early advice and guidance from Divisional Adult Protection investigation teams.
* Ensure the adult at risk’s safety until alternative measures are in place.
* Ensure the incident is fully investigated, and prior to the end of shift, submit the following:
  + Scottish Intelligence Database (SID) logs (for all adult at risk incidents where criminality is suspected).
  + Crime Reports (when required).
  + Standard Prosecution Reports (SPR) (when required).
  + STORM incident update for all adult at risk incidents.
  + Concern Report(s) (for all identified vulnerabilities for anyone involved).

When submitting a Concern Report, officers should ensure they include the following information.

* The primary reason for submission for each person (for example learning disability, mental health, dementia, substance misuse, acquired brain injury, physical disability).
* Any communication needs of the adult at risk.
* Harm type(s) suspected.
* Whether the adult at risk is aware of the referral.
* Details of the concern, including as much information as possible about the incident(s) and the impact this has had on the subject of concern i.e. dates, alleged harmer(s), previous concerns, any safeguarding activity undertaken.
* Any multi-agency discussion that has already taken place, for example Out of hours / Emergency Social Work call etc.

This is not an exhaustive list and there may be other considerations depending on the circumstances.

Please note a Concern Report should always be raised where the officer believes the adult may be an adult at risk. Any information that can be provided at the referral stage will assist the council in undertaking adult protection inquiries.

### Supervising officer

The supervising officer should:

* Where available seek early advice and guidance from Divisional Adult Protection investigation teams.
* Ensure that a full and thorough investigation takes place, or enquiry allocated to appropriate department.
* Ensure all suitable safety measures have been considered and implemented.
* Provide oversight of any subsequent investigating and enquiry.
* Where relevant conduct initial Social Work / Multi-agency discussions to inform decision making.
* Ensure a Concern Report has been submitted, reviewed, and forwarded to relevant Concern Hub.
* Ensure that Crime Reports, SID logs, SPRs and STORM updates are submitted as appropriate.

### Concern Hub (or other business area depending on operating procedures within relevant division)

On receipt of the Concern Report, Concern Hubs risk assess, prioritise and share information with relevant partners, by reviewing the circumstances documented in the Concern Report, carrying out background checks, updating the nominal’s chronology and undertaking a structured risk assessment (utilising the Resilience Matrix) to identify the most appropriate response, including:

* An overview of the three-point criteria, where officers/staff should ask themselves:
* Based on your assessment, is the adult able to safeguard their own wellbeing, property, rights, or other interests?
* Based on your assessment, is the adult at risk of harm?
* Based on your assessment, is the adult affected by disability, mental disorder, illness or physical or mental infirmity, making them more vulnerable to harm?
* Highlighting the Adult Concern with a relevant internal department for further investigation / consideration of criminality (for example Divisional Domestic Abuse or Rape Investigation Units).
  + - Identifying any relevant known relationships, proxy decision makers (for example guardian or Power of Attorney), and/or carer arrangements responsibilities of the adult.
    - Where relevant, conducting and arranging Social Work / Multi-agency discussions to inform decision making. This may include Adult IRDs.

### Local Area Commander

The local area commander has responsibility for the supervision, audit and monitoring of adults at risk in their area. They should ensure that:

* Officers under their command have completed all relevant training and respond to operational incidents appropriately.
* Review daily incidents involving vulnerable adults and prioritise/task resources appropriately.
* Monitor trends associated with adults at risk in their area and engage with relevant internal and external partners as and when required.
* Actively engage in the iVPD escalation process as and when required.

### Divisional Commander

The Divisional Commander has overall responsibility for the supervision, audit and monitoring of adult at risk incidents. They should ensure that:

* Front-line officers respond to operational demands on behalf of the respective Divisional Commander.
* Repeat victims / offenders are identified and direct appropriate responses accordingly.
* An accountable management structure is provided, both internally and externally.
* Police Scotland is represented at strategic levels with multi-agency partners locally at Adult Protection Committee and Chief Officers’ Group.
* There is provision of a recognised senior lead on Adult Protection.
* An officer who has the appropriate knowledge and skills required is nominated to attend Adult Protection Case Conferences.

**6. Multi-agency meetings**

### Inter-agency referral discussion (IRD)

An IRD is the inter-agency response to adults at risk of harm, with input from police, Social Work and Health. An IRD will enable a co-ordinated response by partner agencies to share information and reach a decision about how to progress and manage the circumstances to support the adult.

Not all council areas and policing divisions undertake adult IRDs, and there is presently no national standard for conducting adult IRDs. In some divisions, IRDs will be conducted by Public Protection Unit (PPU) during office hours, and the duty Police Inspector (PI) outwith office hours, depending on local arrangements.

### Adult protection case conferences

An adult protection case conference (APCC) is a multi-disciplinary meeting, chaired by a Local Authority Manager, at which information relevant to concerns about harm or risk of harm is shared and considered. The meeting assesses risk, makes decisions on the actions and where appropriate, agrees an Adult Protection Plan or reviews a plan that is already in place. The plan will include details of who will do what and when.

## 7. Appropriate adult services

Please refer to Appropriate Adults SOP.

## 8. Domestic abuse incident

Where officers are in attendance at a domestic abuse incident and have reason to believe that one or both parties is an adult at risk, then procedures should be followed as per the Domestic Abuse Investigation SOP.

Sufficient detail articulating the concerns for the adult must be captured. Where it is established that there are also adult at risk / wellbeing concerns for the suspect then a separate Concern Report detailing them as the subject of concern must be created on the iVPD and a detailed overview of the concerns included. Where the victim is also identified as an adult at risk then the Adult Concern (AC) /Domestic Abuse (DA) nominal VP type should be utilised.

The STORM incident should be closed using both the appropriate domestic incidents and adult at risk disposal codes in accordance with recording processes.

## 9. Child concern incidents

Where officers attend an incident involving an adult at risk, consideration must be given to any potential risk that may impact on any associated children. In circumstances where such concerns are identified a child Concern Report must be submitted. For further guidance, please refer to the Child Protection SOP.

## 10. Hate incidents/crimes

When dealing with an ASP incident involving hate please refer to the Responding to Hate SOP.

## 11. Intelligence

In circumstances where there is suspected criminality, and a suspect or accused person is identified and the victim is an adult at risk, then submission of an intelligence log is necessary.

It is the responsibility of the enquiry officer to submit this, using the heading ‘adult at risk’. This must be completed prior to the conclusion of duty.

This will help prevent unsuitable persons having access to vulnerable groups, per PVG guidelines and disclosure thresholds.

## 12. Crime reporting

It is the responsibility of the enquiry officer to raise a crime report as appropriate, in terms of the Scottish Crime Recording Standard (SCRS).

All criminal incidents reported to police should result in the creation of a crime report. Normally the belief of a victim (or person reasonably assumed to be acting on the victim's behalf), that a crime has taken place, will result in the creation of a crime report. There is no requirementfor corroboration of a report to support the creation of this report, in line with the Scottish Crime Recording Standards and Counting Rules.

Where criminal activity comes to the attention of the police and the victim confirms that a crime has taken place but declines to support any police action, a crime report must still be raised.

Where concerns are identified regarding a suspect’s or witness’ capacity, reference should be made to the Scottish Crime Recording Standards and Counting Rules and consideration should be given to consultation with Crown Office Procurator Fiscal Service (COPFS) and the person’s General Practitioner (GP).

## 13. Associated powers

### Banning orders

Banning orders are designed to protect and safeguard adults at risk from being seriously harmed by any person. An application can be made by anyone on behalf of an adult at risk, however, the applications are generally made by the council. They are granted when an adult at risk is in danger of being seriously harmed, and where banning the subject of the order from a specified place, is likely to safeguard the adult’s wellbeing and property.

The Sheriff may grant a temporary banning order pending determination of an application for a banning order. The order can last for any period up to a maximum of 6 months and can be recalled or varied by the Sheriff if they are satisfied that the recall or variation is justified. A child can be the subject of a banning order.

### Assessment orders

The Act directs that the council may make an application to a Sheriff for an assessment order to determine:

* whether an adult is an adult at risk;
* whether there is reasonable cause to suspect that the adult at risk is being, or is likely to be, seriously harmed; and
* whether any action should be taken to protect the adult at risk from serious harm.

The order allows a council officer or council nominee to convey an adult at risk to a suitable place to conduct a private interview. The order also provides that a health professional may carry out a private medical examination. Any medical examination for a potential criminal case must be carried out by a forensic physician or other appropriate medical examiner.

There is no power to detain the adult in the place they are taken to, and the adult may choose to leave at any time.

Only the council can apply for an assessment order. The order is valid from the date specified in the order and expires 7 days after that date.

In granting an assessment order, the sheriff will also grant a warrant for entry.

### Removal orders

The Act provides that a council may apply to the sheriff for a removal order which authorises a council officer, or any council nominee, to move a specified person to a specified place within 72 hours of the order being made and to take such reasonable steps as it thinks fit for the purpose of protecting the moved person from harm. A removal order will be granted only where the sheriff is satisfied that the adult is likely to be seriously harmed if not moved to another place and that there is a suitable place available to remove the adult to.

The place where the adult at risk is removed from may not necessarily be their own home. It can be in public, private, or commercial premises. The adult can be removed from any place in pursuance of a removal order. The adult is to be removed to the place specified in the order. The place the adult at risk usually lives may be a contributory factor in the harm.

A removal order expires 7 days (or such shorter period as may be specified in the order) after the day on which the person specified in the order is moved in pursuance of the order. The removal order is primarily for protection and not for a council interview or a medical examination.

### Guardianship orders

Guardianship orders are court appointed orders under the Adults with Incapacity (Scotland) Act 2000 which authorises a person to act and make decisions on behalf of an adult with incapacity. Anyone with an interest can make an application for a guardianship order.

Guardianship orders can contain different powers and may include:

* power to deal with the adult’s property
* power to deal with financial affairs
* power to make decisions about their personal welfare, or
* a combination of these.

A sheriff will decide on how long an order should last. It is usual for them to be granted for a period of 3 years. However, it might be granted for a longer period of time or indeed for the lifetime of the adult. Once granted, guardians are supervised by the Office of the Public Guardian (OPG) or Local Authority, to ensure that they act in the best interests of an adult with incapacity.

The local council has a duty to supervise welfare guardians and the OPG has a duty to supervise financial guardians.

The OPG role is to ensure that all financial guardians act in the best interests of an adult with incapacity and carry out their duties properly within the scope of their powers.

The OPG also has a role to investigate circumstances where there are concerns raised about the actions of a financial guardian. Where this is identified as being criminal, OPG will refer this onto police for further investigation and reporting of criminality.

## 14. Large-scale investigations

A large-scale investigation (LSI) is a specific type of ASP investigation. It applies to services provided by agencies and/or organisations, and can include day services, outreach facilities, National Health Service (NHS) facilities, care homes, supported accommodation, or when someone is receiving services in their own home. It may be required when there is a belief that a particular service, or an alleged harmer, may be placing more than one resident or service user at risk of harm.

The types of scenarios that mean an LSI should be considered are set out in the Adult Support and Protection (Scotland) Act 2007 Code of Practice.

The risk of harm can come from different sources, for instance: another service user, a member of staff, some failing or deficit in the management regime, or in the environment of the establishment or service.

The paramount consideration in any decision or arrangement in respect of a criminal investigation taking place alongside an LSI is the need to protect adults from harm. In many instances this will be achieved by the successful prosecution of those who pose a threat to adults in conjunction with instructing improvements in practices which exist to prevent adults being exposed to harm.

In taking this approach, there must be consideration to arrangements which allow reviews of systems critical to the welfare of adults to get underway whilst acknowledging the need to secure and preserve the integrity of best evidence within criminal and other investigations.

The police role within an LSI is predominantly to identify and investigate criminality as per the Crime Investigation SOP. This will however require to be done in partnership with the local authority and process of the LSI. Careful consideration will require to be given regarding LSI meetings and what is shared as it may be that representatives at these meetings may be the subject of the investigation (for example care home management).

Many LSIs will not involve criminality and whilst this is the case, police still play a vital role in the discussion and planning of LSI interventions with the intention of removing, reducing risk and harm through support of risk assessment and safety planning.

## 15. Key contacts

For further advice and assistance, please contact

* Information has been removed due to its content being exempt in terms of the Freedom of Information (Scotland) Act 2002, Section 30, Prejudice to effective conduct of public affairs.

## Compliance record

EqHIRA completion/review date: 13/06/2024

Information Management Compliant: Yes

Health and Safety Compliant: Yes

## Version control table

| Version | History of amendments | Approval date |
| --- | --- | --- |
| 1.00 | Initial Approved Version | 09/07/2013 |
| 1.01 | Appendix E updated – Social Work Referral Form replaced by entry on the Interim Vulnerable Persons Database (iVPD). | 24/03/2014 |
| 1.02 | Section 5.5 Incorporation of Victim and Witnesses (Scotland) Act 2014, Section 8 – Victim of specific offences afforded opportunity to specify gender of interviewing officer and iVPD system entries updated to incorporate change.  Appendix ‘I’ updated with legislation. | 15/08/2014 |
| 2.00 | No change to content. SOP placed on new template in line with current governance process. | 12/07/2017 |
| 3.00 | SOP amended in line with the Criminal Justice (Scotland) Act 2016. Other minor changes made relating to responsibilities of Concern Hub and those involved is Adult Support and Protection processes. | 25/01/2018 |
| 4.00 | Updated to reflect changes in data protection legislation. | 24/05/2018 |
| 5.00 | Full review of document to reflect amendments to the Scottish Government document ‘Adult Support and Protection (Scotland) Act 2007 Code of Practice’. Updated to meet PSoS formatting and accessibility standards for SOPs and Guidance documents. | 29/09/2024 |

## Feedback

All Police Scotland service delivery Policies, Standard Operating Procedures (SOPs) and National Guidance are subject to regular reviews. It is important that user feedback is considered when documents are reviewed.

If any officer / staff member wishes to provide comment, or make suggestions for improvements to this or any associated document, a Service Delivery Policy and Procedure Feedback Form (Form 066-014) should be used.