

**B&NES Safeguarding Adults Concern: Referral Form**

The Care Act 2014 requires the Local Authority to make enquiries where it has reasonable cause to suspect that an adult, aged 18 or over, in its area –

(i) Has **needs for care and support** (whether or not the authority is meeting any of those needs);

(ii) Is **experiencing, or is at risk of, abuse or neglect,** and

(iii) As a result of those needs **is unable to protect himself or herself** against the abuse or neglect or the risk of it.

Virgin Care and AWP are commissioned by B&NES Council to receive, administer and coordinate the response to initial safeguarding concerns.

Anyone who is concerned about possible abuse or neglect of an adult should make a referral **the same day / no later than 24 hours after the incident or the concerns become known**. Please use this form to report those concerns. Please include as much information as you can and return this form to Virgin Care Adult Safeguarding Team via secure email to vcl.bathnesasist-team@nhs.net . If you have supporting information (such as an incident report) please send this too (but do not delay referring in order to do so).

If you are aware that the Adult at Risk has a case manager or care coordinator in Virgin Care or AWP please send this form directly to them.

*Please note that if the abuse or risk of abuse is identified outside office hours, the Emergency Duty Team (EDT) should be contacted on* ***01454 615165.***

*If there are concerns that a child could also be at risk, then this must be reported to Children’s Services on* ***01225 396313*** *during office hours or via EDT outside office hours on* ***01454 615165***

**If a crime is in progress or a life is at risk, then emergency services should be contacted immediately by dialling 999.**

The B&NES Multi-Agency Safeguarding Adults Procedures set out the following timescales:

* A decision about whether Safeguarding procedures are appropriate should be made within 4 working days.
* The referrer should be made aware of the outcome within 48 hours of the decision being made (working days).If you do not receive a response within this timeframe please contact Virgin Care Adult Safeguarding Team on 0300 247 0201 ‐ Monday to Friday 9am ‐ 5pm 0300 247 0201 ‐ Monday to Friday 9am ‐ 5pm**0300 247 0201** or the Case Manager/Care Coordinator in Virgin Care or AWP.



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| **Safeguarding Adults Referral Form** |
| **Date of referral:**  |  |
| **Date of Incident:** *If there is over 24 hours between the incident and the referral what is the reason for the delay?*  |  |
| **Details of adult at risk:** |

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| --- | --- |
| **Name** |  |
| **Telephone Number** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Address** |  |
| **Postcode** |  |
| **Lives alone or with others/pets.** |  |

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| **Your details (referrer):***Please provide an email address so that feedback can be given regarding the outcome of the referral.*  |

|  |  |
| --- | --- |
| **Name** |  |
| **Role** |  |
| **Organisation** |  |
| **Address** |  |
| **Tel No** |  |
| **Email Address** |  |

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| **Is the adult at risk aware of this referral?****Have they given consent for this referral?** *Please note that consent is desirable but not essential in order to share information.* | **Yes / No** *If no, what is the reason that they are unaware? E.g. person is unwell, lacks capacity, it is not safe to contact them.* **Yes / No** *If No, what is their reason for not consenting?* |
| **Please provide a summary of the alleged abuse/neglect:** *Please explain what your concerns are.*  |  |
| **Type of alleged abuse or risk:** *Please put an x against all that apply* | **Physical abuse****Sexual abuse** **Psychological abuse****Financial or material abuse****Modern Slavery**  | **Discriminatory abuse Organisational abuse** **Neglect and acts of omission** **Self-neglect** **Domestic abuse / violence**  |
| **Location / setting of alleged abuse or risk (where did it take place):***Were there witnesses? If so who?* |  |
| **Has the adult at risk experienced harm?**  *If so, please give details.* | **Yes / No** |
| **Is the adult at risk unable to protect him or herself from abuse or neglect because of their care / support needs?** | **Yes / No***If Yes, please provide rationale* |
| **Are there any immediate risks to safety?** | **Yes / No***Call 999 if anyone is in immediate danger* |
| **Have the police been involved?** | **Yes / No** *If Yes, please provide the crime reference number* |
| **Are there any risks to staff who visit?**  | **Yes / No***If Yes, please provide details* |
| **What actions have already been taken or may be required to make the situation safer?***Please explain what you have done - e.g. suspended worker, reviewed care plan, completed a body map, referred to another service.* |  |
| **Who is thought to be responsible for the****alleged abuse / neglect?***If it is a staff member, what measures have been put in place to protect the Adult at Risk? e.g. suspension, change to working arrangements* |  |
| **What is the relationship between the adult at risk and the person considered responsible for the abuse / neglect?** *Please put an x against relevant answer.* | **Staff member Friend** **Other professional Stranger** | **Volunteer** **Family member****Unknown** |
| **Have there been any previous concerns about the person alleged responsible?** | **Yes / No** *If Yes, please give details* |
| **Is there a possible risk to the wider public?** *E.g. to other adults or children?* | **Yes / No** *If Yes, please give details*  |
| **Has a member of staff spoken with the adult at risk about these concerns?** | **Yes / No** *If No, what are the reasons for not doing so?*  |
| **What (if known) does the adult want to happen?***What are their thoughts about what has happened?* |  |
| **Have there been any previous incidents of alleged (or substantiated) abuse relating to the adult at risk?** | **Yes / No** *If Yes, please give details.* |
| **Does the adult at risk have communication needs / need support with communication?** | **Yes / No** *If Yes, please give details – e.g. Are there any communication tools* *that are helpful?*  |
| **Is there any reason to question the adult’s mental capacity to consent to Safeguarding procedures?** | **Yes / No** *If Yes, please give details.* |
| **Are there any other persons with legal decision making powers?**e.g. Lasting Power of Attorney(Finance or Welfare), Deputyship (Finances) | **Yes / No** *If Yes, please give details* |
| **Has the information in this referral been shared with anyone else? E.g. Family member, Social Worker, Nurse, Care Quality Commission?** | **Yes / No** *If Yes, please give details* |
| **Please provide details of all other professionals / agencies involved.***e.g. Supported Living, Extra Care, Shared Lives, Community Matron etc.* |  |
| **Does this case involve a Residential /****Nursing Placement, Domiciliary Care****Agency or any other contracted service?**  | **Yes / No** *If Yes, please give details* |
| **PLACEMENTS ONLY****Who is funding the adult at risk’s placement?****Has the funding authority been notified?**  | *Please provide details, including name of allocated worker.* |
| **Has a DoLS application been made?** **Is there a DoLS authorisation** **in place?** | **Yes / No** **Yes / No** *If Yes, which Local Authority is responsible for the DoLS?* |
| **Have any other service users been harmed or is anyone else at risk of harm?**  | **Yes / No** *If Yes, please make a separate safeguarding referral for each person at risk.* |
| Please return the completed form to the Virgin Care Adult Safeguarding Team by secure email:vcl.bathnesasist-team@nhs.netOr to the Case Manager/Care Coordinator in Virgin Care or AWP |