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| **Pro-forma for referring incidents of concern****Including Adult Support & Protection Concerns** |
| **Please complete this online form, encrypt with password and send to Church of Scotland Safeguarding Service. Do not send as a PDF.****Section A: To be completed by the service identifying a concern** **Section B: Completed by the Church of Scotland Safeguarding** **Section C: To be completed by the service.** |
| **Section A** |
| **1** | **Details of CrossReach Service making referral**  |
|  | **Name of Service** | Anywhere Care Home |
|  | **Address** | Anywhere St, Nowhere Land, KZ4 2YN |
|  | **Tel/Mobile** | 0162456789 |
| **2** | **Details of Referrer** |
|  | **Name**  | **Joe Johnson** |
|  | **Position** | **Manager** |
|  | **E-mail** | **Joe.johnson@crossreach.org.uk** |
|  |
| **3** | **Details of adult suspected or reported to be harmed/at risk of** **harm** |
|  | **Name** | **Susan Bloggs** |
|  | **DOB/Age** | **82** |
|  | **Address** | Anywhere St, Nowhere Land, KZ4 2YN |
| **4** | **Details of suspected, witnessed or reported concern.**1. *Who witnessed or reported what, where and when?*
2. *What type of harm is suspected or reported e.g. physical, financial, sexual, emotional, neglect etc.?*
3. *Include location, times and dates.*
4. *Names of witnesses or others affected by the event.*
 |
|  | About 1Opm, staff saw two residents, Mrs Susan Bloggs and Mr Kevin McNoname sitting in the main lounge Susan was seen to have her hand down the front of Kevin McNonames trousers. Mrs Bloggs was told to stop.Both residents were taken to their respective bedrooms. Mr McNoname was checked over by staff who found no signs of injury. He was not stressed and was unaffected by the incident.   |
| **5** | **Person causing the suspected or reported harm/at risk of harm, if applicable.** |
| **Name** | Mrs Susan Bloggs |
| **Relationship to adult being referred** | Fellow resident |
| **Tel/Mob** |  |
| **Address** | Anywhere St, Nowhere Land, KZ4 2YN |
| **E-mail** |  |
| **6** | **Professionals /****Agencies Involved**  | **Name** | **Contact Details** | **Have they been notified** |
| **Social Work** | **Jason Bloggs** |  | **Yes** |
| **GP** | **Anywhere Medical Centre** |  |  |
| **Psychiatrist/CPN etc** | **Debbie McNoname** |  | **Yes** |
| **Care Inspectorate**  |  |  |  |
| **Other (e.g., family, Guardians/POAs.)** |  |  |  |
| **7** | **Is the adult an adult at risk of harm under adult support & protection legislation?** | **Yes** |
| **8** | **Has the adult been informed that information will be shared?** | **No** |
| **9** | **What are their views and wishes?** |
|  | They both have advanced dementia |
| **10** | **What has been put in place to minimise and/or prevent harm or risk of harm?**  |
|  | We will increase monitoring on the residents |
| **11** | **Details of any previous adult support and protection concerns; and the outcomes? [If there is a chronology – please attach.]** |
|  | 1.11.202410.11.202412.12.2024 |
| **12** | **Has your Head of Service been notified?** |
| **YES** |  |
| **NO****[If not, why?]** |  |
| **13** | **Signed (Worker)** | Joe Johnson |
| **Position** | Manager |
| **Signed (Manager)** | Joe Johnson |
| **Date** | 01/01/2025 |

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| **Section B** |
| **Confirmation of Safeguarding Advice** |
| **Date** |  |
| **From** |  |
| **Tel/Mob** |  |
| **E-mail** |  |
|  |
| **Name of subject:** |  |
| **CrossReach Service**: |  |
| **Safeguarding advice/ recommended actions** |
|  |
| *This advice is based on the information available on the date of discussion.* *Please advise about inaccuracies so that this record can be amended.* |

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| **Section C** |
| **ACTION PLAN** |
| **Action**  | **By Whom** | **Date** | **Outcome** |
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