

ADULT PROTECTION OUTCOMES FORM

To be completed by responsible manager. Please complete all appropriate boxes

Part 1: Client Details

Referral Date:

Client's Name:

CareFirst No.:

Date of Birth:

Gender:

Client's Ethnic Origin (select one from drop-down list):

Client Group (select one from drop-down list):

Part 2: Referral Details

For further details on this referral, please refer to the appropriate Adult Protection Alert/Referral form for this client.

Part 3: Organisations involved in the investigation (click all that apply):

Adult & Community Services	<input type="checkbox"/>	Residential Home	<input type="checkbox"/>
Other Local Authority	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>
CQC	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>
Housing	<input type="checkbox"/>	Domiciliary Care Agency	<input type="checkbox"/>
NHS Trust	<input type="checkbox"/>	Provider Agency	<input type="checkbox"/>
Police	<input type="checkbox"/>	Other	<input type="checkbox"/>
Court of Protection	<input type="checkbox"/>		

If "Other", please give brief details:

Part 4: Consent

Has the client been deemed to have the capacity to consent to the investigation? Yes

If Yes, did the client

Agree to the investigation proceeding? No

Agree to participate in the investigation? No

If No,

Has the client refused to proceed with investigations before this referral? No

Part 5: Investigation Outcome (select from drop-down list):

Part 6: Outcome for Client/Protection Plan (click all that apply):

Increased Monitoring	<input type="checkbox"/>	Advocacy	<input type="checkbox"/>
Removed from Property/Service	<input type="checkbox"/>	Counselling/Support	<input type="checkbox"/>
Community Care Assessment and Services	<input type="checkbox"/>	Moved to increased/different care	<input type="checkbox"/>
Civil Action	<input type="checkbox"/>	Management of Access to Finances	<input type="checkbox"/>
Management of Access to		Action under Mental Health Act	<input type="checkbox"/>
Alleged Perpetrator	<input type="checkbox"/>	Referred to Complaints Procedure	<input type="checkbox"/>
Court of Protection	<input type="checkbox"/>	Guardianship	<input type="checkbox"/>
Application to change appointee-ship	<input type="checkbox"/>	No Further Action	<input type="checkbox"/>
Other	<input type="checkbox"/>		

If "Other", please give brief details:

Part 7: Was Protection Plan accepted by the vulnerable adult? Yes

Part 8: Outcomes for the Alleged Perpetrator/Organisation/Service (click all that apply):

- | | | | |
|--|--------------------------|---|---|
| Criminal Prosecution | <input type="checkbox"/> | Action by CQC | <input type="checkbox"/> |
| Police Action | <input type="checkbox"/> | | <input type="checkbox"/> |
| Community Care Assessment Services | <input type="checkbox"/> | Continued Monitoring of Alleged Perpetrator | <input type="checkbox"/> and <input type="checkbox"/> |
| Removed from Property/Service | <input type="checkbox"/> | Action by Commissioning/Placing Authority | <input type="checkbox"/> |
| Action under Mental Health Act | <input type="checkbox"/> | Carers Assessment Offered | <input type="checkbox"/> |
| Management of Access to Vulnerable Adult | <input type="checkbox"/> | Management Action (supervision/training) | <input type="checkbox"/> |
| Referred to POVA List | <input type="checkbox"/> | Counselling/Support | <input type="checkbox"/> |
| Referral to Registration Body | <input type="checkbox"/> | No Further Action | <input type="checkbox"/> |
| Disciplinary Action | <input type="checkbox"/> | Case Review | <input type="checkbox"/> |
| Not Known | <input type="checkbox"/> | | |

Part 9: Strategy Meetings and Case Conferences (please monitor the number of the following per case)

Number of Safeguarding Adults Strategy Meetings:

Target: Was there a strategy meeting held within five days of the alert/referral? No

Number of Safeguarding Adults Case Conferences:

Number of Safeguarding Adults Reviews:

Target: Was there a review within six months of the initial meeting? No

Number of Serious Concerns about an Establishment Meeting/
Concerns about Serial Abuse:

What type of establishment?

Part 10: Date of Final Safeguarding Adults Review (dd/mm/yyyy):

Click if not applicable:

Part 11: Date Adult Protection Case Closed (dd/mm/yyyy):

Form completed by:

Date completed (dd/mm/yyyy) :