

The information contained in this form is strictly confidential and may only beshared on a need to know basis in the best interest of any vulnerable adults(s) who may be at risk, or at the request of the adult concerned.

**London Borough of Tower Hamlets**

**Safeguarding Adults Referral Form**

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|  | **Details of Person making Referral** |
| **Name**  |  |
| **Job** **Title/Organisation**  |  |
| **Address**  |  |
| **Telephone**  |  |
| **Email**  |  |

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|  | **Details of Adult at Risk**  |
| **Name**  |  |
| **DOB (if known)**  |  |
| **Address**  |  |
| **Gender** |  |
| **Ethnicity** |  |
| **Language – is an interpreter required?**  | **Yes** [x]  **No**[ ]  |
| **Phone number** |  |
| **Is it safe to call the adult at risk?** | **Yes**[ ]  **No**[ ]  |
| **If no, please explain**  |  |

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| **Consent** |
| Has the Adult at Risk given consent for this Concern to be raised? Yes/No/Lacks mental capacity to consent/Not known - please give details. If you are raising a concern without gaining consent, please explain why? For example, is it due to Public or Vital Interest or due to a high risk to the service user or others? |

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| **Service User Category** |  |  |  |
| Mental Health |[ ]  Physical & Sensory |[ ]
| Learning Disability |[ ]  Older People |[ ]
| Substance Misuse |[ ]  Other vulnerable adult |[ ]

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|  | **Summary of Details of the Safeguarding Concern** |
| **Date(s) of incident (s)**  |  |
| **Description of the event (s) include what happened, where, when using dates, who witnessed incident. Include as much detail as possible**  |  |

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| **Types of Abuse/Neglect - please consider** |  |
| **Physical**Including assault, hitting, slapping, pushing, misuse of medication, restraint, or inappropriate physical sanctions. | **Sexual**Including rape, indecent exposure, sexual harassment, inappropriate looking/touching, sexual teasing/innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure/sexual assault, or sexual acts to which the adult has not consented/was pressured into consenting. |
| **Psychological**Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, or unreasonable and unjustified withdrawal of services or supportive networks. | **Financial/Material**Including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs/arrangements, including in connection with wills, property, inheritance/financial transactions, or the misuse/misappropriation of property, possessions or benefits. |
| **Neglect**Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. | **Self-Neglect**Including neglecting to care for one’s personal hygiene, health or surroundings, and behaviour such as hoarding. |
| **Domestic**Including psychological, physical, sexual, financial, emotional abuse; so-called ‘honour’ based violence by intimate partner or family member regardless of gender or sexuality. | **Modern Slavery**Including slavery, human trafficking, forced labour and domestic servitude. |
| **Organisational** Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in one’s own home. | **Discriminatory**Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.  |

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| **Type of alleged abuse/neglect in the safeguarding concern you are contacting about:**(tick **all** that apply) | [ ] Physical [ ] Sexual[ ] Psychological [ ] Financial/Material[ ] Neglect [ ] Self-Neglect[ ] Domestic [ ] Modern Slavery[ ] Organisational [ ] Discriminatory |

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| **Location of alleged abuse** (tick all that apply) | [ ] Own Home [ ] Other person’s home[ ] Extra Care Housing [ ] Supported Housing[ ] Residential Care Home [ ] Nursing Care Home[ ] Hospital – Acute [ ] Hospital – Mental Health[ ] Hospital – Community [ ] Other health setting (e.g. GP surgery/dental surgery)[ ] Adult's place of work or education[ ] In a community service (day care centres, community centres, schools, libraries, leisure centres, etc.)[ ] In the community (businesses, offices, pubs, parks, shops/shopping centre, etc.)[ ] Any other setting not defined above |
| **Is the alleged abuse/neglect taking place in Tower Hamlets or in another borough?** | In Tower Hamlets – yes / no?If not in Tower Hamlets, where is the alleged abuse/neglect taking place? |

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| **Details of the person alleged to have caused the harm(s)**  |  |
| **Name (if known)**  |  |
| **Full Address (if Known)**  |  |
| **Relationship to Adult at Risk**  |  |
| **Is this person(s) known to you/your service or others, if so please provide details**  |  |

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| **Who else has been informed?** |
| **Has anyone else has been informed of the safeguarding concern? e.g. Police, Housing, GP- please provide details****If Police have been informed do you have a CAD number? If so, please provide it here:** |

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| **Additional Information** |
| **Do you have any additional concerns or information you wish to raise in relation to this safeguarding concern?** |
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| **Completed by**  |  |
| **Signature**  |  |
| **Date**  |  |

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| **To refer this safeguarding concern, forward to:** |
| **Email:** **enquiry@towerhamletsconnect.org****Telephone: 0300 303 6070****or post it to: Initial Assessment, Tower Hamlets, Town Hall, 4th Floor, Mulberry Place,**  **5 Clove Crescent, London E14 2BG** |
| **Should you wish to discuss this safeguarding concern with someone please contact:**  |
| **Telephone: 0300 303 6070****or email it to:** **enquiry@towerhamletsconnect.org** **If you do not hear back about the outcome of your concern referral, please telephone****0300 303 6070 to follow up.**  |