



Inter-Agency Safeguarding Adults Alert 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). **All completed forms should be emailed and a follow-up telephone call made to ensure safe receipt.**

Local Authority	Team	Telephone Number	Email Address
Hartlepool	Early Intervention Adults Team	01429 523390	dutyteam@hartlepool.gcsx.gov.uk
Middlesbrough	Adult Access Team	01642 726004	adultsafeguardingalert@middlesbrough.gcsx.gov.uk
Redcar & Cleveland	Adult Access Team	01642 771500	AdultAccess@redcar-cleveland.gcsx.gov.uk
Stockton-on-Tees	First Contact Adults	01642 527764	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

Office Use Only:			
Date Alert Received		Time of Alert	
Form Received By			

**Please complete all sections of the form in as much detail as possible.
This form must be completed in black ink.**

SECTION 1: DETAILS OF PERSON RAISING ALERT			
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			

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				Nationality 			
NHS Number 							
Ward Number (if hospital) 				Unit Name (if care home) 			
Interpreter needed? 		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Language Required 	
In your opinion does the Adult at Risk have the mental capacity to understand what has happened to them?						Yes <input type="checkbox"/>	
Is the adult aware of the Alert?						Yes <input type="checkbox"/>	
If No, why not?							
What are the views of the adult about what they want to happen from the safeguarding process?							

SECTION 3: FAMILY / REPRESENTATIVE DETAILS							
Name 				Relationship to Adult 			
Contact Address 						Post Code 	
Telephone Number 							
Are they a Carer? 		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Are they aware of this Alert? 	
		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If No, why not?							

SECTION 4: DETAILS OF CONCERN BEING RAISED					
Location of alleged incident/concern (please see list of options – if 'other' please specify)					
Address where incident occurred 				Post Code 	
Date of incident/concern 				Time of incident/concern 	
Please indicate the type of abuse suspected - please tick more than one if appropriate (refer to guidance information)					
Discriminatory <input type="checkbox"/>	Domestic <input type="checkbox"/>	Financial or Material <input type="checkbox"/>	Modern Slavery <input type="checkbox"/>	Neglect and Acts of Omission <input type="checkbox"/>	
Organisational <input type="checkbox"/>	Physical <input type="checkbox"/>	Psychological <input type="checkbox"/>	Self-Neglect <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	Sexual Exploitation <input type="checkbox"/>

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.

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 <input type="checkbox"/>	No <input type="checkbox"/>
Please describe			
Have any immediate actions been identified to reduce the potential for further abuse?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please describe			
Are there any other people who may be at risk of harm?		Unknown <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please describe the risk that remains and the names of others potentially at risk			
Is criminal activity suspected?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, have the police been contacted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, what was the outcome?			
Police Crime/Reference Number			
If No, please explain reason for this			

SECTION 6: DETAILS OF ALLEGED PERPETRATOR			
Name		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)			
Does the alleged perpetrator live with the adult?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the alleged perpetrator the main Carer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider the alleged perpetrator to have care and support needs?	Unknown <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the alleged perpetrator aware of the Alert?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, why not? If Yes, what was their response?			

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					

CONTACT DETAILS

Name	Organisation	Telephone Number	Email

Form Completed By		Date Completed	
Signature			

OFFICE USE ONLY			
Decision made by Designated Manager/Officer following Alert			
<input type="checkbox"/> Enquiries to be made		Please record who is to undertake these enquiries	
<input type="checkbox"/> Progress to Strategy Meeting/Discussion			
<input type="checkbox"/> Refer for Needs Assessment / Carer's Assessment			
<input type="checkbox"/> No Further Action			
Please provide rationale for your decision above			
Who has informed the Alerter of the decision?			
Manager/Officer's Signature			Date

OFFICE USE ONLY – TO BE COMPLETED AT REFERRAL/ENQUIRY POINT			
Is the adult's service funded by?			
Local Authority			
Health (please state)		Self-Funded	<input type="checkbox"/>
Have there been any previous Safeguarding Alerts/Enquiries about this adult?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please give number of previous Alerts			
Actions and advice given at the Enquiry point			
Decision Support Tool attached <input type="checkbox"/>			
Completed at the Enquiry point by			
Date		Time	
Entered onto Case Management System by			
Date		Time	
Received by (signature)			
Date		Time	

GUIDANCE INFORMATION			
SECTION 2: ETHNICITY			
White <ul style="list-style-type: none"> White British White Irish Gypsy / Irish Traveller White Other 	Asian / Asian British <ul style="list-style-type: none"> Indian Pakistani Bangladeshi Chinese Any Other Asian 	Black / Black British <ul style="list-style-type: none"> Black Caribbean Black African Any Other Black 	Mixed / Multiple Ethnic Groups
Other Ethnic Groups <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Day Care Staff Domiciliary Care Staff Health Care Worker Residential Care Staff 	Known <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Other - Professional Other - Social Care Staff 	Service Provider <ul style="list-style-type: none"> Service Provider – Private Sector Service Provider – Public Sector Service Provider – Voluntary Sector 	Unknown <ul style="list-style-type: none"> 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