**Inter-Agency Safeguarding Adults Concern Form**

**STRICTLY CONFIDENTIAL**

If you suspect that someone is being harmed and they are in **immediate** danger you should ring the police on 999. In all other situations, please contact the relevant Local Authority (as detailed below). Questions marked with **\*** are mandatory fields.

**All completed forms should be emailed and a follow-up telephone call made to ensure safe receipt.**

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| **Local Authority** | **Team** | **Telephone Number** | **Email Address** |
| Hartlepool | Early Intervention Adults Team | 01429 523390 | [dutyteam@hartlepool.gcsx.gov.uk](mailto:dutyteam@hartlepool.gcsx.gov.uk) |
| Middlesbrough | Adult Access Team | 01642 065070 | [adultsafeguardingalert@middlesbrough.gcsx.gov.uk](mailto:adultsafeguardingalert@middlesbrough.gcsx.gov.uk) |
| Redcar & Cleveland | Adult Access Team | 01642 065070 | [AdultAccess@redcar-cleveland.gcsx.gov.uk](mailto:AdultAccess@redcar-cleveland.gcsx.gov.uk) |
| Stockton-on-Tees | First Contact Adults | 01642 527764 | [FirstContactAdults@stockton.gcsx.gov.uk](mailto:FirstContactAdults@stockton.gcsx.gov.uk) |
| Out of Hours\*  Tees Valley | Emergency Duty Team | 08702 402994 | N/A |

\*Weekdays: Monday – Thursday (5pm-8.30am). Weekends: Friday (from 4.30pm), all day Saturday and Sunday and public holidays

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| **Office Use Only:** | | | |
| **Date Concern Received** |  | **Time Concern Received** |  |
| **Form Received By** |  | | |

**Please complete all sections of the form in as much detail as possible. You can easily navigate through each section by pressing F11 on your keyboard. To select a tick box, double click on the box and select ‘checked’. Or you can print and hand write in black ink on the form and then scan/email this.**

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| **SECTION 1: DETAILS OF PERSON RAISING CONCERN** | | | | |
| Name |  | Job Title |  | |
| Organisation  (if applicable) |  | Personal Identification Number  (health professionals only) |  | |
| Contact Address |  | | Post Code |  |
| Telephone Number |  | | | |
| Relationship to the adult at risk of harm or abuse | |  | | |

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| **SECTION 2: DETAILS OF ADULT AT RISK OF HARM OR ABUSE** | | | | | | |
| Name |  | | DOB |  | Gender |  |
| Home Address |  | | | | Post Code |  |
| Current Address |  | | | | Post Code |  |
| Telephone Number |  | | Religion | |  | |
| Ethnicity  The adult can self-declare, otherwise please select from list of options using drop down menu | | | Choose an item.  Or use the guidance on page 6/7 if you are hand writing this form | | Nationality |  |
| NHS Number |  | | | | | |
| Ward Number (if hospital) |  | | Unit Name (if care home) | |  | |
| Interpreter needed? | Yes | No | Language Required | |  | |
| In your opinion does the Adult at Risk have the mental capacity to understand what has happened to them? | | | | | Yes | No |
| Is the adult aware of the Concern? | | | | | Yes | No |
| If *No*, why not? |  | | | | | |
| What are the views of the adult about what they want to happen from the safeguarding process? | | | | | | |
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| **SECTION 3: FAMILY / REPRESENTATIVE DETAILS** | | | | | |
| Name |  | | Relationship to Adult |  | |
| Contact Address |  | | | Post Code |  |
| Telephone Number |  | | | | |
| Are they a Carer? | Yes | No | Are they aware of this Concern? | Yes | No |
| If *No*, why not? |  | | | | |

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| **SECTION 4: DETAILS OF CONCERN BEING RAISED** | | | | |
| Location of alleged incident/concern  (please see list of options – if ‘other’ please specify) | | | Choose an item.    Or use the guidance on page 6/7 if you are hand writing this form | |
| Address where incident occurred\* |  | | Post Code\* |  |
| Date of incident/concern |  | Time of incident/concern |  | |
| Please indicate the **main** type of abuse suspected (refer to guidance information) | | | Choose an item.    Or use the guidance on page 6/7 if you are hand writing this form | |
| Factual details of alleged incident/concern  This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate. | | | | |
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| **SECTION 5: CURRENT SITUATION** | | | | |
| Where is the adult now in relation to the alleged perpetrator? | |  | | |
| Is the adult in immediate danger of further abuse? | | | Yes | No |
| Please describe | | | | |
| Have any immediate actions been identified to reduce the potential for further abuse? | | | Yes | No |
| Please describe | | | | |
| Are there any other people who may be at risk of harm? | | Unknown | Yes | No |
| If *Yes*, please describe the risk that remains and the names of others potentially at risk | | | | |
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| Is criminal activity suspected? | | | Yes | No |
| If *Yes*, have the police been contacted? | | | Yes | No |
| If *Yes*, what was the outcome? | | | | |
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| Police Crime/Reference Number |  | | | |
| If *No*, please explain reason for this |  | | | |

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| **SECTION 6: DETAILS OF ALLEGED PERPETRATOR** | | | | | | |
| Name |  | DOB | |  | Gender |  |
| Home Address |  | | | | Post Code |  |
| Current Address |  | | | | Post Code |  |
| Telephone Number |  | | | | | |
| Ward Number (if hospital) |  | Unit Name (if care home) | | |  | |
| Job Title  (if applicable) |  | Organisation  (if applicable) | | |  | |
| What is the relationship of the alleged perpetrator to the adult?  (please select from list of options) | | | | | Choose an item.  Or use the guidance on page 6/7 if you are hand writing this form | |
| Does the alleged perpetrator live with the adult? | | | | | Yes | No |
| Is the alleged perpetrator the main Carer? | | | | | Yes | No |
| Do you consider the alleged perpetrator to have care and support needs? | | | Unknown | | Yes | No |
| Is the alleged perpetrator aware of the Concern? | | | | | Yes | No |
| If *No*, why not? If *Yes*, what was their response? | | | | | | |
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| **SECTION 7: OTHER INVOLVEMENT** | | | | | | | | |
| Who else has been informed of this concern? | | | | | | | | |
| Care Quality Commission | Commissioning | | | Continuing Health Care | NECS (Medicines) | Public Health | | Service Provider |
|  |  | | |  |  |  | |  |
| Other (please specify) | |  | | | | | | |
| **CONTACT DETAILS** (please add further rows if necessary) | | | | | | | | |
| **Name** | | | **Organisation** | | **Telephone Number** | | **Email** | |
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| Have you completed your own organisation’s internal process (e.g. Datix)? | | | Yes | N/A |
| Form Completed By |  | Date Completed |  | |
| **Signature** |  | | | |

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| **OFFICE USE ONLY** | | | | |
| Decision made by Designated Manager/Officer following Concern | | | | |
| No Further Action within Safeguarding | | | | |
| MAPPA / MARAC  (Multi-Agency Public Protection Arrangements / Multi-Agency Risk Assessment Conference) | | | | |
| Initial enquiries to be made | Please record who is to undertake these enquiries | | | |
| Refer for Assessment / Review | | | | |
| Section 42 Enquiry criteria met | | | | |
| Progress to Strategy Meeting | | | | |
| SAR Notification | | | | |
| Other | | Please describe | | |
| Please provide rationale for your decision above | | | | |
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| Who has informed the person who raised the Concern of the decision? | |  | | |
| **Manager/Officer’s Signature** | |  | Date |  |

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| **OFFICE USE ONLY – TO BE COMPLETED AT SECTION 42/ENQUIRYSTAGE** | | | | | | | | |
| Is the adult’s service funded by? | | | | | | | | |
| Local Authority |  | | | | | | | |
| Health (please state) |  | | Self-Funded | | |  | | |
| Has there been any previous Safeguarding Concerns/Enquiries about this adult? | | | | | | Yes | | No |
| Please give number of previous Concerns | | | |  | | | | |
| Actions and advice given at the initial enquiry point | | | |  | | | | |
| [Decision Support Guidance](https://www.tsab.org.uk/wp-content/uploads/2016/02/Decision-Support-Guidance-V5.pdf) considered | | | | | | | | |
| Entered onto Case Management System by | | | | |  | | | |
| Date | |  | | | Time | |  | |
| **Received by**  (signature) | |  | | | | | | |
| Date | |  | | | Time | |  | |

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| **GUIDANCE INFORMATION** | | | | | |
| **SECTION 2: ETHNICITY** | | | | | |
| **White**   * White British * White Irish * Gypsy / Irish Traveller * White Other | **Asian / Asian British**   * Indian * Pakistani * Bangladeshi * Chinese * Any Other Asian | | **Black / Black British**   * Black Caribbean * Black African * Any Other Black | | **Mixed / Multiple Ethnic Groups** |
| **Other Ethnic Groups**   * Arab | **Refused** | | **Undeclared / Not Known** | |  |
| **SECTION 4: LOCATION OF ALLEGED INCIDENT/CONCERN** | | | | | |
| **Own Home**  The residence where the adult at risk usually lives. Includes property owned/rented by the individual, family or friends.  **Care Home – Nursing**  Can be used whether the person is at the care home on a permanent or temporary basis.  **Care Home – Residential**  Can be used whether the person is at the care home on a permanent or temporary basis.  **Supported Living**  Can include any type of supported accommodation, such as independent living.  **Day Centre/Community Service**  Can include things like community centres, day care centres, leisure centres, libraries, schools, GP surgeries and dental surgeries.  **Alleged Perpetrator’s Home**  Can include any incident that occurs in the home of the abuser.  **Hospital / Health Setting**  Can include any type of hospital premises. The individual at risk could be a patient or a visitor.  **Other**  Includes any other setting that does not fit into one of the above categories. This could include businesses, offices, pubs and other people’s homes. | | | | | |
| **SECTION 4: TYPE OF ABUSE** | | | | | |
| **Discriminatory**  Includes abuse based on a person’s race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.  **Domestic**  An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include: psychological, physical, sexual, financial, emotional abuse; ‘honour’ based violence; Female Genital Mutilation; forced marriage.  **Financial and Material**  Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.  **Modern Slavery**  Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.  **Neglect and Acts of Omission**  Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.  **Organisational**  Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.  **Psychological**  Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.  **Physical**  Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.  **Sexual Abuse**  Includes rape and sexual assault, sexual acts to which the adult has not consented, could not consent or was pressured into consenting.  **Sexual Exploitation**  Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.  **Self-Neglect**  Covers a wide range of behaviour; neglecting to care for one’s personal hygiene, health. | | | | | |
| **SECTION 6: WHAT IS THE RELATIONSHIP OF THE ALLEGED PERPETRATOR TO THE ADULT?** | | | | | |
| **Care Staff**   * Day Care Staff * Domiciliary Care Staff * Health Care Worker * Residential Care Staff | | **Known**   * Known – Community Health Care * Known – Other Private Sector * Known – Other Public Sector * Known – Other Voluntary Sector * Known – Police * Known – Primary Health Care * Known – Regulator * Known – Relative/Family Carer * Known – Secondary Health Care * Known – Social Care Manager/Assessor * Known – Unrelated Individual | | **Not Recorded** | |
| **Other**   * Other - Professional * Other - Social Care Staff | | **Service Provider**   * Service Provider – Private Sector * Service Provider – Public Sector * Service Provider – Voluntary Sector | | **Unknown**   * Unknown – Community Health Care * Unknown – Individual/Stranger * Unknown – Other Private Sector * Unknown – Other Public Sector * Unknown – Other Voluntary Sector * Unknown – Police * Unknown – Primary Health Care * Unknown – Secondary Health Care * Unknown - Social Care Manager/Assessor | |