**Safeguarding Adult Referrals - Let’s Get it Right**

**You are invited to use this template to outline your case study.**

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| **The Adult Social Care team and City and Hackney Mind want to hear your experiences so that we can all work towards clear referrals pathway**  **Case Study** | |
| **Please return your case study to** [**kristine@hcvs.org.uk**](mailto:kristine@hcvs.org.uk) **or**  **ask Kristine on 02079231962** | |
| **Name of organisation** |  |
| **Name of Person** |  |
| **Email** |  |
| **Contact number** |  |
| **I will send in a Case study/ Situation** | * **YES** * **NO** |
| **I will outline a case scenario on the day** | * **Yes** * **No** |
| **Describe the person and circumstances** | |
| **Profile**  **Live alone**  **Gender**  **Age**  **Ability** |  |
| **Outline the situation that you were concerned about** |  |
| **What action did you take?** |  |
| **What happened when you made a referral**  Did you experience any challenges |  |
| **What is your query** |  |

**Thank you**

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| **Internal Use**  **Type of situation** |  |