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| **ADULT SOCIAL CARE/SAFEGUARDING ADULTS/ SELF-NEGLECT CONCERN FORM – May 2021** |

**Please attempt to complete all fields on this referral form**.

Email the completed form, with relevant attachments if necessary, to adultsocialservices@barnsley.gov.uk if you have a BMBC email address or other secure email or use Egress etc. If you don’t have a secure email option please

**Ring the Customer Access Team on 01226 773300.**

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| **1. Details of person at risk of harm / requiring welfare / social care support:** |
| **Name:** |  |
| **Gender:** |  | **Date of Birth or Age:** |  |
| **Ethnicity:** |  | **Are they in receipt of any services?** | Yes/no/don’t know. If yes please detail: |
| **Current Address and Post Code:**  |  |
| **Permanent Address if Different to the Above:** |  |
| **Home Telephone:** |  | **Mobile Number:** |  |

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| 1. **Reason for referral – Please tick:**
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| **Welfare concern or referral for a social care assessment of need** |  | **Alleged abuse or risk of abuse/self-neglect** |  |
| **When determining an abusive situation please use the following test:**1. **The person has needs for care and support (whether or not the local authority is meeting any of those needs) i.e. is vulnerable.**
2. **Is experiencing, or at risk of, abuse or neglect**
3. **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.(if you do not know if they can protect themselves but you think they have care and support needs and they are experiencing abuse or neglect please send in the form)**
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| **3. Description of any disability or specific need – tick all that apply (if known):** |
| **Learning Disability** |  | **Mental Health** |  |
| **Mobility problems** |  | **Personal Care** |  |
| **Dual Impairment** |  | **Hearing Impairment** |  |
| **Visual Impairment** |  | **Frailty** |  |
| **Substance Misuse**  |  | **Memory Problems** |  |
| **Asylum Seeker Support** |  | **Support for Social Isolation** |  |
| **Support to Carer** |  | **Requires Support** |  |
| **Socially Isolated** |  | **Debts/Benefits/Money Advice** |  |
| **Homeless/insecurely housed** |  | **Drug/Alcohol issues** |  |
| **Does the adult have any communication needs – BSL etc.** |  |

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| 1. **Detail what you have seen/been told etc that makes you believe that the adult is in need of support OR being abused/at risk of abuse (include dates/times/statements/body maps/photos or other evidence)**
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| **The location of the alleged source of harm – address or external location? (complete only when there is an alleged abuse or risk of abuse):** |  |
| **Date concern/incident identified:** |  |
| **Time concern/incident identified:** |  |

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| **5. If an allegation of abuse – please tick as many as you feel apply** |
| **Physical abuse** |  | **Sexual Exploitation** |  |
| **Sexual abuse** |  | **Psychological abuse** |  |
| **Financial abuse** |  | **Modern slavery** |  |
| **Discriminatory abuse**  |  | **Organisational abuse** |  |
| **Neglect or acts of omission** |  | **Self-neglect** |  |
| **Domestic Violence abuse (have you considered or completed a DASH risk assessment)** |  | **Hoarding – please use appendix two to provide a hoarding score.**[**https://www.barnsley.gov.uk/media/8678/self-neglect-and-hoarding-policy.pdf**](https://www.barnsley.gov.uk/media/8678/self-neglect-and-hoarding-policy.pdf) |  |
| **Female Genital Mutilation** |  | **Radicalisation** |  |
| **Hate crime/incident/mate crime/incident** |  | **Internet abuse** |  |
| **Honour Based Violence** |  |  |  |

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| **6. Have you discussed your concerns with the adult? What are their views, what outcomes do they want to address the risks/harm (if any?)** |
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| **7. Reasons for not discussing with the adult?** |
| **Adult lacks mental ability/capacity** |  |
| **Adult unable to communicate their views – state why?** |  |
| **Discussion would increase risk of harm** |  |
| **State why the harm would increase?** |

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| **8. what action have you taken/agreed with the adult to reduce the risks** |
| **Contact with the Police****Give details** |  |
| **DASH risk assessment** |  |
| **Move to alternative accommodation** |  |
| **Referral to other agency** |  |
| **Other – detail** |  |
| **No actions agreed – state why** |  |

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| 1. **Risk to others**
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| **Are there any other adults at risk?** | Yes / No / Unknown |
| **If Yes, give details (ages/names etc) and detail any actions you have taken to address these** |
| **Are there any children at risk/dependents?** | Yes/no/unknown |
| **If yes provide details – names/ages and any action taken to reduce the risks.** |

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| **10. If an allegation of abuse - source of alleged harm/perpetrator information:** |
| **Name of person alleged to be causing the harm:** |  |
| **Gender:** | Male / Female | **Date of Birth:** |  | **Ethnicity:** |  |
| **Address Including Post Code:** |  |
| **Contact Number:** |  | **Relationship to alleged victim:** |  |
| **Previous history of alleged or proven abuse (If known)** | Yes / No / Unknown |
| **Does this allegation involve a ‘person in a position of trust’? (worker/volunteer)** | Yes / No / Unknown |
| **If so please give details of the person** |  |
| **Name of the organisation alleged to be the source of harm** |  |
| **Address and postcode of organisation** |  |
| **Contact number** |  |
| **Nature of organisation – care home, domiciliary care provider, supported living, hospital ward etc** |  |
| **Name of manager (if known)** |  |

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| **11. Alleged source of harm: (perpetrator)** |
| **Is the person aware of the concern or need being raised with social services?**  | Yes / No / Unknown |

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| **12. If a crime has been committed, has this been reported to the police?** | Yes / No / Unknown |
| **If Yes, what is the Crime Number (if known)?** |  |
| **Name and contact details of the police officer reported to:** |  |

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| **13. Consent?** |
| **Has the person at risk consented to this concern being recorded and shared with other agencies and professionals?** | Yes / No / Unknown |
| **If consent not obtained is there a risk to others/evidence (public interest) or evidence of duress/coercion? Are we confident the adult lacks capacity to give consent? (Explain why they lack capacity – at this time?)** |  |

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| 1. **Details of person completing form:**
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| **Name:** |  |
| **Role:** |  |
| **Address:** |  |
| **Organisation (if any):** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Manager or alternative contact if you are unavailable in the next 48 hours:** |  |
| **Date form completed** |  |
| **Date and time form sent to Adult Social Care** |  |

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| Share this completed form, asap, with adultsocialservices@barnsley.gov.ukattach any relevant information. **This is only secure if you have a** GSCX, NHS. Net, GSI/CJSM etc email or use EGRESS or equivalent | IF you have NOT got a secure email address Or would prefer to ring Customer Access Team on 01226 773300Opening times 8.45 – 5.00 – Mon to Thurs 8:45 - 4:30 - FridayOut of hours - **01226 787789** |
| **Keep a copy of this form for your records****Notify your manager.** |