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| **SAFEGUARDING ADULTS CONCERN FORM - Confidential** |
| ***Please complete all Questions or note as ‘not applicable’***  |
| **PLEASE ENTER YOUR DETAILS**  |
| Form Start Date  |    |
| Title  |         |
| First name   |           | Surname  |        |
| Job title  |        | Telephone contact number  |        |
| Email address   |        |
| **PLEASE ENTER THE DETAILS OF THE ADULT AT RISK**  |
| AzeusCare ID (if known) |        |
| Family name   |        | Given name  |        |
| Date of birth (dd/mm/yyyy)  |        | Gender  |         |
| Main address  |        |
| Contact Details (Tel & email) |        |
| **BACKGROUND INFORMATION**  |
| NHS Number **(mandatory)**  |        |
| Is the Adult at risk already known to Adult Social Care? **(mandatory)**  |   |
| Enter Adult at Risk’s current address if this is different to the main address above  |
|         |
| Has this Adult at Risk been placed in Newham by another Borough?  | Yes  |  [ ]  | No  | [ ]   |
| Preferred Language |  | Interpreter required |   |
| Religion **(mandatory)**  |  | Ethnicity **(mandatory)**  |    |
| Marital Status **(mandatory)**  |         | Communication Needs |    |

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|  **SAFEGUARDING ADULTS CONCERN FORM - Confidential**   |
| Detail language and/or any other forms of communication not mentioned above   |
|    |
| Health Conditions |  |
| **DETAILS OF ALLEGED INCIDENT**  |
| Date of Concern **(mandatory)**  |    | Date of alleged incident **(mandatory)**  |   |
| Time of alleged Incident (if known) |   |
| Location of alleged risk **(mandatory)**  |    |
| Details of where this happened e.g. name of Home |   |
| Is the Concern against the provider?  |    |
| If yes, select type of provider **(mandatory)**   |    |
| Advise on name of provider, dependant on the type selected above **(mandatory)**   |        |
| Description of Alleged Incident (including where the alleged abuse took place and any injuries caused to include witnesses) **(mandatory)**  |
|          |
|  Type(s) of alleged abuse **(mandatory)**  Select as many which are applicable:  | [ ]  Discriminatory Abuse[ ]  Domestic Abuse [ ]  Financial or Material Abuse [ ]  Modern Slavery [ ]  Neglect and Acts of Omission[ ]  Organisational Abuse [ ]  Physical Abuse [ ]  Psychological Abuse [ ]  Self-Neglect[ ]  Sexual Abuse [ ]  Sexual Exploitation [ ]  Not Known  |
| If this is an incident of domestic abuse, state which type of domestic abuse   |  [ ]  Domestic Abuse [ ]  Faith based abuse [ ]  Female genital mutilation [ ]  Forced marriage [ ]  Honour based violence [ ]  Sexual violence   |
| If this is an incident of domestic abuse, what relevant domestic abuse actions were taken? **(mandatory)**  |         |
| Provide Police ref no. if the Police have been informed  |          |
| Any other information relating to the incident |         |
| Is the person at risk of radicalisation |    | Is there concern about pressure ulcers |   |
| **DETAILS OF PERSON(S) ALLEDGED TO HAVE HARMED** |
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| Name of person alleged to have harmed |
|       |       |       |
| If the person alleged to have harmed is an Adult at Risk , enter AzeusCare ID (if known) |
|       |       |       |
| Contact details (if known) |  |  |
|       |       |       |
| Relationship of person alleged to have harmed the Adult at risk |
|       |       |       |
| Is the person alleged to have harmed the Adult at risk’s main carer |
|  |  |  |
| Does the person alleged to have harm live with the Adult at risk |
|  |  |  |
| Is the person alleged to have harmed aware of the referral/concern |
|  |  |  |
| Any other information relating to the Person alleged to have harmed |
|       |

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| **CARE & SUPPORT PLAN DETAILS** |
| What type of Support plan does the Adult at riskhave |  |
| Select the main provider who has the responsibilityto define the service/support plan **(mandatory)** |  |
| **MENTAL CAPACITY & CONSENT** |
| Does the Adult at risk have capacity in regards to the safeguarding concern **(mandatory)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Not Known | [ ]  |

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| Does the Adult at Risk have substantial difficulty to the safeguarding concern **(mandatory)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Not Known | [ ]  |

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| Does the Adult at risk require an Advocate or IMCA**(mandatory)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Not known | [ ]  |

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| Does the Adult at risk consent to the use of the safeguarding process and information sharingAcross agencies as necessary **(mandatory)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  | Not known | [ ]  |

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| What is the Adult at risk’s or their representative(s)desired outcome |       |
| **NEXT OF KIN & GP DETAILS** |
| Next of Kin (NOK) |       | Practice Name |       |
| Relationship to Adult at risk (NOK) |       | Address & Tel no |       |
| Address & Tel no |       | Email address |       |
| Email address |       |  |  |
| **DETAILS OF PERSON WHO REPORTED THIS SAFEGUARDING CONCERN** |
| Type of person/organisation who raised the Concern **(mandatory)** |  |
| Details of person who notified the alleged abuse **(mandatory)***List name; address and all contact details (telephone/email)* |
|       |
| **INTERIM SAFEGUARDING PLAN**Summary of actions and risks |
| Brief description of action taken so far (to include details of interim safeguards) |
|       |
| **ANY OTHER INFORMATION/COMMENTS** |
|       |

The information you have provided will be assessed by Adults Social Care services and the next steps decided. It is likely that you will be contacted for clarification or outcome so please ensure your contact information is correct. If this information is for notification purposes only please ensure this is noted in the comments box.

Send this completed form as an attachment by email to: **ASCsafeguardingconcerns@newham.gov.uk**

(To open an email to this address click on the address while also holding the ctrl key on your keyboard)