



Safeguarding Adults Concern Form Guidance Notes

These notes have been developed to assist anyone reporting concerns for an adult at risk.

Part 1: About the Person at Risk of Harm or Abuse

Print Full Name & Date of Birth of the person experiencing Harm/abuse.

Gender & Client ID (Social Services ID No if known) should be recorded.

Ethnicity should be recorded from the following options:

Arab	Mixed - Other
Asian/Brit - Bangladeshi	Mixed - White/Asian
Asian/Brit - Indian	Mixed - White/Black African
Asian/Brit – Other Asian	Mixed - White/Black Caribbean
Asian/Brit - Pakistani	Other Ethnic Group
Black/Brit - African	White - Gypsy/Roma
Black/Brit - Caribbean	White - Traveller of Irish Heritage
Black/Brit – other Black origin	White - British
Chinese	White - Irish
Declined to say	White - Other

Print Full Address including postal code & Telephone Contact Details including STD/Area code

Funding:

Has the adult at risk been placed in Darlington by another authority? Answer Yes or No.

If the answer is Yes, please record details of which authority, the name of a worker from that who can be contacted and a contact telephone number, including STD/Area code.

Please also record if you have informed that authority of the concerns.

If you are aware of which organisation/person is responsible for funding any care – answer by ticking the option e.g.:

If the service is joint funded by Darlington Borough Council & Health – you can ✓both that apply.

Own Council (i.e. DBC)
Self Funded
No Services

✓

Other Local Authority
Funded by Health
Both Health and Local Authority

✓

Mental Capacity

Do you have concerns about the capacity of the person at risk of harm or abuse to consent to the safeguarding concern being submitted?

Capacity is very decision specific and has to relate to the specific decision to be made. In this case the specific decision is around the person's capacity to consent to the safeguarding concern being submitted. This is not about whether the person has a mental health problem, a learning disability or dementia etc and is about whether they can make the decision about the safeguarding concern being submitted and understand what this means.

It is also about enabling someone to make the decision which means giving them as much information as possible and supporting them through making the decision. This will involve providing information about the safeguarding process and what will happen if the concern is submitted and how it could help make them safer.

Consider the following:

- Does the person understand they may be or are at risk?
- Does the person understand that there are concerns about their safety and wellbeing?
- Does the person understand that this may need to be investigated?
- Does the person understand that the information about the concern will be shared?

If the person cannot understand the above then it is unlikely they will have the capacity to consent to the safeguarding concern being submitted. If they do not have capacity then the safeguarding concern can be submitted in their Best Interests under the Mental Capacity Act.

Where a person at risk of harm or abuse is able to make an informed choice/has capacity regarding their personal circumstances where risk has been identified and does NOT give consent for the safeguarding concern to be submitted, then their wishes must be respected and the safeguarding concern CANNOT be submitted. The exceptions are the following:

Public Interest: If by not acting or submitting the safeguarding concern this will put other adults or children at risk then the consent of the person at risk of harm or abuse can be overridden and the concern submitted. The person at risk of harm or abuse should be informed of this.

Vital Interest: If the person at risk of harm or abuse would be at risk of serious harm or distress and it is a life threatening situation then their consent can be overridden and the concern submitted. The adult at risk should be informed of this.

Please make it **clear** on the safeguarding concern form whether it is being submitted under Public or Vital Interest and provide details as to why this is being done.

Please refer to prompts below for each question:

<p>Has consent been obtained from the adult experiencing harm/abuse to submit this concern? You must record an answer.</p> <p><i>Please note that only the adult experiencing harm/abuse can give consent for the safeguarding concern to be submitted. No-one else can consent on their behalf. For example, family/relatives or staff cannot consent on their behalf. If the adult experiencing harm/abuse does not have capacity then it is submitted in their Best Interests as stated above and the family should be informed of this.</i></p>	Yes	No
<p>Is the adult experiencing harm/abuse aware of the safeguarding concern being submitted? You must record an answer.</p> <p><i>It is possible that the adult experiencing harm/abuse may still be aware that the concern is being submitted even if they do not have capacity to consent to this.</i></p>	Yes	No
<p>Is a Capacity assessment required?</p> <p><i>Please refer to the above guidance on capacity.</i></p>	Yes	No
<p>Is there an advocate or IMHA already involved</p> <p><i>Please provide details of their name and contact telephone number.</i></p>	Yes	No
<p>If a referral for advocacy is required, has this referral been made?</p> <p><i>Please provide details of when referral was made and to whom.</i></p>	Yes	No
<p>Has the person/carer/family member or advocate been fully involved in the discussion around raising this concern?</p> <p><i>If not, please give details as to why</i></p>	Yes	No
<p>Initial Views of the person experiencing harm/abuse:</p> <p><i>The person at risk of harm or abuse may still be able to express their views/wishes even if they lack capacity to consent to the alert.</i></p> <p><i>If the person themselves is unable to express their views/wishes their representative (i.e. family member, relative or advocate) should be consulted to obtain views.</i></p> <p><i>Their views and wishes should be around what has happened and what they want done about it, what outcomes do they want to achieve from the concern being submitted. If possible write in the person's own words.</i></p> <p><i>If a crime has been committed does the person want to report this to the police? If they decline to report it to the police please record their reasons for this.</i></p> <p><i>If the person is unable to express any views and wishes and you are unable to consult with family members or an advocate please state reason why you have not been able to contact them.</i></p> <p><i>At this stage you should not conduct an investigation. This is the responsibility of Safeguarding Professionals or the police to organise.</i></p>		

Part 2: About the Reporting Person/Organisation

Print Full Name of person reporting the concern (Reporter)

Print Name of Organisation if the person reporting the concern is part of an organisation or establishment.

Print Address Details of the person or organisation reporting the concern

Provide Contact Telephone Details for the person/organisation reporting the concerning, including STD/Area code.

The relationship of the person reporting the concern, to the person at risk of harm or abuse. (Please select the most appropriate option for the list below)

Ambulance Service	<input type="checkbox"/>	Neighbour	<input type="checkbox"/>
Care Quality Commission	<input type="checkbox"/>	Other	<input type="checkbox"/>
CCG Service e.g. CHC/Dentist	<input type="checkbox"/>	Other External Agency/Provider	<input type="checkbox"/>
Childrens Services (DBC Internal)	<input type="checkbox"/>	Other Service User	<input type="checkbox"/>
Community Health e.g. District Nurse	<input type="checkbox"/>	Other Local Authority	<input type="checkbox"/>
Councillor/Council Member	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>
Education/Workplace/Training Setting	<input type="checkbox"/>	Police	<input type="checkbox"/>
Family e.g. partner, carer	<input type="checkbox"/>	Police Community Safety Officer (PCSO)	<input type="checkbox"/>
Family Friend	<input type="checkbox"/>	Private Housing Provision (e.g. Association)	<input type="checkbox"/>
GP	<input type="checkbox"/>	Self	<input type="checkbox"/>
Health – Urgent Care	<input type="checkbox"/>	Social Care Day Care Staff/Day Centre	<input type="checkbox"/>
Health Visitor	<input type="checkbox"/>	Social Care Domiciliary Staff	<input type="checkbox"/>
Hospital – Base Ward	<input type="checkbox"/>	Social Care (Other)	<input type="checkbox"/>
Hospital – A & E	<input type="checkbox"/>	Social Care Residential Staff (Care Home)	<input type="checkbox"/>
Hospital – Other	<input type="checkbox"/>	Social Care Self-Directed Care Staff	<input type="checkbox"/>
Housing DBC (Internal)	<input type="checkbox"/>	Social Care – Social Care Worker/Care Mgr	<input type="checkbox"/>
Member of Public	<input type="checkbox"/>	Supported Living Setting	<input type="checkbox"/>
Mental Health - External	<input type="checkbox"/>	Voluntary Service	<input type="checkbox"/>

Examples for guidance purposes

Example 1: An alleged adult at risk of harm or abuse contacts the council's safeguarding team directly with the intention of "getting something done" about the alleged abuse.

This should be classed as a self-referral.

Example 2: An alleged adult at risk of harm or abuse informs a person outside of the safeguarding team, such as a member of residential care staff, a doctor, a police officer etc, and that professional then informs the safeguarding team.

This should not be classed as a self-referral, but as a referral by the person that contacts the safeguarding team e.g. Social Care Residential Staff. This is also the case if the alleged victim informed a family member, friend or neighbour who then went on to inform the safeguarding team; the source of referral should be recorded as e.g. family member or friend / neighbour.

Example 3: A person (e.g. social work professional, family member, friend, neighbour or other service user) becomes concerned about an adult at risk of harm or abuse they should raise the concern with the safeguarding team.

The person who raises the concern with the safeguarding team should be recorded as the source of referral e.g. Social Worker, Neighbour

Part 3: About the Alleged Harm or Abuse

Date of concern : The date the concern is raised/disclosed

Date Alleged Abuse took place: the date the alleged abuse was disclosed or witnessed. If not known exactly the record the period of time, e.g. within last week.

Category of Abuse: Often there may be a combination of different forms of abuse disclosed/suspected. From the list available please tick all that apply.

Location of Alleged Abuse

Often there may be more than one location where abuse is taking place. In these instances please record all locations which apply. Please see below for further information around each of these locations and tick relevant box.

Care Home	Can include residential and nursing homes. Can be used whether the person is at the care home on a permanent or temporary basis.
Hospital	Can include any type of hospital premises. The individual at risk could be a patient or a visitor.
Own Home	The residence where the person experiencing abuse/harm usually lives. Includes property owned by the individual, family or friends. Can include rented or supported accommodation.
Community Service	Can include things like community centres, day care centres, leisure centres, libraries, school, GP surgeries and dental surgeries.
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.

Reported Circumstances of Concern

It should be clearly printed and readable.

If the person at risk of harm or abuse has disclosed abuse then it should be recorded what the person says has happened using their own words where possible.

If it is an error of professional practice then dates and time of events and full names of workers involved should be recorded (see box below to record names etc).

Details of person alleged to have caused harm should be included giving as much detail as possible, e.g. address, date of birth, contact telephone number.) (see box below to record names etc)

If physical injury has occurred include the nature of any risk, injuries sustained, where on the body the injury is, the size of the injury, e.g. if it is a bruise, and if medical attention has been sought. Body maps can be submitted if available.

Have any safeguarding concerns been reported about the person in the last 12 months.	YES	NO
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Has appropriate/immediate action been taken to safeguard the adult experiencing harm/abuse?

Remember – You have a ‘Duty of Care’ to Protect the Individual & Manage/Address Risk

Are their care needs being met?

How is the risk being managed, has appropriate intervention/action taken place to manage risk to the individual?

Has medical treatment been sought where necessary?

Has evidence been preserved?

If medication error has occurred what action has been taken, e.g. GP/pharmacist consulted?

If a staff member is involved what HR procedures have been implemented?

Please record the detail relating to the above questions.

Details of Person(s)/organisation alleged to have caused harm:

Please record details known of any person(s).organisation alleged to have caused harm. This includes names of staff/paid carers/volunteers/family/friends/neighbours/members of the public and other service user(s)

Details of Person(s)/Organisation(s) alleged to have caused harm or abuse (see guidance notes)			
Name	Address/Telephone	Date of Birth	Relationship to Person at risk

Part 4: Organisations Only – Additional Information

Have CQC or DBS been informed?	Yes	No
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Please record details of any regulatory forms that have been forwarded (e.g. to the Care Quality Commission) or referrals (e.g. Disclosure & Barring Service) and when made.

Have the police been informed?	Yes	No
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Has any criminal offence occurred? Please record details of when the police were informed, e.g. date, time, officer details, crime reference number.

Has a GP/GP Practice been informed?	Yes	No
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If the person has sustained an injury (e.g. had a fall) or if medication has been wrongly administered, has GP been informed. Please record details of practice contacted including date and time..

*Any other information that may bear relevance to this reported concern (for example, background history, body maps, records available and/or any previous concerns that were **not** reported for the Adult at risk or person(s) alleged to have caused harm or abuse.*

For example, record instances that might indicate a pattern that have been documented into the organisation safeguarding log.