**Safeguarding Referral**

**Date Started Form: \_\_\_\_\_\_\_\_\_\_\_**

**Time Started Form: \_\_\_\_\_\_\_\_\_\_\_**

# Timescale

The Pan London Timescales for completion of the referral process is 48 hours - from when it is agreed that an alert is to proceed to a referral to the time at which a decision is made to have a strategy discussion or strategy meeting.

# Person details

****

Frameworki ID

Rio ID

Title

First name(s)

Surname

Date of birth

Is the person already known to the local authority?

-Yes -No *(underline your answer as appropriate)*

If yes, do they receive services?

-Yes -No *(underline your answer as appropriate)*

What services, allocated worker and team

|  |
| --- |
|  |

Service user group category *(underline your answer(s) as appropriate)*

Carer Learning disability Mental health Other vulnerable people

Physical disability, frailty and sensory impairment

Substance misuse Supporting people

# Referral details

Date of referral

Date of incident

Date reported to LBTH

Details of incident(s)

|  |  |  |
| --- | --- | --- |
| Type of risk | Source of risk | Location/Setting |
|  |  |  |

***Type of Risk options***

*Physical*

*Sexual*

*Psychological / Emotional*

*Financial (including possessions)*

*Neglect or act of omission*

*Discriminatory*

*Institutional*

***Source of risk options***

*Social care support or service provider*

*Relative / family carer*

*Individual - known but not related*

*Primary health care (known to individual)*

*Secondary health care (known to individual)*

*Social care staff - care management and assessment (known to individual)*

*Police (known to individual)*

*Regulator (known to individual)*

*Other public sector (known to individual)*

*Other private sector (known to individual)*

*Other voluntary (known to individual)*

*Individual - unknown / stranger*

*Primary health care (unknown / stranger)*

*Secondary health care (unknown / stranger)*

*Social care staff - care management and assessment (unknown / stranger)*

*Police (unknown / stranger)*

*Regulator (unknown / stranger)*

*Other public sector (unknown / stranger)*

*Other private sector (unknown / stranger)*

*Other voluntary (unknown / stranger)*

***Location / setting options***

*Own Home*

*Care Home – Permanent*

*Care Home – Temporary*

*Care Home with Nursing - Permanent*

*Care Home with Nursing - Temporary*

*Day Centre / Service*

*Acute Hospital*

*Alleged Perpetrators Home*

*Mental Health Inpatient Setting*

*Community Hospital*

*Other Health Setting*

*Supported Accommodation*

*Public Place*

*Education / Training / Workplace Establishment*

*Not Known*

*Other (Specify name, address and postcode of location)*

*Clarify facts, gather further information, notify relevant others that are pertinent to this allegation i.e. Police, CQC, GP etc. Assess risk.*

Gathering information:

|  |
| --- |
|  |

*Contact the Safeguarding Adults and Mental Capacity Liaison Team 020 7364 2019.*

Is the adult at risk (AAR) subject to the Deprivation of Liberty Safeguards?

-Yes -No *(underline your answer as appropriate)*

Does the adult at risk (AAR) know of the referral?

-Yes -No *(underline your answer as appropriate)*

## Referrer details

Name

Role

Contact details

## Details of person alleged to have caused harm

Name

Address

Role

Are they known to services?

-Yes -No *(underline your answer as appropriate)*

If yes, what service user group category are they under?

|  |
| --- |
|  |

# Risk assessment

Is there any other Adults At Risk (AAR) at the location where the abuse occurred?

-Yes -No *(underline your answer as appropriate)*

If yes, please provide name, address and contact details

|  |
| --- |
|  |

Does a safeguarding alert need to be raised?

-Yes -No *(underline your answer as appropriate)*

Are there any children at the location where the abuse occurred?

-Yes -No *(underline your answer as appropriate)*

If yes, please ensure you refer to children’s services and provide name, address and contact details

|  |
| --- |
|  |

Is anyone else at risk?

-Yes -No *(underline your answer as appropriate)*

If yes, please speak to your manager and provide name, address and contact details

|  |
| --- |
|  |

*Identified risk - Please list each risk.*

*Frequency - How often has this risk / issue arisen – provide evidence with dates and complete this for each risk listed.*

*Likelihood - How likely is that the risk will occur? Give evidence based reasons and complete for each risk listed.*

*Immediacy - How soon is the risk likely to happen again - given evidence base reasons and complete for each risk listed.*

*Severity - If the risk occurs how significant will the harm be – describe what is likely to happen to the AAR, with evidence and complete for each risk listed.*

*Benefits of taking risk - Consider firstly what the AAR and also an advocate where there are concerns about whether the AAR has capacity to make a decision about their safety in relation to the identified risk, has said they would like to happen. Consider then what would happen if you adhered to what they wanted to happen i.e. what will be the likely risks / benefits to them of their decision. Weigh their view against the identified risks (for each risk listed) to arrive at the suggested intervention to avert.*

*Suggested intervention to avert risk - This is a professional decision based on the risk / benefit analysis. It can only be suggestion – the Local Authority does not have coercive powers except under the Mental Health Act, Mental Capacity Act/Deprivation of Liberty Safeguards, The National Assistance Act and via a Court Decision. This means that you can only put a suggestion forward to an AAR to consider (outside of the above remits), and it will be up to them to accept or reject it, except where there are a concerns about their capacity to make the decision about the safety measure. Then a Mental Capacity Assessment must be completed and if they are judged to lack capacity to make that decision, then the best interests process (as prescribed by law) must be followed.*

Risk Assessment:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Identified risk | Frequency | Likelihood | Immediacy | Severity | Benefits of taking risk | Suggested intervention to avert risk |
|  |  |  |  |  |  |  |

*If there are concerns about the AAR’s capacity to make the decision about the suggested intervention, then a capacity assessment must be completed whether they agree or do not agree with the intervention.*

*If they are assessed as lacking capacity to make that decision then the best interests process (as prescribed by law) must be followed to arrive at the decision about whether the suggested intervention is in their best interests. The conclusion of the process may determine that the suggested intervention is not in their best interests.*

*If they are assessed as lacking capacity, you must ascertain whether they have someone to advocate for them, if not an Independent Mental Capacity Advocate (IMCA) should be appointed.*

*If there is conflict in relation to the best interests of the AAR who has been assessed as lacking capacity to make the decision about the intervention, even where family are involved, an IMCA should be appointed.*

Are there concerns that the adult at risk (AAR) is unable to make the decision about the suggested intervention?

-Yes -No *(underline your answer as appropriate)*

If yes, have you completed the Mental Capacity Assessment?

-Yes -No *(underline your answer as appropriate)*

Date

Does the Adult At Risk (AAR) have capacity to make the decision?

-Yes -No *(underline your answer as appropriate)*

If no, has the Adult At Risk (AAR) an advocate (family, friend, other support)?

-Yes -No *(underline your answer as appropriate)*

If the Adult At Risk (AAR) has been assessed as lacking capacity have you followed the best interest process to arrive at the decision?

-Yes -No *(underline your answer as appropriate)*

Has an Independent Mental Capacity Advocate (IMCA) been appointed?

-Yes -No *(underline your answer as appropriate)*

Has Adult At Risk (AAR) with capacity accepted intervention measures?

-Yes -No *(underline your answer as appropriate)*

Has adult at risk (AAR) with capacity accepted some measures and rejected others?

-Yes -No *(underline your answer as appropriate)*

List measures rejected

|  |
| --- |
|  |

*If the outstanding risks to the AAR are concerning then a strategy meeting must ensue, or if someone else will be at risk as a result of their decision then a multi-agency meeting may be required. Other actions may also be relevant like a referral to MARAC etc. If something serious happens to an AAR to another as result of actions of an AAR, an enquiry will ask whether we did everything that was in our power to prevent the situation occurring.*

Where adult at risk (AAR) has rejected measures please specify actions taken / decisions made / on-going risk

|  |
| --- |
|  |

If there has been a new intervention to manage risk, has a mental capacity assessment been completed and has a best interest decision been made?

-Yes -No *(underline your answer as appropriate)*

Adult at risk (AAR) without capacity / interventions were applied?

-Yes -No *(underline your answer as appropriate)*

*DOLS (only applies to people assessed as lacking capacity to make the decision about this safety measure) can apply where a decision is made to move the incapacitated individual for their safety and the AAR is resistant to that move.*

*Where restraints are applied to the individual in the care home or hospital that infringe their freedoms of movement or do not allow then to do what they want to do.*

*In cases where a decision is being considered to remove an AAR from a family home legal advice must be sought before such a decision is made, except where the Police use their powers to remove the Person. DOLS may apply pending an application to court for a Best Interests Decision. Where contact is restricted, is managed or stopped DoLS may apply.*

*(Contact the Safeguarding Adult and Mental Capacity Liaison team).*

Adult At Risk (AAR) without capacity - do these arrangements amount to a DoLS?

-Yes -No *(underline your answer as appropriate)*

# Completed by:

Name

Date

# SAM decision

Outcome *(underline your answer as appropriate)*

Proceed to Safeguarding Strategy Discussion / Meeting

Proceed to Safeguarding Conclusion

If adult at risk (AAR) has capacity and does not want to proceed to a Strategy Discussion / Meeting and we are proceeding please provide the reason

|  |
| --- |
|  |

If not proceeding to a Strategy Discussion / Meeting please provide the reason

|  |
| --- |
|  |

Type

*(underline your answer as appropriate)*

-Strategy Discussion -Strategy Meeting

Who should be invited?

|  |
| --- |
|  |

SAM name

SAM sign off date and time