

Adult Protection Data Monitoring Forms – Guidance Notes

Introduction

Devon County Council is required to supply performance monitoring data on the Protection of Vulnerable Adults to central government on a regular basis. The Management Information Team, which is part of Performance Review based at County Hall, is responsible for collecting and reporting the data.

The following forms, which should be completed by responsible managers whenever an Adult Protection alert or referral is received, are required to provide the necessary information for monitoring performance.

Form SS29 – Adult Protection Alert/Referral Form

This should be completed by the responsible manager for all Adult Protection alerts or referrals received. The form should be completed and e-mailed to the Management Information Team Mailbox within 5 working days of receiving the alert/referral (maninftm@devon.gov.uk).

Form SS30 (revised June 2006) – Adult Protection Monitoring Form

If an Adult Protection alert/referral proceeds to investigation, then form SS30 should be completed by the responsible manager and e-mailed to the Management Information Team (maninftm@devon.gov.uk) mailbox within 3 working days of the Adult Protection Case Closure.

These two forms are e-forms. This means that the forms are Word document templates which should be completed on the computer, saved as a Word .doc file and e-mailed to the Management Information Team. The manager who completes the form should also keep a copy of the form and save it as a .doc file for your reference. Guidance is given in this document as to completion of the forms but should any difficulties arise, please contact Pam Mealing or Deborah Bingham in the Management Information Team, Room AG08, County Hall Annexe (phone 01392 382333 or e-mail maninftm@devon.gov.uk)

Guidance on completing form SS29 Adult Protection Alert/Referral Form

To be completed for each Adult Protection alert/referral received.

Part 1: Vulnerable Adult's Details

Alert/Referral Date	Enter date alert/referral received as dd/mm/yyyy
Vulnerable Adult's Name	Type in name as Title First Name Family Name
CareFirst No:	Enter Client's ID Number as recorded on CareFirst
Date of Birth:	Enter vulnerable adult's date of birth as dd/mm/yyyy
Age (dropdown list)	Select appropriate age range from dropdown list
Gender (dropdown list)	Select gender from dropdown list
Vulnerable Adult's usual address/postcode/telephone:	Type in address, postcode and telephone number
GP's or Surgery Name	Type either the GP's Name or the surgery name and address
Vulnerable Adult's ethnic origin (dropdown list – see appendix 1 for choices)	Select the appropriate ethnic origin from the dropdown list
Client Group (dropdown list – see appendix 1 for choices)	Select appropriate primary client group from dropdown list

Has a referral been made for this person in the last year as a victim of abuse (only include Adult Protection Referrals)	Select "Yes" or "No" from dropdown list
Is the person known to any other agencies	Select "Yes" or "No" from dropdown list
Vulnerable Adult's current place of residence (dropdown list – see Appendix 1 for choices)	Select appropriate type of residence from dropdown list
Is the vulnerable adult from another Local Authority area	Select "Yes" or "No" from dropdown list

Part 2: Source of Alert/Referral

Select the appropriate source of alert/referral from the dropdown list.

Contents of dropdown list:

- Self (vulnerable adult)
- Main Family Carer
- Vulnerable Adult's Family
- Neighbour/Friend
- Member of Public
- Paid Carer
- Housing
- Service Provider
- Voluntary Agency/Volunteer
- Other Service User
- GP
- Hospital
- PCT
- Independent Health Care Provider (non NHS)
- CQC
- Social Services
- Police
- Prison/Probation
- Counselling/Therapy
- Customer Services
- Not Known
- Other

If "other" is selected, please type in brief details.

Part 3: Information about Alleged Perpetrator

Name of alleged perpetrator	Type in alleged perpetrator's name as Title First Name Family Name
Is the alleged perpetrator a current or previous Social Services client	Select "Yes" or "No" from dropdown list
If Yes, please give CareFirst number	Enter alleged perpetrator's CareFirst Client ID
Alleged Perpetrator's gender (dropdown list)	Select gender from dropdown list
Alleged Perpetrator's age (dropdown list)	Select appropriate age range from dropdown list
Alleged Perpetrator's ethnic origin (dropdown list – see appendix 1 for choices)	Select the appropriate ethnic origin from the dropdown list
Has a referral been made for this person in	Select "Yes" or "No" from dropdown list

the last year as an alleged perpetrator	
Does the alleged perpetrator live with the vulnerable adult	Select "Yes" or "No" from dropdown list
Relationship of alleged perpetrator to vulnerable adult (dropdown list – see appendix 1 for choices)	Select appropriate relationship from dropdown list

Part 4: Incidents Details and Referral Outcome

Type of alleged abuse: Each type of abuse on the form has a "check-box" to the right of it. Click on the check-box for each type of abuse that applies. If you click on more than one type of abuse then you should also click on the "multiple abuse" box.

Location of abuse (dropdown list – see Appendix 1 for choices)	Select appropriate location from dropdown list
If other, please specify	If you select "other" please give brief details
If Sheltered or Supported, is the property regulated by Supporting People	Select "Yes" or "No" from dropdown list
Team responsible for referral	Type in the appropriate Team Code
Practice Manager	Type in the name of the responsible manager
Did this referral proceed to an investigation	Select "Yes" or "No" from dropdown list

If the referral did not proceed to an investigation, then Part 5 should be completed

If the referral did proceed to an investigation, then omit Part 5 and complete Part 6. In this case, Adult Protection Monitoring Form SS30 (revised June 2006) should be completed as the case progresses and e-mailed to the Management Information Team mailbox once the Adult Protection case is closed.

Part 5: Decision not to refer for investigation

If a decision has been made not to refer an alleged Adult Protection incident for an investigation, then Part 5 should be completed as follows:

Type in a brief reason for not referring for a planning/strategy meeting and investigation

Has the referrer been informed of the decision not to investigate	Select "Yes" or "No" from dropdown list
If no, please give brief reason	Type in brief reasons for not informing referrer
Date referral closed	Enter date referral closed as recorded on CareFirst (dd/mm/yyyy)
Outcome authorised by	Type in name of responsible manager

If the referral is not to proceed to investigation, go to the end of the form:

Form completed by:	Type the name of the person who completed the form
Date completed:	Type the date the form was completed (dd/mm/yyyy)

Once the form is completed, save it as a Word .doc file with an appropriate name and then e-mail a copy of this file to the Management Information Team Mailbox. Keep an electronic copy of the form for you records.

The form should be completed and e-mailed to the Management Information Team within 5 working days of the receipt of the Alert/Referral.

Part 6: Information about Investigation

If the Adult Protection Alert/Referral is to proceed to an Investigation, this part of the form should be completed

Has the vulnerable adult agreed to investigation proceeding	Select "Yes" or "No" from dropdown list
Has the vulnerable adult agreed to participate in the investigation	Select "Yes" or "No" from dropdown list
Name of investigation worker	Type the name of the worker
Telephone number	Type the worker's phone number

Complete the details at the end of the form as regards the person completing the form and the date the form was completed.

Once the form is completed, save it as a Word .doc file with an appropriate name and then e-mail a copy of this file to the Management Information Team Mailbox. Keep an electronic copy of the form for you records.

The form should be completed and e-mailed to the Management Information Team within 5 working days of the receipt of the Alert/Referral.

In this case, where the Adult Protection Alert/Referral proceeds to investigation, the Adult Protection Monitoring Form SS30 (revised June 2006) should be completed as the investigation progresses and should be e-mailed to the Management Information Team mailbox once the Adult Protection case has been closed.

Guidance on completing form SS30 Adult Protection Monitoring Form (revised June 2006)

This form should be completed for every Adult Protection Alert/Referral which proceeds to an investigation.

Part 1: Vulnerable Adult's Details

Referral Date	Enter date alert/referral received as dd/mm/yyyy
Vulnerable Adult's Name	Type in name as Title First Name Family Name
CareFirst No:	Enter Client's ID Number as recorded on CareFirst
Date of Birth:	Enter vulnerable adult's date of birth as dd/mm/yyyy
Gender (dropdown list)	Select gender from dropdown list
Vulnerable Adult's ethnic origin (dropdown list – see appendix 1 for choices)	Select the appropriate ethnic origin from the dropdown list
Client Group (dropdown list – see appendix 1 for choices)	Select appropriate primary client group from dropdown list

Part 2: Referral Details

An Adult Protection Alert/Referral Form (SS29) should already have been completed for this referral. All the details for Part 1 above should be available from this form. The minimum input for part 1 of this form is the Vulnerable Person's CareFirst ID and the date of the referral.

Part 3: Organisations involved in the Investigation

A list of the organisations who may have been involved in the investigation is given in Part 3 of the form. They each have a "check-box" to the right of them. Select whichever organisation(s) you require by clicking on the appropriate check-box(es). If "other" is selected, please type brief details of the organisation type.

Part 4: Consent

Has the client been deemed to have the capacity to consent to the investigation	Select "Yes" or "No" from dropdown list
If yes, did the client agree to the investigation proceeding	Select "Yes" or "No" from dropdown list
Did the client agree to participate in the investigation	Select "Yes" or "No" from dropdown list
If no, has the client refused to proceed before	Select "Yes" or "No" from dropdown list

Part 5: Investigation outcome

This consists of a dropdown list:

- Concerns substantiated
- Partly substantiated
- Concerns not substantiated
- Inconclusive

Select the appropriate outcome from the dropdown list

Part 6: Outcome for Client/Protection Plan

A list of possible outcomes for the vulnerable adult is given in Part 6. A “check-box” appears to the right of each outcome. To select the appropriate outcome(s) for the client, click on the appropriate check-box(es). If “other” is selected, please type brief details.

Part 7: Was Protection Plan accepted by the vulnerable adult.

Select “Yes” or “No” from dropdown list

Part 8: Outcomes for Alleged Perpetrator/Organisation/Service

A list of possible outcomes for the alleged perpetrator is given in Part 7. A “check-box” appears to the right of each outcome. To select the appropriate outcome(s) for the alleged perpetrator/organisation/service, click on the appropriate check-box(es). If “other” is selected, please type brief details.

Part 9: Strategy Meetings and Case Conferences

Please keep a count of the number and types of meeting/conferences/reviews which take place for each case and complete Part 9 as follows:

Number of Adult Protection Strategy Meetings	Enter the number of AP Strategy Meetings connected with this case
Was there a strategy meeting held within 5 days of the alert-referral (target)	Select “Yes” or “No” from dropdown list
Number of AP Case conferences	Enter the number of AP case conferences connected with this case
Number of AP Reviews	Enter the number of AP reviews connected with this case
Was there a review held within 6 months of the initial meeting (target)	Select “Yes” or “No” from dropdown list
Number of Serious concerns about an Establishment Meetings/Concerns about Serial Abuse Meetings	Enter the number of such meetings connected with this case

Part 10: Date of Final Adult Protection Review

Type in the date that the last Adult Protection Review was held before the AP case was closed (dd/mm/yyyy). If this is not applicable, click the check-box

Part 11: Date Adult Protection Case Closed

Type in the date that the Adult Protection case was closed (dd/mm/yyyy)

Once the form as been completed, type in the name of the person who completed the form and the date the form was completed.

Adult Protection Monitoring Form SS30 (revised June 2006) should be completed as the investigation progresses and should be e-mailed to the Management Information Team mailbox within 3 working days of closure of the Adult Protection case.

ADULT PROTECTION DATA MONITORING

APPENDIX 1

Contents of drop-down lists on form SS29 (June 2006)

Vulnerable Adult's age

18-64
65-74
75-84
85+

Ethnic Origin

White British	Black African	Other Mixed ethnic origin
White Irish	Black Caribbean	Chinese
Other White	Other Black	Other Ethnic origin
Indian	White and Black African	Declined to answer
Pakistani	White and Black Caribbean	
Bangladeshi	White and Asian	
Other Asian	White and Chinese	

Client Group

Physical Disability	Substance Misuse
Frailty/Temp Illness	HIV/AIDS
Sensory Impairment	Other Vulnerable People
Mental Health	
Older Person Mental Health	
Learning Disability	

Vulnerable Adult's Current Place of Residence

Own Home	Parents/Relatives Home	Not Known
Residential Home	Adult Placement Scheme	Other
Nursing Home	Respite Home	
Supported Housing	Homeless	

Alleged Perpetrator's Age

18-40
41-50
51-60
61-70
71-80
80+

Relationship of Alleged Perpetrator to Vulnerable Adult

Partner	Stranger
Other Family Member	Paid Carer
Main Carer	Professional (nurse, GP, etc)
Neighbour/Friend	Other Vulnerable Adult
Volunteer/Befriender	Not Known
Institution/Service	Other
Other Service User	

Location of Abuse

Vulnerable Adult's Home	Sheltered Accommodation	
Vulnerable Adult's Relative's Home	Extra Care Sheltered Accommodation	
Residential Home	Supported Accommodation	Other
Respite Home	Day Centre/Service	
Nursing Home	Public Place	
Alleged Perpetrator's Home	Adult Placement Scheme	
Hospital	College/Adult Education/Work	
Other health setting	Not Known	

ADULT PROTECTION DATA MONITORING APPENDIX 2

Proposed Performance Indicators for Adult Protection

Total number of AP referrals during year (by gender, age, ethnicity and Locality)

AP Referrals by client group (County, Locality, PCT)

AP Referrals by type of abuse (County, Locality, PCT)

AP Referrals by location of abuse

AP Referrals by perpetrator

AP Referrals by source of referral

No of AP Referrals from each PCT (6)

No of domestic violence cases

By age range per 1000 population

Learning disabilities AP Referrals

Outcomes for vulnerable adult

Outcomes for alleged perpetrator

Previous referrals for vulnerable adult/perpetrator/service provider

Strategy meeting/case conferences/reviews/serious concerns meeting

Timescales for above meetings

Case conclusions