

**Inter-agency Report of Harm Referral Form**

**Copies of this form can be located at:** [**www.fifedirect.org.uk/adultprotection**](http://www.fifedirect.org.uk/adultprotection) **on the ‘Staff Information and Training’ page.**

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| **Is the adult in immediate danger**  **or**  **In need of immediate medical attention?**  **Call 999** **immediately and complete form later** |

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| **If the adult is NOT in immediate danger:**  **Call Adult Protection on 01383 602200**  **AND**  **Complete and email this form to:**  [**sw.contactctr@fife.gov.uk**](mailto:sw.contactctr@fife.gov.uk) |

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| **This form should be completed by anyone wishing to refer an adult at risk of harm** |

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| * Complete as much as you know * Do not delay reporting harm, even if you do not have access to all information * The field boxes will expand as required |

**The Adult Support and Protection (Scotland) Act 2007 defines “adults at risk” as individuals, aged 16 years or over, who:**

* **Are unable to safeguard their own well-being, property, rights or other interests, and**
* **Are at risk of harm; and**
* **Because they are affected by disability, mental disorder, illness or physical or mental infirmity;**

**... are more vulnerable to being harmed than others who are not so affected.**

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| **REFERRED BY** | |
| **Name and job title: (including any relevant reference no.)** |  |
| **Agency/Dept:** |  |
| **Contact details** | |
| **Address:**  **Tel. No:**  **E-mail address:**  **Where relevant, date line manager notified:**  **Date referred to Social Work:** | |

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| **Details of Adult at Risk** [Complete as much as you know] | | | | | | | |
| **Name & Address** | **Tel. No.** | **D.o.B.** | **Gender** | **Ethnicity** | **Known**  **Disability** | **Religion** | **Language** |
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| **Do you believe the adult at risk is capable of understanding what has happened to them?** (select appropriate answer)[You may need to use your own judgement to answer this] |
| **YES/NO/UNSURE** |

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| **Have you (or any other person) told the adult at risk that this information will be shared with other relevant agencies?** (select appropriate answer)[You should tell the adult that you are making a referral and explain why. If this is not possible, make the referral anyway] |
| **YES/NO** |

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| **Details of Nearest Relative/Next of Kin** [Complete as much as you know] | | | | |
| **Name & Address** | **Tel. No.** | **D.o.B.** | **Gender** | **Relationship to adult at risk** |
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| **Name and contact details of any other persons involved (where known)** [Complete as much as you know] | | | | | |
| **GP** |  |  | **Community Nurse** |  |  |
| **Social Worker** |  |  | **Housing Support Worker** |  |  |
| **Residential Care Worker** |  |  | **Police** |  |  |
| **Welfare Attorney/Guardian** |  |  | **Other** |  |  |
| **Details of why you are making this referral** [What are your concerns? Make clear what is first-hand information and what you have been told by others. Identify the source of the information.] | | | | | |

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| **Provide details of the situation where the adult is/was considered to be at risk.**  **Include TIME, DATE, LOCATION, plus own observations and information from witnesses. Detail the nature of your report of harm.** |
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| **Type of harm you are concerned about** [tick relevant box(es)] | | | |
| **Financial** |  | **Self-injury** |  |
| **Neglect** |  | **Self-neglect** |  |
| **Physical** |  | **Self-poisoning (including overdose)** |  |
| **Psychological/emotional** |  | **Sexual** |  |
| **Extremism/radicalisation** |  |  |  |

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| **Details of other adults/children in the setting** [There may be others at risk so supply as much information as you can. If you have concerns about others, this will require reporting/action too, e.g. ‘Fife Child Concern Notification Form (Multi-Agency) | | | | | |
| **Full name** | **Address** | **D.o.B.** | **Gender** | **Ethnicity** | **Relationship to adult at risk** |
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| **Details of person(s) alleged to be causing harm (where known)** [Supply as much information as you can] | | | | | | |
| **Name** | **Address** | **Tel. No.** | **D.O.B.** | **Gender** | **Ethnicity** | **Nature of relationship to adult** |
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| **What action, other than this referral, have you taken to ensure the adult at risk is now safe?** [Indicate what you have done to reduce the risk and to safeguard the adult] |
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| **Additional information and comments (include any known risks and identified warning markers for information of Partner Agencies etc.)** [This is information/intelligence that may be important for Social Work Services to be aware of prior to visit/assessment] |
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| **Next steps**  You can get further advice about how and when to complete this form from your line manager or on our website at [www.fifedirect.org.uk/adultprotection](http://www.fifedirect.org.uk/adultprotection) on the ‘Staff Information and Training’ page.  Acknowledgement will be sent to the referring agency within 5 days of receipt of this form.  The Local Authority (Fife Council) will decide whether an investigation under the Adult Support and Protection (Scotland) Act 2007 is required. |