

Redbridge Safeguarding Adults Referral Form

This Referral Form can be completed by any professional, from any agency, except for those that work for the London Borough of Redbridge. If you are a Redbridge employee and cannot access the internal form via CareFirst, please complete this form.

Please email the completed form to Adults.Alert@redbridge.gov.uk.

In an emergency, or if you suspect you or someone else is in immediate danger, phone 999 to report to the Police.

To help us to carry out enquiries into allegations of abuse, including neglect, please complete and provide as much information as possible. We will only contact you if you provide your consent and your details will be confidential. The form will be screened within 24 hours and if you have given your consent, we will contact you to let you know what actions are being taken and which social work team will be carrying out the enquiries. If contact is not made within three days, and you wish to be provided with an update, please send an email to Adults.Alert@redbridge.gov.uk.

We will speak to the person that you are concerned about to find out what their views are. We may also speak to other people to assist us in our enquiries but we will ask for permission first. If a crime has been committed, the concern may need to be reported to the police. Please note that we are not able to provide you with confidential personal information in line with Data Protection legislation.

Who Does Safeguarding Adults Duties Apply to?

An adult aged 18 and over who:

- has needs for care and support (whether or not the Council is meeting any of those needs)
- is experiencing, or at risk of abuse or neglect
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Who is the Person that you feel is at Risk or is Being Abused?

First Name	
Last Name	
Address <i>(including postcode)</i>	
Address Type <i>For example, sheltered accommodation, Warden controlled, care home, own home.</i>	

Telephone Number			
Description <i>For example, gender, ethnicity and appearance</i>			
Date of Birth	/ /	Age <i>(approximate if not know)</i>	
How does the person communicate? <i>For example, are they able to communicate verbally and if so, in what language? Do they require an interpreter? Do they have a speech or hearing impairment? How do they normally communicate?</i>			
Please describe their care and support needs			

Details of Concern/s

What happened? <i>For example, you may have observed, or it has been reported to you that the person named above is being hit or shouted at? Are any of the examples below occurring?</i>	
Financial Abuse <i>Are there concerns that the relevant person is being financial abused? Are others taking money from him/her? Is there an unexplained shortage of money? Are there unexplained withdrawals from their bank accounts? Are they giving 'unreasonable' amounts of money away to cold callers, friends, family members, neighbours? Are they being coerced in relation to the management of their finances, property, or wills?</i>	
Physical Abuse <i>Is the person named above being hit, assaulted, pushed, restrained and they are unable to protect themselves?</i>	
Psychological Abuse <i>Is the person named above being threatened or humiliated? Are they being controlled, intimidated, shouted at? Are there issues of cyber bullying?</i>	

	<i>consideration or issue, or where a best interest decision needs to be made (where the adult lacks capacity to make the decision. If you still have concerns about abuse or neglect but in doubt, raise a safeguarding concern even if you do not feel able to speak to the person.</i>
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Who do you think has caused the harm?

First Name	
Last Name	
Description <i>For example, their ethnicity and appearance.</i>	
Relationship to the person who is at risk of or is being abused <i>For example, family member (please specify), paid carer, neighbour, friend, stranger.</i>	
Do they live at the same address?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>

Immediate Safeguarding Adults Plan

What measures are in place to ensure the safety of the relevant person and or others?	
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About you

We may need to contact you to ask further questions. If you can provide us with your contact details, it will assist us in our enquiries. However, if you wish to remain anonymous, this would be respected. We will not share your details with anyone unless you give us permission to do so with named persons.

Referrer Name	
Role of Referrer <i>(if applicable)</i>	
Address	
Postcode	
E-mail	@
Telephone Number	
Date of Notification	/ /

The section below must only be completed by a practitioner/care coordinator in the Redbridge Community Mental Health Teams on receipt of the Safeguarding Referral Form Part 1

The name and role of the practitioner/care coordinator completing this section	
Name of Community Mental Health Team Please provide full name of team and contact details	
Date and time the form was received by the Community Mental Health Team	
Primary Support Reason of the relevant person <ul style="list-style-type: none"> - Physical - Sensory - Support with memory and cognition - Learning Disability Support - Social Support - No Support Reason - Not Known 	
Reported Health Conditions of the relevant person <ul style="list-style-type: none"> - Long term health condition (Physical) Chronic Obstructive Pulmonary Disease (COPD) - Long term health condition (Physical) Cancer - Long term health condition (Physical) Acquired Physical injury - Long term health condition (Physical) HIV/AIDS - Long term health condition (Physical) Other - Long term health condition (Neurological) Stroke - Long term health condition (Neurological) Parkinson - Long term health condition (Neurological) Motor Neurone Disease (MND) - Long term health condition (Neurological) Acquired brain injury - Long term health condition (Neurological) Other - Long term health condition (Sensory Impairment) Visually Impaired - Long term health condition (Sensory Impairment) Hearing Impaired - Long term health condition (Sensory Impairment) Other - Long term health condition (Learning Development or Intellectual Disability) Learning Disability 	

<ul style="list-style-type: none"> - Long term health condition (Learning Development or Intellectual Disability) Autism - Long term health condition (Learning Development or Intellectual Disability) Asperger Syndrome/High Functioning Autism - Long term health condition (Learning Development or Intellectual Disability) Other - Long term health condition (Mental Health Condition) Dementia - Long term health condition (Mental Health Condition) Other - No relevant long-term condition 	
Name, address, and contact details of GP	
<p>Category of alleged abuse</p> <ul style="list-style-type: none"> • Financial Abuse • Physical Abuse • Psychological Abuse • Domestic Abuse • Sexual Exploitation • Modern Slavery • Organisational Abuse • Neglect • Self-neglect 	
Has any criminal activity taken place?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, this must be reported to the police immediately</p>
Services received and agencies involved	
Have you discussed the referral with the relevant person?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please confirm what their views are and what actions they would like taken:</p> <p>If no, please clarify the reasons why:</p>
What are their desired outcomes?	
Does the relevant person have the capacity to make a decision about the risks?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></p> <ul style="list-style-type: none"> • If yes, please confirm why you believe the person to have the mental capacity to decide about the risks • If no, please provide evidence of a formal mental capacity assessment

<p>Advocacy If the relevant person has significant difficulties in understanding the risks, and has no appropriate family member or friend to support them, please consider the involvement of an advocate and provide details</p>	
Further information gathered and actions taken	
Identified risk(s)	
<p>Urgency i.e., Immediate action within 3 hours of referral. Urgent action within 24 hours</p>	
Actions taken to reduce the identified risk(s)	
Remaining Risk(s)	
Further action planned to eliminate risks	
Is this form ready to for authorisation by a Safeguarding Adults Manager (SAM)?	Please forward to a named SAM to authorise

The section below must only be completed by a Safeguarding Adults Manager (SAM) in the Redbridge Community Mental Health Teams. The person completing this part of the form must not be the same person completing Part 1

Part 2

The name of the SAM completing this section	
<p>Outcome of referral The SAM to indicate which outcome is applicable and record. Further action to include timescales appropriate to risk urgency</p>	<p>a. Allocate for further action and initial enquiries. Date allocated b. Allocate for further action and strategy meeting. Dates of Strategy discussion/meeting c. Allocate for further action and case conference. Date of Case Conference</p> <p>The SAM must arrange a strategy meeting within 5 days of initial referral or confirm via email/letter roles and actions agreed following a strategy discussion</p>
Reasons for decision reached	<p>a. Proceeding to S42 enquiry – why? b. NFA – why?</p>

Explain why outcome above has been decided	
Further action planned For example: <ul style="list-style-type: none"> • Safeguarding Procedure Plan • Strategy discussion • Welfare visit 	

Safeguarding Adults Plan

What measures are in place to ensure the safety of the relevant person?	
Have the details of the Safeguarding Plan been shared with the relevant person?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/> If no, please clarify the reasons for not sharing
Has the relevant person provided their consent	Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/>

Completion and Authorisation

Authorisation comments by the SAM	
Name and signature of SAM	
Date and time	/ / @

All sections must be completed by the SAM to forward to the LBR Safeguarding Adults Team at safeguardingadults@redbridge.gov.uk.

March 2022