**BCP Council ASC Contact Centre – Safeguarding Adults Referral Form**

Please send your completed form to asc.contactcentre@bcpcouncil.gov.uk

**Referrer details**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Number |  |
| Email address  |  |
| Relationship to adult at risk |  |
| If referral concerns a provider error, date of last CQC inspection and rating (if known) |  |
| Date of Referral  |  |
| Date of Incident(s) |  |
| Name(s) of other organisations involved |  |

**Initial check**

Do you feel that the adult involved is at risk of harm or abuse in accordance with the three required criteria in the Dorset, Bournemouth, Christchurch & Poole, Multi-Agency Safeguarding Adults Procedures (2019)?

[ ] has needs for care and support and;

[ ]  is experiencing or at risk of abuse or neglect; and

[ ]  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.

Please provide evidence to support why you think all three criteria are met:

|  |
| --- |
| 1.  |
| 2. |
| 3. |

**Outcome of initial check:**

[ ]  ***Yes*** *- If you feel that a safeguarding referral is still required, please continue with this form.*

[ ]  *If your information is a concern about a provider or service, and is relevant to service improvement, please continue with this form - for example, provider/staff errors, repeated medication errors and repeated falls.*

***Unsure*** *– If you are unsure whether a safeguarding referral is required please contact the Adult Social Care Contact Centre on 01202 123654, Monday-Thursday 9am-5pm, Friday 9am-4.30pm for advice or visit* [*www.bcpsafeguardingadultsboard.com/*](http://www.bcpsafeguardingadultsboard.com/) *to read information which may help with your decision - please DO NOT send referrals to the BCP Safeguarding Adults Board.*

***No*** *- You may now consider that a safeguarding referral is no longer required, however if you still feel that your information needs sharing, please consider suitable alternative routes for this. For example,*

* *Concerns relating to mental health may need to be shared with health services.*
* *Requests for care and support may need to be raised separately to Adult Social Care.*
* *Sharing information with Dorset Police via their website or 101.*

**Details of Adult at risk of harm or abuse**

|  |  |
| --- | --- |
| Name  |  |
| Date of Birth |  |
| Address |  |
| Ethnicity  |  |
| Language/Communication needs  |  |
| NHS number (if known)  |  |
| MOSAIC / Care Director number (if known) |  |
| Funding status for any existing services (if known) |  |
| Legal status if any, e.g. Mental Health Act, DoLS |  |
| What is the adults view of the concern? Do they agree with the identified risk(s)? How have they kept themselves safe before, has anything changed, what is needed to support them to evaluate, reduce or manage the risks?  |  |
| Please confirm that you have discussed this referral with the adult at risk and they agree | [ ]  Yes |
| [ ]  No – lacks capacity to consent to referral (Has any formal capacity assessment been undertaken? When and by whom?) |
| [ ]  No – any other reason. (Please state reason below) |
|  |
|  |

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| --- |
| Is there a Lasting Power of Attorney in place for |
| Finance and property? | [ ]  Yes  | [ ]  No  | [ ]  Don’t know  | Details if known:  |
| Health and Welfare? | [ ]  Yes  | [ ]  No  | [ ]  Don’t know  | Details if known: |

**Details of alleged harmer (if known)**

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| Address  |  |
| Current location  |  |
| Relationship to the adult at risk  |  |
| Risks identified to others |  |
| Any other relevant information |  |
| Any contact with children or other vulnerable adults  |  |

**Incident/Concern Details**

|  |  |
| --- | --- |
| Date(s) and Time(s) of incident |  |
| Location(s) of incident |  |
| Type(s) of abuse or harm |  |
| Nature of harm or concern |  |
| What immediate action has been taken? | *(If medical advice has been sought from a professional, please document name and contact details. Please include dates and times)* |
| Will there be on-going contact between the adult at risk and the alleged harmer? When/where?What is the adult at risks view regarding any on-going contact? |  |
| Any further action to be taken? |  |

|  |  |
| --- | --- |
| Has a criminal offence occurred? | [ ]  Yes [ ]  No [ ]  I’m not sure  |
| Have the Police been contacted?*Please explain if this is with/without the adult’s awareness/consent.* | [ ]  Yes [ ]  No  | Date/time:Further details: |
| Crime reference number |  |
| Intended Police action (if known)  |  |
| *Please consider, along with Police advice, consider a plan for forensics and whether any evidence needs to be preserved and how to achieve this*  |

|  |  |  |
| --- | --- | --- |
| Have CQC been notified? | [ ]  Yes [ ]  No  | Date: |
| Have family/NOK been notified? | [ ]  Yes [ ]  No  | Date:Who?  |

|  |  |
| --- | --- |
| Any other relevant information? |  |

**Please forward your completed form to the BCP Council Adult Social Care Contact Centre via:**

asc.contactcentre@bcpcouncil.gov.uk

*This inbox is monitored Monday to Thursday 9am – 5pm and Friday 9am – 4.30pm. If you require urgent safeguarding advice from BCP Council Adult Social Care outside of working hours, please contact the Adult Social Care Emergency Duty Service on 0300 123 9895.*