**Southampton City Council (SCC) Adult Safeguarding Concern**

**Referral Form**

**Guidance notes**

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| ***1. Who completes this form?*** Thisform is for use by workers (usually a manager) from any agency to raise a safeguarding concern to SCC about an adult (age over 18) who is believed to have care and support needs and be at risk of abuse (including high risk self-neglect) within the city boundary. |
| ***2. It seems quite a long form - why?***A worker at SCC will use the information in this form to inform a decision as to whether a safeguarding adults enquiry is required, and if so, what type of enquiry. We have added guidance notes in the form to assist referrers in providing the information needed. |
| ***3. I don’t have all the information - what to do?***Don’t delay sending in the concern. We can plan together how key information is to be obtained. Just note that you ’don’t know’ on the relevant section of the form. |
| ***4. Where can I discuss concerns before making a formal referral if I am unsure whether to refer?***The SCC Safeguarding Adults team run a duty advice service on 023 80834307 in office hours. |
| ***5. There are circumstances when SCC agree to conduct a safeguarding adults enquiry even if the Section 42 Care Act criteria are not fully met -***for example if someone with care and support needs is a risk to others or self-neglect risks are high for someone without care needs. How do I get advice about this? Again, ring the Safeguarding Adults duty service on 023 8083 4307. |
| ***6. I already have reports or documents about the concern - can I use those?***Yes, you do not need to duplicate information you already have. On the last page you can note how many additional sheets you are sending with this referral form. If staff in your agency have relevant information, you can use the Adult Safeguarding Concern- Information from Workers Form to record this and attach with this referral. |

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| ***What about immediate safety?***SCC aims to respond to concerns as quickly as is required, but please note this is not an emergency service. You are asked to consider the immediate safety of the referred person in the form. If you assess that the person is at risk of immediate harm, you need to also alert appropriate emergency or other services to address that risk. |

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| ***What do I do if the concern arises out of office hours?*** If you need support from Adult Social Care to manage an immediate risk please phone the Out of Hours team on 023 8023 3344. Otherwise please refer in the usual way through the Adult Contact Centre email. |

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| I have read the guidance notes and considered immediate safety. Please tick |

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| **Who is making this referral?** | | ***Why do we ask you this?*** *If we do not have all the contact details, this can cause delay.* |
| Name: |  |
| Role: |  |
| Agency: |  |
| Your contact telephone number: |  |
| Your team contact telephone number: |  |
| Your email address: |  |
| Your team email address: |  |
| **Please note any particular factors to note in contacting you, eg your work pattern or who to contact if you are away from work**. | | |

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| **The Adult being referred** | | | ***Why do we ask you this?*** *SCC’s client record system may have out of date key demographic information if an adult has not had contact with us for a while. It is important we make sure this data is correct.* |
| Name: |  | |
| Address: |  | |
| DOB: |  | |
| GP : |  | |
| Ethnicity: |  | ***Why do we ask******this question?***  *Local Authorities have to submit (anonymised) data, including this information for all safeguarding concerns received.* | |

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| **Does the adult being referred know you are making this referral?** | | ***Why do we ask you this?*** *Making safeguarding personal is at the heart of this work and ensuring that adults are as involved as possible in their referral is key to this.*  *We know there could be good reasons why you may not tell someone you are referring (eg they lack capacity to consent, it will jeopardise their engagement with you, it may increase risk to the adult in their current situation to seek their consent) and we need to understand these.* |
| Yes: |  |
| No. If not, why not: |  |
| **If yes, has the adult being referred consented to the referral?** | |
| Yes: |  |
| No. If not, why not: |  |
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| **Who else is supporting the person being referred - professionals** | | ***Why do we ask this?*** *A key part of adult safeguarding work is to gain all relevant information and involve other agencies in planning. In order to do this it helps us to know who else is working with the adult being referred.* |
| Name: |  |
| Role: |  |
| Agency: |  |
| Contact telephone number/email: |  |
| Name: |  |
| Role: |  |
| Agency: |  |
| Contact telephone number/email: |  |
| ***Add additional sheets if there are more workers to note (don’t forget to note that you are sending extra sheets – there is a box to do this on the last page).*** | |

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| **Who else is supporting the person being referred – family and friends** | | ***Why do we ask this?*** *Being clear about information sharing is crucial in adult safeguarding work. We need to ensure the person being referred has support from their family/ friends but also that we do not breach their confidentiality.* |
| Name: |  |
| Relationship: |  |
| Agency: |  |
| Contact telephone number/email: |  |
| Does the person know about the concern?  Yes/No: |  |
| Has the adult being referred given their consent for this person to be involved in some way with the matter of concern?  Yes/No: |  |
| ***If there are key things about information sharing (eg the adult being referred has expressed wishes about who does/ does not know about the concern), please note this on the any other information box on the last page.*** | |

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| **What need for care and support does the referred person appear to have? Please note if they have any health condition that makes it hard for them to care for themselves and/ or if they are in receipt of any care service.** | ***Why do we ask this****? The Care Act 2014 Section 42 is clear that in deciding whether or not a safeguarding enquiry is required in response to a concern, the Local Authority has to consider if the person being referred appears to have care and support needs.* |

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| **What abuse or neglect are you concerned about? Give as much detail as you have.** | ***Why do we ask this?*** *The Care Act 2014 section 42 outlines when a safeguarding enquiry is required; when there is concern about any degree of abuse or neglect of a person who has care and support needs who cannot protect themselves or high risk self-neglect.* |

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| **Can the referred person protect themselves against the abuse or the risk of it? What has the referred person done about the issue causing concern?** | ***Why do we ask this?*** *The Care Act 2014 section 42 is clear that if someone can protect themselves, a Safeguarding Adults enquiry is not a statutory requirement.* |

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| **Is the referred person immediately safe? How have you made this assessment of safety?** | ***Why do we ask this?*** *We need to make sure that if you are referring someone who is at risk of immediate harm, you also ensure that they get appropriate emergency help.* |

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| **Are there any other adults with care and support needs or children impacted upon by the concern? If so, who are they and what is the possible impact on them.** | ***Why do we ask this?*** *We need to ensure that others who may be vulnerable to the same concern as the person being referred are identified to make sure that they also get any necessary assistance.* |

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| **How best to communicate and engage with the person being referred.**  Please note here factors such as language, sensory impairment, memory issues, anxiety issues, speech issues, gender issues- anything that is important to the person that needs to be understood by workers.  Please note here if the adult has someone who acts as advocate for them and if so, on what basis.  Please note here if the person being referred has requirements relating to language, culture or religion.  ----------------------------------------------------------------------------------------------------- | ***Why do we ask this?*** *In line with a making safeguarding personal approach, we need to involve the adult in key decisions as far as possible. Sometimes in deciding how to respond to a safeguarding referral we consider if we should speak to the referred adult by telephone. In planning the enquiry we need to make sure that communication needs are addressed.* |

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| Is there any further information that is relevant to the concern? |

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| **Are you attaching any additional sheets/documents?**  If yes; note what is attached, so we can ensure we have received your full referral**.** |

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| **Signed:** |  |
| **Dated:** |  |
| **Where to send this form to:**  **Email:** [**adultsocialcareconnect@southampton.gov.uk**](mailto:adult.contact.team@southampton.gov.uk)  **Professional Helpline tel: 023 8083 4307  Open 9am to 12noon, Monday to Friday** | |