 **PAN LONDON SAFEGUARDING ADULTS REFERRAL FORM**

**This form should be fully completed by all Agencies needing to raise an Adult Safeguarding**

**Concern and emailed to Ealing Council’s Advice and Referral Centre within 24 hours of an incident**.

**Email:** [**sscallcentre@ealing.gov.uk**](mailto:sscallcentre@ealing.gov.uk)

**A follow up telephone call should be made to** **0208 825 8000** **to confirm receipt of the referral**. **Please note: Faxes are no longer accepted.**

Listen carefully to what is being said and reassure the person that what they are saying will be taken seriously. Only ask questions to establish what has happened and if the adult is in immediate risk of harm – please provide information in order to establish the basic facts and no more.

\*\*This form should not be used in any case that requires an **immediate** police response.

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| **DETAILS OF PERSON (REFERRER)COMPLETING THIS FORM – PLEASE COMPLETE ALL DETAILS FULLY AND CLEARLY** | | | |
| **NAME (REFERRER)** | **JOB TITLE AND ORGANISATION** | **CONTACT DETAILS – TELEPHONE NUMBER & EMAIL MUST BE PROVIDED** | **DATE** |
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| **DETAILS OF ADULT AT RISK (VULNERABLE ADULT)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | | **User ID** | | | | | | | | |  | | | | | | | **NHS Number** | | | | | | | | | |  | | | |
| **Address** | |  | | | | | | | | **GP Name Address**  **& Telephone no:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Telephone No.** | |  | | | | | | | | **DOB** | | | | | | |  | | | | **Gender** | | | | | | | | | | |  | | | | | | | |
| **OTHER MEMBERS OF THE HOUSEHOLD**  **INC. CHILDREN** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **User Group**  **(Please tick)** | | Learning Disability | | | | | | | |  | | | | | | | Mental Health | | | | | |  | | | | | | | | Carers | | | | | |  | | |
| Older Persons | | | | | | | |  | | | | | | | Physical/Sensory | | | | | |  | | | | | | | | HIV | | | | | |  | | |
| Older Persons/Dementia | | | | | | | |  | | | | | | | Physical Disability | | | | | |  | | | | | | | | Drug & Alcohol | | | | | |  | | |
| **Funding authority (If applicable)** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnic Origin (Please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| White British |  | | | Indian | | | | | | |  | Black Caribbean | | | | | | | | | | | | | | |  | | | Mixed WH/BL African | | | | | | | | |  | |
| White Irish |  | | | Pakistani | | | | | | |  | Black African | | | | | | | | | | | | | | |  | | | Mixed White and Asian | | | | | | | | |  | |
| Other White |  | | | Bangladeshi | | | | | | |  | Other Black | | | | | | | | | | | | | | |  | | | Mixed White and Chinese | | | | | | | | |  | |
| Chinese |  | | | Other Asian | | | | | | |  | Mixed WH/BL Caribbean | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | |
| **Other (please specify)** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Religion (Please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Christian C of E | | |  | | Roman Catholic | | | | | |  | | | | | Muslim | | | |  | | | | Hindu | | | | | | | | |  | | Sikh | | |  | |
| Jehovah Witness | | |  | | Jewish | | | | | |  | | | | | Buddhist | | | |  | | | | None | | | | | | | | |  | |  | | | | |
| **Other (please specify)** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of the alleged/suspected or witnessed abuse.**  What was seen/said/heard, by whom, who else was present etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Record factually what the person said and make a note of the time, date to who and where they made the admission. If comments are recorded and retained in this way there is a greater likelihood that the evidence will be allowed as evidence in court.*  **Continue on a separate sheet if necessary.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date & Time** of alleged,  Suspected or witnessed abuse | | | | | | |  | | | | | | Date & Time Alert reported | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **ABUSE SETTING (Please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Own Home | | |  | Supported Housing | | | | |  | | | | | Alleged Perpetrators Home | | | | | | | |  | | | | | | Education/ Training/ workplace establishment | | | | | | | | | |  | |
| Residential Care (permanent) | | |  | Residential Care (temporary) | | | | |  | | | | | Mental Health Inpatient setting | | | | | | | |  | | | | | | Nursing Care (permanent) | | | | | | | | | |  | |
| Community Hospital | | |  | Acute Hospital | | | | |  | | | | | Nursing care (temporary) | | | | | | | |  | | | | | | Day Centre/service | | | | | | | | | |  | |
| Other health setting | | |  | Not Known | | | | |  | | | | | Other (please specify) | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **TYPE OF ABUSE (Please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical | | |  | Sexual | | | | |  | | | | | Financial | | | | | | | |  | | | | | | Institutional | | | | | | | | | |  | |
| Neglect/Act of omission | | |  | Psychological/  Emotional | | | | |  | | | | | Discriminatory | | | | | | | |  | | | | | |  | | | | | | | | | |  | |
| **SOURCE OF REFERRAL (Please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Residential/Nursing care staff | | | | | |  | | Domiciliary care staff | | | | | | |  | | | Day care staff | | | | | | |  | | | | Other social care staff | | | | | | | | |  | |
| Social Worker or Care Manager | | | | | |  | | Self-referral | | | | | | |  | | | Hospital staff | | | | | | |  | | | | Mental Health staff | | | | | | | | |  | |
| Primary or Community Health staff | | | | | |  | | Self-Directed Care Staff | | | | | | |  | | | Family member | | | | | | |  | | | | Friend/neighbour | | | | | | | | |  | |
| Education/training/  workplace establishment | | | | | |  | | Housing | | | | | | |  | | | Other service user | | | | | | |  | | | | Care Quality Commission | | | | | | | | |  | |
| London Ambulance Service | | | | | |  | | Police | | | | | | |  | | | Other (please specify) | | | | | | | | | | |  | | | | | | | | | | |
| **Is the vulnerable adult aware of the referral? If not why not?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Has the alleged abuse been referred to the Police? Computer Aided Despatch or Police/Crime Reference Number?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the vulnerable adult have any special needs in relation to communication, physical access or mobility, medication or personal care? Does the adult have/need an Advocate?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ALLEGED PERPETRATORS DETAILS (Do Not put details if employed by the Local Authority)**  *Do not speak with the perpetrator first without seeking advice from police or the Safeguarding Adults Manager. This could place both yourself and others at risk and may compromise the investigation.* | | | | | | | | | | | | | | |
| **NAME** |  | | | **DOB** | |  | | **AGE** | |  | **GENDER** | |  | |
| **ADDRESS** |  | | | | | | | | | | | | | |
| **IS ALLEGED PERPETRATOR**  **(Please tick)** | Partner |  | Other family member | | | |  | | Volunteer/Befriender | | | | |  |
| Friend/Neighbour |  | Another Service user | | | |  | | Residential care staff | | | | |  |
| Domiciliary care staff |  | Health care staff | | | |  | | Social worker/Care manager | | | | |  |
| Self-directed care staff |  | Day care staff | | | |  | | Other social care staff | | | | |  |
| Statutory agency |  | Stranger | | | |  | | Not Known | | | | |  |
| Other |  | Institutional abuse | | | |  | |  | | | | | |
| **Is the alleged perpetrator the main carer?** | | | | | | | | | | | |  | | |
| **Was alleged perpetrator living with the vulnerable adult at the time of abuse?** | | | | | | | | | | | |  | | |
| **Still living with vulnerable adult?** | | | | | | | | | | | |  | | |
| **Please provide details of relationship to vulnerable adult.** | | | | | | | | | | | |  | | |
| **Details of immediate action taken to safeguard the vulnerable adult (if any).** | | | | |  | | | | | | | | | |
| **Details of any records made and where held e.g. Incident reports, Case notes, CQC Regulation and notification etc.**  **Is there CCTV/Photographs?** | | | | |  | | | | | | | | | |
| What has been done to reduce further risk to the Vulnerable Adult?The main concern is to ensure the safety and wellbeing of the adult and those who also may be at risk. Seek advice from police or the Safeguarding Adults Manager on how this can be done. | | | | |  | | | | | | | | | |
| Any other information not covered in previous questions? | | | | |  | | | | | | | | | |

**\*\*Clinical staff may wish to attach a body map if appropriate**

**Please forward completed Referral Form without delay.**