

Safeguarding Adults Referral Form

To be completed by a staff member or a third party who witnessed or was informed about the alleged or suspected abuse or neglect.

Access Harrow: 020 8901 2680
Emergency Duty Team: 020 8424 0999
Email: AHadults@harrow.gov.uk

The referrer must send in the referral form to social services within 24 hours of the safeguarding concern coming to notice. If in doubt please call to discuss

Personal details of the adult at risk of harm

Mosaic Number (if known)	
NHS number(if known)	
Name (include title)	
Preferred Name	
Address (include postcode)	
Telephone No.	
Email Address	
Date of birth	
Religion	
First Language (interpreter required? If yes, give details)	
Gender	

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:

Details of alleged abuse / neglect	
Date safeguarding concern received	
Date of incident (if known)	
Details of alleged abuse / neglect	
Type of alleged abuse (tick all that apply)	<input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Psychological or emotional abuse <input type="checkbox"/> Financial or material abuse <input type="checkbox"/> Neglect/act of omission <input type="checkbox"/> Discriminatory abuse <input type="checkbox"/> Organisational abuse <input type="checkbox"/> Modern day slavery <input type="checkbox"/> Domestic abuse/violence <input type="checkbox"/> Self neglect
Location of alleged abuse (tick all that apply)	<input type="checkbox"/> Own Home (excluding Residential Care Home / Nursing Care Home / Extra care housing / Supported Housing) <input type="checkbox"/> Extra care housing /Supported Housing <input type="checkbox"/> Residential Care Home <input type="checkbox"/> Nursing Care Home <input type="checkbox"/> In a community service (locations such as day care centres, community centres, schools, libraries, leisure centres) <input type="checkbox"/> In the community (locations such as businesses, offices, pubs, parks, shops/shopping centre) <input type="checkbox"/> Hospital - Acute <input type="checkbox"/> Hospital - Mental Health <input type="checkbox"/> Hospital - Community <input type="checkbox"/> Other health setting (e.g. GP surgery / dental surgery) <input type="checkbox"/> Other person's home <input type="checkbox"/> Adult's place of work or education <input type="checkbox"/> Any other setting not defined above
Have any similar concerns been raised in the past? If so, please note details	
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?	

If YES then who notified the police?	
Name and contact details of police person contacted	
Date contacted	
Crime Reference number (if known)	
Police Response	
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	<input type="checkbox"/> Social care staff (LA & Independent sector staff) <input type="checkbox"/> Health staff <input type="checkbox"/> Self referral <input type="checkbox"/> Family member <input type="checkbox"/> Friend/neighbour <input type="checkbox"/> Other client <input type="checkbox"/> Care Quality Commission (CQC) <input type="checkbox"/> Housing (including Supporting People) <input type="checkbox"/> Education / training / workplace establishment <input type="checkbox"/> Police <input type="checkbox"/> 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	
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	

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)?
Considering their care and support needs, are they able to protect themselves?

Immediate Actions Taken To Safeguard the Adult at Risk
Is the Adult at Risk at immediate risk of abuse or neglect?
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?

About the Person(s) Alleged to Have Caused Harm	
Name of person(s) alleged to have caused harm	
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	

<p>Please say which of the following categories best describes the person alleged to have caused harm</p>	<p><input type="checkbox"/> Relative/Family member</p> <p><input type="checkbox"/> Individual - not related (e.g. neighbour/friend/stranger)</p> <p><input type="checkbox"/> Social care provider</p> <p><input type="checkbox"/> Primary health care</p> <p><input type="checkbox"/> Secondary health care</p> <p><input type="checkbox"/> Care management/assessment staff (not social care provider staff)</p> <p><input type="checkbox"/> Person unknown</p> <p><input type="checkbox"/> Police</p> <p><input type="checkbox"/> Regulator</p> <p><input type="checkbox"/> Other</p>
<p>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</p>	
<p>If the person(s) alleged to have caused harm works for a health or social care provider please give details of the provider</p>	
<p>Organisation Name</p>	
<p>Address</p>	
<p>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</p>	
<p>Date Reported</p>	
<p>Have we any indication of a previous safeguarding concern involving the person(s) alleged to have caused harm? Y/N</p>	
<p>Further Information:</p>	