

Southwark Safeguarding Adults Concern Form For Professionals

This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect. Where a criminal act may have been committed against a vulnerable adult, the police must also be notified.

This form should be completed as fully as possible in order that robust decisions can be made about how the concern will be progressed.

Details of where to send this referral are available at the end of this form.

1. Information about the adult at risk

Name	
Date of Birth	
Telephone	
Ethnicity	
Home address	
Postcode	
Email address	
Type of accommodation	Own Home <input type="checkbox"/> Residential care home <input type="checkbox"/> Nursing care home <input type="checkbox"/> Extra Care Housing <input type="checkbox"/> Supported living <input type="checkbox"/> Other <input type="checkbox"/>
Present location of adult if different from above	

2. Involvement of the adult at risk

Are you of the view that the adult has mental capacity to consent to this safeguarding concern being made?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, has a mental capacity assessment been undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Are you of the view that the adult has mental capacity to consent to this safeguarding concern being made?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please provide a summary of your conclusion from your mental capacity assessment.</p>	
<p>If the adult has capacity to consent, have they consented to the referral? <i>Consent should be sought by explaining to the adult the benefits of sharing information and that sharing information will enable all agencies to work together with the adult to create a safety plan.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If not, please indicate on what legal grounds you are overriding consent</p>	<p>Public interest (risks to others) <input type="checkbox"/> Risk of serious harm to self <input type="checkbox"/> Suspected serious crime <input type="checkbox"/> Adult at risk lacks mental capacity to provide consent (best interests decision made) <input type="checkbox"/> Ability to consent is affected by threatening or coercive behaviour <input type="checkbox"/> Seeking consent would increase risks to the adult or others <input type="checkbox"/></p>
<p>Other – please state</p>	
<p>Do you think the adult at risk would have substantial difficulty participating in the safeguarding process?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, is there a suitable person who could represent them? (e.g. family member, friend, advocate)</p>	<p>Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Please provide the name and contact details of this suitable person</p>	
<p>What does the adult at risk (or their representative) say that they want to happen as a result of the Safeguarding Adults concern? What are their desired outcomes?</p>	

Safeguarding enquiry (s42) criteria

<p>What care and support needs does the adult have?</p>	
<p>How do these needs prevent the adult from protecting themselves?</p>	

3. Information about the alleged abuse / risk of abuse

Details of the person alleged to have caused harm

We appreciate that you may not have detailed information regarding the person alleged to have caused harm, if you do not have contact details please leave blank

<p>Name</p>	
<p>Telephone number</p>	
<p>Relationship to the adult at risk</p>	
<p>Address</p>	
<p>If the alleged perpetrator is a staff/volunteer, provide details (include employer, job role, work address):</p>	
<p>Are they an adult with care and support needs?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Details of care and support needs (if applicable):</p>	
<p>Any other details about the alleged abuser(s):</p>	

Type of abuse – please mark all that apply

- | | |
|---|---|
| Physical <input type="checkbox"/> | Hoarding <input type="checkbox"/> |
| Female Genital Mutilation <input type="checkbox"/> | Non-compliance with care <input type="checkbox"/> |
| Sexual <input type="checkbox"/> | Domestic Abuse <input type="checkbox"/> |
| Psychological / Emotional <input type="checkbox"/> | Honour based violence <input type="checkbox"/> |
| Organisational <input type="checkbox"/> | Forced marriage <input type="checkbox"/> |
| Sexual exploitation <input type="checkbox"/> | Cuckooing <input type="checkbox"/> |
| Financial / Material Theft <input type="checkbox"/> | Discriminatory abuse <input type="checkbox"/> |
| Rogue trading / scamming <input type="checkbox"/> | Modern Slavery <input type="checkbox"/> |
| Misuse of legal authority <input type="checkbox"/> | Human trafficking <input type="checkbox"/> |
| Misuse of financial affairs by third party <input type="checkbox"/> | Forced labour <input type="checkbox"/> |
| Neglect / Acts of omission <input type="checkbox"/> | Domestic servitude <input type="checkbox"/> |
| Self-neglect <input type="checkbox"/> | |

Details of alleged abuse

Date of incident	
Time of incident	
Location	
<i>Please use this box to give a detailed description of what the concerns are, what has happened, who is involved, any witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please also provide a body map.</i>	
Is the adult at risk of further abuse / neglect?	Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
What has been done to ensure the immediate safety of the adult at risk? (Completing and submitting this form does not constitute management of immediate risks.)	
Has this concern been reported to the Police? Please provide the outcome of the Police action and Police CAD number (if available):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any risks to others (other adults and children)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>

Date of incident	
If yes, please provide details – please include who this information has been shared with – e.g. Police, Children’s Social Care, MAPPA etc. If there are risks to children, you must notify Children’s Services MASH@Southwark.gov.uk	

5. Details about the person completing this form

Name	
Organisation name	
Email address	
Date of referral	
Job title	
Organisation address	
Phone number	

6. Where to send this form

Please forward this form to the relevant team, as follows:

For older people and adults with a physical, sensory disability:

Phone: 020 7525 3324

OPPDcontactteam@southwark.gov.uk

For adults with a learning disability:

Phone: 020 7525 2333

LearningDisabilitiesDuty@southwark.gov.uk

For adults (18-65 years) with a mental illness:

Phone: 020 7525 0088

MHContact@southwark.gov.uk

For adults who do not have recourse to public funds:

Phone: 020 7525 4496

NRPF@southwark.gov.uk

For concerns in relation to modern day slavery:

Modernslaveryreferrals@southwark.gov.uk

7. What happens next

Southwark adult social care will use the information in this form to make an assessment of the level of risk, harm and vulnerability of the adult at risk. Further information may be required

from you and other organisations involved. This assessment, alongside the desired outcomes of the adult at risk (or their representative) will determine whether the case is progressed to a Safeguarding Adults Enquiry. The initial decision to progress, or not, is made by a Safeguarding Adults Manager.

Feedback will be provided to the person who completed this form, unless specified otherwise. If you disagree with the decision that has been made, please escalate your concerns to the relevant team for the attention of the Safeguarding Adults Manager.

If you have a general enquiry about safeguarding adults in Southwark, you can contact the Safeguarding Adults Team on 0207 525 1754 or via email:

SafeguardingAdultsCoordinator@southwark.gov.uk