



## ADULT SAFEGUARDING CONCERN & NOTIFICATION REFERRAL FORM – SA1

**If you have reason to believe a crime has been committed, this should be reported to the Police Service on telephone number 101 (in addition to completing this SA1 form).**

**If there is an imminent risk to life or the report is of a sexual offence requiring prompt Police action or the suspect is still present, or an immediate response is otherwise required, this should be reported to the Police Service emergency line on telephone number 999.**

**This SA1 form can be used:**

1. To inform City of Wolverhampton Council of a concern or incident that indicates an **adult with care and support needs** is;
  - experiencing, or at risk of, abuse or neglect **AND**;
  - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect,

*Or*

2. To inform City of Wolverhampton Council of information which suggests abuse or neglect has occurred, or the potential for abuse or neglect existed, even if the adult is no longer at risk or likely to be at risk (for example, the adult is no longer in the environment where the alleged abuse occurred or the adult is deceased). Consideration **MUST** be given to risk to others. Further action may still need to be taken.

Further copies of this form, West Midlands Safeguarding Policy and Procedure, and Local Guidance for Wolverhampton, can be found at [www.wolverhampton.gov.uk/adultsafeguarding](http://www.wolverhampton.gov.uk/adultsafeguarding)

For further information on raising appropriate safeguarding concerns please contact the Adult MASH Duty on 01902 554380 / 01902 554429

**ALL COMPLETED SA1 FORMS SHOULD BE SENT TO:**

Adult Care Access Point:

Secure Email [adultcare@secure.wolverhampton.gov.uk](mailto:adultcare@secure.wolverhampton.gov.uk)

Email: [AIA@wolverhampton.gov.uk](mailto:AIA@wolverhampton.gov.uk)

Out of office hours: Send SA1 form to the Emergency Duty Team on Tel 01902 552999

Secure Email [EDT@secure.wolverhampton.gov.uk](mailto:EDT@secure.wolverhampton.gov.uk)

Email: [emergencydutyteam@wolverhampton.gov.uk](mailto:emergencydutyteam@wolverhampton.gov.uk)



| 1. Who is the adult with care and support needs?                |         |                                   |        |
|---|---------|-----------------------------------|--------|
| First name  | Surname | D.O.B. / Age                      | Gender |
|   |         |                                   |        |
| Home address & current address (If different from home address) |         |                                   |        |
|   |         |                                   |        |
| Telephone number(s)   |         | Ethnicity                         |        |
|   |         |                                   |        |
| Preferred language  |         | Interpreter required? Give detail |        |
|   |         |                                   |        |
| Communication needs   |         | NHS Number                        |        |
|   |         |                                   |        |

| 2. Care and support needs  |
|--|
| What are the adult's care and support needs?   |
|  |
| How do their care and support needs prevent them from protecting themselves from abuse and/or neglect? |
|  |

| 3. Details of GP (If Known) |                  |
|-----------------------------|------------------|
| Name                        | Telephone number |
|                             |                  |
| Address/Surgery             |                  |
|                             |                  |

| 4. Initial evaluation of risk and consent/mental capacity:   |     |                          |                             |
|--|-----|--------------------------|-----------------------------|
| Have you discussed this referral with the adult with care and support needs?                       | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| If not, you must provide reasons why this has not been discussed with them:                        |     |                          |                             |
|  |     |                          |                             |
| Has the adult given their consent for this referral to be raised and for information to be shared? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the adult aware that you are raising this referral?   | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |



|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Are there concerns about the adult's mental capacity in respect of these safeguarding concerns?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If the adult is unable to give consent to the referral due to lacking mental capacity or because it is not safe to consult with them at this stage, or for any other reason, please give details:</i> |                              |                             |
|  |                              |                             |

|   |   |   |  |
|---|---|---|--|
| <b>5. Details of concern and risk to adult with care &amp; support needs:</b> |   |   |  |
|   |   |   |  |
| <b>Type(s) of abuse suspected</b>   |   |   |  |
| Domestic Abuse <input type="checkbox"/>                                       | Physical <input type="checkbox"/>             | Emotional/Psychological <input type="checkbox"/>      |  |
| Sexual <input type="checkbox"/>   | Discriminatory <input type="checkbox"/>       | Organisational <input type="checkbox"/>               |  |
| Modern Slavery <input type="checkbox"/>                                       | Self-Neglect <input type="checkbox"/>         | Neglect and acts of omission <input type="checkbox"/> |  |
| Financial <input type="checkbox"/>  | *Sexual Exploitation <input type="checkbox"/> | <b>Tick all that apply</b>                            |  |

(\*Sexual exploitation involves taking advantage to coerce, manipulate or deceive an adult into a sexual activity in exchange for something the adult wants and/or for the financial advantage/increased status of the abuser. Sexual exploitation can occur through the use of technology.)

|   |  |
|---|--|
| <b>Type of location where did the alleged incident occur?</b>   |  |
| Choose an item.   |  |
| <b>Address of location of suspected Concern/Incident</b>  |  |
|   |  |
| <b>Date concern or incident arose</b>   | <b>Date reported, If there was a delay in reporting concerns please provide reason for delay</b> |
|   |  |
| <b>Please provide details of any immediate actions taken to safeguard the adult, or any other action taken:</b> |  |
|   |  |



|   |
|---|
| <p><b>MAKING SAFEGUARDING PERSONAL (MSP)</b><br/> <b>What goals and outcomes does the adult wish to achieve regarding this safeguarding concern? You must discuss this with the adult. If you have not discussed this with the adult e.g. because this may place them or others at further risk, you must record your reasons below.</b><br/> <i>If the adult with care and support needs lacks the mental capacity to answer, please include goals or desired outcomes as defined by any advocate or person acting in the adult's best interests</i></p> |
|   |

| 6. Potential source of risk: Person(s)/Organisation alleged to be causing, or giving potential for harm. |                              |                             |                                  |                             |
|--|------------------------------|-----------------------------|----------------------------------|-----------------------------|
|  | Alleged Abuser 1             |                             | Alleged Abuser 2 (if applicable) |                             |
| Name/Organisation  |                              |                             |                                  |                             |
| DoB / Age (If Applicable)  |                              |                             |                                  |                             |
| Gender (If Applicable)   |                              |                             |                                  |                             |
| Address  |                              |                             |                                  |                             |
| Are they the main carer?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>     | No <input type="checkbox"/> |
| Do they live with the adult?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/>     | No <input type="checkbox"/> |
| What is their job title / role?  |                              |                             |                                  |                             |
| Relationship to adult  | Choose an item.              |                             | Choose an item.                  |                             |

| 7. Additional details   |                              |                             |
|---|------------------------------|-----------------------------|
| Please provide details of any person/relative whom the adult may see as a (positive) contact in their life, who could assist in any possible safeguarding concern/enquiry |                              |                             |
|   |                              |                             |
| Are there other adults with care and support needs who may be at risk from abuse or neglect in respect of these concerns?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If 'Yes' please raise a separate SA1 referral for each Adult</i>   |                              |                             |
| Are there any children in the household/family that may be at risk?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If 'Yes' please complete the following form <a href="https://marf.wolverhampton.gov.uk/">https://marf.wolverhampton.gov.uk/</a></i>                                    |                              |                             |
|   |                              |                             |



|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <b>In your view, is there any potential risk to any professionals visiting the adult/household?</b>                      |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |
| <i>If 'Yes' please give details:</i>   |                              |                              |                              |
|  |                              |                              |                              |
| <b>In your view, would contacting the adult with care and support needs place them at further harm or increase risk?</b> |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |
| <i>If 'Yes' please give details:</i>   |                              |                              |                              |
|  |                              |                              |                              |
| <b>Has the incident/concern been reported to the Police?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | N/A <input type="checkbox"/> |
| <i>If 'Yes' please provide the crime/log number:</i>   |                              |                              |                              |
|  |                              |                              |                              |

|  |   |
|--|---|
| <b>8. Details of person/agency raising the concern:</b>    |   |
| <b>Name</b>  | <b>Telephone number AND email address</b> |
|  |   |
| <b>Address</b>   |   |
|  |   |
| <b>Job Title &amp; Agency/Organisation (if applicable)</b> | <b>Category of alerter</b>                |
|  | Choose an item.                           |

|  |  |
|--|--|
| <b>Full Name of person completing this form (if different to the person raising their concern)</b> | <b>Date form completed by the alerter:</b> |
|  |  |