 **Safeguarding Adults Concern Form**

**[RESTRICTED]**

 **Adult Contact Team Tel: 01325 406111**

**Secure e-mail:** **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­**  |

**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. |
|  |
| **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 |[x]  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**Adult Contact Team (including Safeguarding) Telephone:** 01325 406111**Minicom Telephone:** 01325 468504 **Text Phone:** 07538 601527**Out of Hours Telephone: 01642 524552** (Out of Hours before 8.30 am & 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. |