**SCR Reporting Form – Adults**

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| **For completion by representative of Adult Protection Committee or mandated sub-group** |
| **Name** |  |
| **Position** |  |
| **Email Address** |  |
| **Adult Protection Committee area** |  |
| **SCR information** |
| **Adult identifier**Note – only redacted information with no identifiable information  |  |
| **Adult Support & Protection Status** | [ ] Live ASP case[ ] Was not managed under ASP  |
| **Reason for SCR** | [ ] Death[ ] Serious Concern(s) |
| **Primary type of Harm** | [ ] Financial[ ] Psychological[ ] Self Harm[ ] Physical[ ] Sexual [ ] Neglect[ ] Other  (Please detail) |
| **Relationship between adult at risk and perpetrator of harm** | [ ] Self[ ] Family[ ] Friends[ ] Social Network[ ] Paid Support/ Professional Staff[ ] Stranger |
| **Context of Harm** | [ ] Adults own home[ ] Other’s home[ ] Care home[ ] Work setting[ ] Educational setting[ ] Hospital or Treatment setting[ ] Social situation[ ] Hospital or Temporary accommodation [ ] Accommodation with support  |
| **Investigative process undertaken in addition to SCR** | [ ] Not applicable [ ] Criminal Investigation [ ] Significant Adverse Event (NHS)[ ] Fatal Accident Enquiry [ ] MAPPA[ ] Health & Safety Exec (HSE)[ ] Procurator Fiscal  |
| **Was SCR postponed due to the undertaking of another investigative process** | [ ] Yes[ ] No |
| **Cross Scottish local authority case** | [ ] Yes[ ] No |
| **Cross UK case** | [ ] Yes[ ] No |
| **Methodology used** | [ ] Systems Approach[ ] Root Cause Analysis [ ] SCIE Learning Together[ ] Other  |
| **Name of lead reviewer** |  |
| **Internal or External lead reviewer** |  |
| **Professional background(s) of review team** |  |
| **Date SCR commenced**  |  |
| **Date Lead Reviewer presented final report to the SCR Review team** |  |
| **Date final report presented to Adult Protection Committee** |  |
| **Date final report sent to Chief Officers Group** |  |
| **Date of acceptance of final report between Adult Protection Committee and Chief Officers Group** |  |
| **Adult Characteristics** |
| **Age of adult** | [ ] 16 – 17[ ] 18- 24[ ] 25-34[ ] 35-44[ ] 45-54[ ] 54-64[ ] 65-74[ ] 75-84[ ] 85-94[ ] 95+ |
| **Gender** | [ ] Male[ ] Female[ ] Nonbinary [ ] Not disclosed [ ] Not known at this stage  |
| **Sexual orientation**  |  |
| **First language**  |  |
| **Legal status**  | [ ] Adults with Incapacity Act[ ]  Mental Health (Care & Treatment) Act[ ]  Not applicable[ ] Other  |
| **History of Adult Support & Protection concerns** | [ ] Yes[ ] No |
| **Household Size** | [ ] 1 person[ ] 2 persons[ ] 3 persons [ ] 4 persons[ ] 5 persons [ ] 6 persons or more |
| **Household tenure** | [ ] Homeless[ ] Owner occupied [ ] Rented – private [ ] Rented – local authority [ ] Rented – housing association [ ] Sheltered housing [ ] Supported living environment [ ] Care home setting  |
| **Ethnicity** | [ ] White Scottish [ ] White British [ ]  Mixed/ Multiple Ethnic [ ]  Asian/ Asian British [ ]  Black/ African/ Caribbean/ Black British [ ]  Other ethnic group  |
| **Known substance misuse matters** | [ ] Yes[ ] No |
| **Known domestic violence matters** | [ ] Yes[ ] No |
| **Known mental health problems**  | [ ] Yes[ ] No |
| **Learning difficulty/disability**  | [ ] Yes[ ] No |
| **Physical disability**  | [ ] Yes[ ] No |
| **Significant physical health condition(s)** | [ ] Yes[ ] No |
| **Criminal Record** | [ ] Yes[ ] No |
| **In receipt of benefits**  | [ ] Yes[ ] No |
| **In employment**  | [ ] Yes[ ] No |
| **Informal support network (family, friends, etc)** | [ ] Yes[ ] No |
| **Known to agencies**  | [ ] Yes[ ] No |
| **Pick all that apply** | [ ] HSCP[ ] Third Sector [ ] Voluntary Sector [ ] Other  |
| **Formal supports in place (i.e. home support, day support, respite)** | [ ] Yes[ ] No |
| **Perpetrator Characteristics** |
| **Age of adult** | [ ] 16 – 17[ ] 18- 24[ ] 25-34[ ] 35-44[ ] 45-54[ ] 54-64[ ] 65-74[ ] 75-84[ ] 85-94[ ] 95+ |
| **Gender** | [ ] Male[ ] Female[ ] Nonbinary [ ] Not disclosed [ ] Not known at this stage  |
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| **Pick all that apply** | [ ] HSCP[ ] Third Sector [ ] Voluntary Sector [ ] Other  |
| **Formal supports in place (i.e. home support, day support, respite)** | [ ] Yes[ ] No |

**Adult Protection Committees should note the word version is to support the development of the submission. The submission should however be returned though the online tool -** [**SCR Reporting Form**](https://forms.office.com/Pages/ResponsePage.aspx?id=Y1hH29mw4ke3P4nADYUedI0DoUQJ5iZBr7rpZLhJhupUM1pLOEQzWjU4R1hBSTJINzdLSjlNVVNZUSQlQCN0PWcu)

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| **Care Inspectorate Contact Details** |
| Kirsteen Maclennan Service ManagerCare InspectorateMobile : 07870 983 463cistrategicteamnotification@careinspectorate.gov.scot | *Our administrative contact is:*Danielle Lanigan Care InspectoratePrinces Gate60 Castle StreetHamiltonML3 8BUTel: 0141 843 6843Mobile: 07970 405 093  |