**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 |
| **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 |
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| **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 |

**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 Manager  Care Inspectorate  Mobile : 07870 983 463  [cistrategicteamnotification@careinspectorate.gov.scot](mailto:cistrategicteamnotification@careinspectorate.gov.scot) | *Our administrative contact is:*  Danielle Lanigan  Care Inspectorate  Princes Gate  60 Castle Street  Hamilton  ML3 8BU  Tel: 0141 843 6843  Mobile: 07970 405 093 |