



NHS

Greater Glasgow
and Clyde



Glasgow

Community Health & Care Partnerships

**Social Work Services
Local Partnership
Protection of Adults at Risk
Adult Protection Referral Form
& Actions (AP1) – ALL AGENCIES**

All agencies use the AP1 with the exception of the Police, who will use their own Referral Form

- You must immediately report suspected or actual harm, to your line manager, and you have a legal duty to report any concerns to the Council Social Work Services, 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. Social Work Services will follow up on your referral, and add any additional, relevant information.

SECTION A

REFERRER DETAILS

Name of Referrer	<input type="text"/>	Job Title	<input type="text"/>
Contact Phone No	<input type="text"/>		
Address	<input type="text"/>	Post Code	<input type="text"/>

REFERRAL DETAILS

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

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

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

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What are the details and nature of the situation leading to this referral? (To include details of any specific incidents – dates, times, injuries, witnesses, evidence such as bruising)

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Do you believe the adult at risk is capable of understanding what has happened to them?

--

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

--

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

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ADULT AT RISK DETAILS

Name DOB

Gender Ethnic Origin Religion

Any known communication difficulties?

If YES, please detail below

Living situation eg lives alone, with spouse etc, type of accommodation, any known support, caregivers (their details) etc

GENERAL PRACTITIONER

Name

Phone No

Address

OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED

Name(s)	Contact No's

Details of person's physical and mental health as known to health professional (Confidentiality is important, but for the purposes of allowing Council's 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

DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN

Name

Relationship to person

Address

DETAILS OF ANY PREVIOUS CONCERN/INCIDENT(S) (to include dates, times, actions taken and outcomes)

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Referrer Signature

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Date

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Print Name

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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 Services as the lead agency

Letter of acknowledgement to be sent immediately to referrer / organisation

Form AP1 received (enter date)

Form AP1, letter of acknowledgement sent (enter date)

Referrer / organisation to be advised in writing of the initial outcome of their referral

Advised (enter date)

Referrer / organisation to be invited to any subsequent adult protection meetings held by Social Work Services

Invitation to Adult Protection Case Conference Sent Date Sent

Date of Case Conference

Adult at Risk legal status at time of referral

Enquire and complete any missing information not provided in Part A

Completed (enter date)

Reasons for non completion

Gather all available initial information to inform a decision at this point

Action – **NO** harmful conduct / concerns (ie refer on to an appropriate agency / review existing care plan / consider other adult legislation / action taken and give reasons

Yes No

Action – **YES** harmful conduct / concerns (i.e. immediate Adult Protection Order sought / investigate further / Case Conference arranged, and give reasons

Yes No

Note Primary Category of Referral

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Category is

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14. Other (Please specify

All information from AP1 to be transferred to Councils Assessment and Care Management IT screens, or held in Council Case Files. Information gained from Police Referral Form also to be recorded)

Date Completed

- Any future actions and any future relevant information gathered should also be recorded using Councils Assessment and Care Management IT screens, or held in Council Case Files
- Information collated on Forms AP2 (Risk) or AP3 (Protection Plan) when relevant

Comment [CE1]: Categories are:-
 A Physical Injury -
 B Sexual Abuse -
 C Physical Neglect -
 D Financial or Material Abuse -
 E Emotional / Psychological Abuse -
 F Neglect and acts of Omission by others charged with adult at risk care -
 G Self Neglect

Comment [CE2]: Categories are:-
 1. Social Work Statutory Staff in Council -
 2. Staff at Council Residential Establishment -
 3. Staff at Council Day Care Establishment -
 4. Home Carer (Council) -
 5. Housing in the Council -
 6. Police -
 7. GP / Member of Primary Care Team -
 8. Hospital Medical Staff / Registrar. Consultant / Nurse -
 9. Clinical Psychologist / Psychiatrist -
 10 Community Mental Health Team / Nurses / Doctors / MHO -
 11. Substance Misuse Team -
 12. Parent / Carer / Guardian -
 13. Neighbour / Friend -
 14. Other (Please specify)

ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL

Senior member of Social
Work (signature)

Print Name

Date