**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** **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**  |  |