

Appendix 1: Safeguarding Adults Incident Referral (SA1)



SAFEGUARDING ADULTS INCIDENT REFERRAL (SA1)

This form should be completed to report incident of abuse or suspected abuse.

Where a criminal act has been committed against a vulnerable adult, police must be also be notified using a Police 3rd party referral form. Please refer to Appendix 3

**Out of Hours Contact:
LBWF SOCIAL SERVICES
EMERGENCY DUTY TEAM
0208 496 3000**

Safeguarding Adults Unit
Silver Birch House
Black Horse Road Walthamstow
London
E17 5SD
Tel: 020 8496 3459/3497
Fax: 020 8496 3664
Email:
gulam.robbani@walthamforest.gov.uk

DETAILS OF VULNERABLE ADULT					
NAME				iSIS User ref no	
DOB		AGE		GENDER	
ADDRESS					
RESIDENCE TYPE	Own home			Supported housing	
	Residential care			Nursing care	
	Other				
USER GROUP	Learning Disability			Mental Health	
	Older People			Physical & Sensory	
CASE STATUS	Open to social worker			Open to team	
	Not known/closed			Placed by another authority	
	Self Funder (Yes/No) (For social services/ Service provider only)				
Any previous referral adult abuse history					
ETHNIC ORIGIN	White British		White Irish		Other White
	Black Caribbean		Black African		Other Black
	Indian		Pakistani		Bangladeshi
	Chinese		Other Asian		Mixed White and Black Caribbean
	Mixed White and Black African		Mixed White and Asian		Mixed White and Chinese
	Other				
RELIGION	Christian		Catholic		Buddhist
	Hindu		Muslim		Sikh
	Jewish		None		Other
LANGUAGE SPOKEN	Does the vulnerable adult require an interpreter/ Signer?				

ABUSE/ INCIDENTS			
BRIEF FACTUAL OUTLINE OF ABUSE / INCIDENT:			
DATE OF ABUSE		DATE REPORTED	
ABUSE REPORTED BY	Service user		Friend
	Relative		Paid carer
	Statutory agency/professional		Stranger
	Other		
ABUSE SETTING	Own home		Supported housing
	Residential care		Nursing care
	Public place		Hospital
	Other		
TYPE OF ABUSE	Physical		Sexual
	Psychological		Emotional
	Financial		Neglect
	Discriminatory		Institutional
	Combination		
ALLEGED PERPETRATOR DETAILS (Do not put details if employed by the Authority)			
NAME		DOB	AGE
			GENDER
ADDRESS			
IS ALLEGED PERPETRATOR:	Service user		Friend
	Relative		Paid carer
	Statutory Agency/professional		Stranger
	Institutional abuse:		Other
WAS ALLEGED PERPETRATOR LIVING WITH VULNERABLE ADULT AT TIME OF ABUSE?		Still living with vulnerable adult?	
PLEASE GIVE DETAILS			
URGENT ACTION TAKEN:			
WHAT PROFESSIONALS HAVE YOU CONTACTED IN RELATION TO THIS INCIDENT.			
NAME	PROFESSION	ORGANISATION (CSCI, POLICE, GP)	PHONE NUMBER

HAS POLICE BEEN NOTIFIED USING - POLICE 3 RD PARTY REPORTING FORM (APPENDIX 3.)		CRIME REFERENCE NO:	
PROVIDE DETAILS IF MEDICAL ATTENTION GIVEN:		NAME OF HOSPITAL/CONSULTANT/GP	
DETAILS OF THE PERSON COMPLETING THIS FORM			
NAME	JOB TITLE	ORGANISATION/ CONTACT DETAILS	DATE

Note:- Guidance on Making Safeguarding Adults Incident Referrals

Please provide as much information as you can on the above form using black ink. Please tick relevant boxes, where appropriate.

All Safeguarding Adults Referral must be reported directly to social work team using this form (SA1) including Provider Services. For guidance on relevant social work team, please see appendix 2.

Social work duty screening officer can also raise SAI and send to duty team manager.

Members of public can report incident directly to Safeguarding Adults Unit using above form: