

Devon Safeguarding Adults Board

SAFEGUARDING ADULT REFERRAL FORM

Safeguarding Adults means helping people who have care and support needs live free from abuse and neglect. These people are or may be unable to protect themselves from abuse or neglect because of their mental health, physical health and/or learning disabilities, age or illness.

Where an adult is, or may be, at risk of harm from abuse or neglect then a Safeguarding Adult referral should be made to Care Direct using this form. Concerns can be rung through to Care Direct on 0345 155 1007 and must be followed up in writing using this form.

Care Direct is open 08:00 – 20:00 Mon-Fri, 09:00 – 13:00 Saturday. The Emergency Duty Service can be contacted out of hours on 0345 6000 388.

A copy of this form must be sent to *your Organisation's Safeguarding Lead* (if appropriate) and to Care Direct customerservicecentreperformancesecure-mailbox@devon.gcsx.gov.uk (You will receive an automated response from the Care Direct mailbox, please check address if you do not or contact them directly, Safeguarding concerns will be responded to within 48 hours)

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

Details of individual being referred:			
Last Name		NHS Number if known:	
First Names		Electronic Record Number (note from which organisation)	
Date of Birth	dd/mm/yyyy	Gender	
Ethnicity			
Any communication needs (signing, first language interpreter)			
Is this individual known to any other agencies – if so please provide Names and Contact details of any professionals known to be involved with the individual eg – Health; Mental Health; Learning Disability; Adult Social Care; Police; Fire; Housing; Domiciliary Care; Other?			
Name & Contact Details of individual's GP:			
Individual's contact details –			
Home Address		Current Address (if different from Home Address)	
Individual's telephone contact details - (please note which is their preferred form of contact)			

Mobile Phone Number		Home Phone Number	
Individual's personal email address if applicable:			
Does the individual have a relative/friend who can provide support? Yes / No		Name of relative/ friend: Contact details (including address if possible)of relative/friend:	
Has the relative / friend been informed (with the individual's consent) ?		Yes / No If not, why not?	
Details of Referrer:			
Referrer's Name			
Referrer's relationship to individual / job title			
Referrer's contact details		Telephone Address Email address	
Mental Capacity – all people aged 16 and over are presumed to have capacity			
Do you have any reason to doubt the individual has the capacity to agree to the referral? If so, assess their capacity to consent to this referral.			
If the individual has capacity, have they given valid consent to this referral following a discussion about safeguarding.		Yes / No	
If the individual has capacity but declined to consent to the referral, has this referral been made without consent due to possible: a) Significant risk to life and/or limb or b) Significant risk to others		Yes / No If Yes – please outline the nature of the risks:	
If a capacity assessment has been completed which concluded that the individual lacks capacity to consent to this referral, please confirm that: a) consultation has occurred with family and/or friends (if appropriate) b) a decision to refer has been made in the individual's best interests		Yes / No If not – why not?	
If you reasonably believe on the balance of probabilities that: a) the individual lacks capacity to consent to this safeguarding referral, or b) The individual was (i) unavailable or (ii) declined to engage in any conversation (or assessment of capacity), Then please state your rationale for concluding that making this referral is in the individual's best interests:		a) Yes or No bi) bii) c)	

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Please provide a summary of the nature of the safeguarding concerns:	(Please include as much information as possible and note that this box will expand as you type into it. It is essential that you identify factual information and opinion – eg <i>Mrs Jones had several bruises on her right fore-arm; it was my opinion this looked like finger-tip bruising</i>)
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What type of abuse or neglect are you concerned the individual may be experiencing: Physical; Psychological; Sexual; Financial; Organisational; Discriminatory; Domestic, Honor-based abuse; Forced Marriage; Female Genital Mutilation; Neglect; Self-Neglect; Modern Slavery.

Are there any witnesses?	Yes / No
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If so please provide Names and Contact details of any witnesses	Name: Contact Details:
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Provide brief details about the person or organisation thought to pose a risk of abuse or neglect:

Name of person/organisation	
Relationship to individual	
Contact details including address and telephone number (if known)	
Is the person/organisation (who is thought to pose a risk) aware of this referral?	

Risks:

Risk to the Individual:

Please identify the risks to the individual and summarise what actions have you taken to minimise the risks to the individual? (If this has been reported to Police, please add the Reference Number)	
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Risk to Others:

Are there children under 18 years who are also at risk? If yes, you MUST complete a MASH referral Date MASH referral completed?	Yes / No Date completed: dd/mm/yyyy
Is there anyone else who may be at risk – If yes, what actions have you taken to minimise the risks. This might include the completion of further Safeguarding referrals?	Yes / No

What does the individual hope will happen as a consequence of this referral? *(Making Safeguarding Personal)*

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Date Safeguarding Concern Raised:	
Signature of Individual raising the referral:	
Date outcome of concern advised to referrer:	

Following referral:

You will receive an automated receipt from Care Direct on receipt of this referral form. If you have not received an email receipt within 24 hours you MUST contact Care Direct and may need to re-send the written referral form.

DCC SAFEGUARDING HUB:

The Safeguarding Team from DCC will contact you and provide feedback, which will also be copied to the organisation's safeguarding lead where requested. This will explain whether:

- the referral has met the threshold for s42 Safeguarding Enquiry and who the Enquiry has been allocated to
- or/
- the referral has not met the threshold for a s42 Enquiry; if appropriate, an explanation will be provided

If you have concerns about the outcome of this referral please contact your organisation's safeguarding lead.