REGIONAL ADULT SAFEGUARDING PROCEDURE
REFERRAL FOR ADULT AT RISK CONCERN

APP1

SECTION A (ALL sections of this form are mandatory)

Name:	**Date of Birth:** *(if not known, please give approx age)*	**Date of Referral:**
Address: **Postcode:**	**Gender:** M ☐ F ☐ Prefer not say ☐ Other ☐ **Ethnicity:**	**First Language** Is an interpreter required? Yes ☐ No ☐
Telephone No:	**Is this person known to the Trust?** Yes ☐ No ☐ Don't Know ☐	**H&C No:**

Details of Referrer *(person bringing the concern to your agency's attention)*

Name:	Relationship to adult at risk of harm:
Job title:	Contact Number:

Referring agency

☐GP	☐Housing Provider	☐Learning Disability Hospital	☐Carer/Family
☐RQIA	☐ Day Care	☐ Mental Health Hospital	☐Anonymous
☐PSNI	☐ Supported Living Facility	☐ Acute General Hospital	☐ Self
☐ MARAC	☐ Regulated Care Home	☐ Non Acute Hospital	
☐ RESW	☐ Community Trust Staff	☐ Voluntary Organisation	
☐ Office of Care and Protection	☐ Domiciliary/Home Care Worker	☐Other *Specify*	

Programme of care (POC)? (tick one only)

☐ POC 1 Acute	☐ POC 4 Elderly Care	☐ POC 5 Mental Health	☐ POC 6 Learning Disability	☐ POC 7 Physical Disability & Sensory Impairment	

Key Contacts where these are known

	Name	Address	Contact number
Key Worker			
Care Manager			
G.P.			
Family/Carer			
Significant other			
Other			

What is the PRIMARY form of suspected, admitted or known harm or abuse? (tick one only)

☐ Physical	☐ Sexual (Incl. violence)	☐ Psychological	☐ Neglect
☐ Financial	☐ Exploitation	☐ Institutional	

Select if the PRIMARY form of alleged harm or abuse also relates to the following definitions?

☐ Domestic & sexual violence	☐ Hate crime	☐ Modern slavery/Human Trafficking	☐ None Applicable

Details of Concern
Context – what was happening before the incident?
Exact Location; date and time of incident:
Please provide a detailed description of the concern that has been identified *– including who was present. Include exactly what was said; observed or heard using words of the persons involved.*
What is the referrer worried about today? *(ie risk of escalation; risk of further harm; risk of harm to others etc)*
Provide the name of the person alleged to have caused the harm?

Details of any witnesses:		
Name: **Address:** **Contact No:**	**Name:** **Address:** **Contact No:**	

Location category of incident			
☐**Own Home**	☐**Nursing Home**	☐**Residential Home**	☐**Supported Living**
☐**Mental Health Hospital**	☐**Learning Disability Hospital**	☐**Acute general hospital**	☐**Non acute hospital**
☐**Day Care**	☐**Public Place**	☐ **Home of other person**	☐ **Other** *specify*

Capacity of the adult at risk of harm
What is your understanding of the adult's capacity to make various decisions? Include what is known about the person's capacity to make decisions about different aspects of their life, eg manage their finances, care arrangements. Include your assessment of their capacity to consent to a referral and protection investigation.

Adult at Risk Involvement
Has the referral been discussed with the Adult at Risk? Yes ☐ No ☐ If not explain why:

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Details of Adult at Risk's Views
What are the Adult at Risk's views about the referral being made? *What does the Adult at Risk want to happen next?* *What are the Adult at Risk's views about reporting to PSNI if required?* *What are the views of family/carer (where appropriate)?*

Communication needs of adult at risk
Provide a brief pen picture of communication needs

Describe the impact of the incident on the Adult at Risk
Describe evidence of the adult's presentation - emotional state, distress, anxiety, change of normal routines, changes in behaviour, physical injuries, potential or actual impact on health, quality of life, financial loss, impact on the family, this list is not exhaustive.

Additional Information - Home circumstances		
Does the adult at risk of harm live alone?	☐Yes	☐No
Does the person suspected to have caused harm live with the adult at risk of harm?	☐Yes	☐No
Is the adult at risk of harm present location different from home address?	☐Yes	☐No
If *Yes* give present location		

Interim Protection Arrangements		
Was immediate protection required for Adult at Risk? *(consider place of safety/ emergency report to PSNI / has PSNI attended?)* *If Yes give details:*	**☐Yes**	**☐No**
Provide details of supports provided to the adult when the concern was raised		
Was immediate protection required for children or other adults at risk? ***If Yes give details:***	**☐Yes**	**☐No**
Has a Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASH) been completed?	**☐Yes**	**☐No** **☐N/K**

Referrer Signature			
Signature	**Print**	**Position/Job Title**	**Date**

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Decision Making to be completed by Line Manager/Delegated Appointed Person/Adult Safeguarding Champion

Details of Person/Persons Suspected of Causing Harm		
Name:	☐**M** ☐ **F** ☐ Prefer not say Other ☐	**DoB:**
Address:		
Is the person(s) suspected of causing harm aware an allegation has been made against them?		☐**Yes** ☐**No** ☐**N/K**
Is the person(s) suspected of causing harm known to the adult at risk of harm?		☐**Yes** ☐**No** ☐**N/K**
If yes please specify below: ☐Family member ☐ Peer service user ☐Paid carer ☐Trust employee ☐Voluntary Worker ☐ Public ☐Other *(specify)*		
Provide any information about the capacity of the person alleged to have caused the harm		
Any Additional Information Relevant to the Report *(Please note the views of others you have consulted and note any difference of opinion)*		
Have previous APP1s or DASH assessments/concerns been recorded? ☐Yes ☐No ☐N/K *If yes give summary of previous APP1s / DASH* **Who has been notified?** ☐ PSNI (Emergency) ☐ Responsible Keyworker / Case manager ☐ Contracts ☐ Human Resources ☐ RQIA ☐ Adverse incident report **Where applicable include DATIX reference number:**		

OUTCOME following ASC discussion with referrer (Tick **one** of the following)

1. **Adult in need of protection ☐Yes ☐No**
   If yes Refer to Trust Adult Protection Gateway service

   OR

2. **Adult at risk of harm ☐Yes ☐No**
   If yes Manage through alternative safeguarding response *(Forward copy to Trust Key worker)*

   OR

3. **Inappropriate Referral Yes ☐** *(Forward copy to Trust Key worker)*

(This option should be by exception as discussion between the referrer and the delegated appointed person should take place and rule out inappropriate referrals such as general welfare issues; self neglect etc.)

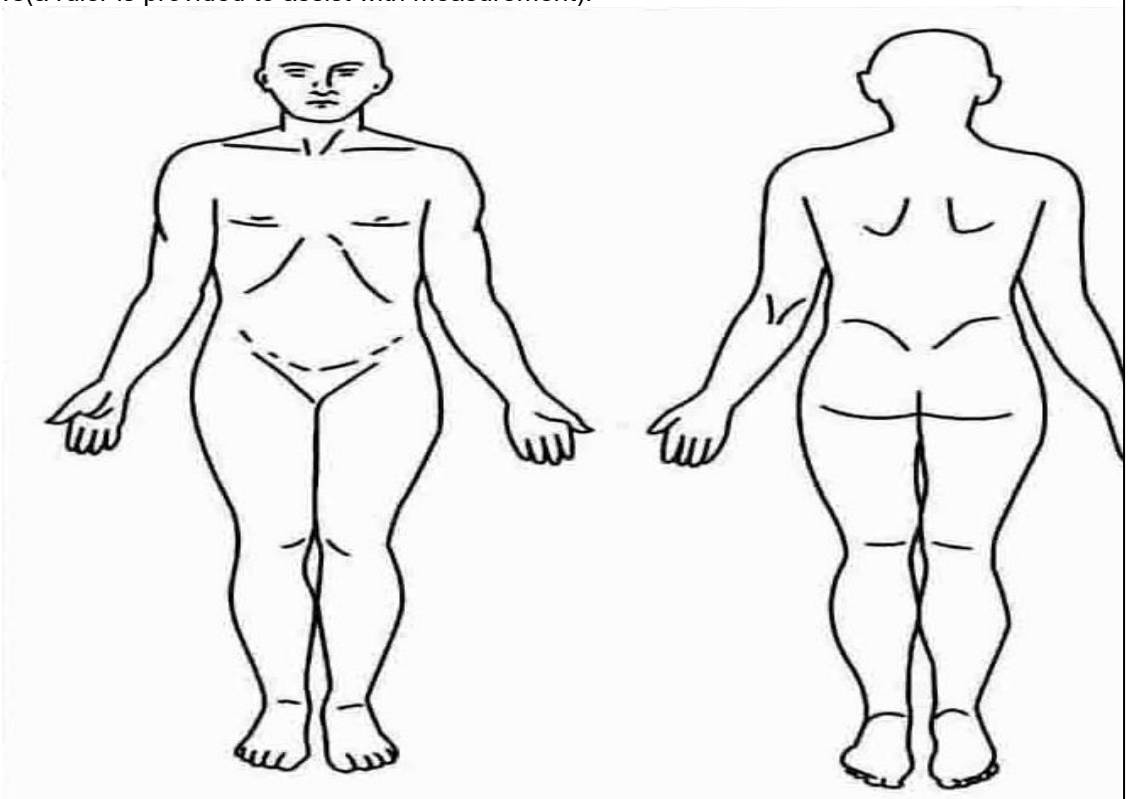
If in doubt, contact Trust Adult Protection Gateway service to discuss before decision is made.

Record rationale for decision making *(incl who concern was discussed with; any differences of opinion or where the issue raised is not a safeguarding matter etc)*
If alternative safeguarding response detail what action (s) has been taken and by whom?
Line Manager/Delegated Appointed Person/Adult Safeguarding Champion **Signature Print Position/Job Title Date**
If a referral is to be made to Trust Adult Protection Gateway Team please note responsibility for the immediate and ongoing safety remains with the referrer until actions are agreed with the Trust **Name of Trust staff referral forwarded to –**

REFERRAL FORM – APP1 (a) BODY MAP

Name: **Date of birth**:
Health & Social Care Number (*if known)*
APP1 (a) Body Map is to be used in conjunction with the APP1 Referral form by practitioners to record the location, size and number of injuries which may have been caused as a result of abuse or inappropriate care. Where used, the completed APP1 (a) Body Map should be submitted with the APP1 Referral form.

Please mark with numbers drawn on the body map in black ink to indicate the different injuries, and provide brief details for each injury, e.g. measurements of wound, colour of bruise, etc using arrows(a ruler is provided to assist with measurement):

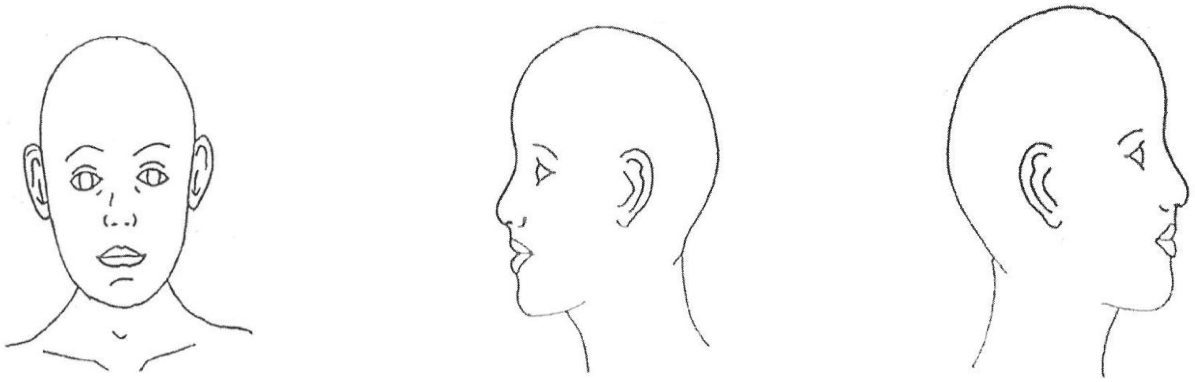


No	Site	Size	Bruise/cut/burn/ pressure ulcer/other	Colour / Grade	Commen
1					
2					
3					
4					
5					
6					

Body Map notes:

Note any other details, such as anything the adult at risk discloses on examination (verbatim), or information received from any other source regarding injuries.

Front & Side Views – Head



Number	Site	Size	Bruise / cut / burn / pressure ulcer / other	Colour / Grade	Comments

Timing of Injury:	
Date when the Injury happened (*if Known*)	
Date Injuries above were first observed (*if this is different to the original date*)	

Completed By:	
Printed Name **Designation of person completing Body Map form**	
Signature of personal completing Body Map form	
Contact details of person completing Body Map Form	
Date/time of completion	
(NB. When used, completed APP1 (a) Body Map form should be attached to completed APP1 Referral form)	

SECTION B - Initial Adult Protection Assessment

(To be completed by Trust Adult Protection Gateway Service)

What further actions are required to enhance the interim protection plan?
Details should include urgent medical attention, additional resources or staff, admission to place of safety, 1:1 support; any other action?
Details of Systems Checks
Are there issues of safety for the worker? Ie firearms; substance misuse; violence or aggression; Alerts on Trust systems? Details of previous referrals to adult protection? Repeat admissions to ED Depts.? etc
What Human Rights are potentially affected?
Please give details of consideration of the rights of all parties and any possible engagement or breach of rights as a result of the concern reported. State which rights may be impacted and why.
Contact with the Adult and/or their family (where appropriate)
Where possible the DAPO completing the initial assessment should make contact with the adult and/or their family either in person or by phone. In exceptional circumstances the gathering of information may be delegated to the relevant Trust Keyworker/social worker. *a) What does the Adult and/or their family think about the concern?(e.g. Are they aware of the concern- who, what, where, when etc. What does the situation look and feel like for those involved.)* *b) What is important to the Adult and/or their family?(e.g. Feeling safe; Maintaining the relationship; Access to justice?)* *c) Who is important to the adult in their support moving forward?* *d) What options about next steps have been shared with the Adult and/or their family? (e.g. have alternative formats of information been considered?)* *e) What does the Adult and/or their family want to happen?(e.g. Adult protection investigation? PSNI involvement? Alternative response? Support they may want? Nothing?)* *f) Has it been explained to the Adult and/or their family what actions must happen?(e.g. Duty to report to PSNI, duty to investigate if paid carer involved, concerns about capacity)* *g) Is there anything else that the Adult and/or their family feel is important for you to know?(e.g. Other incidents, threats, others at risk)*

Securing of Evidence

Documentation, CCTV, Care Records etc

Threshold for reporting to PSNI

Has the incident already been reported to police? ☐ Yes , include crime number ☐ No

Is there a need for a 999 response to the PSNI? ☐ Yes ☐ No

Is there a legal duty to report to PSNI? ☐ Yes ☐ No

Provide detail of legal duty: _____

Is the incident notifiable to PSNI on 101? ☐ Yes ☐ No

Historical Child Abuse to be notified to PSNI, CRU? ☐ Yes (Complete HSC notification to PSNI) ☐ No

Is the threshold for Joint Protocol Consultation met? ☐ Yes : complete AJP1 ☐ No

Demonstrate clearly how each component of the adult in need of protection definition is met

1. Over 18 years whose exposure to harm through abuse, exploitation or neglect may be increased by Personal characteristics and / or life circumstances
2. **AND** are unable to protect their own wellbeing, property, assets, rights or other interests
3. **AND** where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed

State clearly what potential interventions and information sharing are required from both PSNI and HSC Trust to safeguard the adult and /or others from further harm during an investigation of suspected / alleged crime. <u>(Apply thresholds for consultation as per joint protocol)</u>

Is there a need to preserve possible forensic evidence? ☐ Yes ☐ No

If yes; provide details as discussed with PSNI on AJP1

Any Additional Information Relevant to the Report
(Please include detail of consultation with others including any cross Trust information sharing and feedback arrangements.)

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DAPO TO VALIDATE DATA SET ON PART A OF REFERRAL FOLLOWING INITIAL ASSESSMENT

Source/Origin of Concern			
☐GP	☐Housing Provider	☐Learning Disability Hospital	☐Carer/Family
☐RQIA	☐ Day Care	☐Mental Health Hospital	☐Anonymous
☐PSNI	☐ Supported Living Facility	☐Acute General Hospital	☐Other *Specify*
☐ MARAC	☐ Regulated Care Home	☐Non Acute Hospital	☐Raising a Concern / Whistleblowing
☐ RESW	☐ Community Trust Staff	☐ Voluntary Organisation	
☐ Office of Care and Protection	☐ Domiciliary / Home Care Worker	☐ Self	

Location of incident			
☐Own Home	☐Nursing Home	☐Residential home	☐Supported living
☐Mental Health Hospital	☐Learning Disability Hospital	☐Acute general hospital	☐Non acute hospital
☐Day Care	☐Public Place	☐Home of other person	☐ Other *specify*

What is the PRIMARY form of suspected, admitted or known harm or abuse? (tick one only)			
☐ Physical	☐ Sexual (Incl. violence)	☐ Psychological	☐ Neglect
☐ Financial	☐ Exploitation	☐ Institutional	

Select if the PRIMARY form of alleged harm or abuse also relates to the following definitions?			
☐ Domestic & sexual violence	☐ Hate crime	☐ Modern slavery	☐ Not Applicable

Programme of care (POC)? (tick one only)					
☐ POC 1 Acute	☐ POC 4 Elderly Care	☐ POC 5 Mental Health	☐ POC 6 Learning Disability	☐ POC 7 Physical Disability & Sensory Impairment	☐ POC 9 Primary Health & Adult Community

Outcome of Initial Adult Protection Assessment

☐ **(1) Referral forwarded to Trust core team for professional assessment as Adult at Risk of Harm**

OR

☐ **(2) Referral to be allocated under Adult Protection Procedures**

Select EITHER ☐ Joint Protocol Investigation
OR ☐ Single Agency Trust Investigation
OR ☐ Single Agency PSNI Investigation

OR

☐ **(3) Inappropriate Referral Yes** ☐

Record rationale for decision making *(incl who ref was discussed with; any differences of opinion etc)*

Referral forwarded for allocation to	
Name of team:	
Name of person receiving referral:	
Contact No:	
Signature of DAPO completing initial assessment:	Date: