**ASC Safeguarding Adults Concern Form**

**Basic Information**

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| **Service User Information** |
| |  |  | | --- | --- | | Name | Click here to enter text. | | Preferred Name | Click here to enter text. | | Date of Birth | Click here to enter text. | | Gender | Click here to enter text. | | Home Address | Click here to enter text. | | Tel. No. | Click here to enter text. | |  | | |

**Safeguarding Adults Concern Form**

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| **Background Information** |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | Enter Adult at Risk's current address if this is different to the main address | | Click here to enter text. | | | | | | Has the Adult at Risk been placed in Newham by another Local Authority? | | Choose an item. | | | | | | Religion | | Choose an item. | | | | | | Ethnicity | | Choose an item. | | | | | | Marital Status | | Choose an item. | | | | | | NHS Number | | Click here to enter text. | | | | | | Preferred Language | | Choose an item. | | | | | |  | | | | | | | | **Communication Requirements** | | | | | | | | **Communication Method** | | | **Start Date** | | |  | | Choose an item. | | | Click here to enter a date. | | |  | | Choose an item. | | | Click here to enter a date. | | |  | | Choose an item. | | | Click here to enter a date. | | |  | |  | | | | | | | | Interpreter required? | | Choose an item. | | | | | | *Guidance: Referral to* [*Language Shop*](https://languageshop.newham.gov.uk/) | | | | | | | |  | | | | | | | | **Long Term Health Conditions:** | | | | | | | |  | | | | | | | | **Primary** | **Secondary** | | | **Start Date** |  | | | Choose an item. | Choose an item. | | | Click here to enter a date. |  | | | Choose an item. | Choose an item. | | | Click here to enter a date. |  | | |  | | | | | | | |  | | | | | | | |
| **Details of alleged incident** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date of concern | | | Click here to enter a date. | | | | Date of alleged incident: | | | Click here to enter a date. | | | | *Guidance: If date is not known, use date of concern form and explain in description of alleged incident below* | | | | | | |  | | | | | | | Time of alleged incident | | | Click here to enter text. | | | | **Description of alleged incident** | | |  | | | | *Guidance: Provide a summary of what happened, giving as much relevant information as possible, including descriptions of any injuries, damage or loss sustained*  Click here to enter text. | | | | | | |  | | | | | | | Location of risk | | | Choose an item. | | | | Details of the location | | | Click here to enter text. | | | |  | | | | | | | Is the concern against the provider? | | | Choose an item. | | | | *Guidance: If the person who has alleged to have harmed is an employed or voluntary worker i.e. not family/partner, member of public or friend, then select Yes* | | | | | | |  | | | | | | | **Select type and name of provider below:** | | | | | | | *Guidance: If the provider is not listed in the Provider Registry, then type the name of provider within the last column* | | | | | | |  | | | | | | | **Type of Provider** | **Select Provider** | | **Provider Registry** | | **Name of Provider** | | Choose an item. | Choose an item. | | Choose an item. | | Click here to enter text. | | Choose an item. | Choose an item. | | Choose an item. | | Click here to enter text. | | Choose an item. | Choose an item. | | Choose an item. | | Click here to enter text. | | **Types of Alleged Abuse**  *Guidance: More than one option can be chosen below.*   |  |  | | --- | --- | | Discriminatory |  | | Domestic Abuse |  | | Financial or Material |  | | Modern Slavery |  | | Neglect/Act of omission by others |  | | Organisational |  | | Physical |  | | Psychological/Emotional |  | | Self Neglect |  | | Sexual Abuse |  | | Sexual Exploitation |  | | Not known |  | | | | | | | | Is the person at risk of radicalization | | | Choose an item. | | | | Is this concern about pressure ulcers | | | Choose an item. | | | |  | | | | | | | **If Domestic Abuse has been selected above, then answer the following questions below**  *In relation to domestic abuse , further definitions can be found* [*HERE*](https://www.gov.uk/guidance/domestic-violence-and-abuse) | | | | | | | Type of domestic abuse | | | Choose an item. | | | |  | | | | | | | *Guidance: Advise if reported to police, or sign posted to* [*Community Based Domestic and Sexual Violence Services provider*](http://lbn-intranet-sp.lbn.newham.gov.uk/Pages/DSV-Referral-Form.aspx) | | | | | | | What initial action was taken, relevant to the domestic abuse concerns? | | | Click here to enter text. | | | |  | | | | | | | Provide police ref no. if the police have been informed | | | Click here to enter text. | | | |  | | | | | | | Any witnesses (detail below): | | | | | | | **Name** | | **Tel No.** | | **Email Address** | | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | | |  | | | | | | |  | | | | | | |
| **Details of person(s) alleged to have caused the harm** |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name of person | Tel No. | Email Address | Relationship to adult at risk | Does the alleged person live with the Adult at Risk? | Is the alleged person aware of the reported concern? | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |  |  | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |  |  | | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |  |  | | Any other information | | | Click here to enter text. | | | |

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| **Care / Support Plan Details** |
| |  |  |  | | --- | --- | --- | | What type of Care/Support Plan does the Adult at Risk have? | Choose an item. | | |  | | | | Select the main provider who has responsibility to deliver the service/care/support plan | | Choose an item. | |

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| **Mental Capacity & Consent** |
| |  |  | | --- | --- | | Does the Adult at Risk have capacity with regards to the safeguarding concern? | Choose an item. | | *Guidance: If the Adult at risk has capacity but is experiencing difficulty with the process, then a representative must be found to support the person, either formal or informal.*  *If No is selected, a representative must be found to support the person, either formal or informal*  *If 'Not Known', mental capacity must be assessed at the earliest opportunity* | | |  | | | Does the Adult at risk have substantial difficulty with regards to the safeguarding concern? | Choose an item. | | *Note: If Yes is selected, a representative must be found to support the person, either formal or informal*  *If 'Not Known', this should be assessed and clarified at the earliest opportunity* | | |  | | | Does the Adult at Risk require a paid advocate, IMCA or other support? | Choose an item. | |  | | | Does the Adult at Risk consent to information sharing across agencies, as necessary for the purposes of a safeguarding concern/enquiry? | Choose an item. | | *Guidance: If the concern identifies that the person who may have harmed is in a position of trust, then please advise the referrer that an enquiry may have to proceed if it's in the public interest to continue the safeguarding process.* | | |  | | | What is the Adult at Risk's or their representative(s)' desired outcome regarding this safeguarding concern i.e. What do they want to happen next? | Click here to enter text. |  |  | | --- | |  | |

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| **Details of person who reported this safeguarding concern** |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Person who reported this safeguarding concern** | | | | | | Type of Person/Organisation | Name | Address | Tel No. | Email Address | | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | Choose an item. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |  | | | | | |  | | | | | |
| **Outcome & Authorisation** |
| |  |  | | --- | --- | | **Summary / Interim Safeguarding Actions** | | | *Guidance: This should be a summary of the screening, what areas this covered and the initial findings / conclusion based on the customers wishes and evidence obtained, and any actions undertaken.* | | | Click here to enter text. | | | **Outcome of safeguarding concern** | Choose an item. | | **Provide reason for closure if not leading to a Safeguarding Enquiry** | Choose an item. | |  | | | **Form Completed By** | Click here to enter text. | | **Role** | Click here to enter text. | | **End Date** | Click here to enter a date. | |  | | | **The following is to be completed by the Safeguarding Manager** | | | What type of safeguarding enquiry does the adult at risk meet ? | Choose an item. | | **Safeguarding Management Directions** | | | Click here to enter text. | | |