**SET SAF – SAFEGUARDING ADULT CONCERN FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Adult reference No: (Local authority recording system/PRN/NHS) (if known) |  | Date form completed  |  |

**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 N/K)

|  |  |
| --- | --- |
| Name of adult who you are concerned about:  |  |
| Organisation:  |  |
| Home address: |  |
| Telephone number: |  |
| Age:  |  |
| DOB (DD/MM/YYYY):  |  |
| Gender: |  |
| Ethnic origin and or nationality:  |  |
| Does the adult have any communication needs? If yes, please give brief details |  |
| Is the adult in receipt of any social or health care services? If yes, please give brief details |  |
| Do you consider this adult to require support through Transitional safeguarding[[1]](#footnote-2)? If yes, please give brief details |  |
| Are they aware of this referral? If not, why not |  |
| Have they agreed to this referral? If not, why not |  |
| Has the adult consented to sharing this information and is there anyone that they wouldn’t want this information shared with? |  |
| 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 |  |

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

If the answer to any of the below questions is yes, please describe the risk that remains and the names of any others potentially at risk

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

**Please answer the following questions relating to children**

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

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

|  |  |
| --- | --- |
| Time of incident: |  |
| Date of incident: |  |
| Location of incident:  |  |
| Concern:  |  |
| What would the adult like as an outcome of the enquiry? |  |
| 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. |  |
| Actions taken to date to safeguard the individual: |  |
| Are any other professionals aware in this concern?  |  |
| Are the Police involved? If yes is there a crime incident number?  |  |
| If injuries are present, please give a brief/accurate description and detail any medical attention sought |  |
| Was the Doctor/GP informed? Yes or No |  |
| Name of Doctor informed |  |
| Date and time of information given |  |
| Has a body chart been completed? If completed please attach to SET SAF or forward as soon as possible |  |

**Section 4: Relative/Name of Main Carer**

|  |  |
| --- | --- |
| Name:  |  |
| Relationship to adult: |  |
| Contact Address (including postcode): |  |
| Telephone number: |  |
| Email address: |  |
| Is relative/carer aware of this referral? |  |

**Section 5: Details of person(s) alleged to have caused harm if abuse is suspected. If self-neglect, please move on to Q6. 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? |  |
| Do they live with the adult at risk? If yes, please complete the next part |  |
| What is the occupation of the person alleged to have caused harm |  |
| Does this person hold any position of trust (paid or voluntary)? |  |

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

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

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

**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 |  |
| Discrimination |  |
| Emotional/Psychological |  |
| Financial |  |
| Modern Slavery |  |
| Neglect & Acts of Omission |  |
| Organisational |  |
| Physical |  |
| Radicalisation |  |
| Self-Neglect |  |
| Sexual |  |
| Other (please specify) |  |

**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 **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 **By Phone:** 01702 215007 or out of hours 0845 606 1212 |
| **Essex** **By Email:** 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 **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**By Phone: 01375 652802 or out of hours 01375 372468** |

1. Transitional safeguarding is an approach to safeguarding young people from adolescence to adulthood. [↑](#footnote-ref-2)