



Adult Social Work
Duty to Inquire & Record of Action
 Adult Support and Protection

Duty to Inquire is to be completed by a Social Worker when an Adult Protection or Adult Concern referral is received.

Referral	Date:	Time:	Method:
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Referrer:	
Name:	
Address:	
Contact Details:	
Relationship to adult:	

Name of Social Worker completing the form and date, please confirm if allocated Social Worker or Duty Social Worker:
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Adult referred:	DOB:	Gender:	Swift No:	Home Address:	Consent/views sought?

First Language:	Additional Support Needs:	Preferred communication method?
Ethnic Origin:	Religion:	Capacity?

Legal Framework – POA / Welfare/Financial Guardianship / DWP appointee in place and who undertakes this role:
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Family composition & address:	DOB:	Relationship to referred adult:	Gender:	Swift No:	Contact numbers/emails

Date of Incident or details of concern indicating pattern of possible risk (please include details of the alleged perpetrator if known):

Category of Referral as assessed by Social Worker:	Please tick all that apply
Physical Harm	
Sexual Harm	
Neglect + Acts of Omission	
Emotional/Psychological Harm	
Financial or Material Harm	
Harm to self	
Self Neglect	
Domestic Abuse	
Discriminatory Harm	
Human Trafficking and/or Exploitation	
Other - please state	

<u>Section 4 checks</u>	Known to service?	Date check completed
Social Work records (including previous Adult support and Protection referrals/concerns)		
Police		
Protection nurse Adviser (GP, Community Mental Health Team, Other Health – please specify).		
Substance Misuse Recovery Service		
Housing		
Care Services and keyworker		
Other (Please specify)		
Referred 3 or more times in past 6 months?	If yes, details:	

Summary of Previous Social Work Involvement

e.g. dates / previous AP / Outcome, etc

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Initial Risk assessment and any actions required to manage immediate risk:

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Outcome of inquiries and Assessment of three point criteria. Please also advise if investigatory powers were used to gather information.

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Please discuss the outcome of inquiries with a Senior Social Worker. If an IRD is required, this is done via the following inbox:

HighlandandIslandsInterAgencyReferralDiscussion@scotland.police.uk

If a large scale investigation IRD is required, this is done via the following inbox:

Highlandislandsconcernhub@scotland.police.uk

Record of action taken – Adult Support and Protection

Record of Action taken should be completed by a Social Worker once a decision is made to proceed to Inter-Agency Referral Discussion

Where the Three-Point Criteria are met, a chronology must be initiated, or if a chronology is already in place, it must be updated by the Social Worker. Has this been completed/updated and saved in the client file – Yes, No or Not applicable?

Interagency Referral Discussion:

Date:

Time:

Present

Note of Meeting: Including agreed next steps and actions

Requirement for Debrief IRD? Y/N

Requirement for medical? Y/N (If Y who is responsible for arranging?)

Updated Risk Assessment and risk management plan - who will carry out actions to reduce risk - note any changes required following IRD/ASP Professionals meeting

Inquiry using Investigatory Powers

Details of Council Officer Visits and interviews (section 7 and 8 ASP Act)

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Debrief IRD Date:	Time:
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Attendees:	Agency:	Role, ie chair, lead interview, 2nd interview:

<p>Note Of Meeting, Joint Decisions and Agreed Actions: Decision re Adult Protection Case Conference and rationale for decision</p>
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**Has the referrer/care services/allocated social worker been informed of the outcome?
Y/N**

If not informed why not?

Senior Social Worker

Name:

Signature:

Date:

Quality Assurance Check

If DTI/ROA is selected for QA to complete this box