

REPORT ADULT ABUSE – REFERRAL FORM

If you are making a report of abuse, please ensure you complete as much detail and information as possible that you hold.

Details of adult at risk	
Title	
Name	
Date of birth	
Gender	
Ethnicity	
Current address	
Telephone	
Preferred method of communication	

Other details		
Adult has capacity, including understanding safeguarding process and ability contribute to the safeguarding plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>(if no capacity assessment to be arranged)</i>	
Adult knows the concern has been referred to local authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adult has given consent to share information	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no consent given, please state reason why:		
Is there already an advocate / IMCA in place (paid, professional or family member)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As the person raising the concern do you feel advocacy is required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adult has consented to police involvement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This concern has a public or vital interest	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of the concern	
Date of concern / incident	
Brief description of incident: <i>Please include all the information you may hold, which may include:</i>	
<ul style="list-style-type: none"> • <i>Basic facts, focussing on whether or not the person has care and support needs including communication and on-going health needs</i> • <i>Factual details of what the concern is about; what, when, who and where</i> • <i>Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves.</i> • <i>Any recent history, if known, about previous concerns similar nature</i> 	
Views of the adult at risk if known and / or impact on adults wellbeing	
Location of abuse:	
Type of abuse:	<input type="checkbox"/> Discriminatory <input type="checkbox"/> Psychological <input type="checkbox"/> Sexual <input type="checkbox"/> Financial or material <input type="checkbox"/> Modern Slavery <input type="checkbox"/> Organisational

	<input type="checkbox"/> Neglect and acts of omission <input type="checkbox"/> Self-neglect <input type="checkbox"/> Hate or Mate Crime <input type="checkbox"/> Female Genital Mutilation <input type="checkbox"/> Physical <input type="checkbox"/> Neglect <input type="checkbox"/> Domestic Abuse
Do you or the adult at risk think this abuse happened because the person has a need for care and support? (i.e. disability, mental health, learning disability)	Yes <input type="checkbox"/> No <input type="checkbox"/> * If yes record as a Hate Crime.
Does this fall under remit of Trading Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Any other people with care and support needs or children in the household	
Name	
Adult/ child	
Has another adult care team or child protection team been contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify:	
Any animals in the household who have been harmed or threatened harm?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

Name and contact details of any witnesses		
Name	Contact address	Telephone number

Actions taken to protect adult at risk		
Adult at risk in immediate danger	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has police or medical assistance been sought	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Immediate risks and action taken to address risk		
If reported as a crime, details of which police station/officer or crime reference number		

Alleged perpetrator (s)	
Name	
Address	
DoB or age	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered <input type="checkbox"/> Unknown <input type="checkbox"/>
Ethnicity:	
Relationship to adult at risk:	
Does alleged perpetrator live with adult at risk	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the alleged perpetrator also an adult at risk?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is alleged perpetrator aware of the concern being referred?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the alleged perpetrator working for a provider (domiciliary care/ residential/ nursing/ supported tenancy)	Yes <input type="checkbox"/> No <input type="checkbox"/> Name Provider:

Referrer details	
Name	
Organisation and address:	
Contact details:	
Relationship to adult at risk:	
<i>Are their risks to you or others in sharing information about whom has made this referral? If yes, please describe:</i>	
Screening /Receiving Officer completing this form	
Name	
Team and Contact Number	

Other agencies/organisations involved or consulted		
Name	Agency or organisation	Contact details

MANAGEMENT: Outcome and rationale	
The concerns referred meet the three stage test and now must make or arrange an enquiry under Section 42 of the Care Act 2014:	
<ul style="list-style-type: none"> <input type="checkbox"/> A person has care and support needs <input type="checkbox"/> They may be experiencing or at risk of abuse and neglect <input type="checkbox"/> They are unable to protect themselves from the abuse and neglect because of those care and support needs 	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rationale for decision:	
Name of manager:	
Date:	

Please include a very brief description of the social services involvement with this adult or other relevant information that may affect Police involvement (e.g. lives in sheltered housing, residential home is under Provider Concerns, history of abuse, issues around safe contact):

For police use only
Crime reference number
Allocated officer
Officers E-MAIL Address
Actions taken
Outcome