



Adult Support and
Protection National

Large Scale Investigation

Framework

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JUNE 2023

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Introduction

Large Scale Investigations

A Large Scale Investigation or LSI is a specific type of Adult Support and Protection investigation. It applies to services provided by agencies and/or organisations, and can include day services, outreach facilities, 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.

An ‘adult at risk’ is defined under Section 3(1) of the Act is someone who is 16 years and over who meets all three of the following criteria (this is sometimes referred to as the ‘three-point’ criteria).

They have been assessed as being:

1. Unable to safeguard their own well-being, property, rights or other interests;
2. At risk of harm; and
3. That 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.

As set out in the **Adult Support and Protection (Scotland) Act 2007 Code of Practice**, a Large Scale Investigation should be considered if one or more of the following applies:

- An adult protection referral is received that involves two or more adults living within or cared for by the same service or care provider
- A referral is received regarding one adult, but the nature of the referral raises queries regarding the standard of care provided by a service
- Where more than one perpetrator is suspected
- Institutional harm is suspected
- A whistle-blower has made serious allegations regarding a service

- There are significant concerns regarding the quality of care provided and a service's ability to improve. These concerns could come from a regulatory body such as the Care Inspectorate or Healthcare Improvement Scotland
- An adult or adults are living independently within the community but are subject to harm from a perpetrator or group of perpetrators, or it is strongly suspected that more than one adult is subject to such harm
- Concerns regarding an adult are raised following their admission to hospital or discharge. This may include concerns about a care service that are evidenced by an admission to hospital, or concerns regarding an NHS service area
- Concerns are raised via a complaint to the Care Inspectorate, NHS Board, or the local Council or Health and Social Care Partnership
- Concerns are raised by GPs, District Nurses, Dentists, Allied Health Professionals, social workers, social care staff, etc. who attend a service.

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 (from **Adult Support and Protection (Scotland) Act 2007 Code of Practice**, pp.65-66).

Large Scale Investigations in practice

A discussion paper from November 2021 (Comley, 2021) highlights just how different and diverse Large Scale Investigations can be in practice. While the average timeframe for a Large Scale Investigation is between two and four months, they have lasted up to nine months. There can be many variables: the number of service users affected, the size of the provider's service, whether the provider is a small organisation or a large business, how a provider responds to the Large Scale Investigation, and the type of setting itself. While most Large Scale Investigations happen in residential units, they can also take place in hospital wards, day services, and services delivered in a person's own home. All of these different factors mean Large Scale Investigations can have hugely varying resource and wellbeing impacts.

In fact, the name Large Scale Investigation itself may need some explaining to those not familiar with it, or who might interpret it as a purely procedural or punitive process. As a Large Scale Investigation takes place under Adult Support and Protection, it is about making sure adults who may be at risk of harm are safeguarded, with their wellbeing paramount.

In many cases, a Large Scale Investigation will take place somewhere that the adult at risk calls home, and it's important to recognise that because of this, a Large Scale Investigation in itself may feel destabilising.

What this framework does

This framework offers a set of processes and principles that will be helpful to those conducting and/or participating in Large Scale Investigations. To help think through how these processes and principles can be realised, the framework also contains practice steps that can be considered as hallmarks of good practice. It complements the [Revised Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#), and builds on the good practice already happening around Scotland.

The Code of Practice states that “Many partnerships have their own procedures, sometimes across a number of partnerships (e.g. within one Health Board area) (p66).” This national framework does not replace that local guidance. It is intended to work alongside it, and help in the future development of local guidance, processes and procedures.

However, there is known to be considerable variation across Scotland with how Large Scale Investigations are conducted (Comley, 2021). While some variation is necessary and positive (reflecting different local contexts), there is a benefit both to adults at risk of harm and professionals across Scotland in increasing the consistency and transparency of Large Scale Investigations. This framework is designed to help with that.

Who this framework is for

This framework is primarily aimed at Local Authorities in Scotland. However, its principles will also be relevant to all those who are part of Large Scale Investigations, whether they have statutory powers or not.

The framework has been designed with accessibility in mind. It is hoped that the framework will be clear, not only for those conducting a Large Scale Investigation, but also for service users, their supporters and families, advocacy workers and services that may be subject to a Large Scale Investigation. It is important that everyone understands what a Large Scale Investigation is, so people will know the standards to expect.

How this framework was created

In developing this framework, Iriss worked together with the National Adult Support and Protection Coordinator, Brenda Walker, and Scottish Government to gather information, good practice, and the relevant policy and research literature. The framework also draws from a 2022 [Iriss online learning resource](#) supporting better understanding of and practice in Large Scale Investigations, and from Paul Comley's 2021 discussion paper on Large Scale Investigations, written when he was in the role of National Adult Support and Protection Coordinator. Additional resources, including research on how adults at risk of harm and their supporters experience the Adult Support and Protection system, local Large Scale Investigation guidance, and literature on effective policy implementation were also scoped. There is a full list of references and further useful resources in the Appendix to this framework.

In addition, feedback from Adult Support and Protection Lead Officers in October 2022, where the challenges and opportunities for improved practice in the delivery of Large Scale Investigations were discussed, has been incorporated where possible. Iriss presented on the development of this Large Scale Investigation framework at two further meetings in February 2023, one with Adult Protection Committee Convenors, and one during the Social Work Scotland National ASP (Leads) Practice Network, during which comments were invited. A meeting between Iriss, the National Adult Support and Protection Coordinator and the Care Inspectorate took place on 31 January 2023 to gain their views. Finally, a two-hour drop-in session took place on 9 March 2023, facilitated by Iriss, where any interested party could attend and offer their views on the development of this Large Scale Investigation framework. We thank everyone for offering their opinions and sharing their practice.

Linking in with the ASP minimum dataset

A minimum dataset is a collection of agreed indicators, measures, criteria, or categories that are quantifiable. A minimum dataset is designed to create a robust and shared understanding of information that works both locally and nationally to generate meaningful and comparable data. The ASP minimum dataset, implemented from April 2023, aims to inform planning and support the improvement of services at local and national level. It can provide a baseline, map trends (or progress) to this end.

Currently, the ASP minimum dataset collects information on the number of Large Scale Investigations by service type. Other indicators were considered for inclusion, related to the volume of adults at potential risk in a Large Scale Investigation and the volume of work inputted by staff. However, these more detailed indicators were deemed as ‘too difficult’ to count in a consistent way, for now. These indicators, and others related to a Large Scale Investigation, may be part of a future iteration of the ASP minimum dataset.

How to use this framework

Part One of the framework sets out a model process for a Large Scale Investigation. At each stage there are sections outlining the purpose, summary actions, accountability and governance, and links to the relevant Large Scale Investigation principles in **Part Two**. Part One of the framework can be used to review the overall process of a Large Scale Investigation. **It does not replace local guidance** – and there may be different local terms for similar roles, meetings or procedures that this framework refers to. The framework does not supersede these local ways of working – instead, it is hoped that the framework can be translated to a variety of local contexts to support good practice.

Part Two of the framework looks in detail at **seven principles** at the heart of every Large Scale Investigation, no matter the service type, size, scale, or character of the Large Scale Investigation. For each principle, there are a series of **practice steps** that support putting this principle into practice during a Large Scale Investigation.



Part one: A model process for Large Scale Investigations



At present, the framework **does not** include details of an alternative route if a Large Scale Investigation is decided against. This may be included in future guidance or revised versions of the framework.

More detail about each of the above stages follows below.

Prevention

Large Scale Investigations balance a supportive approach with a statutory duty under Adult Support and Protection legislation. Thinking about proactive work early on can avoid the need to go down the statutory route, embed support and partnership with services, and flag future concerns at an earlier stage.

There are many ways that Local Authorities work proactively with local services in order to prevent or reduce the need for Large Scale Investigations. Good practice across Scotland includes the following:

- Regular analysis of the patterns of ASP referrals coming from local providers. Do they seem disproportionately high or low? If so, proactive reaching out to these services to investigate the reasons for the excess or lack of ASP referrals, including contracts and commissioning colleagues in these discussions, and providing any support identified, can help prevent a Large Scale Investigation in the future.
- Proactive work when a new provider sets up in the local area, building up relationships from the beginning.
- Sustained strengths and relationship-based work with local providers, and ensuring providers don't only experience social work at a time when things are going wrong. This both builds trust and helps develop the soft intelligence needed for supportive work in the event of future ASP involvement.
- Using the **Early Indicators of Concern in Care Services**, which are specifically designed to help health and social care practitioners in Scotland intervene at an earlier stage to prevent the significant deterioration in service quality associated with abuse and neglect. Sharing these with local care providers can also help establish a shared language between the Local Authority and providers about standards in care.
- A designated team to investigate early concerns.
- Creating provider chronologies, which capture significant events, and can help quickly build up a picture of an individual provider meaning concerns are identified at an earlier stage.
- Being transparent with local providers about local ASP procedures, including what might trigger a Large Scale Investigation, and encouraging providers to reach out at an early stage if they identify any patterns of concern themselves.

- Considering the difference between ‘poor care’ and ‘harm’. These can be difficult differences to draw, and poor care can foreshadow harm. However, if there are robust mechanisms for addressing poor care concerns through the contracts and commissioning processes, these can help prevent the need for a Large Scale Investigation.

RELEVANT PRINCIPLES

Person-centred, Supportive, Multi-agency, Professionally curious, Clearly communicated

Initial response to an ASP referral

PURPOSE

In the first instance, on receipt of a referral, ASP S4 inquiries and local ASP procedures should be followed. The speed and accuracy of an initial response to a referral can prevent further harm from occurring, embed oversight and support from the earliest stage, and ensure a prompt evaluation of the circumstances.

SUMMARY ACTIONS AT THIS STAGE

All ASP S4 inquiries and local ASP procedures should be followed in the first instance.

When a referral is received indicating that two or more adults may be at risk, good practice is for the referral to be screened by a Team Leader or Manager within 24 hours.

Local guidance on Large Scale Investigations can be consulted from this earliest stage, which may provide a detailed local process to follow.

If it appears that immediate action is needed to protect any adults at risk of harm, this should be taken without waiting for further stages in the Large Scale Investigation procedure.

ACCOUNTABILITY AND GOVERNANCE

From the initial screening, and if it looks like a Large Scale Investigation might be a possible outcome, it is good practice for the Team Leader or Manager who screened the initial referral to contact their Operations or Service Manager within 24 hours of the initial referral screening. The Operations or Service Manager is then able to oversee initial inquiries to establish whether the referral is likely to require a Large Scale Investigation.

The Chief Social Work Officer, relevant Head of Service and Adult Support and Protection Lead Officer may also be notified at this stage.

Contact can also be made at this stage with Police Scotland and relevant health managers, informing them of the potential need for a Large Scale Investigation. The Care Inspectorate can be notified at this stage, as can Healthcare Improvement Scotland if the concerns relate to a healthcare service.

RELEVANT PRINCIPLES

Person-centred, Multi-agency, Clearly communicated

Initial Large Scale Investigation Discussion

PURPOSE

The Initial Large Scale Investigation Discussion brings relevant people together to decide whether or not a Large Scale Investigation needs to be implemented, and to agree an initial action plan. Parallel to this, local ASP procedures should establish if intervention is required to safeguard any individual adults at risk. The Initial Large Scale Investigation Discussion asks whether a Large Scale Investigation is the best way to achieve a desired outcome, or if there are alternatives available.

SUMMARY ACTIONS AT THIS STAGE

The Chair of the initial Large Scale Investigation Discussion is likely to have a level of seniority relevant to the potential scale of the Large Scale Investigation. In many cases, this is likely to be a Chief Social Work Officer, a senior officer of the council at Head of Service level (or above), or a senior manager who has previous experience of chairing Adult Support and Protection case conferences.

Exact invitees are decided by the Chair, but they are likely to include Local Authority representatives from Adult Support and Protection, contract monitoring, quality assurance and commissioning. Local authority legal services may also have a role. The Care Inspectorate, Police Scotland, the Mental Welfare Commission, Healthcare Improvement Scotland, relevant health staff, representatives from other agencies also funding services with the service provider, and Scottish Fire and Rescue may also be invited where relevant (this list is not exhaustive). All attendees will be expected to share relevant information.

The Initial Large Scale Investigation Discussion takes place alongside ASP procedures that safeguard any individual adults at risk. These individual ASP

activities and interventions work in parallel to a Large Scale Investigation, and should not be delayed because of Large Scale Investigation activity.

The Large Scale Investigation Discussion also aims to consider whether there is a risk to other adults not mentioned in the initial referral. It is also important for the Large Scale Investigation Discussion to consider the possible impact of a Large Scale Investigation on service users and their families, and the implications for the management and staff of the service under discussion. The discussion can look at alternatives to a Large Scale Investigation, and can consider whether these would likely be sufficient as an intervention.

At the end of the Large Scale Investigation Discussion the aim is to reach a decision whether to proceed to a Large Scale Investigation planning meeting. It may be that the conclusion is that there is no requirement for a Large Scale Investigation, for now – in which case, consideration may be given to in what circumstances this decision might be reconsidered.

The Large Scale Investigation Discussion should be minuted, and the rationale to proceed or not to a Large Scale Investigation planning meeting clearly stated in the minutes. Any alternative actions that have been agreed instead of progression to a Large Scale Investigation, should also be clearly noted.

ACCOUNTABILITY AND GOVERNANCE

It is important that the attendees are of sufficient seniority to contribute to decision-making and resource allocation in the event of a Large Scale Investigation. If a Head of Service is not present at the Large Scale Investigation Discussion, it is good practice to inform them of the meeting's outcome within 24 hours.

It's good practice to update the Chief Social Work Officer, the Chief Officers Group (COG), the Adult Protection Committee (APC) and other senior managers of the decision whether or not to proceed to a Large Scale Investigation.

RELEVANT PRINCIPLES

Person-centred, Planned, Multi-agency, Clearly communicated

Appointing the Lead Investigation Officer (LIO)

PURPOSE

A Lead Investigation Officer (LIO) leads the investigative process. They also lead an investigative team, and co-ordinate resources and communication.

SUMMARY ACTIONS AT THIS STAGE

If the Initial Large Scale Investigation Discussion indicates progress to a Large Scale Investigation planning meeting, the Lead Investigation Officer (LIO) will now be appointed, likely by a Head of Service or other senior officer of the council. Adult Support and Protection experience is very important in the LIO role, due to the sensitive, complex, and highly collaborative nature of Large Scale Investigations. This means the LIO is likely to be a senior manager with substantial experience of Adult Support and Protection work. It may be beneficial for the LIO to be a qualified social worker registered with the SSSC, and an authorised Council Officer (as defined by **Section 53(1) of the Adult Support and Protection (Scotland) Act 2007**).

When appointed, the LIO takes responsibility for co-ordinating any immediate actions to keep an adult or adults at risk safe. These actions can also be discussed with the Chief Social Work Officer and any manager who has been involved in relevant individual ASP cases at that stage.

The Care Inspectorate require Local Authorities and Health and Social Care Partnerships (HSCPs) to notify them at the commencement of a Large Scale Investigation in relation to a registered service, via their **Care Inspectorate Notifications** web page. It is also good practice to notify the **Mental Welfare Commission** if the Large Scale Investigation concerns an adult at risk with a mental disorder, or an adult who is known to lack capacity under the terms of the Adults With Incapacity (Scotland) Act 2000. If the Large Scale Investigation concerns a health setting, the LIO can notify **Healthcare Improvement Scotland**. If there is a belief that the Large Scale Investigation may overlap with the responsibilities of the **Office of the Public Guardian** (for example, if there are concerns about the actions of proxy decision makers), they can be contacted for discussion and to assess their possible role in the Large Scale Investigation Planning meeting and/or subsequent meetings.

The commencement of any Large Scale Investigation should also be included in the quarterly return of the ASP minimum dataset.

ACCOUNTABILITY AND GOVERNANCE

Once the LIO has been appointed, it's good practice to notify the Chief Social Work Officer of the appointment, and that a Large Scale Investigation planning meeting will now take place.

RELEVANT PRINCIPLES

Person-centred, Planned, Clearly communicated

Large Scale Investigation Planning Meeting

PURPOSE

The Large Scale Investigation Planning Meeting begins a Large Scale Investigation. It aims to agree an action plan; identify points of contact within each agency; share, analyse and discuss existing evidence; clarify any immediate actions; consider any relevant support needs in relation to the service in question; and consider the possible impact of a Large Scale Investigation, particularly on adults who use the service in question, and their families.

SUMMARY ACTIONS AT THIS STAGE

The Large Scale Investigation Planning Meeting can take place shortly after the Initial Large Scale Investigation Discussion (no later than five working days is recommended).

Exact invitees are decided by the Chair (likely a senior officer of the council at Head of Service level, or above, with previous experience of chairing Adult Support and Protection case conferences). Invitees are likely to include Local Authority representatives from Adult Support and Protection, contract monitoring, quality assurance and commissioning, and representatives from any Local Authorities who have placed adults in the service subject to the Large Scale Investigation Planning Meeting. The Care Inspectorate, Police Scotland, the Mental Welfare Commission, Healthcare Improvement Scotland, relevant health staff (including GPs), and Scottish Fire and Rescue may also be invited where relevant (this list is not exhaustive). All attendees will be expected to share relevant information.

The manager and/or owner of the service may be invited **unless their presence would compromise the Large Scale Investigation**. There may be a part of the meeting that they are not invited to. If they are not invited,

the Chair can meet with the manager or owner of the service separately. It is important that **Principle 2: Supportive** is considered throughout this Planning Meeting, starting from the view that everyone wishes to provide high-quality care, unless proven otherwise.

As a minimum, the meeting aims to achieve the following:

- Confirm that a Large Scale Investigation will be initiated
- Identify the objectives of the Large Scale Investigation
- Confirm the Lead Investigation Officer (if this has not already been done) and the team conducting the Large Scale Investigation, noting that this team is likely to be multi-agency and/or multi-disciplinary in nature
- Identify or confirm lead officers from each agency, and points of contact for each agency
- Identify any relevant agencies who have not yet been notified, and make a plan to inform these agencies
- Share available information from all key agencies
- Agree an initial risk management plan, including any immediate actions to protect adults at risk. The meeting may also need to address whether a moratorium on referrals to the service needs to be introduced (this can also be a voluntary moratorium, agreed with a service provider). This will very much depend on the nature of the issues under discussion.
- Clarify any parallel investigations (such as by the police, Care Inspectorate, Scottish Social Services Council, or Healthcare Improvement Scotland; or individual Adult Support and Protection investigations; internal investigation activity may also be underway within the service) and agree mechanisms for communication and feedback
- Address any cross-boundary issues – for instance, where service users have been placed by a different Local Authority, including Local Authorities outside of Scotland, or where the provider runs services in other Local Authority areas
- Allocate the resources needed, including a physical space, if required, for the investigation team
- Discuss the existing evidence, for instance all previous concerns, complaints and reports
- Consider possible interest from the media, and agree a holding statement that can be used in the case of media interest
- Consider possible interest from elected members, and consider drafting a confidential briefing for elected members

- Agree how information will be shared and stored, allowing key information to be quickly accessed
- Consider the possible impact of the Large Scale Investigation, including in the cases of a suspension of new referrals to the service and service closure
- Determine how service users, their supporters and family members are to be notified of the Large Scale Investigation – including details of what this means, and the next steps they can expect
- Consider the support needs of the service provider and the staff working at the service
- Agree an action plan and timescale.
- Agree a next meeting date.

Local guidance may contain sample agendas to help structure the discussion.

The meeting is likely to decide which service users, carers, or others need to be interviewed when, where, and by whom. The rights of individuals are always kept at the heart of this stage. It is good practice to offer advocacy to service users and their families (including those who use the service but who are not being interviewed), proactively offering help for people to access an advocacy worker. It is also helpful to plan a strategy for keeping service users and their families informed throughout the Large Scale Investigation at this meeting.

The meeting should be minuted, with the agreed action plan attached to the minutes.

ACCOUNTABILITY AND GOVERNANCE

The meeting is likely to be chaired by a senior officer of the council at Head of Service level, or above, with previous experience of chairing Adult Support and Protection case conferences.

The meeting aims to identify how other Heads of Service, the Chief Social Work Officer, the Adult Protection Committee (APC), the Chief Officers Group (COG) and other senior managers will be kept updated.

RELEVANT PRINCIPLES

Person-centred, Supportive, Planned, Multi-agency, Professionally curious, Lawful, Clearly communicated

Conducting the Large Scale Investigation

PURPOSE

The Large Scale Investigation, following the Planning Meeting, determines whether a service or alleged harmer is putting one or more adults at risk. It is also part of the response in ensuring harm ceases and supporting a provider to make improvements that may be needed.

SUMMARY ACTIONS AT THIS STAGE

Every Large Scale Investigation is different. Local guidance must always be followed. However, there are some actions that are likely to be common to all Large Scale Investigations.

Throughout the investigation, it is important to keep in mind **Principle 4: Professional Curiosity**. Members of the Large Scale Investigation team can be encouraged to challenge one another, identify gaps and inconsistencies, and to offer different perspectives on the evidence gathered. This will support the robust triangulation of evidence, the consideration of multiple hypotheses, and really use the valuable skillsets of those who work in Adult Support and Protection.

At the outset, the Large Scale Investigation team can consider the plan agreed at the Large Scale Investigation Planning Meeting. This will aid the team in deciding the scope, means, and method of the investigation.

It is good practice to inform, by letter, all the GPs involved in the care of any service user affected by the Large Scale Investigation.

At every stage, it's good practice for the Large Scale Investigation team to consider the impact of the investigation on adults who may be at risk of harm, their supporters and families, alongside the service user's rights and preferences.

When interviews with service users take place, **every consideration should be given to issues of accessibility, ease, equality and diversity**. All necessary supports, including interpreters and communication aids, or a professional who knows the adult well, can be considered in order to support this. Consideration should be given to the setting and time of day of the interview, and at the choice of the service user, wherever possible.

The LIO may also be the point of contact for the manager and/or owner of the service being investigated (or they may designate this to another member of the

Large Scale Investigation team). It's good practice to proactively communicate regularly with the manager and/or owner, to ensure they feel informed, and are able to pass this information on to their own staff. It also means that the Large Scale Investigation team can understand any improvements made, offer direct support, and continually assess the ongoing risk of harm.

The LIO also holds responsibility for communication to other agencies (although they may delegate this responsibility). This may include key contacts such as the Care Inspectorate, Healthcare Improvement Scotland and the Mental Welfare Commission, and also other Local Authorities who are funding residents of the service subject to a Large Scale Investigation.

How often the team meets to discuss the Large Scale Investigation is likely to depend on the specifics of the investigation, although once-weekly team meetings are standard practice. At these regular team meetings, the evidence gathered so far can be discussed, and team members can offer their perspectives. At every team meeting, it's good practice to include an agenda item on the impact on service users, their supporters and families, discussing each service user individually where possible. At every team meeting, the timescales in the Large Scale Investigation plan can be considered, and progress on them noted. All team meetings should be minuted.

Large Scale Investigations can be very emotive, and can challenge staff resilience. The welfare of staff involved in a Large Scale Investigation should always be carefully and proactively considered. Regular supervision and support sessions for staff are important throughout the life of the Large Scale Investigation.

ACCOUNTABILITY AND GOVERNANCE

The LIO can update the Chair of the Large Scale Investigation Planning Meeting on a regular basis, and to others as necessary and defined by local guidance.

While the investigation is taking place, the multi-agency group who attended the Large Scale Investigation Planning Meeting may continue to meet at regular intervals (see below). The LIO can provide a formal update to this group on the progress of the investigation, and note any deviations from the original plan.

RELEVANT PRINCIPLES

Person-centred, Supportive, Multi-agency, Professionally curious, Lawful, Clearly communicated

Investigation Review Meetings

PURPOSE

For the Large Scale Investigation group to review the progress of the Large Scale Investigation, and to decide whether to continue or end the Large Scale Investigation.

SUMMARY ACTIONS AT THIS STAGE

The timing of these meetings may vary, but they are likely to take place at regular intervals, often on a monthly basis, and more regularly if the issues involved and/or the progress of the investigation merits it.

Wherever possible, it is beneficial for the Chair of the Investigation Review Meeting to be the same as the Chair of the Large Scale Investigation Planning Meeting. The attendees at the Investigation Review Meetings are at the discretion of the Chair, and are likely to reflect those attendees at the Large Scale Investigation Planning Meeting.

As a minimum, the meeting aims to achieve the following:

- To discuss the progress of the Large Scale Investigation so far
- For all attendees to give a progress report on any actions assigned to them
- To discuss the impact on service users, their supporters and families
- To review the effectiveness and timescales of the current plan and change it if necessary
- To decide whether to continue or end the Large Scale Investigation

Any outstanding actions, and the date of the next Investigation Review Meeting (where appropriate) can be agreed. The meeting should be minuted.

ACCOUNTABILITY AND GOVERNANCE

The LIO can provide a formal update to this group on the progress of the investigation, and note any deviations from the original plan.

It's good practice to update Heads of Service, the Chief Social Work Officer, the Chief Officers Group (COG), the Adult Protection Committee (APC) and other senior managers on the outcome of this meeting.

RELEVANT PRINCIPLES

Person-centred, Multi-agency, Professionally curious, Lawful, Clearly communicated

Ending the Large Scale Investigation

PURPOSE

To conclude the Large Scale Investigation.

SUMMARY ACTIONS AT THIS STAGE

A decision to end the Large Scale Investigation can be taken at an Investigation Review Meeting. At this meeting, the decision is taken by those of sufficient seniority who are established as overseeing the Large Scale Investigation (likely senior officers of the council at Head of Service level, or above).

When the decision has been taken to end a Large Scale Investigation, the Chair can nominate the LIO or another member of the Large Scale Investigation Team to write an outcome report. The report aims to summarise the information gathered and considered during the Large Scale Investigation, to clearly state the outcomes (and the reasons for the outcomes). Local guidance may contain a template for this report.

An outcome meeting can be scheduled to enable discussion of the findings. Invitees are decided by the Chair, however all relevant parties (including the manager and/or owner of the care setting) can be considered for attendance. The manager and/or owner of the care setting may be excluded from certain parts of the meeting, if appropriate.

As a minimum, the outcome meeting aims to achieve the following:

- To discuss the report from the LIO
- To consider any outstanding concerns – creating an improvement plan, with measurable targets, where needed
- To take a longer-term look, giving consideration to how any improvements can be sustained and any supportive monitoring needed for this
- To ensure that appropriate risk assessments have been completed, and that protection or care management plans are in place
- To create a communication plan for notifying all interested parties – including service users, their supporters and families – of the conclusion of the Large Scale Investigation
- To decide on a media strategy for communicating the end of the Large Scale Investigation, particularly if there has been media interest during the Large Scale Investigation itself

- To identify any themes that can be used for future learning, and which can be discussed at the Lessons Learned debrief
- To identify if any individual ASP cases are to continue
- To consider any further actions, including the possibility of a Learning Review (the criteria for undertaking a Learning Review are set out in the [Learning Review guidance](#)).

ACCOUNTABILITY AND GOVERNANCE

If an improvement plan has been created, it is good practice to give consideration as to how this will be supported and monitored. It is likely that the relevant parties will meet at an agreed date in the future to check whether these actions have been completed.

The Care Inspectorate require Local Authorities and Health and Social Care Partnerships (HSCPs) to notify them when a Large Scale Investigation in relation to a registered service concludes, via their [Notifications web page](#).

RELEVANT PRINCIPLES

Person-centred, Supportive, Planned, Multi-agency, Lawful, Clearly communicated

Lessons Learned debrief

PURPOSE

To capture learning and share experiences arising from the Large Scale Investigation.

SUMMARY ACTIONS AT THIS STAGE

Large Scale Investigations are an opportunity for all to improve practice in Adult Support and Protection. The Lessons Learned debrief is most helpful when it has a tone of learning, support, and sharing. Even if a Large Scale Investigation seems to have been relatively straightforward, with what may be considered a successful outcome, there is a lot of potential learning. It's important to learn from when things go well in addition to the learning from difficult or challenging Large Scale Investigations.

Specific attention may be given to learning from what could have happened at earlier stages, with a view to strengthening local preventative work with providers.

All professionals involved in a Large Scale Investigation can be considered for attendance to the Lessons Learned debrief, regardless of seniority, and

multi-agency partners may also be invited. National bodies, including the Care Inspectorate, Healthcare Improvement Scotland and the Mental Welfare Commission may also be invited, in order to consider the wider learning in Adult Support and Protection across Scotland.

This Lessons Learned meeting is most beneficial when it convenes no later than a month after the conclusion of a Large Scale Investigation. This is to ensure learning remains fresh.

ACCOUNTABILITY AND GOVERNANCE

The Chair of the outcome meeting, Chief Social Work Officer and other senior leaders may be invited to the debrief. They can consider carefully the themes identified and decide if there are any actions for them to take arising from these themes.

The Lessons Learned debrief may also identify themes that may be relevant at national level. In this case, it is good practice for the Chair of the outcome meeting to contact the ASP Policy Team at Scottish Government or the **National Adult Support and Protection Coordinator**.

RELEVANT PRINCIPLES

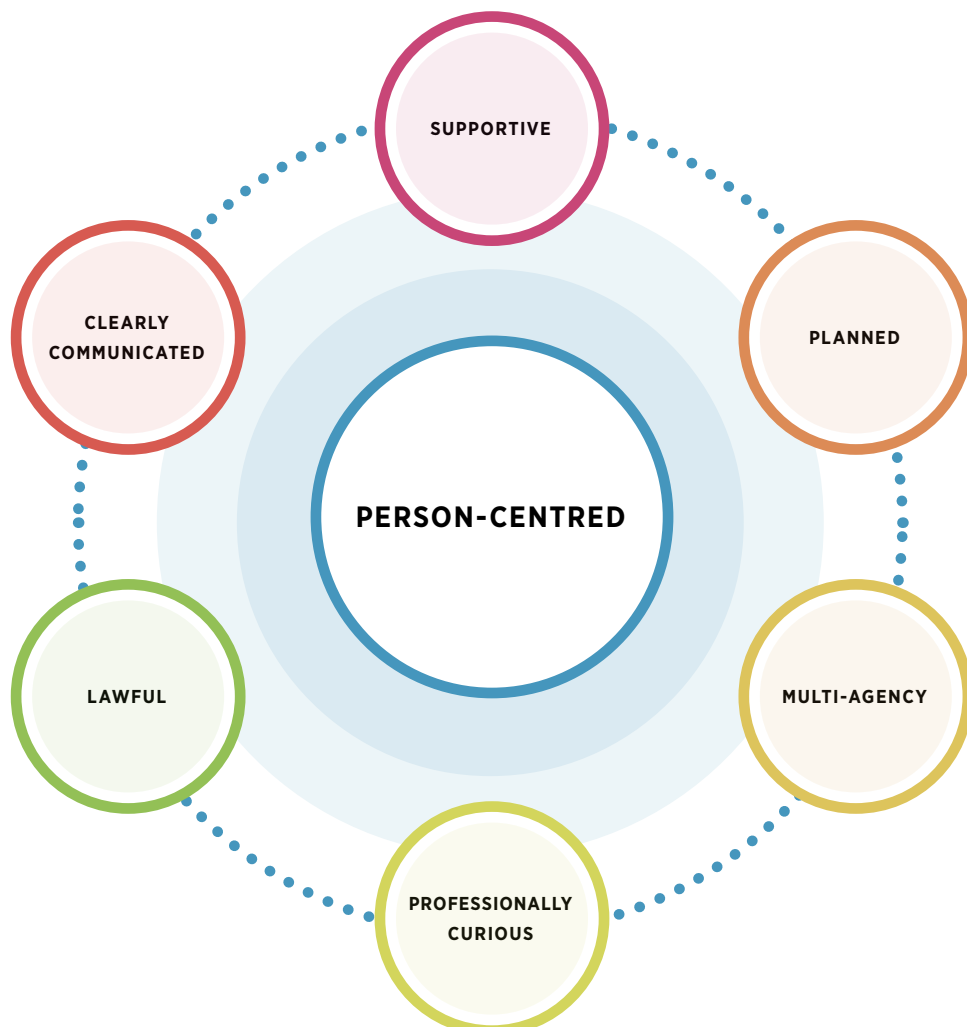
Person-centred, Supportive, Multi-agency, Professionally curious



Part Two: Large Scale Investigation Principles and Practice Steps

The principles, practice steps, and how to use them

The Large Scale Investigation Principles are high-level. They are values that inform the process of a Large Scale Investigation throughout, with some being particularly important at particular stages (as noted in Part One). They are accompanied by **practice steps** that will help ensure the Principles are embedded at the heart of every Large Scale Investigation.



Principle 1: Person-centred

WHAT THIS PRINCIPLE MEANS

This is the central Principle of all Large Scale Investigations. While a Large Scale Investigation looks at systemic and management issues, the **wellbeing, safety,** and **experiences** of the adults at risk of harm are always the central concern of all Large Scale Investigations.

PRACTICE STEPS

1. **Prioritise the impact and possible impact of the Large Scale Investigation on service users, their supporters and families.** This is the case for all adults and their families who use the service, whether they have directly experienced harm or not. It is helpful to consider this impact as an agenda item at every meeting of the Large Scale Investigation team meeting.
2. **Proactively offer advocacy.** **Independent advocacy** is offered at the start and throughout the Large Scale Investigation. It is also good practice to support people to understand what advocacy is, and how it can uphold their rights. This includes '**Non-instructed advocacy**' which can be offered to people who have a degree of incapacity, or who cannot for any reason clearly say whether or not they would like an independent advocacy worker. If the adult doesn't want advocacy, this is their choice, and it is important to clearly record this.
3. **Create a communications strategy specifically aimed at service users, their supporters and families.** When planning the Large Scale Investigation, it's important to give particular attention to communicating with service users, their supporters and families. This may include (but is not limited to) creating an information pack; following up postal or electronic communications by telephone or a face-to-face meeting; organising a larger meeting for families where they have the chance to ask questions about the Large Scale Investigation; nominating a named person in the Large Scale Investigation Team to act as a contact for all service users, their supporters and families.
4. **Consider issues of equality, diversity and inclusion.** There may be particular ethnic, religious, gender, LGBTQ+, disability and/or age-related factors during the investigation. There may also be additional needs related to capacity or communication. Always consider whether any

of these factors mean there is a particular impact on people, or extra support needs to be provided during interviews.

5. **Be clear about consent.** The [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) states “Whilst adults with capacity have the right to consent or otherwise, there may be a lawful basis to share information under the 2007 Act without this consent (p.35)”. There is more information around information sharing and consent in the Code of Practice, including an information sharing checklist, on pages 34-39.
6. **Be trauma-informed.** Trauma-informed approaches support people to move from powerlessness to personal agency, from fear to safety, and from secrecy to transparency. The Scottish Government has developed a set of trauma training resources called the ‘[National trauma training programme](#)’. It is designed to support all organisations in Scotland to understand the impact of trauma on people’s lives and to be trauma-responsive.
7. **Be patient with, and sensitive to, complex issues.** For instance, adults at risk may feel that they are ‘getting people into trouble’ if they talk about harm, abuse or neglect. They may feel like their home, or the way they live their life, is threatened. Make sure to build rapport when interviewing, explain complex concepts slowly and carefully, and check understanding. Spend time at the end of an interview with the adult, thank them, ask whether they have questions, and explain what will happen next. The [Working Together in Adult Support and Protection](#) training resource can help build these skills.
8. **Seek feedback.** Following the completion of a Large Scale Investigation, all service users, their supporters and families can be contacted for their feedback (unless there is a specific reason not to). Their views should be listened to carefully, can be discussed at the Lessons Learned debrief, and can be used to inform person-centred Adult Support and Protection work in the future. It may also be useful to refer to the Scottish Government’s [Participation Framework](#) when considering how people’s experiences can shape future Adult Support and Protection work.



Principle 2: Supportive

WHAT THIS PRINCIPLE MEANS

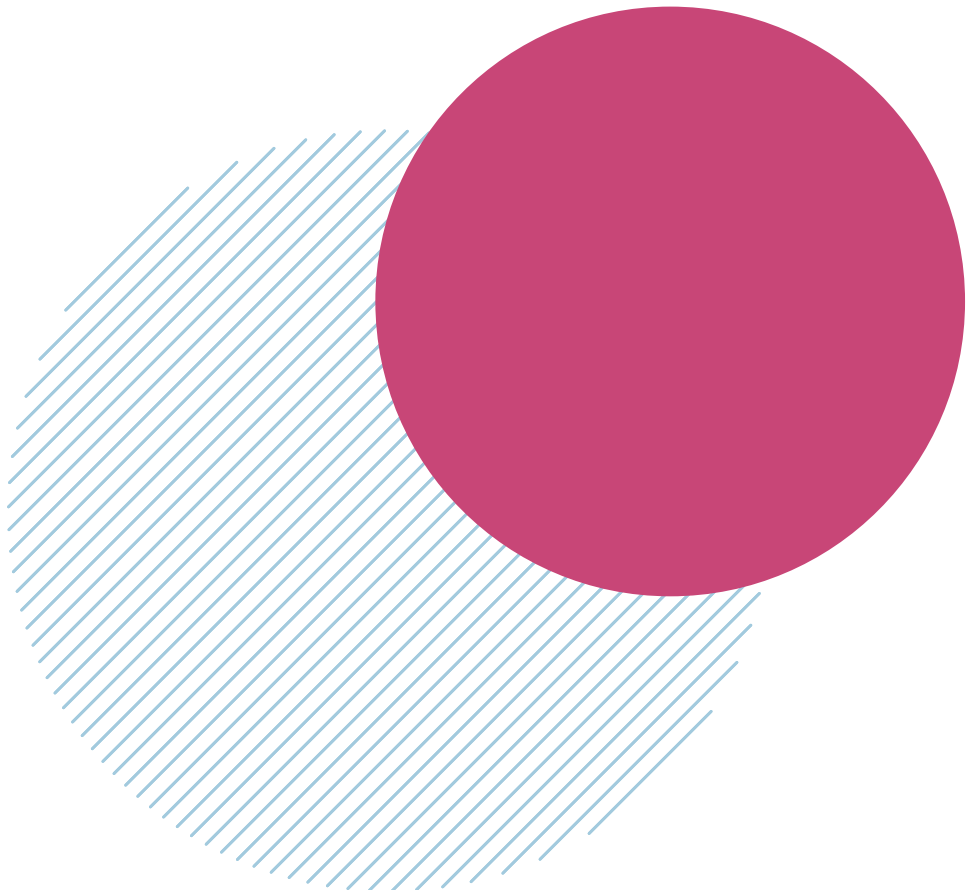
It is important to start from the belief that everyone involved in a Large Scale Investigation wants to provide good care and support unless proven otherwise. Large Scale Investigations can also be emotionally demanding for all involved, and it's important to recognise and address this from the beginning.

PRACTICE STEPS

1. **Consider staff welfare during a Large Scale Investigation.** The Large Scale Investigation team are likely to find regular opportunities for debrief and **peer support** valuable, and the team can be encouraged to find ways that work well for them in order to feel grounded and safe in their practice. Counselling could also be made available.
2. **Provide regular effective supervision.** This will provide a safe space for workers to reflect on their practice, analyse successes and challenges, develop skills and knowledge, and help build emotional resilience while the Large Scale Investigation is taking place.
3. **Avoid using blaming language at all times.** It is important to position a Large Scale Investigation as a mechanism for improvement, and not to apportion blame. Blaming language is likely to hamper co-operation from staff, managers and/or owners of a service subject to a Large Scale Investigation and, if a manager doesn't view the process as supportive, this is likely to be the message they give to their own staff. Take some time to consider how the Large Scale Investigation may feel from a provider perspective, and consider how language around support and collaboration can be embedded in local processes.
4. **Set expectations to providers and signpost to support.** Setting out what providers subject to a Large Scale Investigation can expect will help them to communicate to their own staff, and help reduce distress and worry for them. The LIO can also signpost providers and their staff to the support available to them at **Scottish Care**. For healthcare staff, there is some information on the **Workforce Policies** section of the NHS Scotland website.
5. **Be clear about why the Large Scale Investigation is important.** Not all providers will welcome a Large Scale Investigation, or see the process as supportive. It's important not to abandon the supportive principle in these cases, but it is also necessary to remain clear about why the

Large Scale Investigation is needed – as important and necessary Adult Support and Protection work to safeguard adults at risk of harm.

6. **Provide follow-up for the Large Scale Investigation Team.** Once a Large Scale Investigation is concluded, it is important that any emotions and experiences are processed. It's likely to be helpful for staff who have been part of the Large Scale Investigation team to reflect on their experience and share their feelings once the process is completed. In addition to immediate follow-up, it may be beneficial to check-in on staff wellbeing six months after the Large Scale Investigation has concluded, noting that some staff may have ongoing involvement with service users and/or the service that was subject to the Large Scale Investigation.



Principle 3: Planned

WHAT THIS PRINCIPLE MEANS

This is about what the Large Scale Investigation aims to achieve, and how it will get there. Clear planning of the scope and scale of the Large Scale Investigation from the very beginning is important. While it's possible that circumstances may change during the course of the Large Scale Investigation, clear planning helps the investigation remain on track.

PRACTICE STEPS

1. **Ensure local guidance is easily accessible.** Each area may have their own clear policy and procedure related to Large Scale Investigations (which may be shared over a larger area). It's good practice for the document to be easily accessible to staff, with the date of its creation clear.
2. **Set out clear aims and objectives for the Large Scale Investigation.** Think along SMART principles (Specific, Measurable, Achievable, Relevant, Time-Bound). Such clear aims and objectives will help measure progress throughout the life of the Large Scale Investigation.
3. **Assign tasks and responsibilities in the plan.** Assigning key tasks to individuals supports greater oversight and accountability.
4. **Agree key contacts in all partner agencies.** This is so that everyone involved can contact others for updates and questions while the Large Scale Investigation is in progress. Clearly set-out contacts can be distributed to all parties, so everyone knows who to contact for updates and information.
5. **Create a timeframe.** The investigation stage of a Large Scale Investigation can set out a clear timeframe for key milestones and completion. This may not always be possible, but a clear schedule will help to prevent drift and delay.
6. **Give notice of interviews.** For service users, their supporters and families, this is especially important.
7. **Circulate the agenda and any reports in advance of a Large Scale Investigation meeting.** This will allow all attendees to read and digest information before a meeting, making best use of meeting time. It will also allow anyone who is unable to attend to provide their input.

Principle 4: Multi-agency

WHAT THIS PRINCIPLE MEANS

A Large Scale Investigation is a **multi-agency response**. While the Local Authority has the principal responsibility, there is a **statutory duty of co-operation** for many of the agencies involved. Professionals need to be clear in their own responsibilities, and able to articulate these responsibilities to others.

PRACTICE STEPS

1. **Share information.** As the **Code of Practice** says, ‘We all have a responsibility, individually and collectively, to protect vulnerable people in our communities. This cuts across all aspects of private life and professional business. Supporting individuals at risk of harm is best done through collaboration and with a sense of community responsibility. (p.32)’
2. **Notify the Care Inspectorate and agree together how joint working (if any) will proceed.** **The Care Inspectorate** require Local Authorities and Health and Social Care Partnerships (HSCPs) to notify them at the commencement of a Large Scale Investigation in relation to a registered service, via their **Care Inspectorate Notifications** web page. The exact type of collaboration with the Care Inspectorate can vary according to the nature of each Large Scale Investigation (and in some circumstances they may not be involved at all). However, they may be a source of information based on previous inspections, and can often provide information on leadership, management and workforce skills in a service registered with them. The Care Inspectorate may be invited to meetings, and can also be invited to undertake joint visits and joint examination of records.
3. **Notify Police Scotland when a referral is received.** A criminal investigation is led by the police and takes priority over the Large Scale Investigation, but even if criminality is not suspected, Police Scotland can provide background checks, relevant local or national information, and advice on safety planning and/or risks to the community.
4. **Notify relevant Health managers when a referral is received.** Sometimes the NHS will have contracted the service under investigation. They will also likely have intelligence related to individuals and/or the Large Scale Investigation as a whole. Colleagues in Health services may be involved to support or undertake assessments,

including risk assessments; and provide healthcare and related interventions that contribute to the safety and well-being of adults at risk. If the Large Scale Investigation relates to a healthcare service, it's important to also notify [Healthcare Improvement Scotland](#).

5. **Notify GPs.** In some instances, a particular practice has a contractual agreement with a service to provide cover (for instance, in the case of some care homes); in other cases there will be more than one GP practice associated with the service. It's good practice to notify all GPs involved in the care of a service user affected by the Large Scale Investigation.
6. **Notify the Mental Welfare Commission (if the Large Scale Investigation concerns an adult at risk with a mental disorder, or an adult who lacks capacity under the terms of the Adults With Incapacity (Scotland) Act 2000).** If there is any ambiguity about this, the [Mental Welfare Commission](#) advise contacting them to discuss the circumstances.
7. **Pro-actively work across Local Authority boundaries.** Large Scale Investigations will often be carried out in a setting where other Local Authorities have placed individuals. The service provider may also have services (including services of a different type to the service subject to the Large Scale Investigation) in other Local Authority areas. Making all relevant Local Authorities aware of the Large Scale Investigation's progress is set out in Section 5(3) of the Adult Support and Protection (Scotland) Act 2007. As it says in the [Code of Practice](#), "The Act places a duty on certain public bodies or office holders who know or believe that a person is an adult at risk of harm and that action needs to be taken to protect them from harm, to make a referral by reporting the facts and circumstances of the case to the council for the area in which the person is considered to be located (p.27)."
8. **Seek specialists.** When examining evidence from another professional area, for example medical or financial records, specialist advice may be helpful when interpreting the implications of that evidence.
9. **Build professional relationships outside of a Large Scale Investigation.** It is always beneficial to understand one another's roles and responsibilities, especially when from a different professional background, outside of the potentially high-stress nature of a Large Scale Investigation. The [training resource on Large Scale Investigations](#) can provide a broad understanding of what people's different roles and responsibilities are.

Principle 5: Professionally curious

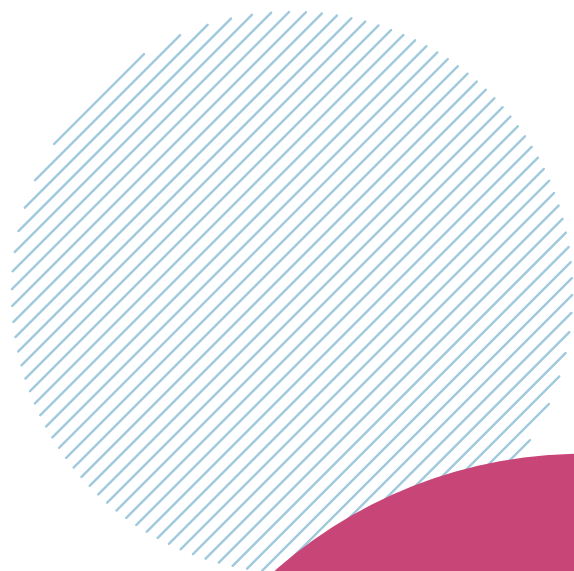
WHAT THIS PRINCIPLE MEANS

A lack of professional curiosity is consistently mentioned in [initial case reviews and significant case reviews for adults](#). Professional curiosity is about how we change information into intelligence. It means questioning and challenging the information received, thinking through different possibilities, being able to identify concerns, and to make connections between different types of information. It's also about being open-minded and being prepared to have difficult conversations. Large Scale Investigations use professional curiosity throughout, in order to get to the heart of the issue – both about individuals and the 'big picture' over time.

PRACTICE STEPS

1. **Be clear on what professional curiosity is.** There is a [short video resource](#) (three minutes) on what professional curiosity is that can help with this. Consider if there is any local or national training on professional curiosity that can be attended.
2. **Practice 'respectful uncertainty' and 'healthy skepticism'.** These concepts derive from [Child Protection](#), but they are also central to professional curiosity in Large Scale Investigations, and Adult Support and Protection more widely. 'Respectful uncertainty' means taking what people say seriously, but always looking for other information to challenge the account; 'healthy skepticism' means engaging critical thinking when gathering evidence, not taking statements at face value, and looking for underlying messages.
3. **Consider the [Early Indicators of Concern](#) (AKA the 'Hull Principles').** In 2014, Scottish government endorsed their use for health and social care professionals to examine and clarify their early concerns about care services. These can be particularly helpful in thinking about preventative work around Large Scale Investigations.
4. **Gather historical as well as current information.** For instance, the Contracts and Commissioning Team, Healthcare Improvement Scotland, and/or the Care Inspectorate may be able to provide general historical information about the provider (including any information on employment practices and staff training), a chronology of events, any past inspections, contract monitoring activities, and any complaints.

5. **Be prepared to challenge and to be challenged, and deliberately seek this out.** ‘Confirmation bias’ is only looking for evidence that confirms pre-existing views and has been noted as a **potential issue in social care**. Being open to different perspectives is very important in Large Scale Investigations and professional challenge within the investigation can be encouraged and modelled by the LIO.
6. **Value reflection.** Reflective space – including physical space – is necessary in order to analyse the complex information gathered in a Large Scale Investigation. It is important that Large Scale Investigation team is given protected space and time to assemble, discuss, and analyse the information they have.
7. **Consider chronologies.** Chronologies have been identified as an **area for improvement** in Adult Support and Protection in Scotland. A chronology of significant events and their impact can aid in identifying patterns and the quality of service delivered over time..
8. **Listen carefully to service users, their supporters, and family members.** This will help build up a picture of what people’s lives are like, the impact of the quality of their care, and their perception of if (or how) this has changed over time.



Principle 6: Lawful

WHAT THIS PRINCIPLE MEANS

Under Adult Support and Protection legislation, Local Authorities have a **duty to investigate harm**. While Large Scale Investigations are not mentioned in law, the most recent **Adult Support and Protection (Scotland) Act 2007 Code of Practice** sets out **statutory powers**, and are the principal basis on which an Large Scale Investigation is carried out.

As well as statutory powers, the council may have **contractual powers** whereby the council is a purchaser of the service, and has a contract with the provider where certain requirements have to be met. The three most relevant Acts to a Large Scale Investigation are the **Adult Support and Protection (Scotland) Act 2007**, the **Adults with Incapacity (Scotland) Act 2000**, and the **Mental Health (Care and Treatment) (Scotland) Act 2003**, although there are others that may also be relevant (see Appendix).

PRACTICE STEPS

1. **Support and improve legal literacy.** Legal literacy is the ability to connect relevant legal rules with the professional priorities and objectives of ethical practice. It involves sound knowledge of legal rules, the limits of legal power, and the relevance of legal rules to practice; strong engagement with professional ethics; and respect for principles of human rights, equality and social justice. All members of the Large Scale Investigation Team are likely to benefit from a focus on keeping their legal literacy up-to-date, undertaking training where necessary.
2. **Understand the Duty of Candour.** This is a legal responsibility placed upon all organisations that provide health services, care services or social work services in Scotland. It is a duty which sets out how organisations should tell those affected that an unintended or unexpected incident appears to have caused harm or death. They are required to apologise and to meaningfully involve them in a review of what happened.
3. **Check understanding of the legislation with the service subject to a Large Scale Investigation.** Some providers, notably those with a head office outside of Scotland, may not be clear about the distinctiveness of Scottish Adult Support and Protection legislation from the rest of the UK. While it is the provider's duty to follow the relevant legislation, it can help avoid confusion to check early on that they are aware of the specific

legal context under which the Large Scale Investigation is taking place.

4. **Report concerns about fitness to practise to the [Scottish Social Services Council \(SSSC\)](#).** Fitness to practise is about protecting and enhancing the safety and welfare of people who use services. The SSSC regulate people working in social services and consider concerns about registered workers. Information about [raising a concern with the SSSC](#) can be found on their website.
5. **Understand the limits of what the Local Authority is legally able to do.** For instance, while private individuals have the right to sue care providers, the Local Authority undertaking a Large Scale Investigation does not provide legal advice to individuals, and takes every care not to comment in ways that could be interpreted as encouraging individuals in their own legal action.
6. **Be clear about consent.** The [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) states “Whilst adults with capacity have the right to consent or otherwise, there may be a lawful basis to share information under the 2007 Act without this consent (p.35)”. There is more information around information sharing and consent in the Code of Practice, including an information sharing checklist, on pages 34-39.
7. **Clearly explain the purpose of an interview and provide evidence of identity.** At every interview, professionals should provide proof of their identity, and (before commencing the interview), explain the interview’s purpose, and advise the interviewee of their rights.
8. **Accurately and clearly record all relevant information.** Analytical writing skills are important to a Large Scale Investigation, as clear written evidence is more legally credible. There is a course on [Writing Analysis in Social Care](#) from Iriss, which supports practice in this area.

Principle 7: Clearly communicated

WHAT THIS PRINCIPLE MEANS

Large Scale Investigations can be confusing and distressing, meaning clear and regular communication is fundamental. Everyone has a duty to ensure that – to the best of their ability – the right information is shared at the right time with the right people.

PRACTICE STEPS

1. **Be clear about the purpose of the Large Scale Investigation.** Being able to explain what a Large Scale Investigation is, and being able to answer questions on its purpose, may help reduce some of the anxiety and uncertainty that may be felt by service users, families, providers, and their staff. Inviting questions and keeping a list of clear answers to frequently asked questions can also help with this.
2. **Regular communication is embedded in the Large Scale Investigation plan.** For instance, the LIO may be required to provide updates to the Chair of the Large Scale Investigation Group, relevant Heads of Service and the Chief Social Work Officer on a regular basis.
3. **Keep communication open with the care provider.** Unless there is a clear reason not to, it is important that the manager and/or owner of the agency or agencies subject to a Large Scale Investigation are kept informed as to its progression. It may also be helpful to provide them with a named person that they can contact, via email or telephone, for an update on the progress of the Large Scale Investigation. Regularly scheduled meetings with the manager and/or owner will also support open and honest dialogue.
4. **Create a holding line for the media.** There is always a possibility of local or national media attention in the event of a Large Scale Investigation. A holding line acknowledges the media interest, but doesn't go into detail. All in the Large Scale Investigation Team, and relevant people in the Local Authority can be provided with the holding line, which they will be able to quote in the event of media interest. Remember to regularly review and update the holding line, as necessary.
5. **Update elected members.** MSPs and local councillors may receive enquiries from their constituents or the local community on the Large Scale Investigation. The LIO may consider providing both the standard holding

line for the media and a confidential briefing, so the elected members can feel confident when talking to members of the public or press.

6. **Create an information pack for service users, their supporters and families.** This could include general information in plain language on what a Large Scale Investigation is, answers to FAQs related to issues such as service closure, information on advocacy, and who to contact if they have any questions. Alternative formats and translation into other languages of this information pack may also be offered.
7. **Create standard templates, scripts and letters.** These will ensure consistency across the Large Scale Investigation process.
8. **Minute meetings and ensure these minutes are agreed.** Ensure that any disagreements and differences of opinion are clearly minuted, and that minutes are circulated promptly following the meeting.
9. **Inform all relevant parties of the outcome of the Large Scale Investigation.** In this communication, invite questions and feedback and, when informing service users, consider a follow-up with a meeting or telephone call.



Appendix

Legislation and policy documents

The following legislation is relevant to Large Scale Investigations:

- The Social Work (Scotland) Act 1968
- The Human Rights Act 1998
- The Data Protection Act 1998
- The Adults with Incapacity (Scotland) Act 2000
- The Protection from Abuse (Scotland) Act 2001
- The Regulation of Care (Scotland) Act 2001
- The Community Care and Health (Scotland) Act 2002
- The Mental Health (Care and Treatment) (Scotland) Act 2003
- **The Adult Support and Protection (Scotland) Act 2007**
- The Protection of Vulnerable Groups (Scotland) Act 2007
- The Public Health (Scotland) Act 2008
- The Sexual Offences (Scotland) Act 2009
- The Offences (Aggravation by Prejudice) (Scotland) Act 2009
- The Equalities Act 2010
- The Domestic Abuse (Scotland) Act 2011
- The Domestic Abuse (Scotland) Act 2018
- The Forced Marriage etc (Protection and Jurisdiction) (Scotland) Act 2011
- The Police and Fire Reform (Scotland) Act 2012
- The Victims and Witnesses (Scotland) Act 2014
- The Anti-social Behaviour, Crime and Policing Act 2014
- Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016
- The Duty of Candour Procedures (Scotland) Regulations 2018

Useful resources

- **Adult Support and Protection (Scotland) Act 2007 Code of Practice**
- **Early Indicators of Concern in Care Services**
- **National trauma training programme**
- **Online learning resource: Large Scale Investigations (Iriss)**
- **Online learning resource: Working Together in Adult Support and Protection (Iriss)**
- **Online learning resource: Writing Analysis in Social Care (Iriss)**
- **Participation Framework**

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Scoped local guidance

- Edinburgh
- Fife
- Forth Valley
- Glasgow
- Highland
- Pan-Lothian
- Renfrewshire



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Iriss is a charitable company limited by guarantee. Registered in Scotland: No 313740. Scottish Charity No: SC037882.
Iriss is part funded by the Office of the Chief Social Work Adviser (OCSWA) in the Scottish Government.