

Safeguarding Concern Referral Form

STRICTLY CONFIDENTIAL

If you suspect that someone is being abused and they are in **immediate** danger please ring the Police on **999**. If they are not in immediate danger you should complete and forward this form with as much detail as possible to:

safeguardingconcerns@iow.gov.uk

A safeguarding concern is where there is reasonable cause to believe that an adult at risk is an adult with a need for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

This form should only be used by Professionals, Partner and Voluntary Agencies to report a safeguarding concern.

The Adult Safeguarding Team can also be contacted for advice through Adult First Response on 01983 814980 and ask to speak to the Safeguarding Duty Officer however please be advised that the Duty Officer may be taking other calls so you may be requested to leave a message.

Date of referral:	Time of referral:
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1 Tell us who the Adult at Risk is you are concerned about:

(please complete as much of this as is known – if not known put N/K)

Name:

Home address:

Contact address (if different):

Telephone No:

Age:

Date of Birth:

Is the Adult at Risk aware of the safeguarding referral? Yes ☐ No ☐

If No, why not?

Does the Adult at Risk consent to this safeguarding concern being shared?

Yes ☐ No ☐

If No, why not?

Does the person have care and support needs? Yes ☐ No ☐

Is it because of this persons care and support needs, that they are not able to protect themselves from the risk and/or actual harm occurring? Yes ☐ No ☐

As part of Making Safeguarding Personal, what outcomes does the Adult at Risk want from the safeguarding response?

What immediate actions have been taken to address the safety and protection needs of the adult at risk?

In your opinion, does the Adult at Risk have capacity to understand and make decisions about the safeguarding referral? *(In compliance with the MCA 2005 are they are able to understand the information, retain and use that information to weigh up and make a decision about the safeguarding concern, and then communicate that decision.)*

Yes ☐ No ☐

If not; Please evidence the lack of capacity in relation to this specific concern

Are you aware if a safeguarding referral about this Adult at Risk has been made before?

Yes ☐ No ☐ Not Known ☐

Is the individual involved with any other agencies? Yes ☐ No ☐

Not Known ☐

If Yes, please provide details:

2a Current situation

Where is the Adult at Risk now in relation to the person(s) alleged to have caused the harm?

Are there other people who may be at risk of harm or neglect?

Yes ☐ No ☐ Not Known ☐

Are any of these children at risk of harm?

Yes ☐ No ☐ Not Known ☐

Are any of these other adults with care and support needs?

Yes ☐ No ☐ Not Known ☐

If Yes, please describe the risk that remains and names of others potentially at risk (please only refer to identified risk that relates directly to the concern)

If you are concerned about the Adult at Risk's welfare have you contacted their GP or the ambulance service? Yes ☐ No ☐

If Not, why not?

If criminal activity is suspected have police been contacted? Yes ☐ No ☐

If Yes, what was the outcome?

Police Crime/Ref No:

Who else has been informed of this safeguarding concern?

2b Details of the safeguarding concern(s) being raised

Please describe location of alleged safeguarding concern:

Date and Time of alleged safeguarding concern:

Date:

Time:

Brief factual details of the safeguarding concern:

This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate. (Please continue on a separate sheet if required).

Please indicate the type of abuse suspected (please tick more than one if appropriate):

Neglect or Acts of Omission ☐

Financial/Material ☐

Sexual ☐

Organisational ☐

Psychological/Emotional ☐

Physical ☐

Discriminatory ☐

Self-neglect ☐

And do you consider this abuse:

Hate Crime
/Mate crime ☐

Domestic Abuse ☐

Modern Slavery ☐

Forced Marriage ☐

Other please record

3 Details of the person/s alleged to have posed a risk of harm/ caused the harm (if known) please complete as much of this as is known and continue on a separate sheet if more than one person is involved)

Name:

DOB:

Address:

Occupation/Position/Title/Organisation:

What is the relationship of the person alleged to have posed the risk of harm/caused the harm to the Adult at Risk?

Does the person alleged to have posed the risk of harm /caused the harm live with the Adult at Risk? Yes ☐ No ☐

Is this person alleged to have posed the risk of harm/caused harm, considered to be an Adult at Risk?

Yes ☐ No ☐ Not Known ☐

Is the person alleged to have posed harm, the main family carer?

Yes ☐ No ☐

Are they aware of this safeguarding referral? Yes ☐ No ☐

If Yes, what is their response, and are there any hazards to be aware of?

If No, why not?

4 Details of person who raised the safeguarding concern

Name:

Organisation (if applicable):

Contact address:

Telephone No:

Mobile No:

	Email:
Date completed:	

5 Details of the Adult at Risk's main contact

Name:	
Relationship to the Adult at Risk:	
Are they the relative/carer/advocate? Yes <input type="checkbox"/> No <input type="checkbox"/> Do they hold lasting power of attorney (LPA) for Welfare and / or Property/Finance	
Are they aware of this safeguarding concern? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact address:	Telephone No: Mobile No: Email:
Are they willing to be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> Does the Adult at Risk wish them to be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	

6 Details of person completing this safeguarding referral form (if different from above)

Name:	
Organisation (if applicable):	
Contact address:	Telephone No: Mobile No: Email:
Date completed:	

Please note: As well as raising a Safeguarding Concern, Residential and Nursing Homes are to report all falls, on the reporting form monthly to: iownt.iowfallsreporting@nhs.net and all Providers are to report medication errors, on the reporting form monthly to the Medicine Management Team: iow.medicinemanagement@nhs.net

Initials and PARIS number: _____

***THIS PAGE TO BE SENT TO REFERRING AGENCY**

*** PLEASE PRINT AND RETAIN FOR FILE**

**TO BE COMPLETED AND THEN AGREED BY CONSULTANT
PRACTITIONER SAFEGUARDING IN THE SAFEGUARDING TEAM**

Is the Adult at Risk's service funded by?

<i>IWC Adult Services</i>	<input type="checkbox"/>	<i>Self funded</i>	<input type="checkbox"/>	<i>CCG/Continuing Health</i>	<input type="checkbox"/>
<i>Personal Budget/Direct Payments</i>	<input type="checkbox"/>	<i>Another local authority</i>	<input type="checkbox"/>	<i>No Service</i>	<input type="checkbox"/>
<i>Do not know</i>	<input type="checkbox"/>				

Have there been any previous Safeguarding concerns about this adult? Yes

☐ No ☐

Has there been any previous concerns about the organisational setting?

Yes ☐ No ☐

Has a PPN1 from the Police been sent in? Yes ☐ No ☐

Decision agreed by Safeguarding Consultant Practitioner following receipt of the safeguarding concern:

Assessed as not a safeguarding concern ☐ Re-referred to (please specify)
ILS ☐ AFR ☐ IRIS ☐ Mental Health ☐ Living Well ☐ Other (please specify) ☐

Advice, information, signposting given to: Referrer ☐ Other ☐ (please specify)

Further Action under Safeguarding procedures ☐ (please specify)

Does this safeguarding concern need to be referred to the MAST?

Yes ☐ No ☐

Assessed as meeting the Section 42 duty ☐

No Further Action under Safeguarding procedures ☐

Recommend referral for a MARM ☐ Referred to the other service/agency to call a MARM ☐ (please specify)

Reason for Decision and Action Taken (this MUST be completed):

Based on your initial assessment the BRAG rating as identified by the Duty Officer is:

BLUE	There are no concerns of abuse or neglect, involving an adult with care and support needs, unable to safeguarding themselves due to their care and support needs.
RED	There is adult safeguarding concern (e.g. serious/critical risks to the adult or others, including high risk domestic violence and abuse).
AMBER	There are safeguarding concerns.
GREEN	<p>There are concerns about an adults wellbeing but the concerns are about poor Practice, they have been addressed by the organisation/agency providing the service to the adult, the risks assessed and managed.</p> <p>There are concerns about an adults wellbeing, but the adult does not meet the 3 part test, but referral to another agency, information sharing, advice, signposting is required.</p>

Safeguarding Consultant Practitioner	Signed:	Date:
Safeguarding Duty Officer	Signed:	Date:
S42 Enquiry allocated to:	PARIS No: (of Adult at Risk)	
Have you advised the /Referrer of the Decision? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Decision:	

Adult Social Care Privacy Notice

The Isle of Wight Council is the data controller for the personal information you provide on this form for the Adult Social Care Department. The council's Data Protection Officer is the Head of Legal Services and Monitoring Officer and can be contacted at dpo@iow.gov.uk. You can contact the council by phone on 01983 821000, or by writing to us at County Hall, High Street, Newport, IW PO30 1UD.

Your information will be used so that we can fulfil our statutory duties for the purpose of providing information, advice and social care services. Data protection law describes this legal basis as necessary for compliance with a legal obligation.

Your personal data may be shared with other teams within the council or other organisations such as the NHS, Clinical Commissioning Group, Care Providers and other organisations we work with for the purpose of providing information, advice and social care services - a full list of organisations we work with can be found on our website <https://www.iwight.com/documentlibrary/view/privacy-notice-organisation-list-adult-social-care>.

We may also share it with other local authorities or debt collection agents if necessary for the collection of council tax debt. We may share the data with third parties if we are required by law to do so. This may include the Police or Government Agencies.

We will share your data with other relevant teams within the council or other relevant organisations if a child and/or adult safeguarding issue arises and places an individual at risk of harm.

We will keep your personal data for as long as we are required to do so under relevant legislation or in accordance with our operational requirements. You can view our retention schedule on our website <https://www.iwight.com/documentlibrary/view/retention-policy-2011>.

For further details on how your information is used; how we maintain the security of your information; and your rights, including how to access information we hold on you, and how to complain if you have any concerns about how your personal details are processed, please visit www.iwight.com or email information@iow.gov.uk.