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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.** **Advice:** 020 8420 9453**Emergency Duty Team:** 020 8424 0999**Email:** AHadultsservices@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** |

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| **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** |  |

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| **Ethnicity** (Tick one box only)🞏 Prefer not to say**White** 🞏 British🞏 Irish 🞏 Any other White backgroundSpecify if Other:**Mixed** 🞏 White and Black Caribbean🞏 White and Black African🞏 White and Asian 🞏 Any other Mixed backgroundSpecify if Other: | **Asian, or Asian British** 🞏 Indian🞏 Pakistani 🞏 Bangladeshi🞏 Any other Asian backgroundSpecify if Other:**Black, or Black British** 🞏 Caribbean 🞏 African 🞏 Any other Black backgroundSpecify 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 day 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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| **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 (CQC)□ 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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| **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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| **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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