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Torbay and Devon Safeguarding Adult Partnership

**SAFEGUARDING ADULT CONCERN REFERRAL FORM**

Safeguarding adults means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect.

If you are concerned that an adult with needs for care and support is experiencing, or at risk of, experiencing abuse or neglect then a safeguarding adult concern should be raised.

Concerns can be raised by anyone using this Torbay and Devon Safeguarding Adult Concern Referral Form. Concerns can also be raised by telephone, email, or letter.

If you are concerned a crime has been committed or the individual is at immediate risk you MUST call 999.

To report a safeguarding concern within **Devon** local authority boundaries, return the completed form to [**csc.caredirect@devon.gov.uk**](mailto:csc.caredirect@devon.gov.uk)**.** Alternatively, you can contact Care Direct on 0345 1551 007

To report a safeguarding concern within **Torbay** local authority boundaries return the completed form to [**safeguarding.alertstct@nhs.net**](mailto:safeguarding.alertstct@nhs.net)**.** Alternatively, you can contact Torbay Safeguarding Adults Single Point of Contact Team (SPOC) on 01803 219888

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| **The person for whom you have safeguarding concerns** | **Answer** |
| **Name (required)** | Click or tap here to enter text. |
| Preferred name | Click or tap here to enter text. |
| **Date of birth (required)** | Click or tap to enter a date. |
| **Address (required)** | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| GP Surgery | Click or tap here to enter text. |
| NI number (if known) | Click or tap here to enter text. |
| NHS number (if known) | Click or tap here to enter text. |
| **Ethnicity (required)** | Choose an item. |
| Identified gender | Choose an item. |
| Identified gender details (if needed) | Click or tap here to enter text. |
| Preferred language | Choose an item. |
| Interpreter needed? | Choose an item. |
| How would the adult like to be communicated with about this safeguarding concern?  For example, via telephone, email, third party. | Click or tap here to enter text. |

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| **The person's care and support needs** | **Answer** |
| **Primary support reason (Required)** | Choose an item. |
| **Main Health Condition (Required)** | Choose an item. |
| Details of care and support provided to meet needs | Click or tap here to enter text. |

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| **Mental Capacity** | **Answer** |
| Do you believe the adult you are concerned about is able to consent to the safeguarding adult concern being raised? | Yes  No |
| Do they consent to the safeguarding adult concern being raised? | Yes  No |
| If No, please give reason for the safeguarding adult concern being raised without consent: e.g. wider public interest, life threatening harm/abuse, other people are at risk of abuse, or you have reason to doubt the person’s mental capacity. | Click or tap here to enter text. |
| Does the person have any support in terms of making decisions to consent to the safeguarding concern being shared with the Local Authority? | Choose an item. |
| If Yes, who and is this a formal arrangement?  If a formal arrangement, please advise if this is an Independent Mental Capacity Advocate; Independent Care Act Advocacy; Court Appointed deputyship, detailing if this is for property and finances and/or personal welfare; Lasting power of attorney, detailing if this is for health and welfare and/or property and financial affairs. | Click or tap here to enter text. |
| What are their views about the safeguarding concern being raised? | Click or tap here to enter text. |

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| **Your Safeguarding Concern** | **Answer** |
| Date of incident / date concern arose | Click or tap to enter a date. |

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| Details of safeguarding concern  Please provide full detail of the safeguarding concern that you are raising, to include, what happened, how it happened, who was involved. |
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| **Type(s) of suspected abuse (REQUIRED)** | **Answer** |
| **Discriminatory Abuse**  Harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion. | Yes |
| **Domestic Abuse**  Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between an adult who are or has been intimate partners or family members regardless of gender or sexuality. Domestic abuse can encompass but is not limited to psychological, physical, sexual, financial, emotional. | Yes |
| **Exploitation - County lines**  Exploitation of adults by forcing them to engage in county lines activity such as the transportation and supply of drugs from larger towns and cities to rural, suburban areas or town; taking over of an adult’s home address (known as cuckooing) in which to produce and supply illegal drugs. | Yes |
| **Exploitation – FGM**  When a female's genitals are deliberately altered or removed for non-medical reasons. Also known as 'female circumcision' or 'cutting'. | Yes |
| **Exploitation - Forced marriage**  Is where one or both people do not (or in cases of people with learning disabilities or reduced capacity, cannot) consent to the marriage as they are pressurised, or abuse is used, to force them to do so. | Yes |
| **Exploitation - So-called honour-based violence**  Collection of practices used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. | Yes |
| **Exploitation - Modern Slavery**  Encompasses slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. | Yes |
| **Exploitation - Prevent /radicalisation**  The process through which adults come to support increasingly extreme political, religious or other ideals. This can lead them to support violent extremism and terrorism. | Yes |
| **Exploitation – Sexual**  A form of sexual abuse where people are encouraged, manipulated or forced to participate in sexual acts. They may be threatened with violence and may be groomed by offers of affection, money or gifts. | Yes |
| **Financial or Material Abuse**  Theft of money or property; fraud including cyber related fraud e.g. rogue traders, online fraud, investment fraud, identify fraud, fraud by abuse of position; coercion regarding wills and property. | Yes |
| **Neglect and Acts of Omission**  Ignoring medical needs, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. | Yes |
| **Organisational Abuse**  Neglect and poor care practice within an institution or specific care setting.  May range from one off incidents to on-going ill treatment.  It can be through neglect, or poor professional practice as a result of structure, policies, processes or practices within an organisation. | Yes |
| **Physical Abuse**  Assault, hitting, slapping, pushing, misuse of medication, restraint and inappropriate physical sanctions including unlawfully depriving an adult of their liberty. | Yes |
| **Psychological Abuse**  Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bulling, isolation, unreasonable and unjustified withdrawal of services or supportive networks. | Yes |
| **Self-Neglect**  A wide range of behaviours in which a person is neglecting to care for one’s own personal hygiene, health or surroundings and includes behaviour such as hoarding. | Yes |
| **Sexual Abuse**  Including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography; subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented or was pressured into consenting. | Yes |

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| **Location of suspected abuse (REQUIRED)** | **Answer** |
| Own Home | Yes |
| Care Home - Nursing | Yes |
| Care Home - Residential | Yes |
| Hospital - Acute | Yes |
| Hospital - Community | Yes |
| Hospital - Mental Health | Yes |
| In a Community Service | Yes |
| In the community - excluding community services | Yes |

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| **Further details** | **Answer** |
| Are there any injuries? | Yes  No |
| If Yes, has a body map been completed / photos taken? | Yes  No |
| Does the person continue to be at risk of abuse? | Yes  No |
| Is there an emerging pattern of suspected abuse? | Yes  No |
| Has anyone witnessed the suspected abuse? | Yes  No |
| Are any other professional agencies aware of this concern? | Yes  No |
| If Yes, please state which agencies | Click or tap here to enter text. |

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| **Addressing immediate risk** | **Answer** |
| Have the police been informed where a crime is suspected? | Yes  No |
| If Yes, include crime reference here | Click or tap here to enter text. |
| Has medical attention been sought if needed? | Yes  No |
| If Yes, please provide details of who, when and outcome here | Click or tap here to enter text. |
| Is the person you are concerned about a carer for another adult or child? | Yes  No |
| Do Children’s Services need to be informed? | Yes  No |
| If Yes, please do so immediately and note referral details here | Click or tap here to enter text. |

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| Outline the actions you (the referrer) have taken to protect and mitigate the risk for whom the concern relates. |
| Click or tap here to enter text. |
| Outline the actions you (the referrer) have taken to discuss the safeguarding concern with the person and/or their representative (if client lacks capacity) and state what outcomes, if any, they want to achieve. |
| Click or tap here to enter text. |

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| **Person / organisation alleged to be causing the harm** | **Answer** |
| Preferred name | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. |
| Address | Click or tap here to enter text. |
| Are they aware they are the subject of the concern being raised? | Yes  No |
| If Yes, what's their view? | Click or tap here to enter text. |
| If No, give your reason | Click or tap here to enter text. |
| **What is their relationship to the person you are concerned about? (Required)** | Choose an item. |
| Are they the person's main carer? | Choose an item. |
| Do they live with the person? | Yes  No |
| Are there any other people potentially at risk from this person? | Click or tap here to enter text. |
| Is the person alleged to be causing the harm, someone who has care and support needs themselves? | Yes  No |

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| **Referrer details** | **Answer** |
| Name | Click or tap here to enter text. |
| Contact details  Name / telephone / email | Click or tap here to enter text. |
| Organisation / relationship to person of concern  Identify the description which closely matches the person raising the concern | Choose an item. |
| Sharing your details | Choose an item. |
| Reasons for remaining anonymous | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

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| **To report a safeguarding concern within Devon local authority boundaries return the completed form to** [**csc.caredirect@devon.gov.uk**](mailto:csc.caredirect@devon.gov.uk)  **To report a safeguarding concern within Torbay local authority boundaries return the completed form to** [**safeguarding.alertstct@nhs.net**](mailto:safeguarding.alertstct@nhs.net)  **After sending this concern referral form you should receive an automated receipt. If you have not received an email receipt within 24 hours you MUST contact either Care Direct or Torbay Safeguarding Adults SPOC and may need to re-send the referral form.** |