**ASC Safeguarding Adults Concern Form**

**Basic Information**

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| **Service User Information** |
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| --- | --- |
| 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.         |
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**Safeguarding Adults Concern Form**

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| **Background Information** |
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| 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. |  |
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| **Details of alleged incident** |
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| 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 | [ ]  |

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

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| **Mental Capacity & Consent** |
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| 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.* |
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| 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** |
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| **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. |
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| **Outcome & Authorisation** |
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| **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. |

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