



BRISTOL SAFEGUARDING ADULTS REFERRAL FORM

This form should be faxed / emailed to:

BRISTOL CARE DIRECT

Fax: 0117 9036688

Email: adult.care@bristol.gov.uk



IF YOU BELIEVE THAT A CRIME HAS BEEN COMMITTED PLEASE CALL THE POLICE ON 101 FOR FURTHER ADVICE AND FAX A COPY OF THIS FORM TO BRISTOL CARE DIRECT AND THE BRISTOL SAFEGUARDING COORDINATION UNIT (POLICE: BRISTOL SAFEGUARDING COORDINATION UNIT Fax No. 0117 9529470)

PLEASE COMPLETE ALL SECTIONS IN THIS FORM.

THIS FORM IS ANONYMISED

CLIENT DETAILS

Name	Mr Clickwood	LAS / RIO No.	
Date of Birth	18/1/1933		
Ethnicity	White		
	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British Irish		
	<input type="checkbox"/> Gypsy (including English, Scottish and Roma Gypsy) or Irish Traveller		
	<input type="checkbox"/> Eastern European		
	<input type="checkbox"/> Any other White background (please describe) <input type="text"/>		
	<input type="checkbox"/> Mixed / multiple ethnic groups		
<input type="checkbox"/> White and Black Caribbean			
<input type="checkbox"/> White and Black African (non Somali)			
<input type="checkbox"/> White and Asian			
<input type="checkbox"/> Any other Mixed/multiple ethnic background (please describe) <input type="text"/>			
Asian / Asian British			
<input type="checkbox"/> Indian			
<input type="checkbox"/> Pakistani			
<input type="checkbox"/> Bangladeshi			
<input type="checkbox"/> Chinese			
<input type="checkbox"/> Any other Asian background (please describe) <input type="text"/>			
Black / African / Caribbean / Black British			
<input type="checkbox"/> African (non Somali)			
<input type="checkbox"/> Somali			
<input type="checkbox"/> Caribbean			
<input type="checkbox"/> Any other Black / African / Caribbean background (please describe) <input type="text"/>			
Other ethnic groups			
<input type="checkbox"/> Arab			
<input type="checkbox"/> Iranian			
<input type="checkbox"/> Iraqi			
<input type="checkbox"/> Kurdish			
<input type="checkbox"/> Turkish			
<input type="checkbox"/> Any other ethnic group (please describe) <input type="text"/>			
<input type="checkbox"/> Prefer not to say			

Gender	What is the client's gender?	Is the client transgender? (Is their gender identity different from the gender they were assigned at birth?)	
	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to say	
Sexual Orientation	<input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say		
Religion	<input type="checkbox"/> No religion <input type="checkbox"/> Christian <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Any other religion or belief (Please describe) <input type="checkbox"/> Prefer not to say		
Permanent address		Current address	
		18 Meadhouse Road Bonmead Bristol BS1 XYZ	
GP name and practice details (including address)			
Unit / Ward / Hospital setting (if applicable)			
REFERRER DETAILS			
Name of referrer	Mark Moordoor	Relationship to Adult at Risk	tenant
Contact tel. no.	03923930483	Organisation / Company (if applicable)	TLOTR
Contact email	M.Moordoor@TLOTR.Com	Secure email (if available)	

INCIDENT(S) / ALERT DETAILS			
What type of abuse is being referred?			
<input checked="" type="checkbox"/> Physical <input type="checkbox"/> Domestic <input type="checkbox"/> Sexual <input checked="" type="checkbox"/> Psychological <input checked="" type="checkbox"/> Financial & Material <input type="checkbox"/> Modern slavery <input type="checkbox"/> Discriminatory <input type="checkbox"/> Organisational <input type="checkbox"/> Neglect & Acts of Omission <input type="checkbox"/> Self-neglect <input type="checkbox"/> Mate Crime <input type="checkbox"/> Hate Crime			
Relationship of alleged perpetrator to the Adult at Risk			
<input type="checkbox"/> Partner <input checked="" type="checkbox"/> Other Family <input type="checkbox"/> Neighbour <input type="checkbox"/> Friend <input type="checkbox"/> Fellow Resident <input type="checkbox"/> Landlord <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Stranger <input type="checkbox"/> Social Care Worker (incl. Social Workers, Care Managers, Home Care Assistants) <input type="checkbox"/> Health Care Worker (incl. GP's, Nurses, Consultants) <input type="checkbox"/> Other Professional			
Date of incident(s)		Date reported	
Where did the suspected abuse take place? If this was outside the Bristol area, please notify the relevant Local Authority		What type of establishment/setting is this? (if applicable) If Domiciliary Care please specify which agency	<input type="checkbox"/> Residential / Nursing Home <input type="checkbox"/> Extra Care Housing <input type="checkbox"/> Supported Living Accommodation <input checked="" type="checkbox"/> Sheltered Housing <input type="checkbox"/> Own home <input type="checkbox"/> Hospital <input type="checkbox"/> Hostel <input type="checkbox"/> Other <input type="checkbox"/> Domiciliary Care <input type="text"/>
In residents flat. Son has moved in.			
Summary of concerns			
<p><i>Use language and descriptions that are clear and universally understood across all agencies</i></p> <p><i>Before his nephew moved in Martyn was friendly with everybody who lived in the sheltered accommodation and staff. He also used to volunteer at a local charity shop. He has now stopped going out and has isolated himself.</i></p> <p><i>Nephew James has had to move because he 'got into trouble' with locals in his own neighbourhood.</i></p> <p><i>Martyn's neighbour reported to staff that he heard shouting and banging one day last week and staff have noticed that he has bloodied scratch on his right cheek and bruising which extends up to his right eye.</i></p> <p><i>Martyn has fallen out with a lot of his friends in the accommodation and will not talk to staff. One friend said that he has been going round to his flat to ask to borrow money for food and to pay bills. His nephew has his bank card and will not return it.</i></p> <p><i>Martyn will not let staff into his room to check on him any longer.</i></p>			

Details of care & support needs and how these affect their ability to protect themselves. Please include strengths and positive actions.	
<p><i>Please include the person's views and wishes in relation to the suspected abuse and this safeguarding referral. Use language and descriptions that are clear and universally understood across all agencies.</i></p> <p><i>Martyn has no care or support needs at the moment.</i></p>	
Is the person aware of this referral?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Give details below	
Does the individual have capacity to consent?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Best practice is to gain consent unless this would present a high risk to the adult at risk or others</i> <i>Comment on capacity to consent</i> <i>I have not informed Martyn</i>	
FURTHER INFORMATION	
Is an urgent response required today?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other notified agencies	<input type="checkbox"/> Police <input type="checkbox"/> CQC <input type="checkbox"/> Funding Authority / Other LA (if necessary)
Other agencies involved with the care of the Adult at Risk	
Source of funding	
<input type="checkbox"/> Health and Social Care <input type="checkbox"/> CCG <input type="checkbox"/> AWP <input type="checkbox"/> Direct Payment <input type="checkbox"/> Supporting People <input type="checkbox"/> Self Funded <input type="checkbox"/> Other Authority (please specify) <input type="text"/>	

Any known views of the carer / advocate / family member(s)?
<i>What does the adult at risk want to happen?</i>
Details of any previous safeguarding concerns
Don't know
Protective action taken to date (On all occasions attach any relevant risk assessments in place):
Support being sought by referrer: What are you expecting/ what would you like to happen from this referral to the safeguarding adults team?

Should you wish to challenge the Safeguarding Adults Team decision on whether a Section 42 enquiry is needed, please follow the Bristol Safeguarding Adults Board Escalation Policy;
<https://www.bristol.gov.uk/documents/20182/354651/BSAB+escalation+procedure/b47a3693-de9c-44bc-b962-f3d56ba907c4>