



# **Adult Protection / Child Protection Interface Multiagency Guidelines**

**Issued by Inverclyde Child Protection Committee  
and Inverclyde Adult Protection Committee**

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### **Appendices**

**Appendix 1           Child Protection referral form**

**Appendix 2           Adult Protection referral form**

**Appendix 3           Flow Chart of process following referral to Social Work or the Police for a child protection concern**

**Appendix 4           Flow Chart of process following referral to Social Work or the Police for an adult protection concern**

## **1.0 Aim**

The aim of this multiagency guidance is to assist staff to respond appropriately to situations where child protection and adult protection systems meet. The guidance provides examples of the type of circumstances where both systems are of relevance and, with the aid of practice examples, suggests good practice responses.

## **2.0 The Context for Child Protection**

The overarching principles which underpin Child Protection procedures are drawn principally from the United Nations Convention on the Rights of the Child and from the Children (Scotland) Act 1995.

A child is defined as within the act as being under 16 years or under 18 years if subject of a supervision requirement.

Broadly, these are that:-

- The child's welfare is the paramount consideration and every child has a right to be protected from all forms of abuse, neglect and exploitation.
- The views of the child and, where possible, the child's parents should be considered.
- So far as is consistent with safeguarding and promoting the child's welfare, public authorities should promote the upbringing of children by their families.
- No order should be made unless it is better for the child than making no order at all.

Children & Families services may retain responsibilities for young people beyond 18 where there are special needs, or where the young person has been looked after and accommodated by the local authority.

New multiagency guidance on Child Protection in Scotland was produced by the Scottish Government in 2010, replacing the previous guidance 'Protecting Children – a shared responsibility' produced in 1998. The new guidance provides a national framework within which agencies and practitioners can understand and agree processes for working together to safeguard and promote the welfare of children. It is complemented by West of Scotland Child Protection Procedures and local single agency Child Protection Procedures which provide specific details of the agency response and responsibilities.

The National Guidance identifies collaboration between adult and children's services as crucial at both individual case and wider service level and identifies the need for training for staff working in child protection services to help them identify and act on adult protection issues and vice versa.

### 3.0 The Context for Adult Protection

The protection of adults at risk has been the subject of recent legislative and policy developments at a national level. There are three main pieces of legislation which can be used to protect adults in Scotland. These are the Adult Support and Protection (Scotland) Act 2007, Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003.

All three Acts have similar principals, including that any consideration of legislation or use of legislation must:-

- Provide benefit to the adult, be necessary and be the least restrictive option to the adult's freedom.
- Take into account the past and present wishes of the adult, where this can be ascertained.
- Ascertain the views of others.
- Respect the adult's abilities, background and characteristics.
- Ensure the adult is not treated less favourably than any other person who is not an 'adult at risk' would be treated in a comparable situation.

An adult (aged 16 or over) is only considered to be an adult at risk within the Adult Support and Protection legislation if they meet all of the following three criteria

1. They are unable to safeguard their own wellbeing, property, rights or other interests,
2. are at risk of harm, **and**
3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, and are more vulnerable to being harmed than adults who are not so affected.

A Code of Practice to accompany the Adult Support and Protection (Scotland) Act 2007 was produced by the Scottish Government in 2008. This document is complemented by the West of Scotland Inter-Agency, Adult Support and Protection Practice Guidance and local single agency Adult Support and Protection Policy, Practice Standards and Operational Procedures.

#### **4.0 Interface between Adult and Child Protection**

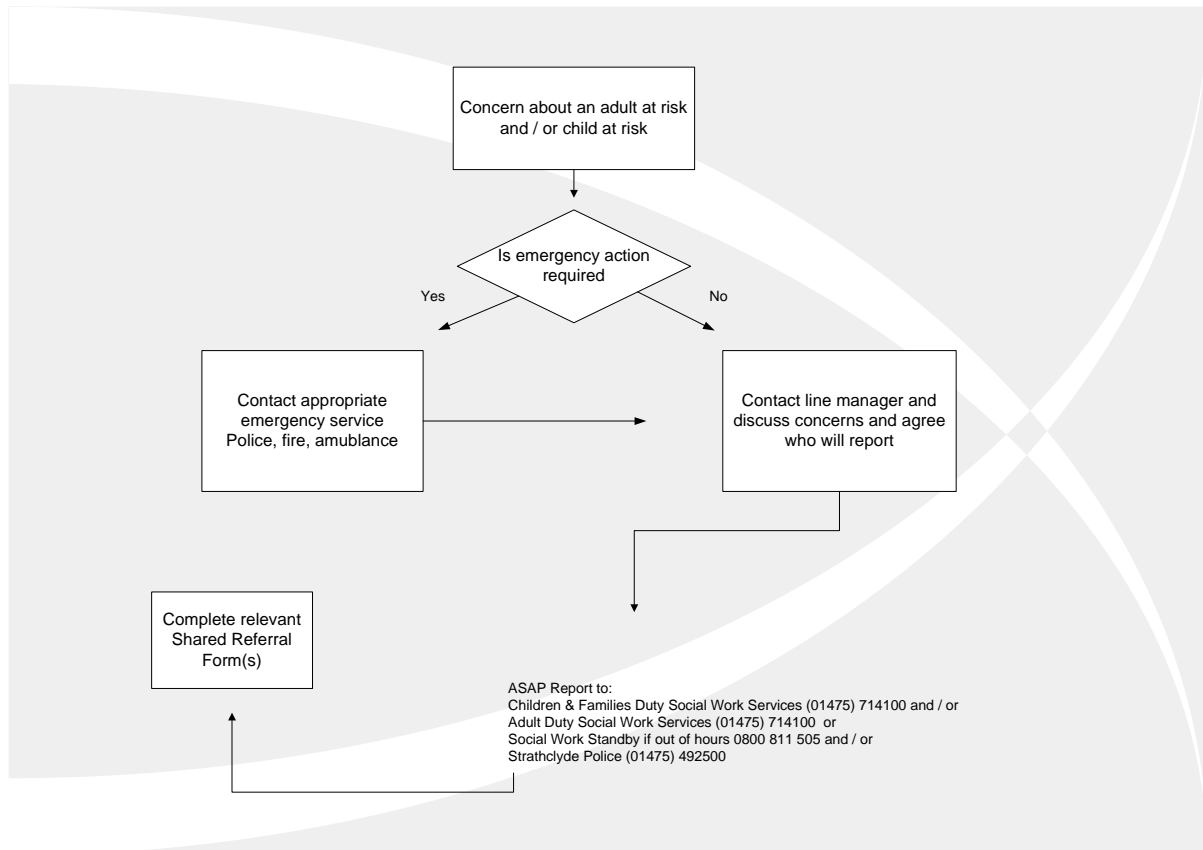
Legislation and procedures are therefore in place to protect children and adults at risk. Whilst the statutory duties for investigation in both adult and child protection procedures lies with the police and social work, the legislation also places a duty on staff from all agencies working with children and / or adults at risk to report concerns and to co-operate with inquiries and investigations as appropriate.

A concern that any child is at risk of significant harm perpetrated by someone with familial responsibility for that child may be investigated under child protection procedures. A concern that an adult is at risk of serious harm perpetrated by anyone known to them (friend ,relative, worker, carer, partner, volunteer ,other service user etc ) or against themselves (self harm/self neglect) can only be investigated under adult protection procedures if they meet the three criteria listed in section 3.

The legislation does not therefore cover all vulnerable adults, for example a victim of domestic abuse or a person with a drug or alcohol problem who met the first two criteria would not automatically be considered an adult at risk unless they were also affected by disability, mental disorder, illness or physical or mental infirmity. NB a drug or alcohol dependence is not in itself classed as an illness or infirmity. This does not however mean that concerns about an adult in such circumstances should not be reported. Support for vulnerable adults can be offered under alternative legislation. On receiving the referral, social work staff would give consideration as to which piece(s) of legislation would be most appropriate to assess and progress the situation as required.

## 5.0 Procedure

The flowchart below illustrates the response expected from a member of staff from any agency who has a concern about a child or an adult at risk of harm<sup>1</sup>.



If you have a concern about both a child and an adult you may contact both duty teams to report your concern if you wish. If however you contact only one team you must make it clear that you have concerns about both an adult and a child.

The shared referral form on which to make a child care concern referral is found in appendix 1 and the shared referral form (Strathclyde Police have their own referral form) on which to make an adult protection referral is found in appendix 2.

Flowcharts outline the process that will take place following a referral to Social Work or the Police for a child protection and adult protection concern (appendix 3 and 4 respectively). In cases where there are overlapping child and adult protection concerns there may be a joint social work investigation involving adult and children's services.

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<sup>1</sup> Bearing in mind the criteria for undertaking an adult protection investigation



Social work services have adopted an intra-service protocol for such situations as an appendix to both the child and adult protection procedures. This clarifies roles and tasks for key social work staff at various stages of the protection process. Whether or not an investigation is carried out jointly there should be communication between lead practitioners throughout the process. There may also be a joint or concurrent police investigation. Where this is the case regular communication between social work and the police is essential.

At the conclusion of the investigation(s) decisions will be made as per social work procedures regarding the need for child protection conference and / or an adult protection conference. In such circumstances there should be representation from appropriate adult services at multiagency child protection conferences and representation from appropriate children's services at adult protection conferences. This principle is entirely consistent with child and adult protection procedures.

## 6.0 Practice Examples

The practice examples given in this section aim to help workers identify the range of circumstances where those working with children and young people may encounter adults where adult protection referrals should be considered, and vice versa. Good practice in response to these situations is also outlined with reference to child and adult protection procedures.

### 6.1 A child or young person may act in ways that are abusive to an adult at risk of harm.

#### Scenario

A fourteen year old boy has lived with his 65 year old grandmother since he was 8 as his mother had a serious drug problem which resulted in her being unable to care for him. His grandmother has early onset dementia and her home support worker is concerned that the boy may be stealing money from his grandmother and locking her in her bedroom when he has all night parties at the weekend.

In this case there are concerns that the grandmother may be the victim of abuse perpetrated by the 14 year old child but also concerns regarding the ability of the grandmother to care for the child.

#### *Initial Response*

- The Home Support Worker should initially discuss her concerns with her line manager. Where employed directly by the grandmother and the support worker has no line manager they should contact social work to discuss their concerns.
- Where ever possible the worker and / or manager should advise the grandmother of their concerns and that they will be contacting social work as they view an adult protection referral is required. Her response should be noted .They should also clarify with her if there is any ongoing social work involvement from either adult services or children and families services. The worker and/or manager will be asked about their view of whether or not she has the capacity to make this decision and decisions about her welfare and safety.

- A referral can be made to either adult duty social work services or to children and families duty social work services. Whichever route is taken the worker / manager should make it clear that there are concerns for both the grandmother and grandson.

### ***Follow up***

- In respect of the grandmother, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.
- It is likely that in this case a joint child and adult protection investigation will be undertaken led by social work with involvement from the police. This investigation will include ongoing liaison with health services, including the GP and with the school. Specialist medical assessments may be requested.
- If the grandmother does not view herself as an adult at risk of harm and is assessed as capacitated to make this decision, then offers of support and assistance would be offered via other legislation. A child protection investigation may be undertaken if it is believed that the grandmother cannot care safely for the child and he is deemed to be at risk of significant harm.
- If the grandmother is capacitated and agreeing to the investigation then matters will continue to be progressed via adult support and protection legislation.
- If the grandmother is incapacitated then matters will be progressed as necessary using adult support and protection legislation and other legislation as required.
- The child may be charged with theft and abduction resulting in a referral to the Children's Reporter. The child may also be referred to the Reporter as "outwith parental control".
- The child may need to be accommodated by the local authority or a suitably approved friend or relative while any investigation or assessment is ongoing for the protection of the grandmother and /or himself.
- The grandmother may need additional support and services to meet her needs including support from friends or relatives while any investigation or assessment is ongoing.

- If the investigation establishes the risk of significant harm for the grandmother and / or the child then conferences will be held separately for the grandmother and the child to establish the need for a protection plan / registration.
- If core groups are established to implement protection plans for the grandmother and / or the child then there should be representation from the child's core group on the grandmother's core group and vice versa.

## **6.2 An adult in need of support and protection is identified as being a potential risk to a child**

### **Scenario**

A woman with mild to moderate learning difficulties has told her support worker that she is pregnant. The support worker has concerns that she has been sexually exploited by a group of young men who have befriended her. The support worker also has concerns about her capacity to recognise risk and protect her baby.

In this case there are concerns for the welfare of both the woman and her unborn baby.

### ***Initial Response***

- The Support Worker should initially discuss her concerns with her line manager. Where employed directly and the support worker has no line manager they should contact social work to discuss their concerns.
- Where ever possible the worker and / or manager should advise the woman of their concerns and that they will be contacting social work as they view an adult protection referral is required. They should also ask her whether she would be happy for the matter to be referred to the police. Her response should be noted. The worker and/or manager will be asked about their view of whether or not she has the capacity to make this decision and decisions about her welfare and safety.
- A referral can be made to either adult duty social work services / the police or to children and families duty social work services. Whichever route is taken the worker / manager should make it clear that there are concerns for both the woman and her unborn child.

## ***Follow up***

- It will be important to confirm early in the process that the woman is in fact pregnant
- It is likely that if the woman is not already working with the Special Needs in Pregnancy Service (SNIPS) than a referral to this service will be made to support her through the pregnancy
- In respect of the woman, initial inquiries will be made with health including the GP and Community Learning Disability Team regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs
- The police involvement will principally be to determine if those who befriended the woman have committed a crime and if this is the case to follow this up with a criminal investigation. This may be undertaken irrespective of whether adult protection processes are being implemented or whether the woman is able to consent.
- It is likely that a child protection investigation in respect of the unborn child will be undertaken in this case led by social work. This may be undertaken as part of a joint adult / child protection investigation (see below)
- If the woman does not view herself as an adult at risk of harm and is assessed as capacitated to make this decision, then offers of support and assistance would be offered via other legislation.
- If the woman is capacitated and agreeing to the investigation then matters will continue to be progressed via adult support and protection legislation.
- If the woman is incapacitated then matters will be progressed as necessary using adult support and protection legislation and other legislation as required. This incapacity will be a significant factor in assessing the child protection concerns regarding the unborn child.
- If the investigation establishes the risk of significant harm for the woman and / or the unborn child then conferences will be held separately for the woman and her unborn child to establish the need for a protection plan / registration
- This investigation will include liaison with health services, including the GP, and the Community Learning Disability Team.

- If core groups are established to implement protection plans for the woman and / or the unborn child then there should be representation from the unborn child's core group on the woman's core group and vice versa.

### **6.3 Child in need of protection is approaching adulthood and is assessed to be likely to remain in need of protection**

#### **Scenario**

Child with Downs Syndrome has been on the CPR under the category of physical injury following an incident where his father punched and slapped him about the head and face. He is now on supervision on the grounds that he is a child in respect of whom an offence (schedule 1) has been committed and lack of parental care. He is approaching his 18<sup>th</sup> birthday. Concerns remain about his parent's ability to appropriately meet his needs.

In this case there are concerns for the welfare of a young person as he moves towards adulthood.

#### ***Initial Response***

- This case is currently allocated within the system therefore no emergency or urgent action is indicated unless another incident occurs. The supervision order will automatically lapse when the child reaches 18 although, as he is a child with a disability, children and families social work services will continue to have some responsibility through the transition period.

#### ***Follow up***

- As part of a planned transition of responsibility for the case from children to adult services the social worker and transition worker from children and families social work should link closely with the social worker and transition worker from the learning disability team.
- As the young person moves towards adulthood, services should attempt to empower him through this transition. Consideration will need to be given, in discussion with the young person and his parents, to his future living arrangements and the possible use of supported living options.
- Given grounds have existed for a supervision order consideration should be given as to whether any other legislative intervention is required. This may be in relation to the young person's welfare and/or financial affairs. Such

consideration should be made well in advance of the lapse of the supervision order to ensure there is no period where the young person is left unprotected via legislation.

- Given the previous child protection concerns, the potential risk of significant harm to the young person as he becomes an adult should be closely monitored with a clear date for the transfer of this responsibility negotiated and agreed between children and families and adult services in discussion with the parents and young person as appropriate.
- Should a concern be identified at any point during the transition period that the young person is at risk of significant harm then the allocated social worker(s) should discuss this with the senior for the learning disability team and the police if appropriate to determine if the criteria to progress via adult support and protection legislation are met or whether support and assistance should be offered via other legislation.

#### **6.4 An adult at risk of harm and a child are both thought to be in need of protection from the same perpetrator.**

##### **Scenario**

Police attend a domestic incident and discover that the victim (who has been seriously assaulted by her partner) has a visual impairment and that there is a 5 year old and a 2 year old child in the house, both of whom witnessed the assault and are very distressed.

In this case there are immediate concerns for the safety and welfare of both the woman and her children.

##### ***Initial Response***

- The police attending the incident will need to consider the immediate needs of the woman and her children.
- They are likely to arrest the partner and detain him until he can appear in court. This will remove the immediate risk of further assault by the partner on either the woman or her children.
- Given the visual impairment and her injuries the woman **may** be unable to care safely for her children and/or herself without the support of another adult. In this case the police should ensure the woman has the necessary help in

place before leaving the home or contact social work / standby social work services to arrange emergency care and support.

- The police attending should refer to the Public Protection Unit. Officers from the PPU should liaise with social work services regarding the need for a child and /or adult protection investigation taking into account the impact of the mother's disability.

### ***Follow up***

- In respect of the woman, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.
- In respect of the children initial inquiries will be made with health services including GP and school nurse / health visitor and with education services.
- It is likely that a child protection investigation in respect of the children will be undertaken in this case led by social work. This may be undertaken as part of a joint adult / child protection investigation (see below)
- If the woman does not view herself as an adult at risk of harm and is assessed as capacitated to make this decision, then offers of support and assistance would be offered via other legislation.
- If the woman is capacitated and agreeing to the investigation then matters will continue to be progressed via adult support and protection legislation.
- Although there is nothing to suggest the woman in this scenario is incapacitated, if she is incapacitated then matters will be progressed as necessary using adult support and protection legislation and other legislation as required.
- The focus of any investigation(s) will be to consider the mother's ability to protect her children and herself taking account of any legal measures such as bail conditions or interdicts that may be in place and the risk should the partner return to the family home.
- If the investigation establishes the risk of significant harm for the woman and / or the children then conferences will be held separately for the woman and the children to establish the need for a protection plan / registration. It would be important for the child protection conference to have information to help



them understand the woman's visual impairment and the likely impact on her ability to care independently for herself and her children.

- If core groups are established to implement protection plans for the woman and / or the children then there should be representation from the children's core group on the woman's core group and vice versa.
- Whether or not an investigation establishes the risk of significant harm for the woman she may need additional support and services to meet her needs, for example from women's aid or specialist services for those with visual impairment and a wider assessment of her needs may be required.
- Whether or not an investigation establishes the risk of significant harm for the children they may also require a wider assessment of their needs using the Inverclyde integrated assessment framework.

## **6.5 In meeting the needs of an adult at risk of harm, a risk to children is identified**

### **Scenario**

A woman has presented at her GP with depression and during counselling she discloses that as a child she was sexually abused by her father. When she tried to tell her mother the woman reports that she was accused of lying and so she did not tell anyone else. Although the woman has no contact with her father she knows where he lives and that he has regular contact with her brother's children.

In this case there are concerns for the safety of the brother's children and for the woman's mental welfare.

### ***Initial Response***

- The G.P. should discuss with the woman her own needs in relation to addressing the impact of the historical sexual abuse and consider if he believes she is an adult in need of support and protection, meeting all three of the criteria under the legislation.
- If the G.P. believes that the criteria are met and an adult protection referral is required he/she should advise the woman of the concerns and that they will be contacting social work. Her response should be noted. The G.P. will be

asked about their view of whether or not the woman has the capacity to make this decision and decisions about her welfare and safety.

- The G.P. should also explain that in view of the potential risk to the brother's children the G.P. requires to report these concerns to the police. The G.P. should seek agreement from the woman to report the concerns however the G.P. must report the concerns whether or not the woman is in agreement.
- The G.P. should explain to the woman that it is her decision whether she wishes to make a formal complaint to the police regarding her own abuse however he should let her know that even if she does not make a complaint the police and/or social work may wish to speak to her to help establish if her brother's children are in need of protection.

### ***Follow up***

- In respect of the risk to the brother's children it is likely that records checks on both the grandfather and the brother's children will be carried out to determine if they are known to services.
- A child protection case discussion or planning meeting may well be convened to plan the/any investigation. The G.P. will be invited to attend this meeting.
- It is likely that a child protection investigation in respect of the brother's children will be undertaken in this case jointly between the police and social work services.
- It is likely that social work and / or the police will visit the brother to discuss the concerns and establish if he is able to protect his children. It is likely that the police / social work will recommend no unsupervised contact between the children and their grandfather until an assessment of risk has been completed.
- If the brother lives outwith the authority to which the concerns were reported, the police / social work will make contact with colleagues in the brother's authority and pass on the concerns and contact details where required.
- If the woman reports her own abuse to the police, the public protection unit will investigate the allegation and make a report to the procurator fiscal.
- If the G.P. believed the woman is an adult in need of support and protection (for example if she is at risk of self harm or suicide and is suffering from a

depressive illness) and has made a referral on this basis then the following should be considered

- If the woman does not view herself as an adult at risk of harm and is assessed as capacitated to make this decision, then offers of support and assistance would be offered via other legislation.
  - If the woman is capacitated and agreeing to the investigation then matters will continue to be progressed via adult support and protection legislation.
  - If she is incapacitated then matters will be progressed as necessary using adult support and protection legislation and other legislation as required.
- In this case it is however unlikely that a joint adult / child protection investigation will be undertaken as the children at risk are not in the same household as the adult at risk.

## **6.6 In meeting the needs of a vulnerable child, an adult in need of support and protection is identified**

### **Scenario**

A teacher is concerned that a child in her class is stealing food from other children. The teacher knows that the child's mother has a disability and uses a wheelchair. The child discloses that sometimes there is no food in the house after the weekend as her uncle comes into the house on a Saturday and takes her mothers money saying he will do the shopping but often does not come back with any food.

In this case there are concerns for the welfare of the child and her mother.

### ***Initial Response***

- The teacher should initially discuss her concerns with the designated Child Protection Co-ordinator for the school.
- The Child Protection Co-ordinator should check with other teachers as to whether there have been any similar concerns in the past / or for any siblings.

- Where ever possible the teacher should discuss the concerns with the mother and advise her that they will be contacting social work as they view a child protection referral is required and that they also have concerns regarding her own welfare. Her response should be noted. They should also clarify with her if there is any ongoing social work involvement from either adult services or children and families services.
- In this case it is likely that a referral should be made to children and families duty social work services, however the Child Protection Co-ordinator should make it clear that there are concerns for both the child and her mother.

### ***Follow up***

- Initial inquiries will also be undertaken with regard to the child and any siblings within the household.
- It is likely that a child protection investigation will be undertake
- In respect of the mother, initial inquiries will be made with health services including the GP regarding known health needs, diagnoses and issues relating to her capacity to manage her own affairs.
- If the mother does not view herself as an adult at risk of harm and is assessed as capacitated to make this decision, then offers of support and assistance for the mother would be offered via other legislation.
- If the mother is capacitated and agreeing to the investigation then matters will continue to be progressed via adult support and protection legislation.
- If the mother is incapacitated then matters will be progressed as necessary using adult support and protection legislation and other legislation as required.
- If both an adult and child protection investigation are indicated then consideration should be given to undertaking these as a joint investigation.
- Discussion with the police will take place to determine their involvement which may depend on whether or not the mother wishes to make a complaint against her brother.
- The focus of any investigation(s) will be to consider the mother's ability to protect and care for her child and herself.

- If the investigation establishes the risk of significant harm for the woman and / or the child then conferences will be held separately for the woman and the child to establish the need for a protection plan / registration. It would be important for the child protection conference to have information to help them understand the woman's disability and the likely impact on her ability to care and provide for herself and her child.
- If core groups are established to implement protection plans for the woman and / or the child then there should be representation from the child's core group on the woman's core group and vice versa.
- Whether or not an investigation establishes the risk of significant harm for the woman she may need additional support and services to meet her needs, for example from specialist services for those with a physical disability and a wider assessment of her needs may be required.
- Whether or not an investigation establishes the risk of significant harm for the children they may also require a wider assessment of their needs using the Inverclyde integrated assessment framework.

**Appendix 1**



**Referral of child/children about whom there are child care/child protection concerns**

**1a. REFERRAL DETAILS**

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax

**1b. DESIGNATED CONTACT PERSON (IF DIFFERENT FROM 1a)**

Name of Referrer	Agency	Designation	Postal Address (include postcode)	Email	Phone	Fax

**2. REFERRAL TO**

Date of Referral	Time of Referral (am or pm)	Name of worker spoken to	Designation	Is the parent/carer aware of this referral? Yes/No?	Is the young person aware of this referral? Yes/No?
Agency		Responsible Local Authority	Phone	Is this a re-referral from your service? Yes/No	If yes, please enter date(s) of previous referral(s)

Date of Referral	Time of Referral (am or pm)	Name of worker spoken to	Designation	Is the parent/carer aware of this referral? Yes/No?	Is the young person aware of this referral? Yes/No?

### 3. SUBJECT OF REFERRAL

Child's Name	Other name known by	DOB dd mm yy	Age	Gender (M/F)	Home Address (include Postcode)	Ethnicity	Religion
1							
2							
3							

### Child Affected by Disability

	Preferred Language	Interpreter Required (specify)	Description	Communication Assistance Required (specify)
1				
2				

Preferred Language	Interpreter Required (specify)
3	

Description	Communication Assistance Required (specify)

#### 4.FAMILY DETAILS

Mother's Name	DOB (If Known)	Other name known by	Current Address (If different from child)

Father's Name	DOB (if known)	Other name known by	Current Address (if different from child)

#### 4.FAMILY DETAILS (cont'd)

#### Principal Carer's Details (if different from Mother/Father)

Family Address (include postcode)	Phone (if known)	Is Child Currently Resident at this Address? Yes/No	If No, state Address (include postcode)

Name	DOB (if known)	Relationship to Child	Address (including postcode)	Type of Residence (if not at home)



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**Other Adults in Household**

**Any Other Significant Adult(s) (if known, please include contact details)**

Name	DOB (if known)	Relationship to Child	Name	DOB (if known)	Address	Phone	Relationship to Child

**Siblings not subject to referral**

Child's Name	Other name known by	DOB dd mm yy	Age	Gender	If in relation to unborn baby or mother is pregnant – Estimated Date of Birth

## 5.SUMMARY OF CONCERNS

FOR ALL REFERRALS PLEASE COMPLETE THE FOLLOWING		IF APPLICABLE PLEASE COMPLETE	
Suspicion/risk of (factors relating to the child)		Suspicion/risk of	
Absconding		Alcohol Abuse	Physical Injury
Child Safety		Asylum Seekers/Refugees	Emotional Abuse
Education		Domestic Abuse	Physical Neglect
Emotional Care/Development		Drug Abuse	Non-Organic Failure to Thrive
Health – Illness/Disability		Housing/Accommodation	Sexual Abuse
Outwith Parental Control		Learning Disability	
Physical Care/Neglect		Mental Illness	
Self harm		Parenting	
Sexual Exploitation		Physical Illness	
Offender Behaviour		Poverty/Financial	
Substance Misuse		Other (please specify below)	
Other (please specify below)			

**FOR ALL REFERRALS PLEASE COMPLETE THE FOLLOWING**

**IF APPLICABLE PLEASE COMPLETE**

**Suspicion/risk of (factors relating to the child)**

**Suspicion/risk of (factors relating to parents/ carers)**

**Suspicion/risk of**

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**6. REASON FOR REFERRAL/REQUEST FOR SERVICES:** (please record reason for concern and how this impacts on child. If applicable, please indicate alleged abuser. Indicate what action, if any, you have taken prior to the referral).

## **7. AGREED ACTIONS** (Actions agreed during phone referral)

## 8. AGENCY INVOLVEMENT

<b>Health</b>	<b>GP's Name</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Health Visitor/School</b>	<b>Name of Health Visitor/School Nurse</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Education (Nursery / School)</b>	<b>Name of School and Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>
<b>Any Other Agencies (if known)</b>	<b>Name of Agency and Contact Person</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>

Signature of Referrer

\_\_\_\_\_

Please  
print name

\_\_\_\_\_

Date

Signature of Line Manager

(if applicable)

\_\_\_\_\_

Please  
print name

\_\_\_\_\_

\_\_\_\_\_

**Acknowledgement of Child Care/Child Protection Referral**

*For use by agency receiving the referral only (Return to Referrer within 5 working days)*

INSERT ADDRESS OF AGENCY RECEIVING THE REFERRAL

*Child/ren's Name/s*

*Address*

*Agency Identification No.*

*Date of Referral*

*Outcome of Referral/request for Services*

*Any other comments*



*Signature*

*Designation*

*Date*

## Appendix 2

### Form AP1 (Adult Protection Referral Form and Actions)

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

##### ALL AGENCIES

All agencies use the AP1 with the exception of the Police who will use there own Referral Form at Appendix 8

- *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 and required information.

##### SECTION A

##### REFERRER DETAILS:

Name of Referrer:

Job Title:

Contact Telephone No:

Address:

##### 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)**

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

**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)**

--

**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?**

--

**ADULT AT RISK DETAILS:**

**Name:**

**Date of Birth:**

**Gender:**

**Ethnic Origin:**

**Religion:**

**Any known communication difficulties:**

**YES/NO**

**If YES, please detail:**

**Living situation, e.g. lives alone, with spouse etc., type of accommodation, any known supports, caregivers there details.**

**etc.**

**GENERAL PRACTITIONER:**

**Name:**

**Telephone No:**

<b>Address:</b>	
<b>OTHER HEALTH PROFESSIONALS KNOWN TO BE INVOLVED:</b>	
<b>Name/s:</b>	<b>Contact No/s:</b>
<b>Details of person's physical and mental health as known to Health Professional:</b>	
<p><i>Confidentiality is important but for the purposes of allowing Councils to undertake the required inquires 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.</i></p>	

<b>DETAILS OF THE ALLEGED ABUSER – WHERE KNOWN</b>
<b>Name</b>
<b>Relationship to person</b>
<b>Address</b>
<b>DETAIL OF ANY PREVIOUS CONCERN/INCIDENT</b> (to include dates, times, actions taken and outcomes)

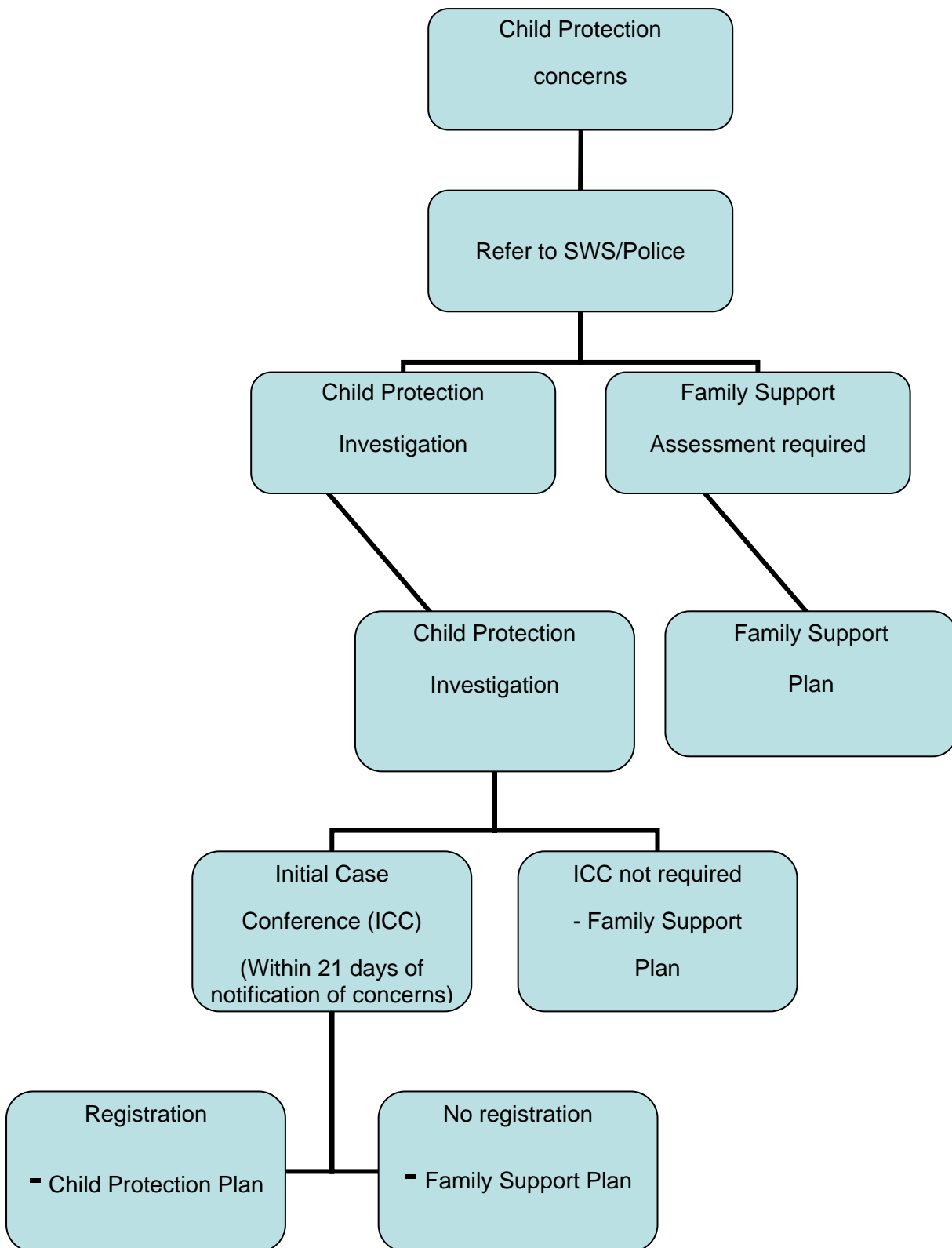
<b>Referrer Signature</b>
<b>Print Name</b>
<b>Date</b>
<b>SECTION B</b>
<b>ACTION TO BE TAKEN BY SOCIAL WORK SERVICES ON RECEIPT OF REFERRAL</b>
<b>Within <u>5 days</u> of receiving a written referral on Form AP1 the following actions <u>MUST</u> be completed by Social Work Services as the lead agency.</b>
<b>Letter of acknowledgement to be sent immediately to referrer /organisation.</b>
Form AP1 received ( date):-  Form AP1, letter of acknowledgment sent (date):-
<b>Referrer/Organisation to be advised in writing of the initial outcome of their referral</b>
Advised (date):-
<b>Referrer/Organisation to be invited to any subsequent adult protection meetings held by Social Work Services</b>
Invitation to Adult Protection Case Conference YES/NO (date sent):-  Date of Case Conference:-



<b>Adult at risk legal status at time of referral</b>			
<b>Enquire &amp; Complete any missing information not provided in Part A</b>			
Completed: (date)			
Reasons for non completion:-			
<b>Gather All available initial information to inform a decision at this point.</b>			
<b>ACTION - NO HARMFUL CONDUCT/CONCERNS</b>	YES/NO	<b>ACTION - YES HARMFUL CONDUCT /CONCERNS</b>	YES/NO
i.e. - Refer on to an appropriate agency/review existing care plan/ consider other adult legislation/ action taken and give reasons :-		i.e. – Immediate Adult Protection Order sought/Investigate Further / Case Conference arranged and give reasons:-	
<b>Note Primary Category of Referral</b>		<b>Note Primary Category of Referrer</b>	
Category is :-		Category is:-	
<b>Codes</b>		<b>Codes</b>	
A. Physical Injury		1. Social Work Statutory Staff in Council	
B. Sexual Abuse		2. Staff at Council Residential Establishment	
C. Physical Neglect		3. Staff at Council Day Care Establishment	

D. Financial or Material Abuse	4. Home Carer ( Council)
E. Emotional /Psychological Abuse	5. Housing in the Council
F. Neglect and acts of Omission by others charged with adult at risks care	6. Police
G. Self Neglect	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)
<p><b>All information from AP1 Form to be transferred to Councils Assessment &amp; Care Management IT Screens or held in Council Case Files.</b></p> <p><b>Information gained from Police Referral Form (Appendix 80 also to be recorded.</b></p>	<b>Date Completed :-</b>
<p><b><i>Any future actions and any future relevant information gathered should also be recorded using Councils Assessment &amp; Care Management IT Screens or held in Council Case Files. ALSO</i></b></p> <p><b><i>Information collated on Forms AP 2 (Risk) or AP 3 (Protection Plan) when relevant.</i></b></p>	
<p><b>ALL QUESTIONS COMPLETED AND ACTION DECISION RECORDED ON INITIAL REFERRAL</b></p>	
<p><b>Senior Member of Social Work Signature</b></p>	
<p><b>Print Name</b></p>	
<p><b>Date</b></p>	

Appendix 3 – Flow Chart for Child Protection Concerns



**Appendix 4**

**Adult Support and Protection Outline Flowchart**

