**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 organisation 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 Adult Social Care Connect team run a safeguarding duty advice service on 023 80834307 in office hours. *This advice line is only for professionals.*  |
| ***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 SCC Adult Social Care Connect team 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 organisation 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 adult in the form. If you assess that the adult 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 0300 555 1373. Otherwise please refer in the usual way through the Adult Contact Centre email. |

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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: |  |
| Organisation: |  |
| 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, e.g., your work pattern or who to contact if you are away from work. Are you happy for us to leave an answer phone message?**  |

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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: |  |
| NHS No:  |  |
| 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 who is 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 (e.g., 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 adult being referred - professionals** | ***Why do we ask this?*** *A key part of adult safeguarding work is to gain all relevant information and involve other organisations in planning. In order to do this, it helps us to know who else is working with the adult being referred.*  |
| Name: |  |
| Role: |  |
| Organisation: |  |
| Contact telephone number/email: |  |
| Name: |  |
| Role: |  |
| Organisation: |  |
| 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 adult 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 adult being referred has support from their family/ friends but also that we do not breach their confidentiality.* |
| Name: |  |
| Relationship Status: \*Please tick\*  | Next of Kin  |   | Power of Attorney  |  | Other  |  |
| Description: |
| Contact telephone number/email: |  |
| Has the adult that is being referred given their consent for this adult to be involved in some way with the matter of concern?Yes/No: |  |
| ***If there are key things about information sharing (e.g., 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 adult appear to have? Are they in receipt of any care services? Please note if they have any health conditions that makes it hard for them to care for themselves.** | ***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 adult being referred appears to have care and support needs.*  |

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| **Are there grounds to believe that the adult may be experiencing or at risk of experiencing abuse or neglect? (This includes self-neglect). Please give details of the concerns.**  | ***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 an adult who has care and support needs who cannot protect themselves or at high risk of self-neglect.*  |

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| **Can the adult protect themselves against the abuse or the risk of it? What has the adult 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 adult immediately safe? What actions have been taken to ensure this?**  | ***Why do we ask this?*** *We need to make sure that if you are referring an adult 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 impacted upon by the concern?** **Has this concern been shared with other organisations?****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 adult being referred are identified to make sure that they also get any necessary assistance.**If multiple individuals are impacted by the same concern, please ensure individual referrals are made for each adult.* |
| **Are there any children impacted upon by this concern? Has the concern been shared with Children’s Services? If so, who are they and what is the possible impact on them?** |

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| **How best to communicate and engage with the adult being referred.** Please note here factors such as language, sensory impairment, issues (memory, anxiety, speech) anything that is important to the adult that needs to be understood by workers.  Do you know if the adult has any protected characteristics within Equality Act 2010 duties? Please note here if the adult has someone who acts as advocate for them and if so, on what basis.  ----------------------------------------------------------------------------------------------------- | ***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** |
| **Safeguarding advice line for Professionals Tel: 023 8083 4307Open 9am to 5pm, Monday to Thursday and 9am – 4.30pm, Friday.** |