****

**HEREFORDSHIRE SAFEGUARDING**

**ADULTS BOARD**

**SAFEGUARDING ADULT CONCERN FORM – (AP1)**

|  |
| --- |
| **Forms can be emailed to:**  *Advice & Referral Team – Safeguarding:*  [***safeguarding@herefordshire.gov.uk***](mailto:safeguarding@herefordshire.gov.uk)  [***Tel:01432***](Tel:01432) ***260715***  *Vulnerable Adult Officer – Police:*  [***herefordvulnerableadults@westmercia.pnn.police.uk***](mailto:herefordvulnerableadults@westmercia.pnn.police.uk)  **\* MANDATORY SECTIONS ARE CLEARLY STATED\***  **\*\*This form should be used for raising a concern that an adult may have been, is, or might be a victim of abuse\*\*** |

|  |  |
| --- | --- |
| **Date Form Completed:** |  |
| **OIS ref no: (Police only)** |  |
| **NHS No. / Frameworki No. (if known)** |  |

|  |
| --- |
| **1. Details of the Adult**  **Please tell us about the Adult you feel needs Safeguarding** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title:** |  | **Full Name** |  | | |
| **Home Address:**  **Post Code:**  **Tel:** | |  | | **Any other names used** |  |
| **Gender:** |  |
| **Date of Birth:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary User Group**  **Tick one box only**  **\* Mandatory\*** | Physical Support |  | Sensory Support |  |
| Support with Memory and Cognition |  | Learning Disability Support |  |
| Mental Health Support |  | Social Support |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ethnic Origin**  **Tick one box only**  **\*Mandatory\*** | White British |  | White Irish |  | Other White |  |
| White Traveller of Irish Heritage |  | White Gypsy/Roma |  |  |  |
| 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 |  | Any other mixed background |  |
| Refused |  | Information not yet obtained |  |  |  |
| Other |  | | | | |

|  |
| --- |
| **Does the Adult have any communication needs?**  **Yes  No**  If yes, Please state what would assist: |

|  |  |
| --- | --- |
| **GP Name and Contact Details** |  |

|  |
| --- |
| **2. Mental Capacity – \*Completion of this section is mandatory\* in relation to the submission of this concern only** |
| **Does the Adult have capacity to make decisions in relation to this safeguarding concern?**  **Yes  No  Not known**  **If No or Not Known: why?** |
| **Is an Advocate required?**    **Yes  No** |
| **Does the Adult have an appropriate person available to act as an advocate?**  **Yes  No**  **If Yes, please add Name and Contact details:** |
| **If No: please confirm a referral to an advocacy service has been made including who and when.** |
| **Has Agreement been received to share the information within this concern with other Agencies?**  **Yes  No**  **If not, why not:** |
| **Has the Adult consented to this concern being raised?**  **Yes  No**  **If not, why not?** |
| **Has the Adult been asked what their desired outcome would be?**   |  |  | | --- | --- | | Yes - They were asked and outcomes were expressed |  | | Yes – they were asked but no outcomes were expressed |  | | No |  | | Don’t Know |  | |
| **What outcome would they like to achieve from this concern?** |
| **3a. Details of the Incident/Concern(s)** | |
| **Details of any medical attention sought in relation to this concern:** | |

|  |  |
| --- | --- |
|  |  |
| **Details of any medical attention sought in relation to this concern:**  **Has a Doctor been informed?  Yes  No**  **Name of Doctor informed:**  **Date and time of information given:** | |
| **What Actions have been taken to increase the safety of the Adult?** | |
| **Are any other professionals aware of this concern? If so please state job title and organisation** | |
| **Does the Adult continue to be at risk of harm?  Yes  No** | |
| **Are there other people who may be at risk of harm?  Yes  No  Not Known** | |
| **If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk:**  **(please only refer to identified risk that relates directly to the concern)** | |

|  |
| --- |
| **3b. Type of Abuse: -** *Consideration needs to be given to whether the concerns raised constitute domestic abuse.*  *The Department of Health (2016) identified domestic abuse as “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality”. If the concerns raised meet this criteria please identify the primary category as Domestic Abuse and all sub categories that apply.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Abuse**  **\*Mandatory\***  *(Select ALL that apply e.g. Physical Abuse; Domestic Abuse; etc* | Physical |  | Sexual |  |
| Psychological and Emotional |  | Neglect and Omission |  |
| Financial and Material |  | Discriminatory |  |
| Organisational |  | Domestic Abuse |  |
| Modern Slavery |  | Sexual Exploitation |  |
| Self-Neglect |  |  |  |

Is Domestic Abuse a factor of this Concern  **Yes  No**

**If Yes please select all sub-categories that apply**

|  |  |  |  |
| --- | --- | --- | --- |
| **Domestic Abuse**  **Sub-categories**  **If Yes please select all sub-categories that apply** | Coercive Control | Sexual Abuse | Stalking |
| Psychological and/or emotional abuse | Financial Abuse | Online or Digital Abuse |
| Physical Abuse | Harassment |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Abuse Setting**  **\*Mandatory\***  *(More than one box may be ticked)* | Own Home |  | In the Community (Excluding Community Services |  |
| In a Community Service |  | Care Home – Residential |  |
| Care Home – Nursing |  | Hospital – MH |  |
| Hospital – Acute |  | Hospital - Community |  |
| Other (please give details) |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Date(s) of alleged, suspected or witnessed abuse** |  |
| **Time(s) of alleged, suspected or witnessed abuse** |  |
| **Brief factual details of the incident:**  **This should include a clear factual outline of the concern being raised with details of people and places where appropriate.** | | |

|  |
| --- |
| **4. Is this Adult a carer for another Adult/Child**  **\*** *A separate concern/alert to Safeguarding and Vulnerable Children should be made if you suspect a child is at risk of abuse (\*see guidance for details)* |

|  |  |  |
| --- | --- | --- |
| **Details of Adults or Children cared for**  (Please list ages of children if known) | |  |
| **Has a separate notification been raised for any child/children that may be at risk of abuse** | |  |
| **Are arrangements in place to look after any adults/children involved**  (Please give brief details) | |  |
| **5. Details of main carer (if applicable)**  ***\* The main carer should only be informed where appropriate to do so*** | | |
| **Has consent been obtained from Service User to inform the Carer?** | **Yes  No**  **If not why not?** | |
| **Is the Carer aware of this concern?** | **Yes  No**  **If not why not?** | |
| **Name of Carer:** |  | |
| **Contact Address:** |  | |
| **Telephone No:** |  | |
| **Mobile No:** |  | |
| **Email:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the potential source of risk**  **\*Mandatory\*** | Partner |  | Family Member |  |
| Friend/Neighbour |  | Volunteer/Befriender |  |
| Personal Assistant |  | Social Care Staff |  |
| Health Care Staff |  | Residential/Nursing Care Staff |  |
| Domiciliary Care Staff |  | Day Care Staff |  |
| Other Professional |  | Other Person at Risk of Harm or Abuse |  |
| Stranger |  | Not Known |  |
| Other |  |  |  |

|  |  |
| --- | --- |
| 6. Details of Potential Source of Risk(s) involved if abuse is suspected  (please complete as much of this as is known) | |
| Name: |  |
| Name of Staff Member if an Organisation involved |  |
| Organisation Name |  |
| Address (if known): |  |
| Date of Birth |  |
| Gender |  |
| Name of Staff Member |  |
| Do they live with the Adult concerned? | Yes  No |
| Is the potential source of risk the main Carer? | Yes  No |
| Any other information? |  |
| Is this person known or related to the Adult concerned? |  |
| Describe Relationship |  |
| Are they aware that a concern has been raised? If not why not? | Yes  No |
| Is an Organisation the Potential Source of risk? | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **If Organisational Abuse please add sub-category** | Medication |  | Unattended Medical Issues |
| Moving and Handling |  | Nutrition |
| Staffing |  | Abuse by Resident |
| Management |  | Abuse by Staff |
| DoLS |  | Abuse by Other |
| Care Plan/Risk Assessment |  | Other |
| Pressure Sore/Wound Care Management |  |  |
| Activities/Social Engagement |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of Concern & details of Referrer**  **\*Mandatory\***  *(More than one box may be ticked)* | Self-Referral |  | Family Member |  |
| Friend/Neighbour |  | Personal Assistant |  |
| Social Care Staff |  | Housing |  |
| Provider – Days Opportunities |  | Provider – Domiciliary Care |  |
| Provider – Residential/Nursing |  | Education/Training/Workplace establishment |  |
| Police |  | CQC |  |
| GP |  | Ambulance Trust |  |
| WVT – Acute |  | Health – other |  |
| WVT – Community |  | 2gether |  |
| Other |  |  |  |

|  |
| --- |
| **7. Please provide details of the person raising this concern.** |

|  |  |  |
| --- | --- | --- |
| **Name** |  | |
| **Telephone No.** |  | |
| **Email Address:** |  | |
| **Organisation employed by if applicable. (Please give address and contact number)** |  | |
| **Relationship if any to the person this concern is about** |  | |
| **Can your details be shared with third parties**? We cannot guarantee your anonymity but will try at all times to keep your details confidential if you prefer. *(\*Professionals raising a concern should be aware that anonymity cannot be granted)* | |
| **I would prefer to remain anonymous:  Yes  No**  **Please give your reasons for remaining anonymous:** | |

|  |  |
| --- | --- |
| **Signed** |  |
| **Title/Rank** |  |
| **Collar Number (police use only)** |  |

**\*\*If you have heard nothing back from the Safeguarding Adults Team within 2 working days of you raising this concern please contact the Safeguarding Customer Service Officer on 01432 260 715 who will advise you further.\*\***