ASP Concern

Details of Adult

Title	Name	Address
	Sharon Andrews	38a Finavon Street Dundee DD4 9EA

Date of birth
10/07/1969

Age
55

Age Group at Time of Concern Received
40 - 64

Ethnicity
Not Stated

Ethnicity Sub Group
Information not yet obtained - not refused

Communication needs

☐ Interpreter required

Primary support reason group
Mental Health support

Client Group - Health and Disability Characteristics
Mental health problems

GP

GP

Has GP been informed of the concerns?

○ Yes ○ No

Referrer Details

Date referral received
21/04/2025

Is the person deemed to be at risk by the referrer?

◉ Yes	○ No
○ Not Discussed	○ Not Stated

Principle source of referral

NHS

ACR Incident Synopsis

In my role as an ANP at CMHT East, I support [redacted] me that she has become more irritable and headbutted Sharon recently when they were arguing. She denied any other incidents of violence. Previously Sharon had also reported that they were in debt due to Helen not paying the bills and I had to arrange a food parcel for them during the last visit. Sharon usually comes with Helen to appointments but did not attend today, Helen stating this was due to Sharon being unwell. Sharon's mobility is poor and I am aware that she has her own physical health struggles. Helen recently moved in with Sharon [redacted] and I am concerned [redacted] and Heather May SW visited them both at home in January 2025. There was felt to be no role for social work at this time and [redacted]. I spoke with duty CMHT social worker today [redacted] and Sharon is not, they advised to do a referral to first contact team.

What is the relationship of the referrer to the adult?

No Relationship

Does the referrer wish to remain anonymous and for their Personal Information NOT to be shared?

○ Yes	◉ No

Secondary source of referral

What is the relationship of the secondary referrer to the adult?

Does the referrer wish to remain anonymous and for their Personal Information NOT to be shared?

○ Yes ○ No

Details of Suspected Harm

Details of principle suspected or witnessed harm

Date of incident	21/04/2025
Type of principle harm	Welfare Concerns - Adults
Please give brief, factual details of the principle type of harm occurring	See ACR from NHS Attached
Location of harm taking place	Own Home
Please give details of the location of harm	6 Deveron Crescent Dundee DD2 4AL

Were there any injuries sustained?

○ Yes ◉ No

Details of other suspected or witnessed harm - 0

Type of harm	
If Other please give details	
Location of harm taking place	
Type of Supported Accommodation	

Please give details of the harm taking place

Details of Who is Causing the Alleged Harm

Is the adult at risk due to their own actions

● Yes ○ No

Is there an alleged perpetrator?

○ Yes ● No

Outcome of Concern

Is this Adult already under existing ASP Procedures

○ Yes ● No

Is a Duty to Inquire required? Yes

Is a Duty to Inquire required?

○ Yes ○ No

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
Adult Support and Protection Duty to Inquire	Jackie Hunter	

ASP Referral and Duty to Inquire Record

Details of Adult

ID: 86000167

Title	Name	Address
	Sharon Andrews	38a Finavon Street Dundee DD4 9EA

Date of birth: 10/07/1969

GP:

Communication Needs:

Was the Adult informed about the Concern and were their views and wishes obtained?

● Yes ○ No

IF YES - PLEASE COMPLETE THE ASP ADULTS VIEWS AND WISHES IN THE OPTIONAL FORMS.

How was the Adult made aware of the referral? Phone Call to the Adult

Does the Adult consent for the concern to be discussed/shared with other agencies?

● Yes ○ No

Please give details of adults consent/non consent to discuss and or share the concern. Give details of any immediate actions taken to safeguard the Adult (e.g. taken to a place of safety, crime reported to Police etc.)

Follow up phone call to Sharon by Brian Provan council officer:

From: firstcontact.teamadmin

Sent: 23 April 2025 16:26

To: Jackie Hunter <jackie.hunter@dundeecity.gov.uk>

Cc: Brian Provan <brian.provan@dundeecity.gov.uk>;

Subject: Re: DTIs

Hello,

I've spoken to Sharon. She's declined any assessments for supports, said she is fine. Stated she feels safe at home and was a one off with her sister, doesn't have any concerns.

She isn't sure she is on the right benefits; I've given her welfare rights number

She asked for any information about local people to talk to or attend in her area, I suggested a referral to Hope and she agreed, I'll do that now

Cheers

Brian

First Contact Team

Capacity and Legal Proxy

Does the Adult have capacity to make welfare decisions?

◉ Yes ○ No

○ Not Known at this time

Does the Adult have capacity to make financial decisions?

◉ Yes ○ No

○ Not Known at this time

Please provide additional information in relation to capacity

No evidence to suggest lack of capacity.

Has the Adult's GP been informed of the concerns?

○ Yes ● No

Please provide reason why not

N/A

Does the Adult have any unpaid carers?

○ Yes ● No

○ Not Known at this time

Is the Adult the main carer for another person?

○ Yes ● No

○ Not Known

Details of Inquiry

Date Inquiry Started 23/04/2025

People Contacted as part of the Initial Duty To Inquire in regards to the Concerns

Details of People Contacted

Name and Address	Designation	Relationship to Adult At Risk

Brief details of harm occurring

See ACR from NHS Attached

Designated Council Officers Report and Details of Inquiry

Follow up phone call to Sharon by Brian Provan council officer:

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Brian

First Contact Team

Team manager Jackie Hunter asked duty council officer to follow up concern, as above, see outcome.

No further action required under ASP at this time. Adult is not currently at risk of harm.

Previous Adult Support & Protection History

How many Concerns in the last 12 months?	1
How many IRD's in the last 12 months?	0
How many Case Conferences in the last 12 months?	0

Three Point Test

THREE POINT TEST- Does the adult meet the criteria as an Adult at Risk

Is the adult unable to safeguard their own well-being, property, rights or other interests?

○ Yes ◉ No ○ Not clear

Please give details

Sharon explained incident with her sister as one off and feels safe at home.

Is the Adult at Risk of harm?

○ Yes ○ No ◉ Not clear

Please give details

Reports incident was one off so unclear if it would ever happen again.

Is the adult, because they are affected by disability, mental disorder, illness or physical or mental infirmity, more at risk to being harmed than adults who are not so affected

○ Yes ○ No ◉ Not clear

Please give details

Fibromyalgia

Incident was not recorded as Sharon being less vulnerable due to her physical or mental health.

Have the Principles of the Adult Support and Protection (Scotland) Act 2007 been applied when conducting the Duty to Inquire?

◉ Yes ○ No

Please give details

Least restrictive.

Outcome of Duty to Inquire

The following will be undertaken as a result of duty to inquire

Does this concern require to be discussed at the Multi Agency Early Screening Group - (For the First Contact Team Only)

○ Yes

○ No

If Required - A Home Fire Safety Visit has been Arranged

○ Yes ◉ Not Required

NO FURTHER ACTION UNDER ASP

☐ The Adult at Risk MEETS the criteria of the Three Point Test and NFA under ASP is required

Reason for NFA

Please give details of decision and any other next actions taken

☑ The Adult at Risk DOES NOT meet the criteria of the Three Point Test

Reason for NFA: Conduct appropriate follow-up for community care needs (Social Work)

Please give details of decision and any other next actions taken

Contact made with Sharon to clarify incident and offer supports. Accepted referral to HOPE.

Completion Details

Date duty to inquire was completed: 23/04/2025

Date agreed by Manager: 23/04/2025

Next Actions

Selected Next Actions

Next Action	Assigned to	Reason
No Further Action		

ASP Risk Assessment

Dundee City Council www.dundeecity.gov.uk CHANGING FOR THE FUTURE

Person Details

Person ID	86000167
Name	Sharon Andrews
Address	38a Finavon Street Dundee
Ethnic Origin	Not Stated
Gender	Female
Telephone	Home 01382 936031 Mobile 07856 154951 Mobile 07710 259827 newest number
Housing Tenure	
Household Structure	

Details of Guardian or Attorney

Name and Address	Telephone Numbers

Legal Status: ASP (Scotland) Act 2007 - Section 4 - Council duty to make enquiries

Support Details

Name and Address	Relationship to Supported Person	Additional Needs

Has consent to share information been given?

● Yes ○ No

GP Details

CHI Number

Details of Harm/Suspected Harm

To which stage of the Protection process does this Risk Assessment relate? Duty to Inquire

Date Risk Assessment Commenced 23/04/2025

Date Risk Assessment Last Updated 23/04/2025

Details of Suspected or Witnessed Principle Harm

Date 21/04/2025

Type of Principle Harm Welfare concern - Adults

Please provide details of other type of principle harm

Brief factual details of the incident See ACR from NHS Attached

Location of principle harm taking place Own Home

Please give details of the location of harm 6 Deveron Crescent Dundee DD2 4AL

Were injuries sustained?

○ Yes ◉ No

If injuries are present please give a brief/ accurate description of these

Details of Harm - 0

Type of Other Harm

If other, please provide details

Location of other harm taking place

Please give details of the other harm taking place

Current situation and details of the incident/concern(s) being raised

Does the person continue to be at risk of harm?

○ Yes ◉ No ○ Not Known

Are there other adults who may be at risk of harm?

○ Yes ◉ No ○ Not Known

Are there any children who may be at risk of harm?

○ Yes ◉ No ○ Not Known

Adult at Risk Main Carer

Is the carer aware of this concern?

◉ Yes ○ No ○ Not Known

The main carer should only be informed where appropriate to do

Alleged Perpetrator

Is the adult at risk due to their own actions?

◉ Yes ○ No

Is there an alleged perpetrator?

◉ Yes ○ No

Information about the person(s) alleged to be causing harm - 1

Person ID	
Name	Helen
Address	
Date of Birth	
What is the relationship of the person alleged to be causing harm to the Adult?	Other Family Member/Relative

Does the person alleged to be causing harm live with the Adult?

◉ Yes ○ No

○ Not Known

Is the person alleged to be causing harm the Adult's paid carer?

○ Yes ◉ No

Is the person alleged to be causing harm aware that a Concern has been raised?

◉ Yes ○ No

○ Not Known

Please give any other relevant information regarding the person alleged to be causing harm [redacted]

Risk Assessment

Date of Risk Assessment
23/04/2025

Client Profile	55 years of age.

Risk Assessment - 1

Description	Assaulted by sister
Pre-Intervention Severity	Significant
Pre-Intervention Likelihood	Very Likely
Total	8
Management of risk/action taken/ recommendations	
Post-Intervention Severity	Low
Risk Level Likelihood	Unlikely
Total	2

Consideration should also be given to the pattern of risk (Previous history, actions taken and compliance with statutory agencies and recommendations); the likelihood of risk recurring (are there sufficient protective factors to reduce risk of harm); the imminence of risk (are there any triggers or warning signs); the timescales which apply to risk factors.

Conclusion and Recommendations	Helen headbutted her sister during an argument. Both have health conditions which impact their daily life. They have recently moved in together to provide each other with support. When contacted Sharon said incident was one a off and she gets on well with her sister. No further action required under ASP, Sharon agreed for a referral to HOPE and info provided re welfare rights.

Completion Details

Is the Adult in agreement with the Risk Assessment

◉ Yes ○ No

Council Officer Details

Designation	Council officers
Name	Brian Provan/Jackie Hunter
Work address	FCT
Phone Number	434019
Email Address	

Has initial management discussion taken place?

○ Yes ◉ No

If not, please give reason why	Not required follow inquiry.