

**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 (SSxx) 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.