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**Safeguarding Adults Referral Form**

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| **To be completed by a staff member or a third party who witnessed or was informed about the alleged or suspected abuse or neglect.**  **LOCAL AUTHORITY CONTACT DETAILS**  **Safeguarding Adults help line and ask for the Adults Access Team: 020 7641 2176**  **Emergency Duty Team: 020 7641 6000 (out of hours)**  **Secure Email: Please discuss with Adults Access Team**  **Email:** [**adultsocialcare@westminster.gov.uk**](mailto:adultsocialcare@westminster.gov.uk)  **The referrer must send in the referral form to social services line immediately or within 24 hours of the safeguarding concern coming to notice. If in doubt please call to discuss** |

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| **Personal Details of the Adult at Risk** | |
| **FWI Number** |  |
| **NHS number** |  |
| **Name (include title)** |  |
| **Preferred Name** |  |
| **Address (include postcode)** |  |
| **Tenure Type** |  |
| **Household Structure** |  |
| **Telephone No.** |  |
| **Email Address** |  |
| **Date of birth** |  |
| **Religion** |  |
| **First Language (interpreter required? If yes, give details)** |  |
| **Gender** |  |

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| **Ethnicity** (Tick one box only)  🞏 Prefer not to say  **White**  🞏 British  🞏 Irish  🞏 Any other White background  Specify if Other:  **Mixed**  🞏 White and Black Caribbean  🞏 White and Black African  🞏 White and Asian  🞏 Any other Mixed background  Specify if Other: | **Asian, or Asian British**  🞏 Indian  🞏 Pakistani  🞏 Bangladeshi  🞏 Any other Asian background  Specify if Other:  **Black, or Black British**  🞏 Caribbean  🞏 African  🞏 Any other Black background  Specify if Other:  **Chinese, or other ethnic group**  🞏 Chinese  🞏 Any other  Specify if Other: |
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| **Details of Alleged Abuse / Neglect** | | | | | |
| **Date safeguarding concern received** | | |  | | |
| **Date of incident (if known)** | | |  | | |
| **Details of alleged abuse / neglect** | | | | | |
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| **Type of alleged abuse**  (tick all that apply) | □ Physical abuse  □ Sexual Abuse  □ Psychological or emotional abuse  □ Financial or material abuse  □ Neglect/Act of Omission  □ Discriminatory abuse  □ Organisational abuse  □ Modern Slavery  □ Domestic abuse/violence  □ Self Neglect | | | | |
| **Location of alleged abuse**  (tick all that apply) | □ Own Home (excluding Residential Care Home / Nursing Care Home / Extra care housing / Supported Housing)  □ Extra care housing /Supported Housing  □ Residential Care Home  □ Nursing Care Home  □ In a community service (locations such as day care centres, community centres, schools, libraries, leisure centres)  □ In the community (locations such as businesses, offices, pubs, parks, shops/shopping centre)  □ Hospital – Acute  □ Hospital – Mental Health  □ Hospital – Community  □ Other health setting (e.g. GP surgery / dental surgery)  □ Other person’s home  □ Adult's place of work or education  □ Any other setting not defined above | | | | |
| **Have any similar concerns been raised in the past?** If so, please note details | | | | | |
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| **Is this a crime or potential crime?** Y/N/Not known | | | |  | |
| **If YES, has this allegation been raised with the police?** Y/N | | | |  | |
| **If NO, then why not?** | | | | | |
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| **If YES then who notified the police?** | | | | | |
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| **Name and contact details of police person contacted** | | | | | |
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| **Date contacted** | |  | | | |
| **Crime number (if known)** | |  | | | |
| **Police Response** | | | | | |
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| **If there are any known aspects of domestic abuse at this stage, please provide relevant details** | | | | | |
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| **Has a referral to MARAC (Multi-Agency Risk Assessment Conference) been made?** Y/N | | | | |  |
| **Which authority has funding responsibility?** RBKC, WCC, LBHF, Other, N/A – Self Funder or CCG | | | | |  |
| If Other give details | | | | |  |
| **Has that authority been notified?** Y/N/Not applicable | | | | |  |
| Name and contact details of the person  contacted | | | | |  |
| Date contacted | | | | |  |

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| **Person Raising Concern** | |
| Include full name and contact details | |
| **Name** |  |
| **Job Title** |  |
| **Team/Service** |  |
| **Telephone no.** |  |
| **Email** |  |
| **Relationship to the Adult at Risk:** tick one | □ Social care staff (LA & Independent sector staff)  □ Health staff  □ Self referral  □ Family member  □ Friend/neighbour  □ Other client  □ Care Quality Commission  □ Housing (including Supporting People)  □ Education / training / workplace establishment  □ Police  □ Other (including probation, anonymous, contract staff, Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC)) |
| **Has the Adult at Risk given consent for this concern to be raised?** Y/N/Lacks mental capacity to consent/Not known-Please give details | |
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| **Has the person raising the concern discussed with the Adult at Risk that the Concern is being shared with Adult Social Care?** Y/N/Lacks mental capacity to consent/Not known-Please give details | |
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| **What are the Adult at Risk’s (or their representative’s) present views, values and beliefs about the incident that has occurred and the risks they face? What are their desired outcomes, including what they would like to happen next to make them feel safer?** | |
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| **What action, if any, has been taken by the person raising the concern to safeguard the Adult at Risk? Is the Adult at Risk in agreement with this action?** | |
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| **About the Adult at Risk** |
| **Does the Adult at Risk appear to have any care and support needs (regardless of whether or not the council is meeting them)?** |
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| **Considering their care and support needs, are they able to protect themselves?** |
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| **Are there any social, cultural or religious factors to take into account?** |
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| **Details of any current support arrangements in place (including privately arranged / funded, health care, social care, informal support etc.)** |
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| **Is the Adult at Risk likely to have substantial difficulty in being involved in the safeguarding process and if so, do they have someone to support them?** |
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| **If living or staying elsewhere as a result of the alleged abuse or neglect, please give details of where/with whom** |
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| **Immediate Actions Taken To Safeguard the Adult at Risk** |
| **Is the Adult at Risk at immediate risk of abuse or neglect?** |
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| **If yes, what further immediate actions (if any) need to be taken to reduce the risk (including by who and when), and is the Adult at Risk in agreement with these actions?** |
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| **About the Person(s) Alleged to Have Caused Harm** | | | | |
| **Name of person(s) alleged to have caused harm** | | | | |
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| **Age range** Under 18, 18–24, 25-34, 35-44, 45-54, 55-64, 65+, unknown | | | |  |
| **Gender** Male, Female, unknown | | | |  |
| **Is the person alleged to have caused harm themselves an Adult at Risk under safeguarding criteria?** Y/N/Don’t know | | | |  |
| **Is the person alleged to have caused harm known to the Adult at Risk?** Y/N/Don’t know | | | |  |
| **Does the person(s) alleged to have caused harm live with the Adult at Risk?** Y/N/Don’t know | | | |  |
| **Is the person(s) alleged to have caused harm the primary carer for the Adult at Risk?** Y/N/Don’t know | | | |  |
| **Please say which of the following categories best describes the person**  **alleged to have caused harm** | | □ Relative/Family member  □ Individual - not related (e.g. neighbour/friend/stranger)  □ Social care provider  □ Primary health care  □ Secondary health care  □ Care management/assessment staff (not social care provider staff)  □ Person unknown  □ Police  □ Regulator  □ Other | | |
| **If the person(s) alleged to have caused harm works for a health or social care**  **provider please specify the type of service** Residential care home provider, Nursing care home provider, Home care provider (including extra care schemes, supported living etc.), Hospital, Community Health Provider, Other, Not applicable | | | | |
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| **If the person(s) alleged to have caused harm works for a health or social care provider please give details of the provider** | | | | |
| Organisation Name |  | | | |
| Address |  | | | |
| **If the source of risk involves a health or social care provider, then has this concern been reported to the Care Quality Commission (CQC)?** Y/Not applicable | | |  | |
| **Date Reported** | | |  | |
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| **Have we any indication of a previous safeguarding concern involving the person(s) alleged to have caused harm?** Y/N | | |  | |
| Further Information: | | | | |
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| **Local Authority Response**  **Safeguarding Adults Manager’s Decision** | | |
| **Name** |  | |
| **Job Title** |  | |
| **Team/Service** |  | |
| **Telephone no.** |  | |
| **Email** |  | |
| **Date form completed** |  | |
| **The 3-Point Test under Safeguarding** | | |
| **Has/Is the Adult experiencing, or are they at risk of, abuse or neglect?** Y/N | |  |
| **Do they have needs for care and support?** Y/N | |  |
| **As a result of those needs are they unable to protect themselves against the experience of, or risk of, abuse or neglect?** Yes, No, Not applicable – does not have care and support needs and/or is not experiencing, or at risk of, abuse or neglect | |  |

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| **Decision regarding closing or progressing the Concern and Preliminary Enquiry** (tick one) | □ Close the Concern and Preliminary Enquiry (i.e. end the Safeguarding process)  □ Progress to Planning and Formal Enquiry |
| **Rationale for decision** | |
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