 **Safeguarding Adults Concern Form**

**[RESTRICTED]**

**Adult Contact Team Tel: 01325 406111**

**Secure e-mail:** [**ssact@darlington.gov.uk**](mailto:ssact@darlington.gov.uk)

**Further information:** [**Darlington Safeguarding Partnership**](https://www.darlington-safeguarding-partnership.co.uk/about-us/worried-about-an-adult/)

**IF A CRIME HAS BEEN COMMITTED HAVE THE POLICE BEEN INFORMED?**

**Please refer to** [**Guidance Notes**](https://www.darlington-safeguarding-partnership.co.uk/about-us/worried-about-an-adult/) **to complete each part of this form**

**About the Adult at risk of harm or abuse**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | Click here to enter text. | | | | | | | **Date of Birth:** | | Click here to enter a date. | | | | |
|  |  | | | | | | | | | | | | | |
| **Gender:** | **Female** | | **Client ID:**  (If Known) | Click here to enter text. | | | **Client Group**  (Office Use) | | Click here to enter text. | | **Ethnicity:** | | | Click here to enter text. |
|  | | | | | | | | | | | | | | |
| **Address:** | | Click here to enter text. | | | | | | | **Telephone:** | | | Click here to enter text. | | |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **About the Person making contact (referrer)**  Click here to enter text.  Click here to enter text.  **Name: Position:**  Click here to enter text.  **Organisation/ agency name (if organisation):**  Click here to enter text.  **Address:**  Click here to enter text.  Click here to enter text.  **Telephone Number: Email address:**  **Source of Concern (please select the most appropriate option):**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ambulance Service** |  | **Neighbour** |  | | | **Care Quality Commission** |  | **Other** |  | | | **CCG Service e.g. CHC/Dentist** |  | **Other External Agency/Provider** |  | | | **Children’s Services (DBC Internal)** |  | **Other Service User** |  | | | **Community Health e.g. District Nurse** |  | **Other Local Authority** |  | | | **Councillor/Council Member** |  | **Pharmacist** |  | | | **Education/Workplace/Training Setting** |  | **Police** |  | | | **Family e.g. partner, carer** |  | **Police Community Safety Officer (PCSO)** |  | | | **Family Friend** |  | **Private Housing Provision (e.g. Association)** |  | | | **GP** |  | **Self** |  | | | **Health – Urgent Care** |  | **Social Care Day Care Staff/Day Centre** |  | | | **Health Visitor** |  | **Social Care Domiciliary Staff** |  | | **Hospital – Base Ward** |  | **Social Care (Other)** |  | | **Hospital – A & E** |  | **Social Care Residential Staff (Care Home)** |  | | | | **Hospital – Other** |  | **Social Care Self-Directed Care Staff** |  | | | | **Housing DBC (Internal)** |  | **Social Care – Social Care Worker/Care Mgr** |  | | | | **Member of Public** |  | **Supported Living Setting** |  | | | | **Mental Health - External** |  | **Voluntary Service** |  | | | |  |  |  |  | | |   **Current situation and details of concern being raised**   |  |  | | --- | --- | | **Date of concern:**  Click here to enter a date. | **Date the Alleged Abuse took place:**  Click here to enter a date. |   **What is the nature of the alleged abuse?**  (More than 1 category may apply – please **✓** all that apply   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Discriminatory** |  | | **Psychological** |  | **Financial** |  | **Domestic Abuse** |  | |  | |  |  |  |  | | **Physical** | | **Organisational** | **Sexual** |  | **Self-Neglect** |  |  | |  | |  |  |  |  |  |  |  | | **Modern Slavery** | |  | **Neglect** |  |  |  |  |  |   **Are there any other factors associated with the alleged abuse?**  (More than 1 factor may apply - please **✓** all that apply)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Dehydration** |  | **Nutrition** |  | **Female Genital Mutilation** |  | | **Pressure Sores** |  | **Forced Marriage** |  | **Hate Crime** |  | | **Self-Neglect (lacks capacity)** |  | **Self-Neglect (capacity)** |  | **Honour Based Violence** |  | | **Wilful Neglect** |  | **Missing Person** |  | **Inappropriate Restraint** |  | | **2 or more vulnerable adults involved** |  | **Medication- Pharmacy Omission** |  | **Medication- Domiciliary Provider** |  | | **Medication- Care Setting** |  | **Medication- Hospital Setting** |  | **Medication- GP Setting** |  | | **Medication- other** |  | **No other factors** |  |  |  |   **What is the location of the alleged abuse?**  (More than 1 location may apply – please **✓** all that apply)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Acute Hospital** |  | **Care Home** |  | **Community Hospital** |  | | **Day Centre/Service** |  | **Education/Training/Workplace establishment** |  | **Home of the person alleged to have caused harm** |  | | **Mental Health in-patient setting** |  | **Not known** |  | **Other Health Setting** |  | | **Own Home** |  | **Public Place** |  | **Supported Accommodation** |  | | **Other** |  |  |  |  |  |   **Details of Incident**  **Please provide *clear, factual* details of the incident:**  Click here to enter text.  **Are injuries present?** Choose an item.  **Please describe:** Click here to enter text.  **What actions have been taken by yourself to date to safeguard the individual?**  Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Involvement of Others Prior to Concern being Submitted**  **Is there a Crime?** Choose an item.  **Has this been reported to the police?** Choose an item.  **If yes please provide crime reference number:** Click here to enter text.  **Who else has been informed (please tick who has been informed)?**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **GP** |  | **CQC** |  | **DBS** |  | **Other:** | Click here to enter text. |   **Previous History**  **Have there been any other safeguarding concerns in the last 12 months?** Choose an item.    **Comments:** Click here to enter text.     |  | | --- | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­** |   **Out of Borough Safeguarding**  **Is the Individual Placed by another Local Authority/CCG?** Choose an item. | | | | | | | | | | | | | | |
| **Name and contact details of out of area authority:** Click here to enter text. | | | | | | | | | | | | | | |
| **Name and contact details of out of area authority named worker:** Click here to enter text. | | | | | | | | | | | | | | |
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| **Please identify who is funding any care and support provision?** | | | | | | | | | | | | | | |
| **Own Council (i.e. DBC)** | | | | |  | **Other Local Authority area** | | | | | | |  | | |
| **Funded by Health** | | | | |  | **Self-Funded** | | | | | | |  | | |
| **No Services** | | | | |  | **Both Health and Local Authority** | | | | | | |  | | |
| **Please ensure that the out of area authority named worker has received a copy of this referral form prior to sending to Darlington Borough Council.**  **Involving the Individual**  **Mental Capacity**  **Does the referrer have any concerns that the individual has the mental capacity to give consent for the safeguarding concern?**  Choose an item.  **Comments:** Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Consent**  **Has the individual given consent for this concern to be submitted?**   * *Only the individual can give consent, no-one else can give consent on an adult’s behalf*  |  |  | | --- | --- | | **Yes** |  | | **No** (but still submitted in public or vital interests) |  | | **Unable to give consent** (lacks capacity) |  | | **Not Asked** (provide reason) |  |       **Comments:** Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Informed**  **Is the individual aware this concern is being submitted?** Choose an item.   * *Individual may still be aware if they lack capacity to consent*   **Comments:** Click here to enter text.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Advocacy/family representative**  **Does the individual need a representative?** Choose an item.   * if individual is unable to represent themselves, a family member or advocate will be required   **Comments:** Click here to enter text.  **Individuals Views**  **Has the individual/family representative/advocate been involved in discussions about submitting the concern?** Choose an item.   * If the individual cannot be involved due to concerns about mental capacity then a family member or advocate should be involved to obtain *views and wishes* on behalf of the individual   ***This refers to the discussion with the individual/advocate/family representative to obtain their views on what they would like to happen as a result of the Safeguarding concern being submitted to the Local Authority.***  ***It is important that attempts are made to obtain these views and that this question is answered. Please record these views in the comments box below.***  ***If views cannot be obtained then please record the reason why in the comments box, i.e. telephone call made to family but not able to speak to them.***  ***Please also include the contact details, i.e. name and telephone number for the advocate or family member you contacted/attempted to contact.***  **Comments:** Click here to enter text.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **Details of the person(s) or organisation thought to be cause of risk/harm**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Health Care Worker |  | Neighbour/Friend |  | Not Known |  | | Other |  | Other Family Member |  | Other Vulnerable Adult |  | | Other Professional |  | Partner |  | Self-Harm |  | | Social Care Staff |  | Volunteer/Befriender |  |  |  |   **Name of person(s) thought to be cause of harm/risk:**  Click here to enter text.  **Is the person/organisation alleged to have caused the harm aware of the concern?**  Choose an item.  **Comments:** Click here to enter text. | | | | | | | | | | | | | | |

Services for People – Adult Social Care

**All concern reports should be sent to** [ssact@darlington.gov.uk](mailto:ssact@darlington.gov.uk)

**Adult Contact Team Telephone:** 01325 406111

**Minicom Telephone:** 01325 468504 **Text Phone:** 07538 601527

**Safeguarding Adults Team (For advice only) Telephone:** 01325 406460

**Out of Hours Telephone: 01642 524552** (Out of Hours before 8.00am & after 5.00pm, Mon to Thurs after 4.30pm Fridays, Over Weekends)

Full details of how we will use your personal data are available in our privacy notice which you can view [here](https://www.darlington.gov.uk/your-council/data-protection-and-freedom-of-information/privacy-notice/) or on request.