

Safeguarding adults: concern form – SET SAF

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|--|--|----------------------|--|
| Adult reference no: (Swift/PRN/NHS, if known) | | Date form completed: | |
|--|--|----------------------|--|

Please complete as much of the form as possible, if a question is not known put N/K.

1. Tell us if the concern is for an adult or an organisation

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|--|--|----------------|--|
| Name of adult you are concerned about: | | | |
| Organisation: | | | |
| Address of adult: | | | |
| Gender: | | Phone number: | |
| Age: | | Date of birth: | |
| Ethnic origin and/or nationality: | | | |
| Does the adult have any communication needs? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give brief details: | | | |
| Are they aware of this referral? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, why not? | | | |
| Have they agreed to this referral? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not, why not? | | | |
| Is the adult in receipt of any social or health care services? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give brief details: | | | |

2. Current situation and details of the incident/concern(s) being raised

| | |
|--|--|
| Does the adult continue to be at risk of harm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there other adults who may be at risk of harm? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk. A referral to children services should also take place if there is a child at risk in the household. | |
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3. Details of the concern(s) being raised

| | | | |
|---|--|------------------------------|-----------------------------|
| Time of incident: | | Date of incident: | |
| Location of incident: | | | |
| Concern: | | | |
| What would the adult like as the outcome of the enquiry? | | | |
| Brief factual details of the incident. Include a clear factual outline of the concern with details of times, dates, people and places. Please continue on separate sheet if required. | | | |
| If injuries are present please give a brief/factual description: | | | |
| Has a body chart been completed? Please attach or forward as soon as possible. | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Details of any medical attention sought: | | | |
| Doctor informed? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes include name of doctor and include date and time of information given. | | | |
| Actions taken to date to safeguard the adult: | | | |
| Are other professionals aware in this alert? (Please specify if the police are involved). | | | |
| Where Police are involved, please state the crime incident number: | | | |



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4. Relative/name of main carer

| | | | |
|---|--|------------------------|--|
| Name: | | Relationship to adult: | |
| Is relative/carer aware of this referral? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: | | | |
| County: | | Postcode: | |
| Phone number: | | Mobile number: | |
| Email: | | | |

5. Details of person(s) alleged to have caused harm – if self-neglect, move on to section 6.

| | | | |
|---|--|----------------|--|
| Name: | | | |
| Gender: | | Date of birth: | |
| Address: | | | |
| Do they live with the adult? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, in what capacity? For example, spouse, fellow resident, carer: | | | |
| What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern? | | | |
| What is the occupation of the person alleged to have caused harm? | | | |
| Does this person hold any position of trust (paid or voluntary)? | | | |

6. Details of the person raising the alert – for professionals this information can only remain confidential in exceptional circumstances.

| | | | |
|---|--|----------------|--|
| Can your details be shared with third parties? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you live with the adult you are concerned about? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I would prefer to remain anonymous? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please give your reasons for remaining anonymous: | | | |
| Name: | | Date: | |
| Job title and/or relationship to adult referred: | | | |
| Organisation (if applicable): | | | |
| Address: | | | |
| County: | | Postcode: | |
| Phone number: | | Mobile number: | |
| Email address: | | | |



7. Details of person completing the form – add only if different to section 6

| | | | |
|--|--|----------------|--|
| Name: | | Date: | |
| Job title and/or relationship to adult referred: | | | |
| Organisation (if applicable): | | | |
| Address: | | | |
| County: | | Postcode: | |
| Phone number: | | Mobile number: | |
| Email address: | | | |
| Safeguarding lead's name in your organisation: | | | |
| Email address of safeguarding lead: | | | |

Where appropriate have you informed your safeguarding lead of this concern?

**For health staff only –
have you completed your local incident form prior to sending this form?**

8. Please tick which form of abuse you suspect

| | | |
|--|---|---|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Organisational | <input type="checkbox"/> Self-neglect |
| <input type="checkbox"/> Sexual | <input type="checkbox"/> Modern slavery | <input type="checkbox"/> Domestic abuse |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Neglect | <input type="checkbox"/> Not determined |
| <input type="checkbox"/> Financial or material | <input type="checkbox"/> Discriminatory | <input type="checkbox"/> Vulnerable to radicalisation |

Completed forms should be sent to your relevant local authority.

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| Southend Email: accessteam@southend.gov.uk Fax: 01702 534 794 | Making a referral/enquiry by telephone: 01702 215 008 (option 1) Out of hours referrals: <ul style="list-style-type: none"> • General public – 0345 606 1212 • Statutory agencies – 0300 123 0778 • Fax – 0300 123 0779 |
| Essex Email: socialcaredirect@essex.gov.uk Fax: 0345 601 6230 Post: Social Care Connect, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ | Making a referral/enquiry by telephone: 0345 603 7630 Out of hours referrals: <ul style="list-style-type: none"> • General public – 0345 606 1212 • Statutory agencies – 0300 123 0778 • Fax – 0300 123 0779 |
| Thurrock Email: safeguardingadults@thurrock.gov.uk Fax: 01375 652 760 | Making a referral/enquiry by telephone: 01375 511 000 Out of hours referrals: <ul style="list-style-type: none"> • Phone – 01375 372 468 • Fax – 01375 397 080 |



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