# SET SAF – SAFEGUARDING ADULT CONCERN FORM

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| --- | --- |
| Adult reference number (Local authority/health/police number if known) | Click or tap here to enter text. |
| Date form completed | Click or tap here to enter text. |

# **Section 1: Tell us if the concern is for a person or an organisation** (Please complete as much of this as is known – if not known put not known).

|  |  |
| --- | --- |
| Name of adult who you are concerned about | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Home address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Age | Click or tap here to enter text. |
| Date of Birth (in order day, month, year) | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| Ethnic origin and or nationality | Click or tap here to enter text. |
| Does the adult have any communication needs? If yes, please give brief details | Click or tap here to enter text. |
| Is the adult in receipt of any social or health care services? If yes, please give brief details | Click or tap here to enter text. |
| Do you consider this adult to require support through Transitional safeguarding? If yes, please give brief details  *Transitional safeguarding is an approach to safeguarding young people from adolescence to adulthood.* | Click or tap here to enter text. |
| Are they aware of this referral? If not, why not | Click or tap here to enter text. |
| Have they agreed to this referral? If not, why not | Click or tap here to enter text. |
| Has the adult consented to sharing this information and is there anyone that they wouldn’t want this information shared with? | Click or tap here to enter text. |
| Is it safe to make contact? Would it be safe for the GP or another organisation to make contact?  If no, please give details of how contact could be made safely, including a safe time of day | Click or tap here to enter text. |

# **Section 2: Risk of harm to self and others.**

|  |  |
| --- | --- |
| Does the person continue to be at risk of harm? If yes, please give brief details | Click or tap here to enter text. |
| Does the person pose a risk of harm, have a history of violence or aggressive behaviour that social care needs to be aware of? If yes, please give brief details | Click or tap here to enter text. |
| Are there other people who may be at risk of harm? If yes, please give brief details | Click or tap here to enter text. |
| Are there any known risks from any person in the household? If yes, please give brief details | Click or tap here to enter text. |

# Please answer the following questions relating to children

|  |  |
| --- | --- |
| Are there any children within the household? If yes, please give brief details | Click or tap here to enter text. |
| Are there any children who may be at risk of harm? If yes, please give brief details | Click or tap here to enter text. |
| If yes, has a child safeguarding referral been submitted to Children’s Service (see contact details at the end of this document) | Click or tap here to enter text. |
| If not, please give reasons | Click or tap here to enter text. |

# **Section 3: Details of the concern(s) being raised**

|  |  |
| --- | --- |
| Time of incident | Click or tap here to enter text. |
| Date of incident | Click or tap here to enter text. |
| Location of incident | Click or tap here to enter text. |
| What is the concern? | Click or tap here to enter text. |
| What would the adult like as an outcome of the enquiry? | Click or tap here to enter text. |
| Brief factual details of the incident. This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate. | Click or tap here to enter text. |
| What actions have been taken to date to safeguard the individual? | Click or tap here to enter text. |
| Are any other professionals aware of this concern? | Click or tap here to enter text. |
| Are the Police involved? If yes is there a crime incident number? | Click or tap here to enter text. |
| If injuries are present, please give a brief/accurate description and detail any medical attention sought | Click or tap here to enter text. |
| Was the Doctor/GP informed? Yes or No | Click or tap here to enter text. |
| Name of Doctor informed | Click or tap here to enter text. |
| Date and time of information given | Click or tap here to enter text. |
| Has a body chart been completed? If completed please send with this form | Click or tap here to enter text. |

# **Section 4: Relative and/or Name of Main Carer**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Relationship to adult | Click or tap here to enter text. |
| Contact Address (including postcode) | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Is relative and/or carer aware of this referral? | Click or tap here to enter text. |

# **Section 5: Details of person(s) alleged to have caused harm if abuse is suspected.** **If self-neglect, please move on to Section 6.** Please complete as much of this as is known.

|  |  |
| --- | --- |
| What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern? | Click or tap here to enter text. |
| Do they live with the adult at risk? If yes, please complete the next part | Click or tap here to enter text. |
| What is the occupation of the person alleged to have caused harm | Click or tap here to enter text. |
| Does this person hold any position of trust (paid or voluntary)? | Click or tap here to enter text. |

# **Section 6: Please provide details of the person raising the concern -** We cannot guarantee your anonymity but will try to keep your details confidential if you prefer.

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |
| Job Title and/or Relationship to adult referred | Click or tap here to enter text. |
| Organisation and address (if applicable) | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Can your details be shared with third parties? | Click or tap here to enter text. |
| Do you live with the adult you are concerned about? | Click or tap here to enter text. |
| Do you prefer to remain anonymous? If yes, please give your reasons | Click or tap here to enter text. |

# **Section 7: Details of person completing the form** (add only if different to section 6)

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Date completed | Click or tap here to enter text. |
| Job title and/or relationship to adult referred | Click or tap here to enter text. |
| Organisation (If applicable) | Click or tap here to enter text. |
| Contact Address (including postcode) | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Where appropriate have you informed your safeguarding lead of this concern? | Click or tap here to enter text. |
| Name of safeguarding lead in your organisation | Click or tap here to enter text. |
| Email of safeguarding lead | Click or tap here to enter text. |

# Section 8: Type of abuse suspected. Please select which form(s) of abuse you suspect – enter ‘Yes’ to all you believe are applicable:

|  |  |
| --- | --- |
| Domestic abuse | Click or tap here to enter text. |
| Discrimination | Click or tap here to enter text. |
| Emotional/Psychological | Click or tap here to enter text. |
| Financial | Click or tap here to enter text. |
| Modern Slavery | Click or tap here to enter text. |
| Neglect & Acts of Omission | Click or tap here to enter text. |
| Organisational | Click or tap here to enter text. |
| Physical | Click or tap here to enter text. |
| Radicalisation | Click or tap here to enter text. |
| Self-Neglect | Click or tap here to enter text. |
| Sexual | Click or tap here to enter text. |
| Other (please specify) | Click or tap here to enter text. |

**FOR HEALTH STAFF ONLY – HAVE YOU COMPLETED YOUR LOCAL INCIDENT FORM PRIOR TO SENDING THIS FORM**

# Completed forms should be sent to your relevant Local Authority:

# Southend

* By Email: [accessteam@southend.gov.uk](mailto:accessteam@southend.gov.uk)
* Making a referral/enquiry by telephone: 01702 215008
* Out of hours: 0845 606 1212
* Statutory Agencies – 0300 123 0778
* To make a referral to [Children’s Services](https://safeguardingsouthend.co.uk/how-to-report-abuse/):
  + By Email: [mash@southend.gov.uk](mailto:mash@southend.gov.uk)
  + By Phone: 01702 215007 or out of hours 0845 606 1212

# Essex

* By Email: [BusinessSupportAdultSOVAs@essex.gov.uk](mailto:BusinessSupportAdultSOVAs@essex.gov.uk)
* Making a referral/enquiry by telephone: 0845 603 7630
* Out of hours: 0845 606 1212
* Statutory Agencies – 0300 123 0778
* To make a referral to [Children Services](http://www.escb.co.uk/working-with-children/concerns-about-the-welfare-of-a-child/):
  + By Phone: 0345 603 7627 or out of hours 0845 606 1212

# Thurrock

* By Email: [Thurrock.First@thurrock.gov.uk](mailto:Thurrock.First@thurrock.gov.uk)
* Making a referral/enquiry by telephone: 01375 511000
* Out of hours: 01375 372468
* To make a referral to [Children’s Services:](https://www.thurrocklscp.org.uk/p/reporting-concerns)
  + By Email: [thurrockmash@thurrock.gov.uk](mailto:thurrockmash@thurrock.gov.uk)
  + By Phone: **01375 652802 or out of hours 01375 372468**