



SAFEGUARDING POLICY (2026)

1.0 INTRODUCTION

1.1 The purpose of this Policy is to set out the arrangements for dealing with the protection and welfare of vulnerable persons and to ensure effective links are made with the appropriate Local Authority so that safeguarding measures are maintained.

This includes:

- ✓ Communication within Ochil View and with external agencies
- ✓ Reporting situations that give staff cause for concern
- ✓ Co-operating with statutory agencies in their enquiries and investigations of cases.

Protecting children, young people and vulnerable adults means recognising when to be concerned about their safety and understanding when and how to share these concerns.

1.2 The Adult Support and Protection (Scotland) Act 2007 sets out the legal framework for the protection of adults. The Act defines adults at risk (or vulnerable adults) as those aged 16 years and over who:

- ✓ are unable to safeguard their own wellbeing, property, rights or other interests
- ✓ and are at risk of harm
- ✓ and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

It places a duty on local authorities to inquire and investigate cases where harm is known or suspected.

1.3 The 'Getting it Right' for every child approach arose from the review of the Children's Hearing System in 2004. This approach was embedded in The Children and Young People (Scotland) Act 2014. The 'National Guidance for Child Protection in Scotland 2021' notes that a child can be defined differently in legal contexts however, the guidance is intended to include children and young people up to the age of 18 and for the purpose of this Policy, the Association will apply this definition. If a young person has reached the age of 18 but are living alone, is in further education, is a member of the armed forces, is in hospital, is in prison or in a young offenders' institution they may still be defined as a child under the terms of the guidance. In such cases, it will be for the local authority to determine which legislation or policy, if any, applies.

Although the Association does not provide services directly to children, they may be members of tenants' and housing applicants' households. Therefore, our staff may encounter child protection matters as part of their duties, particularly staff who visit tenants in their homes.

1.4 Safeguarding awareness is supported in Scottish legislative and policy framework. In Scotland, the following policies, legislation and guidance apply:

- ✓ UN Convention of the Rights of the Child
- ✓ Children Act (Scotland) 1995
- ✓ Children and Young People: The Charter
- ✓ Children and Young People (Scotland) Act 2014
- ✓ Getting it Right for Every Child (GIRFEC)
- ✓ Protection of Vulnerable Groups (Scotland) Act 2007
- ✓ Part V of the Police Act 1997
- ✓ SCVO Safeguarding Guidance
- ✓ The Adult Support and Protection (Scotland) Act 2007
- ✓ Local Authorities, together with key partners (particularly the NHS and the Police) developing policies, procedures, commissioning frameworks and contract monitoring arrangements to help prevent abuse. In Clackmannanshire the Forth Valley Adult Support and Protection Multi Agency Guidance applies and in Fife, the Fife Inter-Agency Adult Support and Protection Guidance applies.
- ✓ Mental Capacity and Human Rights legislation.

1.5 The emphasis will continue to be on organisations working effectively together to prevent people from being abused and harmed.

2.0 POLICY STATEMENT

2.1 The Association has no specific powers under the Acts mentioned above but has a legal duty to comply with requests from statutory agencies for the examination of records, to co-operate and assist enquiries and to involve ourselves, on request and where appropriate, with investigations.

2.2 This policy sets out our responsibilities to ensure the Association delivers on its commitment to safeguard adults, young people and children from abuse or harm. It provides straightforward guidance for staff about what to do if any concerns are identified.

2.3 The Association's role is one of awareness, recognition, reporting and subsequent co-operation with the responsible authorities.

2.4 This policy applies to all the Association's staff and those carrying out work on behalf of the Association, including contractors, agency workers, consultants and volunteers where relevant.

2.5 We are committed to ensuring that the Association's staff who communicate regularly with customers, and particularly those who visit tenants in their homes receive

training in both Child Protection and Adult Support and Protection.

- 2.6 Departmental Managers are required to take responsibility for any alerts that come to their attention in their team. They have a key role in helping to develop understanding, knowledge and confidence to ensure that staff are aware how to report concerns professionally and safely.
- 2.7 The Association has designated the Director of Housing Service as the Safeguarding Lead and the Senior Housing Services Officer as a Depute Safeguarding Lead. They are responsible to provide advice to staff, support decision-making, promote consistency in reporting, and maintain oversight of safeguarding concerns and training arrangements.

3.0 CONTEXTUAL INFORMATION

- 3.1 In the case of adults The Department of Health's 'No secrets' guidance remains a commonly used definition and defines an adult at risk as:

“a person over the age of eighteen who is or may be in need of a social care service by reason of mental or other disability, age or illness; and who is or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation”.

- 3.2 In the case of young people or children, abuse is where a parent or caregiver, or other third party, whether through action or failure to act, causes injury, death, emotional harm or risk of serious harm to a child. There are many forms of young person or child maltreatment, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse.
- 3.3 These definitions apply to those who are experiencing, or are at risk of harm or neglect and, because of this, are unable to protect themselves against the harm or neglect or risk of it.
- 3.4 **Appendix 1** provides a summary of the most common types of harm and guidance on the possible signs and indications of that harm.

4.0 PRINCIPLES OF REPORTING AND INFORMATION SHARING

- 4.1 The member of staff who has cause for concern should report the matter as soon as possible, and always within one working day of the situation coming to their attention. If a child, young person or adult is at immediate risk of harm, staff should contact the emergency services immediately before following the internal reporting process. The member of staff should record the details factually and promptly on the referral form required by the receiving local authority attached as **Appendix 2** for Clackmannanshire or **Appendix 3** for Fife.
- 4.2 The member of staff should also notify their line manager. The reasons for the report must be recorded, retained securely and treated confidentially. Records should be

factual, clear, dated, timed, and limited to what was seen, heard, disclosed or reported. Notification should be made as soon as possible, usually on the same working day that the concern arises.

4.3 Cause for concern may arise through the following; however, other possibilities are not excluded:

- ✓ What staff see, hear or witness in the course of their duties
- ✓ What staff have reported to them by third parties, for example, other tenants, applicants, members of the public, contractors etc.
- ✓ A person discloses that they are being harmed or feel at risk of harm

4.4 If an adult tells a staff member they have been harmed (or feel at risk of harm) it is important that the staff member takes the issue seriously, listens attentively, tries to put the person at ease and conveys concerns for the persons safety. Staff should:

- ✓ Ask what has happened and listen carefully
- ✓ If appropriate ask basic questions such as who, what, where and when. This is only to establish basic details of events. It is not the staff members responsibility to decide whether a safeguarding incident or concern has occurred. Their responsibility is to identify risk, respond appropriately and report any concerns raised with them.
- ✓ Try to avoid leading questions and do not press them for information
- ✓ Stay calm, show sympathy and support, reassure the person
- ✓ Make the person feel safe and secure
- ✓ Take notes immediately after
- ✓ Tell the person what you will do and that you must take appropriate action, never promise you will keep their secret
- ✓ Do not make judgements or dismiss what the person has told you

4.5 The member of staff will contact the Social Worker/Police by phone as soon as possible after the decision to report the matter. If contacting Social Work and if no Duty Social Worker is available, another Worker should be spoken to. It is not appropriate to leave a message or send an e-mail. The referral form can then be sent password protected to the receiving Duty Social Worker.

4.6 Where concerns arise out of office hours, it may not be possible to implement the procedure set out above. For example, a member of staff from Property Services may encounter a cause for concern because of an out of hours call out and it may not be possible to discuss the circumstances with their line manager until the next working day. The staff member should then report their concern immediately to the emergency team at the numbers given at **Appendix 4**.

4.7 Where appropriate, staff should explain to the person what information will be shared and why. Consent should be sought where this is safe and appropriate to do so; however, lack of consent does not prevent information being shared where there is a legal basis, a safeguarding risk, or an overriding public interest in protecting a child, young person or adult at risk.

5.0 CONFIDENTIALITY AND DATA PROTECTION

- 5.1 There is a clear requirement across agencies to co-operate in relation to the protection of persons seen to be at risk of harm. To ensure that appropriate protective measures can be put in place, it is recognised that confidential information will need to be shared with other staff, managers and other agencies on a “need to know” basis.
- 5.2 The Association staff have a duty to report concerns about an adult thought to be at risk of harm (as defined in the ASP Act).
- 5.3 The Association recognises that this is a disclosure of sensitive personal data as defined in the General Data Protection Regulation (EU) 2016/679. However, we consider that disclosure without the data subject’s consent is legitimate and there is an overriding substantial public interest as the disclosure is required to maintain public safety and for the protection of vulnerable members of the community, and the public interest is of sufficient weight to over-ride the presumption of confidentiality and to justify any interference with the data subject’s right to privacy.
- 5.4 Association staff must ensure that any communication of sensitive data under these grounds is treated with the utmost confidentiality and password protection must be used as described in the Association’s Privacy Policy.
- 5.5 The Association will liaise and co-operate with the appropriate authorities following a report. This may include providing additional information, attending case conferences, and ongoing monitoring.

6.0 PROTECTION OF STAFF FOLLOWING REPORTS

- 6.1 The Association recognises that staff may be more vulnerable to unacceptable actions following a decision to report a concern to the authorities. When this happens, the Association will carry out a risk assessment and may impose restrictions on visiting the tenant or applicant. Please refer to the Unacceptable Actions/Expected Behaviours Policy.
- 6.2 The Association also recognises that encountering situations that give cause for concern may be distressing or upsetting for staff. The Association’s Wellbeing Policy recognises the importance of promoting wellbeing of our employees and counselling is available free of charge for staff who experience work related stress. The Association also has a designated Mental Health First Aider who is trained to speak confidentially to members of staff and help signpost them where necessary to appropriate services for additional help.

7.0 PROTECTION OF VULNERABLE PERSONS AT EVICTION

The Association’s policies addressing Rent Arrears, Repossession, Estate Management and Anti-Social Behaviour set out how we will minimise the likelihood of eviction. However, where our attempts are not successful and eviction of a household including children is likely, then the Housing and Homeless Department

of the local authority will be notified at least seven days in advance of the eviction.

8.0 STAFF TRAINING, RECRUITMENT AND CONDUCT

- 8.1 The Association, through its recruitment procedures, will seek information from prospective employees who will be in direct contact with tenants outside of the office on any unspent criminal convictions. Where a candidate discloses unspent criminal convictions that are material to their prospective employment, the Association will assess the risk presented by the candidate to the safe completion of their duties, if appointed.
- 8.2 The Association will promote the health and safety of residents and customers and safeguard them from abuse. As part of our induction for new members of staff there is a requirement to read and understand all relevant policies and procedures, including this policy.
- 8.3 All the Association's staff who communicate regularly with customers, and particularly those who visit tenants in their homes will receive training in both Child Protection and Adult Support and Protection.
- 8.4 If a member of staff suspects that any other member of staff is involved in abuse, harm or neglect, they should report this through the correct channels as detailed in our Whistleblowing Policy.
- 8.5 To protect themselves from allegations of abuse, or situations that could be misunderstood, staff members will maintain strong professional boundaries as detailed in the Staff Code of Conduct.

9.0 REVIEW

- 9.1 This policy will be reviewed at least every 5 years.

May 2026

Policy Consultation and Review Process

Reviewed by the Senior Management Team:	May 2026
Recommended by Customer Services Committee:	4 th June 2026
APPROVED BY THE BOARD OF MANAGEMENT	25th June 2026
Date of Next Review:	June 2031

The lists are a guide and are not exhaustive. This is a list from Forth Valley Adult Support and Protection Multi-Agency Guidance and is a compilation from various sources including the Scottish Governments "Tell Someone" training materials.

Types of Harm	Description	Possible Signs and Indications
Physical Harm	Slapping, pushing, hitting, kicking Misuse of medication Pinching, biting, shaking Forcible Feeding Improper use of medication Restraining or holding an individual back, locking in a room, tying them to a bed or chair Inappropriate moving and rough handling Inappropriate touching Being threatened with a weapon	Unexplained injuries or an injury for which the explanation seems inconsistent or denied Physical marks such as slaps, finger or pressure marks, kick marks, pinching, bite marks A history of unexplained injuries caused by falls or accidents Bruising on parts of the body which are well protected, not normally prone to injury Cuts/injuries which seem to be unexplained Evidence of repeated injuries/striking Broken bones or bed sores and ulcers Fatigue, drowsiness, excessive sleep and lethargy Injuries caused by protective responses to arms, hands etc. Aggressive behaviour or severe temper outbursts Carers do not readily seek help for injuries Flinching when approached or touched Reluctance to get changed or covering up Depression or withdrawn behaviour Running away from home if a child Distrust of adults, particularly those with whom a close relationship would normally be expected The adult is prevented or restrained e.g. kept in own room, limited to certain areas
Sexual Harm	Sexual assault, rape, non-consensual contact Inappropriate sexual contact, touching, kissing	Changes in behaviour, weeping, anger, violent reactions, withdrawal and self-isolation Self-harming behaviour Physical damage

	<p>Sexualised conversations/comments Indecent exposure Being made to listen to, or watch, pornography without informed consent Voyeurism</p>	<p>Stained personal garments and bedding Unexplained pregnancy Sexually transmitted infection(s) Pain, irritation or bruising to intimate areas Evidence of inappropriate restraint Signs of 'grooming' Inappropriate or unusual personal attachments Over sexualised behaviour, language and expression Changes to posture, stiffness and difficulties sitting Withdrawal of contraception or initiation of same Changes in routines, fear of dark and new places Suspicion of strangers and groups of people Self-harm or mutilation, sometimes leading to suicide attempts Having nightmares or bedwetting Fear of being left with specific person or group Saying they have secrets they cannot tell anyone Eating problems such as overeating or anorexia</p>
<p>Psychological and Emotional Harm</p>	<p>Threats, manipulation, inappropriate treatment Humiliation, overt control and dominance Isolation and abandonment Bullying and intimidation by word or act Access to person being denied Misuse of power or influence Threats of harm or abandonment Putting down, ignoring someone Controlling behaviour Taking away privacy Constant criticism Pressure to make Power of Attorney or other legal documentation in favour of harmer</p>	<p>Self-isolation Changes in sleep patterns – either excessive or sleeplessness Deterioration in physical presentation, e.g. unshaven, untidy, unkempt, unwashed etc. Changes in psychological health, increase in phobias, paranoia Confusion, nervousness, excessive pattern of manners, agitated behaviours Sudden speech disorders Neurotic behaviour e.g. hair twisting, rocking Self-harm Fear of family/carer being approached regarding their behaviour</p>

Institutional Harm	Removal of individuality within a care/health service Strict, inflexible regimes and routines Lack of respect for (and appropriate accommodation of) individual choice, lifestyle etc.	Rigid and inflexible routines Individuals indicating a lack of choice Changes in behaviour, lack of involvement and interest in normal activities Self-isolation, passivity and withdrawal Inadequate staffing Users of service restricted to own rooms Lack of attention to complex needs Lack of understanding of individual communication needs Fear of another person Jokes at the expense of the user of the service
Financial/Material Harm	Taking money or possession without their knowledge or agreement Using adults' money for the harmer's own benefit Pressuring or 'grooming' someone into changing their will Coercing or persuading the adult to lend money which is never repaid Using the adult's details to obtain credit cards	Loss of financial ability Loss of material property – property or items in home goes missing or unexplained reasons Pressure to sign Power of Attorney or wills or actual changes to wills and deeds Visitors who only come when benefits are cashed Individuals who 'help' adult by withdrawing funds Lack of congruity between living conditions and assets Removal of access to benefits by family members Unexplained alterations to accounts Unexplained debt or inability to pay bills Unplanned and unanticipated sale of property and possessions Confused or irregular signature on credit cards or cheques
Verbal Harm	Inappropriate use of language Disrespectful behaviours or language Name calling Shouting Sarcasm or other inappropriate use of humour	Withdrawal from group interaction, introversion and self-isolation Feelings of submissiveness and sense of fear around certain individuals Changes in behaviour resulting in aggressive verbal responses

	Using language to confuse or exclude	Inappropriate use of language
Discriminatory Harm	<p>Racist, ageist, sexist, homophobic behaviours</p> <p>Harassment and any other discriminatory acts, e.g. transphobia</p> <p>Preventing someone from accessing appropriate sexual support/education</p> <p>Denying someone the right to exercise their religion or belief</p> <p>Forcing an individual to participate in a religious or belief practice</p> <p>Denying someone access to culturally appropriate meals</p> <p>Inappropriate 'nicknames'</p>	<p>Loss of self-esteem which is unexpected</p> <p>Bullying incidents on basis of an individual's race, age, gender etc.</p> <p>Offensive remarks or harassment based on the adult's age, gender, disability, race, colour, cultural background, sexual or religious orientation</p> <p>Changes to the adults' mental state and behaviour (e.g. fearful, anxious, withdrawn, angry, frustrated)</p> <p>Providing unacceptable food/diet</p> <p>Failure to provide for cultural needs</p> <p>Isolation e.g. due to barriers to communication</p> <p>'Hate Crime'</p> <p>Not allowing for individual choice or difference</p> <p>Social isolation and exclusion</p> <p>The adult is refused access to service or is excluded inappropriately</p>
Neglect and Self-neglect	<p>Inadequate heating or nutrition, isolation and abandonment, withholding key essentials</p> <p>Denying access to social or educational services</p> <p>Person alone and at risk</p> <p>Failure to give privacy and dignity</p> <p>Failure to take an adult at risk to medical appointments</p> <p>Failure to correctly administer medicines</p> <p>Inadequate wound care or inappropriate pressure area care</p> <p>Neglect of accommodation, self-neglect</p> <p>Not re-setting a night alarm or buzzer if in care</p>	<p>Constant hunger, sometimes stealing food</p> <p>Presenting as dirty, unkempt or 'smelly'</p> <p>Lack of food, loss of weight</p> <p>Inappropriate dress for the conditions or time of day</p> <p>Complaining of being tired all of the time</p> <p>Not requesting medical assistance and/or failing to attend appointments</p> <p>Medication withheld</p> <p>Body sores</p> <p>Denying access to personal aids e.g. glasses, stick etc.</p> <p>Having few friends</p> <p>Mentioning of being left alone or unsupervised</p> <p>Rushing a person with eating or personal care tasks</p> <p>Inadequate heating, lighting</p> <p>Unsafe living conditions</p>

		Dirty living conditions
Self-Harm	Refusal to eat or drink Drug/alcohol misuse Cutting, burning, scalding or hitting parts of own body Calculated and dangerous risk taking Banging head or other parts of the body Swallowing harmful substances Overdosing	Unexplained cuts, bruises or burns often on their wrists, arms, thighs and chest Wearing long sleeves, trousers or tights even in hot weather Refusing to get changed in front of other people Signs of pulling hair out Changes in eating habits – overeating or under eating Withdrawn and don't speak much to others Signs of depression, low mood, tearfulness or a lack of motivation or interest in anything Signs of low self-esteem, such as thinking they are not good enough Talking about ending things

Approved

FORTH VALLEY

Multi-Agency Adult Protection Referral Form - AP1 Form

FOR USE BY ALL AGENCIES & CARE PROVIDERS (EXCEPT POLICE)

An electronic (Word) copy of this form can be found on the Councils website. Also on NHS Forth Valley's Adult Protection webpage.

Completed forms to be submitted to:

- intakecomcare@stirling.gov.uk for Stirling ASP concerns
- cart@clacks.gov.uk for Clackmannanshire ASP concerns
- adult.swk@falkirk.gov.uk for Falkirk ASP concerns

ADULT AT RISK DETAILS (please PRINT details)					
NAME:		DOB:			
HOME ADDRESS:		CURRENT WHEREABOUTS:			
POSTCODE:		POSTCODE:			
TEL NO:		TEL NO:			
GENDER:		ETHNIC ORIGIN:		RELIGION (if known/relevant):	
COMMUNICATION NEEDS: (please provide details including communication aids required by the adult and specify first language if not English)					
GP NAME / ADDRESS:					

REFERRER DETAILS (please PRINT details)			
NAME:		DESIGNATION:	
AGENCY:		MOBILE/DIRECT DIAL NO:	
EMAIL ADDRESS:			
RELATIONSHIP TO ADULT BEING REFERRED:			
DATE AP1 SUBMITTED:			
IS A CRIME SUSPECTED /HAVE THE POLICE BEEN INFORMED? (Include: date, time, known action taken etc.)			
HAS THE ADULT BEEN NOTIFIED THAT THE CONCERN WILL BE SHARED WITH SOCIAL WORK OR OTHER RELEVANT AGENCIES?			
PROVIDE DETAILS OF HARM (suspected/witnessed/disclosed/reported). <u>Please include dates/times of any specific incidents</u>			

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PREVIOUS CONCERNS (any past concerns about adults safety)

--

PROTECTIVE ACTIONS (any actions you or others have taken to protect the adult).

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DETAILS OF CONCERN - YOU DO NOT HAVE TO MAKE A DETERMINATION IF THE THREE POINT CRITERIA IS MADE (information below will help inform the screener re: priority/level of risk).

<p>1) IN YOUR OPINION IS THE ADULT ABLE TO SAFEGUARD THEIR OWN WELLBEING, PROPERTY, RIGHTS OR OTHER INTERESTS?</p> <p>(If <u>no</u>, please state reason)</p>	
<p>2) IN YOUR OPINION IS THE ADULT AT RISK OF HARM? (if <u>yes</u>, please state reason)</p>	
<p>3) IN YOUR OPINION IS THE ADULT AFFECTED BY DISABILITY, MENTAL DISORDER, ILLNESS OR PHYSICAL OR MENTAL INFIRMITY (and are more vulnerable to being harmed than adults who are not so affected)</p> <p>(if <u>yes</u>, please specify)</p>	

DETAILS OF PERSON SUSPECTED OF CAUSING HARM (if known) (please PRINT details)

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

DETAILS OF MAIN CARER / RELATIVE / POA / GUARDIAN (please PRINT details)

NAME		RELATIONSHIP TO ADULT:	
ADDRESS		TEL NO	

Fife Inter-agency Report of Harm Referral Form



Copies of this form can be located on the 'Staff Information and Training' page at:
www.fife.gov.uk: [Adult-support and protection staff information and training](#)

**Is the adult in immediate danger
or
In need of immediate medical attention?
Call 999 immediately and complete form later**

**If the adult is NOT in immediate danger:
Call Adult Protection on 01383 602200
AND
Complete and email this form to:
sw.contactctr@fife.gov.uk**

**This form should be completed by anyone wishing to refer an adult
at risk of harm**

- Complete as much as you know
- Do not delay reporting harm, even if you do not have access to all information
- The field boxes will expand as required

The Adult Support and Protection (Scotland) Act 2007 defines “adults at risk” as individuals, aged 16 years or over, who:

REFERRED BY **Are unable to safeguard their own wellbeing, property, rights or other interests, and**

- **Are at risk of harm; and**
- **Because they are affected by disability, mental disorder, illness or physical or mental infirmity;**

Name and job title: (including any relevant reference no.)	
Agency/Dept:	
Contact details	
Address:	
Tel. No:	
E-mail address:	
Where relevant, date line manager notified:	
Date referred to Social Work:	

Details of Adult at Risk [Complete as much as you know]							
Name & Address	Tel. No.	D.o.B.	Gender	Ethnicity	Known Disability	Religion	Language

Do you believe the adult at risk is capable of understanding what has happened to them? (select appropriate answer) [You may need to use your own judgement to answer this]
YES/NO/UNSURE

Have you (or any other person) told the adult at risk that this information will be shared with other relevant agencies? (select appropriate answer) [You should tell the adult that you are making a referral and explain why. If this is not possible, make the referral anyway]
YES/NO

Details of Nearest Relative/Next of Kin [Complete as much as you know]				
Name & Address	Tel. No.	D.o.B.	Gender	Relationship to adult at risk

Name and contact details of any other persons involved (where known) [Complete as much as you know]				
GP			Community Nurse	
Social Worker			Housing Support Worker	
Residential Care Worker			Police	
Welfare Attorney/Guardian			Other	

<p>Details of why you are making this referral [What are your concerns? Make clear what is first-hand information and what you have been told by others. Identify the source of the information.] Provide details of the situation where the adult is/was considered to be at risk.</p> <p>Include TIME, DATE, LOCATION, plus own observations and information from witnesses. Detail the nature of your report of harm.</p>

Type of harm you are concerned about [tick relevant box(es)]	
Financial	Self-injury
Neglect	Self-neglect/Hoarding
Physical	Self-poisoning (including overdose)
Psychological/emotional	Sexual
Radicalisation/Extremism	

Details of other adults/children in the setting [There may be others at risk so supply as much information as you can. If you have concerns about others, this will require reporting/action too, e.g. 'Fife Child Concern Notification Form (Multi-Agency)']					
Full name	Address	D.o.B.	Gender	Ethnicity	Relationship to adult at risk

Details of person(s) alleged to be causing harm (where known) [Supply as much information as you can]						
Name	Address	Tel. No.	D.O.B.	Gender	Ethnicity	Nature of relationship to adult

<p>What action, other than this referral, have you taken to ensure the adult at risk is now safe? [Indicate what you have done to reduce the risk and to safeguard the adult]</p>

<p>Additional information and comments (include any known risks and identified warning markers for information of Partner Agencies etc.) [This is information/intelligence that may be important for Social Work Services to be aware of prior to visit/assessment]</p>
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Next steps

You can get further advice about how and when to complete this form from your line manager or on our website at:

www.life.gov.uk: Adult support and protection staff information and training

Acknowledgement will be sent to the referring agency within 5 days of receipt of this form.

An inquiry under the Adult Support and Protection (Scotland) Act 2007 will be undertaken which will establish if further action is required.

Approved

List of relevant contacts

Child Protection in Clackmannanshire

- **Police**
Emergency - If a child or young person is at immediate risk of harm: 999
Non- Emergency - If you are concerned about a child or young person who is not at immediate risk of harm: 101
- **Social Services**
Office hours: 01259 225000
Out of office hours: 01786 470500
Email: childcare@clacks.gov.uk

Adult Protection in Clackmannanshire

- **Police**
Emergency - If a person is at immediate risk of harm: 999
- **Social Services**
Office hours: 01259 727010
Out of office hours: 01786 470500
Email: adultcare@clacks.gov.uk

Child Protection in Fife

- **Police**
Emergency - If a child or young person is at immediate risk of harm: 999
Non- Emergency - If you are concerned about a child or young person who is not at immediate risk of harm: 101
- **Social Services**
Office hours: 03451 551503
Out of Hours: 03451 550099
Email: sw.enquiries@fife.gov.uk

Adult protection in Fife

- **Police**
Emergency - If a person is at immediate risk of harm: 999
- **Social Services**
Office hours: 01383 602200
Email: sw.contactcr@fife.gov.uk