**REFERRAL FORM**

**SAFEGUARDING ADULT CONCERN**

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| **Personal details of the Adult at Risk (the adult in need of safeguarding)** ANY ADDITIONAL INFORMATION CAN BE RECORDED ON THE BACK OF THIS REFERRAL FORM  |
| First name: |  | Preferred name: |  | Family / whānau name |  |
| Date of birth: |  | Age: |  | Gender: |  |
| Address: |  | Phone: |  | Email: |  |
| Ethnicity: |  | Preferred language: |  | Is an Interpreter required? If YES, give details: |  |
| GP/Practice: |  | Phone: |  | Email: |  |
| Adult at risk’s preferred method of contact: |
| Text |[ ]  Email |[ ]  Phone |[ ]  via another person |[ ]
| Give details: |  |  |  |  |  |
| Is there any communication support needs (as understood by referrer)? If YES, give details:  |  | NHI number: |  |
| Preferred contact e.g. family/ whānau / representative / support person: |
| Full name:  |  | Relationship to adult at risk |  |
| Address: |  | Phone: |  | Email: |  |
|  Does the adult at risk have a legal representative? E.g. self, parent, spouse, Welfare Guardian or Enduring Power of Attorney?  | **Yes** |[ ]  **No** |[ ]  **Unknown** |[ ]
| Full name:  |  | Relationship to adult at risk |  |
| Address: |  | Phone: |  | Email: |  |
| Is the Adult at Risk aware this referral is being made?  | **Yes** |[ ]  **No** |[ ]
| Has the Adult at Risk given consent to share the concerns with appropriate others?  | **Yes** |[ ]  **No** |[ ]
| If the answer to either/both of the above questions is NO, please state the reasons for proceeding without consent:  |
| Seeking consent would increase risk to the Adult  | [ ]  | Seeking consent would increase risk to others  | [ ]  |
| Adult lacks mental capacity to provide consent  | [ ]  | Ability to consent is affected by coercive and/or threatening behaviour  | [ ]  |
| Suspected serious crime  | [ ]  | Other, give reason  |   |
| Does the Adult at Risk need someone to support them in the safeguarding adults process (as understood by referrer  | **Yes** |[ ]  **No** |[ ]  **Unknown** |[ ]
|  |
| **Vulnerability of the Adult at Risk**  |
| Does the Adult at Risk appear to have any care and support needs (regardless of whether or not they are receiving services and support from government or NGOs)? If yes, give details:  |
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| **Adult’s primary reason for needing care and support (as understood by referrer)**  |
| Physical support  |  [ ]  | Support with memory and cognition  |  [ ]  |
| Intellectual disability support  |  [ ]  | Sensory support  |  [ ]  |
| Mental health support  |  [ ]  | Older person, frailty, temp illness  |  [ ]  |
| Other health condition support  |  [ ]  | Social support for carers  |  [ ]  |
| Autism (includes Asperger’s Syndrome) support  |  [ ]  | Social support (includes support for substance misusers)  |  [ ]  |
| Considering the Adult at Risk’s care and support needs, are they able to protect themselves? |
| **Yes** |[ ]  **No** |[ ]  **Unknown** |[ ]
| Are there any other factors to take into account (consider social, cultural or religious factors)?  |
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| **Is there an allegation of abuse?** (Includes family violence and sexual violence)  |
| Date alleged abuse took place:  |  | Time (if known):  |  |
| Where did the alleged abuse happen?  |   |
| Is this a one off or have any similar concerns been raised in the past? If so, give details:  |
|  |
| Is this a crime or potential crime? | **Yes** |[ ]  **No** |[ ]  **Unknown** |[ ]
| IF YES, has this allegation been raised with the police?  | **Yes** |[ ]   **No** |[ ]
| If NO, then why not? |  |
| If YES, who notified the Police? |  | Police Reference No:  |  |
| Name and contact details of Police person contacted: |
|  |
| **What type of harm/abuse/neglect is alleged?**   |
| Neglect/ acts of omission  |  [ ]  | Sexual abuse  |  [ ]  |
| Self Neglect  |  [ ]  | Physical abuse  |  [ ]  |
| Family Violence/Domestic abuse  |  [ ]  | Organisational abuse  |  [ ]  |
| Discriminatory  |  [ ]  | Modern slavery  |  [ ]  |
| Psychological/emotional abuse  |  [ ]  | Compromised Human Rights  |  [ ]  |
| Financial/material abuse  |  [ ]  | Other  |  [ ]  |
| **Provide a brief, factual summary of the concerns leading to the referral.** (This should include what harm is caused or is likely to be caused)  |
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| Is anyone else at risk of harm (other adults, children)? If yes, give details:  |
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| What is the Adult at Risk’s (or their representative’s) views, values and beliefs about the incident and the risks they face, and what are their wishes, preferences and desired outcomes (including what they would like to happen next to make them feel safer)?  |
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| What action, if any, has been taken by the referrer to safeguard the Adult at Risk? (Including any emergency medical treatment provided, evidence preserved, actions taken to prevent further abuse)  |
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| Is the Adult at Risk in agreement with this action? | **Yes** |[ ]  **No** |[ ]  **Unknown** |[ ]
| **Details of person alleged to have caused harm**  |
| Name  |  | Date of Birth / Age:  |  |
| Relationship to the Adult at Risk:  |  |
| Address:  |  | Phone |  |
| Is the person alleged to have caused harm an adult with care and support needs? If YES, give details:  |
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| **Please provide details of other agencies/individuals involved who may be able to help with the safeguarding adults response**  |
| Name:  |  | Organisation:  |   |
| Role/Job Title  |  |
| Phone:  |  | Email:  |  |
| Name:  |  | Organisation:  |   |
| Role/Job Title  |  |
| Phone:  |  | Email: |  |
| **Details of Referrer**  |
| Name:  |  | Organisation/ Job Title:  |   |
| Contact number(s):  |  | Email: |  |
| Date referral form completed:  |  |
| Relationship to the Adult at Risk?  |   |
| Send to: referrals@pasat.org.nz |
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| **What happens next?** The Personal Advocacy and Safeguarding Adults Trust (PASAT) will use the information in this form to make an assessment of the level of harm and vulnerability of the Adult at Risk. Further information may be needed from you and other organisations involved. This assessment, alongside the desired outcomes of the Adult at Risk (or their representative) will determine whether the Safeguarding Adults Multi-Agency Response continues. The Safeguarding response could include Advocacy, Support for Decision Making, a Multi-Agency Response, or a combination of all responses. The initial decision to progress and initial type of response is determined by Safeguarding Adults Leadership Team who meet twice per week to discuss referrals. Feedback will be provided to the person who completed this form, unless specified otherwise. If you have any questions please contact: safeguardingadults@pasat.org.nz  |
| **STORAGE OF THIS INFORMATION** This document contains personal and sensitive information when completed and should be stored securely according to your own organisation’s procedures and the code of practice under the Privacy Act 1993.  |
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| **Additional Information** |
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