

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

*You must immediately report suspected or actual harm to your line manager and you have a legal duty to report any concerns to East Ayrshire Health and Social Care Partnership using the referral routes identified in the Supporting and Protection People in East Ayrshire Interagency Practitioner Guidance if it is known or believed that a person is an adult at risk and that protective action is needed.*

*All sections of PART A of the Referral Form require to be completed within 1 Normal Working Day from the time of adult at risk consent or decision that there is sufficient evidence to prove a lack of capacity to consent.*

**NB If you do not have all the information required in PART A please do not delay and send the Referral Information you have. East Ayrshire Health and Social Care Partnership will follow up on your referral and add any additional relevant and required information.**

### Practice Note:

Ensure that the Hazard/Risk to the Worker has been completed and updated on SWIFT and all relevant parties currently involved with the adult are made aware of any risks/hazards.

Where a child or young person is believed to reside in the same household as an adult at risk of harm; or with a person causing harm; or exposed to the same harmful acts any referral **must** record any known details of the child and any siblings (e.g. DOB, Name) on the AP1 Section A in the section on Living Situation.

Client Category should be reviewed when referral is received; if this is different to SWIFT, then liaise with admin to update (if required).

### SECTION A – TO BE COMPLETED BY REFERRER

Hazard/Risk to Worker:

SWIFT / REFERRER

#### ADULT AT RISK DETAILS:

Name: SWIFT

Date of Birth: SWIFT

Gender: SWIFT

SWIFT ID: SWIFT

Religion: SWIFT

Ethnic Origin: SWIFT

Home Address: SWIFT

Current Address: SWIFT/CUSTOMER  
FIRST ADMIN

Living Situation e.g. Lives Alone, with Spouse etc..., type of accommodation, any known supports, caregivers (include caregivers details): REFERRER

- Lives Alone No Support  
 Lives Alone – Informal Support from Family/Friend  
 Lives with Parent/Carer

- Lives with Formal/Carers Supports  
 Lives with Spouse  
 Registered Care Establishment  
 Other Adults/Children

Insert Names & DOB of all other Adults/Children within the home or who have contact with the adult:

REFERRER

<b>Client Category:</b> <b>REFERRER</b> <b>SWIFT</b>	<input type="checkbox"/> Physical Disability <input type="checkbox"/> Dementia <input type="checkbox"/> Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Mental Frailty <input type="checkbox"/> Physical Frailty <input type="checkbox"/> Head Injuries <input type="checkbox"/> Mentally Disordered Offender		
<b>Practice Note:</b> Where there is a checkbox on the Form, this is a pick list on SWIFT. Beside the pick list is a separate area for text to allow for any additional information to be recorded.  Where the Form indicates that the referrer will be responsible for completing the information, it is also recognised that the referrer may not be aware of all information. Team Manager/Council Officer/Inquiring Officer should ensure that the missing information is reviewed and completed where known at each stage of intervention.			
<b>Any known communication difficulties:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <b>REFERRER</b>
<b>Sensory Impairment – Deaf/Uses BSL:</b>	REFERRER		
<b>Sensory Impairment – Blind:</b>	REFERRER		
<b>Learning Disability:</b>	REFERRER		
<b>Mental Health Needs:</b>	REFERRER		
<b>Acquired Brain Injury:</b>	REFERRER		
<b>Language Interpreter Needed/Specify:</b>	REFERRER		
<b>Other - Specify</b>	REFERRER		
<b>REFERRAL DETAILS:</b>			
<b>Date of Referral:</b>	REFERRER	<b>Date of Incident:</b>	REFERRER
<b>Category of Referral:</b> <b>REFERRER</b>	<input type="checkbox"/> Psychological Harm <input type="checkbox"/> Financial or Material Harm <input type="checkbox"/> Neglect & Acts of Omission by others charged with adult at risks care <input type="checkbox"/> Physical Harm <input type="checkbox"/> Self Harm <input type="checkbox"/> Self Neglect <input type="checkbox"/> Sexual Harm <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Forced Marriage		
<b>Name of Referrer:</b>	REFERRER	<b>Job Title of Referrer:</b>	REFERRER
<b>Category of Referrer:</b> <b>REFERRER</b> <b>CUSTOMER FIRST</b> <b>ADMIN</b>	<input type="checkbox"/> Clinical Psychologist/Psychiatrist <input type="checkbox"/> CMHT/Nurses/Doctors/MHO <input type="checkbox"/> GP/Member of Primary Care Team <input type="checkbox"/> Home Carer		

	<input type="checkbox"/> Hospital Medical Staff/Registrar/Consultant/Nurse <input type="checkbox"/> Housing <input type="checkbox"/> Neighbour/Friend <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Parent/Carer/Guardian <input type="checkbox"/> Police <input type="checkbox"/> Self <input type="checkbox"/> Social Work Statutory Staff in Council <input type="checkbox"/> Scottish Fire and Rescue Services <input type="checkbox"/> Staff at Day Care Establishment <input type="checkbox"/> Staff at Residential Establishment <input type="checkbox"/> Substance Misuse Team (Addiction Services)
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**Practice Note:**  
The section relating to whether a crime has been committed can be completed at any stage in the referral/initial action/inquiries or investigation.

The details and nature of the situation should relay the facts of the nature of concern/risk.

<b>Contact Tel No of Referrer:</b>	<b>REFERRER</b>
<b>Address of Referrer:</b>	<b>REFERRER</b>

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

**REFERRER**

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

**REFERRER/INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER**

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

**REFERRER**

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

**REFERRER**

**Practice Note:**

The referrer may not be aware of whether the adult has capacity or not, this can be completed at any stage in the referral/initial action/inquiries or investigation.

Action other than this referral that has been taken to ensure the adult at risk is now safe should be completed by the referrer – this could include seeking medical assistance, contacting the police etc...

Where possible the GP details will pull directly from SWIFT, however if the information is not contained within SWIFT but has been provided by the referrer then SWIFT should be updated accordingly as this will impact on how referrals are allocated.

**Do you believe the adult at risk is capable of understanding what has happened to them?** REFERRER/INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER

- Adult doesn't have the capacity to understand
- Adult has the capacity to understand
- Unsure if Adult has the capacity to understand

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

- Consent not obtained  
*Insert reason why*

- Consent obtained from Guardian or POA
- Consent obtained from Adult

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

REFERRER

**GENERAL PRACTITIONER:**

**Name:** SWIFT/ REFERRER **Tel Number:** SWIFT/ REFERRER

**Address:** SWIFT/ REFERRER

**Practice Note:**

CLDN – Community Learning Disability Nurse

DN – District Nurse

SALT – Speech and Language Therapist

CMHT – CPN – Community Mental Health Team – Community Psychiatric Nurse

OT – Occupational Therapist.

Details of person’s physical and mental health as known by Health Professional: This section will only be completed at time of referral if the referral is made by a Health Professional. If further information is sourced during the course of inquiries/investigation the caveat “Refer to Section B for full details” should be stated.

**OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED (Include name and contact details): REFERRER**

<input type="checkbox"/> CLDN	<i>Insert contact details</i>
<input type="checkbox"/> DN	<i>Insert contact details</i>
<input type="checkbox"/> PSYCHOLOGIST	<i>Insert contact details</i>
<input type="checkbox"/> SALT	<i>Insert contact details</i>
<input type="checkbox"/> COUNSELLOR	<i>Insert contact details</i>
<input type="checkbox"/> CMHT – CPN	<i>Insert contact details</i>
<input type="checkbox"/> PSYCHIATRIST	<i>Insert contact details</i>
<input type="checkbox"/> OT	<i>Insert contact details</i>
<input type="checkbox"/> OTHER (PLEASE DETAIL):	<i>Insert contact details</i>

**Details of person’s physical and mental health as known by Health Professional:**

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

REFERRER

**DETAILS OF THE ALLEGED PERSON CAUSING HARM – WHERE KNOWN**

<b>Name of Alleged Person:</b>	REFERRER
<b>Relationship to Person:</b> <i>(If person selected is also recognised as a carer then please indicate this by writing carer in comment box)</i>	<input type="checkbox"/> Daughter/Son <input type="checkbox"/> Other – Specify <input type="checkbox"/> POA or Legal Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Registered Care Provider <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse
<b>Address:</b>	REFERRER

**Practice Note:**

Significant Incident details – this will pull through from SWIFT, but the referrer can also input any significant incidents that they feel relevant to the referral.

Details of Worker completing referral – this is the Inquiring Officer/Council Officer or Team Manager who is responsible for initial inquiries. The details of the actual referrer are contained earlier on in Section A.

**DETAIL OF ANY PREVIOUS SIGNIFICANT INCIDENT: (To include dates, times, actions taken and outcomes)**

**REFERRER/SWIFT**

<b>Name and Designation of Worker Completing Referral:</b>	<b>INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER</b>
<b>Team/Locality of Worker Completing Referral:</b>	<b>INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER</b>
<b>Contact Telephone Number of Worker Completing Referral:</b>	<b>INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER</b>
<b>Date Referral Completed:</b>	<b>INQUIRING OFFICER/COUNCIL OFFICER/TEAM MANAGER</b>

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

**Within 5 days of receiving a written referral on Form AP1 the following actions MUST be completed by Social Work as the Lead Agency**

**Practice Note:**

Where the Form indicates that SWIFT will be responsible for completing the information, it is also recognised that the SWIFT may not hold the required information. Team Manager/Council Officer/Inquiring Officer should ensure that the missing information is reviewed and completed where known.

**Letter of Acknowledgement to be sent within 2 days to referrer/organisation:**

<b>Form AP1 Received (Date):</b>	<b>CUSTOMER FIRST ADMIN</b>
<b>Letter of Acknowledgement Sent (Date):</b>	<b>LOCALITY ADMIN/TM</b>
<b>Inquiring Officer:</b>	<b>CUSTOMER FIRST ADMIN/TM</b>
<b>How many Adult Protection Referrals has the client received to date:</b>	<b>CUSTOMER FIRST ADMIN</b>
<b>Has the client had a previous AP Planning Meeting/Case Conference Held (Date):</b>	<b>CUSTOMER FIRST ADMIN</b>
<b>Is this the 3<sup>rd</sup> Adult Protection Referral with no previous AP Planning Meeting/Case Conference Held (If so an AP Planning Meeting must be held)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>CUSTOMER FIRST ADMIN</b>
<b>Adult at Risk Legal Status at time of Referral:</b>	<b>SWIFT</b>
<b>Name of POA/Nominated Guardian/Named Person &amp; Contact Details (if known):</b>	<b>SWIFT</b>
<b>Does the Adult at Risk have an advance statement:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>SWIFT/CUSTOMER FIRST ADMIN</b>
<b>Initial Inquiry Discussion/Planning Meeting/Inquiry: (gather all available initial information i.e. areas of concern/supports to inform a decision at this point to include risk(s) identified, how managed (or not) and why (or not) decision has been reached to intervene under S4: Adult Support and Protection (Scotland) Act 2007)</b>	
<b>INQUIRING OFFICER/TEAM MANAGER</b>	
<b>Are there harmful Conduct/Concerns:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>INQUIRING OFFICER/TEAM MANAGER</b>

**Practice Note:**

If it is deemed that the Referral should be cancelled then Team Manager should ensure that an explanation for the cancellation is recorded in the section below and that SWIFT is updated to reflect the date of cancellation. Additionally, the referral must be signed off by the Team Manager and Service Manager.

In East Ayrshire the Just Checking and Buddy System available from the SMART Support Service have been found to be effective as part of assessing and monitoring risk to the safety of an individual.

Where there is a checkbox on the Form, this is a pick list on SWIFT. Beside the pick list is a separate area for text to allow for any additional information to be recorded e.g. details of any additional visits made to the adult.

**Action if No Harmful Conduct/Concerns: INQUIRING OFFICER/TEAM MANAGER**

- Cancellation of AP Referral by Social Work following Initial Inquiry Discussion\*
- Cancel AP Referral – Progress to CC Duty Referral\*
- NFA by Social Work – No Adult Protection Concerns following Inquiry\*
- NFA Adult able to safeguard themselves\*
- NFA by Social Work – Refer to another agency (date and specify)\*
- NFA under Adult Protection – Possible Person in Need - Arrange Duty Visit under Section 12 Social Work (Scotland) Act 1968
- Currently Allocated to Social Work – Increase monitoring
- Currently Allocated to Social Work – Increase Supports
- Currently Allocated to Social Work – Urgent My Life My Review
- Currently Allocated to Social Work – refer for Carers Support Plan
- Known to Social Work – Unallocated, refer for My Life My Plan
- Known to Social Work – Unallocated, refer for Carers Support Plan
- Other – Please Specify
- Refer for SMART Supports

\*Explanation for Cancellation of AP Referral i.e. reasons for no AP Concerns, for adult being able to safeguard them self, for referral to another agency or does not meet criteria for Adult at Risk or Social Work Intervention.

**TEAM MANAGER**

**Actions if Harmful Conducts/Concerns (ensure that referrer organisation is invited to any subsequent adult protection meetings held by Social Work):**

<b>Council Officer:</b>	<b>TEAM MANAGER</b>
<b>Have any Child Protection Concerns been identified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>COUNCIL OFFICER/TEAM MANAGER</b>
<b>If there are Child Protection Concerns please advise who these have been passed onto: (Name of Social Worker/Team Manager and date referral made)</b>	<b>COUNCIL OFFICER/TEAM MANAGER</b>



<b>ASP Visit (Date &amp; Location):</b> <b>COUNCIL OFFICER</b>	<input type="checkbox"/> Clients Home <input type="checkbox"/> Social Work Office <input type="checkbox"/> GP Surgery <input type="checkbox"/> Day Centre <input type="checkbox"/> Other (Specify)
<p><b>Practice Note:</b>  It should be noted that the text box (enhanced editor on SWIFT) will allow for more than one series of visits to be recorded.</p> <p>The ASP Interview should be a summary of the interview and it does require to be a full record of the interview itself.</p> <p>In relation to the pick list below on Advocacy Services, this refers specifically to East Ayrshire Advocacy Services (EAAS). Where Other Independent Supports are listed this means any form of support or representation that the adult deems necessary to assist them to participate and be represented in the adult protection process.</p> <p>With regard to referring for an AWI Case Conference, it should be noted that within the text box (enhanced editor) the Council Officer can record whether this is a joint Case Conference with Adult Support and Protection.</p>	
<b>ASP Interview (Date, Name &amp; designation of workers):</b>	<b>COUNCIL OFFICER</b>
<b>ASP Interview (insert record of ASP Interview)</b>  <b>COUNCIL OFFICER/SECONDARY WORKER</b>	
<b>Advocacy Services Contacted:</b> <b>COUNCIL OFFICER</b>	<input type="checkbox"/> Advocacy Services in Place (insert name of Advocate) <input type="checkbox"/> Advocacy Referral Declined <input type="checkbox"/> Advocacy Referral Accepted (insert date requested/date provided) <input type="checkbox"/> Does not meet the Criteria for EAAS <input type="checkbox"/> Other Independent Support Requested (Specify) <input type="checkbox"/> Referral to SALT <input type="checkbox"/> Referral to Sensory Impairment Team <input type="checkbox"/> Referral to Interpreting Service
<b>Adult able to Support Themselves (Specify How):</b>	<b>COUNCIL OFFICER</b>
<b>Refer to Carers Centre for Carers Support Plan:</b>	<b>COUNCIL OFFICER</b>
<b>ASP Planning Meeting (Date &amp; Outcome):</b>	<b>COUNCIL OFFICER</b>
<b>Refer for AWI Case Conference (Due Date):</b>	<b>COUNCIL OFFICER</b>

**Practice Note:**

Where the option below does not apply to the situation do not leave boxes blank, record N/A.

<b>Request to Access Records (Date requested/Type of Record/Requested From/Date Received):</b>	<b>COUNCIL OFFICER</b>
<b>Warrant to Enter (S37) (Date Applied/Granted/Enacted):</b>	<b>COUNCIL OFFICER</b>
<b>Removal Order (S14) (Date Applied/Date Granted/Date Enacted/Details of where removed to):</b>	<b>COUNCIL OFFICER</b>
<b>Assessment Order (S11) (Date Applied, Date Granted, Date Enacted):</b>	<b>COUNCIL OFFICER</b>
<b>Medical Examination (S9) No PO (Date requested/to whom/date completed):</b>	<b>COUNCIL OFFICER</b>
<b>Medical Examination with PO:</b>	<b>COUNCIL OFFICER</b>
<b>Protection of Property (S18) Specify Action:</b>	<b>COUNCIL OFFICER</b>
<b>Interim Banning Order (S19) (Date applied/granted/enacted/expires):</b>	<b>COUNCIL OFFICER</b>
<b>Banning Order (Date applied/granted/enacted/expires):</b>	<b>COUNCIL OFFICER</b>
<b>Forced Marriage Protection Order (Date applied/granted/enacted/expires):</b>	<b>COUNCIL OFFICER</b>
<b>S10 Adults with Incapacity:</b>	<b>COUNCIL OFFICER</b>
<b>S33 Mental Health (Care &amp; Treatment):</b>	<b>COUNCIL OFFICER</b>
<b>AP2 Completed (Date and by whom):</b>	<b>COUNCIL OFFICER</b>
<b>ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL</b>	
<b>Team Manager Name:</b>	<b>TEAM MANAGER</b>
<b>Team Manager Signature:</b>	<b>TEAM MANAGER</b>
<b>Team Manager Comments:</b>	<b>TEAM MANAGER</b>
<b>Date Team Manager Signed:</b>	<b>TEAM MANAGER</b>
<b>Service Manager Name:</b>	<b>SERVICE MANAGER</b>
<b>Service Manager Signature:</b>	<b>SERVICE MANAGER</b>
<b>Service Manager Comments:</b>	<b>SERVICE MANAGER</b>
<b>Date Service Manager Signed:</b>	<b>SERVICE MANAGER</b>
<b>ASP Case Conference (Due Date):</b>	<b>SERVICE MANAGER</b>
<b>Referral Organisation to be advised in writing of the initial outcome of their referral</b>	
<b>Referral Outcome Letter sent to Subject of Adult Protection Referral (Date):</b>	<b>LOCALITY ADMIN/TEAM MANAGER</b>

**Practice Note:**

A referral outcome letter must be sent to statutory agencies (these include Police Scotland, NHS Ayrshire and Arran, Local Authority and Scottish Fire and Rescue Services). For all other referral outcome letters consent must be sought from the adult (or their legal representative) before the letter can be sent.

<b>Consent Received from Adult to Send Referral Outcome Letter to Referral Organisation:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>COUNCIL OFFICER/TEAM MANAGER</b>
<b>Referral Outcome Letter Sent to Referral Organisation (Date):</b>	<b>LOCALITY ADMIN/TEAM MANAGER</b>
<b>Consent Received from Adult to Send Referral Outcome Letter to Member of Public who Made Referral:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>COUNCIL OFFICER/TEAM MANAGER</b>
<b>Referral Outcome Letter Sent to Member of Public (Date):</b>	<b>LOCALITY ADMIN/TEAM MANAGER</b>

**All information from AP1 Form to be transferred to Health & Social Care's Assessment & Care Management IT Screens or held in Health & Social Care Case Files.**

**Information gained from Police Referral Form also to be recorded.**

**Any future actions and any future relevant information gathered should also be recorded using Health & Social Care's Assessment & Care Management IT Screens or held in Health & Social Care's Case Files**

**ALSO**

**Information collated on Forms AP2 (Risk) or AP3 (Protection Plan) when relevant.**