

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
- Indep Health Care Provider (non NHS)
- CSCI
- Healthcare Commission
- 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 the last year as an alleged perpetrator	Select “Yes” or “No” from dropdown list
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.