****

**S**

**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.**  **Advice:** 020 8420 9453  **Emergency Duty Team:** 020 8424 0999  **Email:** [AHadultsservices@harrow.gov.uk](mailto: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** |

|  |  |
| --- | --- |
| **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) | □ 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 | | | | |
|  | | | | |
| **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 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 | □ 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 | |
|  | |
| **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 | | | |  |
| **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 | | | | |
|  | | | | |
| **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** | | |  | |
|  | | |  | |
|  | | |  | |
| **Have we any indication of a previous safeguarding concern involving the person(s) alleged to have caused harm?** Y/N | | |  | |
| Further Information: | | | | |
|  | | | | |