

Good Complete Safeguarding Adults Referral Form



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Document Control

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Version Control

Version	Date	Reviewer	Change Made
V2	25/02/2020	KBSP BU	Updated using KBSP branding



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.	11870222
Date of Birth	18/1/1933		
Ethnicity	White <input checked="" type="checkbox"/> English/Welsh/Scottish/Northern Irish/British Irish <input checked="" 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"/>		
	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 checked="" type="checkbox"/> Heterosexual <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say		
Religion	<input checked="" 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 Mead Road Bonmead Bristol BS1 XYZ		In permanent accommodation.	
GP name and practice details (including address)			
Dr Ahmed Chwardi Bonmead Medical Practice Bristol BS1 ZYX 0117 12121213			
Unit / Ward / Hospital setting (if applicable)	N/A		
REFERRER DETAILS			
Name of referrer	Mark Moordoor	Relationship to Adult at Risk	Tenant

Contact tel. no.	03923930483	Organisation / Company (if applicable)	Tenants Landlords or Threshold Rent
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 | <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)

1/1/2016

Date reported

3/1/2016

**Where did the suspected abuse take place?
If this was outside the Bristol area, please notify the relevant Local Authority**

At permanent address above.

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 |

Summary of concerns

Use language and descriptions that are clear and universally understood across all agencies

Before his nephew moved in (approx. 2 months ago) Martyn was friendly with everybody who lived in the sheltered accommodation and staff. He also used to volunteer at a local charity shop and attended mental health services. He has now stopped going out and has isolated himself.

Nephew James Clickwood has moved in because he has recently been released from prison and has no other accommodation after being evicted from a temporary hostel.

Martyn's neighbour (Paul – 22 Meadhouse) reported to staff that he heard shouting and banging on 1/1/2016 and later noticed that he has bloodied scratch on his right cheek and bruising which extends up to his right eye.

Martyn has fallen out with a lot of his friends in the accommodation and will not talk to staff. Paul said that Martyn has been going round to his flat to ask to borrow money for food and to pay bills. Martyn told him his nephew has his bank card and hasn't returned it.

Martyn will not let staff into his room to check on him and does not have any planned care.

Details of care & support needs and how these affect their ability to protect themselves. Please include strengths and positive actions.

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.

Martyn has a diagnosis of clinical depression and schizophrenia. Martyn has been stable for some time on medication and attending regular art therapy groups. Martyn is easily manipulated and has previously had safeguarding referrals about financial abuse from his nephew and a previous friend. Martyn has missed a couple of therapy sessions and is at risk of deterioration of his mental health. He does not have the mental strength or resilience to say no to his nephew, who does not take no for an answer.

Martyn is ordinarily a very sociable man who volunteers with his local charity shop. He is able to fully understand his situation, but not able to manage it alone.

Martyn's nephew has recently been released from prison, where he was serving a sentence for domestic violence.

Is the person aware of this referral?

Yes No - Give details below

I have advised Martyn that I would be making this referral.

Does the individual have capacity to consent?

Yes No

*Best practice is to gain consent unless this would present a high risk to the adult at risk or others
Comment on capacity to consent*

Yes, however he was frightened and did not want me to refer him. Due to the serious nature of concerns and the high risk I advised Martyn that I had to make a referral. It was explained to him that the safeguarding team would discuss this with him and ascertain his views and wishes before they do anything else.

FURTHER INFORMATION

Is an urgent response required today?

Yes No

Other notified agencies

Police CQC Funding Authority / Other LA (if necessary)

Other agencies involved with the care of the Adult at Risk

AWP & GP

Source of funding

Health and Social Care CCG AWP Direct Payment Supporting People

Self Funded Other Authority (please specify)

Housing Benefit

Any known views of the carer / advocate / family member(s)?

What does the adult at risk want to happen?

Martyn has said that he does not want a referral made. He has however said that he would like his nephew to move out of his flat and go home.

Details of any previous safeguarding concerns

Approx. 4 years ago, Martyn was referred to safeguarding with very similar concerns about his nephew and approx. 2 years ago, a lady 'friend' was also thought to be financially exploiting him.

Protective action taken to date (On all occasions attach any relevant risk assessments in place):

Police contacted and advised about concerns. They will be visiting later this evening to speak to Martyn as the nephew goes to the pub every night. I have told the police I am referring to Bristol City Council. They have also advised that James is still on probation and so they will determine if he has breached his conditions.

Support being sought by referrer:

What are you expecting/ what would you like to happen from this referral to the safeguarding adults team.

Martyn needs support to tell his son to move out. He also needs support with getting his bank card back and potentially setting up his finances so he is not at such risk of financial abuse. He would also benefit from an assessment because he doesn't receive a package of care, but does have general signs of not coping with personal care and his home environment.

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>