

**GRAMPIAN ADULT SUPPORT AND PROTECTION REPORTING FORM**

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|  | Please return this form by **secure** email to: | To discuss, please call: |
| Aberdeen City | [apsw@aberdeencity.gov.uk](mailto:apsw@aberdeencity.gov.uk) | 0800 731 5520 |
| Aberdeenshire | [adultprotectionnetwork@aberdeenshire.gov.uk](mailto:adultprotectionnetwork@aberdeenshire.gov.uk) | 01467 533100 |
| Moray | [accesscareteam@moray.gov.uk](mailto:accesscareteam@moray.gov.uk) | 01343 563999 |

If there is a need for immediate action to protect the adult, this should be addressed prior to completing this form. If there is immediate danger to you or the adult, do not hesitate to call 999.

If a crime is known or suspected to have been committed, this should be reported to Police Scotland – telephone 101.

If your concern relates to a child contact should be made to the appropriate child protection services.

This form should be used if you know or believe that an adult is at risk of harm under ASP legislation. If you are unsure and wish to discuss your concern prior to making a referral, please contact the area where the adult currently is (see contact details above). It is not your responsibility to confirm that the adult meets the three-point criteria; it is enough that you believe them to meet the criteria to warrant an ASP referral.

Please refer to the [Grampian Thresholds Good Practice Guide](https://www.aberdeencity.gov.uk/sites/default/files/2024-07/Grampian-Thresholds-Guidance-2024%2006_0.pdf) for further information on reporting and other support that can be provided to the adults that you are concerned about.

Complete the form as fully as possible, but don’t allow a lack of information to delay a referral.

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| **ADULTS DETAILS** | | | |
| Name |  | Home Address |  |
| Date of Birth |  |
| If known, CHI or  CareFirst Number |  |
| Email address |  | Current Address (if different) |  |
| Ethnicity |  | Telephone Number |  |
| Does the adult have a known illness, disability, infirmity or any other reason that makes them more vulnerable to harm? |  | | |

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| **DETAILS OF CONCERN** | | | | |
| What concerns do you have that led you to making an Adult Protection Referral today?  (what harm is occurring, why is the adult vulnerable and why do you feel they are not able to safeguard with their current support) |  | | | |
| Has anything been tried or is planned to make the adult safer and if so, what? |  | | | |
| Given what you know about the adult, what could be done to help |  | | | |
| If a crime is suspected, has Police Scotland been contacted? | Yes | | No | Not Required | |
| If yes, please provide Crime Reference Number |  |  | | | |

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| **COMMUNICATION / CONSENT /CAPACITY** | | | |
| Do you have concerns about the adult’s ability to understand and communicate? | Yes | | No |
| If yes, please provide details |  | | |
| ***Where possible and practicable,* you should discuss your concerns with the adult and make them aware of your intent to refer under adult support and protection.Consent is not ‘required’ but is best practice; you have a Duty to report concerns regardless.** | | | |
| Is the adult aware of this referral | Yes | No | |
| What are the adults’ thoughts/feelings about your concerns? |  | | |
| If the adult does not have capacity, have you discussed the making of this referral with any other relevant person? What are their views? |  | | |

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| **DETAILS OF PERSON MAKING THE REFERRAL** | | | | |
| Your Name |  | | Date |  |
| Contact Details (preferred method) |  | | | |
| Your Relationship or Job Title |  | | | |
| Please complete one of the sections below to best describe the relationship you have to the adult being referred. | | | | |
| Non-professional | | Choose an item. | | |
| Council | | Choose an item. | | |
| Health | | Choose an item. | | |
| Third Sector | | Choose an item. | | |
| Other | | Please state | | |

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| **Other significant people involved with the adult**  (details of the perpetrator if known, any person providing support, including any proxies. professional or non-professional) | | |
| Name | Relationship | Contact Details (if known) |
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| Additional Information | |
| Is there any other information that you feel it is important for us to know |  |

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| **Dataset questions – to support national reporting please answer the last two questions** | | | |
| **In your opinion, which of the following harms is the adult experiencing (please tick any that apply)** | | | |
| Physical |  | Sexual |  |
| Psychological/Emotional |  | Financial/Material |  |
| Neglect/Acts of Omission |  | Discriminatory |  |
| Self-Harm |  | Self-Neglect |  |
| Domestic Abuse |  | Other (please specify) |  |
| **In your opinion, which vulnerabilities impacts the adults ability to safeguard (please tick any that apply)** | | | |
| Dementia |  | Mental Health (excl. dementia) |  |
| Learning Disability |  | Physical Disability |  |
| Infirmity/frailty due to age |  | Substance misuse/addiction |  |
| Other (please specify) |  | | |

**What happens next?**

Any report that an adult may be at risk of harm, including anonymous concerns reported to the council, will be taken seriously. The Council has a duty to make inquiries regarding an alleged incident of harm. Other professionals may be involved, for example: Police; Care Inspectorate; NHS and they must fully co-operate.

Appropriate feedback will be given to those making referrals. The timing and nature of the feedback will be in line with data protection legislation.

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| **Feedback – Tell us you experience of competing this form to support continuous improvement** | | |
| Did this form allow you tell us effectively about your concern for the adult? | Yes | No |
| Do you have any suggestion for improving this form? |  | |