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| **Bury Safeguarding Adults Concern Form** | | | | | | | | | | | | | | | |
| This form should be completed as fully as possible and if applicable signed by a manager. Questions required for statutory reporting are marked with \*. On completion this form can either be:   * Emailed to [adultcareservices@bury.gov.uk](mailto:adultcareservices@bury.gov.uk) * Faxed to **0161 253 7198** * Or call **0161 253 5151** and provide all the details recorded on this form. | | | | | | | | | | | | | | | |
| **\*Date Concern Received:** | | | | | | **Time of Concern:** | | | | | | | | | |
| 1. **Details of person raising the safeguarding concern** *(may remain anonymous)* | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | | |
| **Contact Number:** | | | | | | | | | | | | | | | |
| **Name of organisation** *(if applicable):* | | | | | | | | | | | | | | | |
| **Type of the person raising the safeguarding concern works for** *(circle* ***ONE*** *option)* | | | | | | | | | | | | | | | |
| * Police | | | | | | * Ambulance Service (NWAS) | | | | | | | | | |
| Social Care Staff | * Residential care staff | | | | | Heath Staff | * Primary (GP) | | | | | | | | |
| * Domiciliary staff | | | | | * Community (district nurse/OT) | | | | | | | | |
| * Day care staff | | | | | * Secondary (consultant/ward staff) | | | | | | | | |
| * Social worker/care manager | | | | | * Mental Health | | | | | | | | |
| * Customers’ personal assistant | | | | | * Housing (inc supporting people) | | | | | | | | | |
| * Other social care staff | | | | | * Education/Training/Workplace | | | | | | | | | |
| * Care Quality Commission | | | | | | * Probation | | | | | | | | | |
| **If Alerter does not work for an organisation** *(circle* ***ONE*** *option)* | | | | | | | | | | | | | | | |
| * Family Member | | | | | | * Self Referral | | | | | | | | | |
| * Friend/Neighbour | | | | | | * Other service user | | | | | | | | | |
| * Other *(Please State)* | | | | | | | | | | | | | | | |
| 1. **Details of Adult at Risk** | | | | | | | | | | | | | | | |
| **First Name:** | | | | | | | | | | | | | | | |
| **Surname:** | | | | | | | | | | | | | | | |
| **Date of Birth:** | | | | | | | | | | | | | | | |
| **NHS Number:** | | | | | | | | | | | | | | | |
| **Address** (including post code)**:** | | | | | | | | | | | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | |
| **Next of Kin or Carers Details** *(Include relationship to Adult at Risk)* | | | | | | | | | | | | | | | |
| **GP Name and Practice** | | | | | | | | | | | | | | | |
| **Is an Interpreter required?** | | | | | * Yes*(please state what language inc. Signing)* | | | | | | | | | | * No |
| 1. **Data for Statutory Reporting** *(must be completed)* | | | | | | | | | | | | | | | |
| **\*Ethnic Origin:** | | | | | | | | | **\*Gender:** | | 🢭 Male | 🢭 Female | | | |
| **\*Primary Support Needs** *(circle* ***ONE*** *option)* | | | | | | | | | | | | | | | |
| * Physical Support | | | | | | * Mental Health Support | | | | | | | | | |
| * Sensory Support | | | | | | * Social Support | | | | | | | | | |
| * Support with Memory & Cognition | | | | | | * No Support Reason | | | | | | | | | |
| * Learning Disability Support | | | | | | * Not Known | | | | | | | | | |
| **\*Diagnosed Health Conditions** *(circle* ***ALL*** *that apply)* | | | | | | | | | | | | | | | |
| Long Term - Physical | | | * COPD | | | Long Term -Neurological | | * Stroke | | | | | | | |
| * Cancer | | | * Parkinson’s | | | | | | | |
| * Acquired Physical Injury | | | * Motor Neurone Disease | | | | | | | |
| * HIV / AIDs | | | * Acquired Brain Injury | | | | | | | |
| * Other | | | * Other | | | | | | | |
| Sensory Impairment | | | * Visually impaired | | | Learning, Developmental or Intellectual Disability | | * Learning Disability | | | | | | | |
| * Hearing impaired | | | * Autism | | | | | | | |
| * Other | | | * Asperger’s Syndrome / Higher Functioning Autism | | | | | | | |
| Mental Health | | | * Dementia | | |
| * Other | | | * Other | | | | | | | |
| * No relevant long term health conditions | | | | | | | | | | | | | | | |
| 1. **Current Support** | | | | | | | | | | | | | | | |
| **Is the Adult at Risk known to Social Care?** | | | | | | * No | | | | | | | | | |
| * Known to Bury Adult Social Care   *Details of case allocation:* | | | | | | * Known to another LA   *State name:* | | | | | | | | | |
| **Is the Adult at Risk known to Health?** | | | | | | * No | | | | | | | | | |
| * Yes*(please give details)* | | | | | | | | | | | | | | | |
| 1. **Details of the alleged abuse or neglect experience or at risk of experiencing** | | | | | | | | | | | | | | | |
| **Brief details** *(please also complete the attached body map if injuries sustained to the Adult at Risk)*  ***Please state the date the incident occurred***  ***Please state the time the incident occurred*** | | | | | | | | | | | | | | | |
| **Type of Abuse (please tick all applicable)**   |  |  |  |  | | --- | --- | --- | --- | | * Physical abuse |  | * Modern slavery |  | | * Domestic violence or abuse |  | * Discriminatory abuse |  | | * Sexual abuse |  | * Organisational or institutional abuse |  | | * Psychological or emotional abuse |  | * Neglect or acts of omission |  | | * Financial or material abuse |  | * Self-neglect |  | | | | | | | | | | | | | | | | |
| **Please state any action that has already been taken** | | | | | | | | | | | | | | | |
| **Has there been any recent incidents/alerts reported in relation to this Adult at Risk?** | | | | | | | | | | | | | | | |
| * Yes *(please give details)* | | | | | | | | | | | | | | 🢭 No | |
| **Has consent been given for the safeguarding?** | | | | | | | | | | | | | | | |
| * Yes | | * No *(please explain why not)* | | | | | | | | | | | | | |
| **Is anyone else at risk or potentially at risk, including children?** | | | | | | | | | | | | | | | |
| * Yes *(please give details)* | | | | | | | | | | | | | 🢭 No | | |
| 1. **Details of Person alleged to have caused abuse or neglect** | | | | | | | | | | | | | | | |
| * Not known | | | | 🢭 If there is more than person please state how many | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | |
| **Address** (including post code)**:** | | | | | | | | | | | | | | | |
| **Is the person alleged to have caused harm a Vulnerable Adult?** | | | | | | | | | | | | | | | |
| * Yes*(state actions taken to support them)* | | | | | | | | | | | | | 🢭 No | | |
| 1. **Form Completer details** | | | | | | | | | | | | | | | |
| **Name:** | | | | | | | | | | | | | | | |
| **Job Title:** | | | | | | | | | | | | | | | |
| **Team / Organisation:** | | | | | | | | | | | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | | | **Date:** | | | | | |

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| 1. **To be completed by Connect & Direct Hub or a Safeguarding Manager** | | | | | |
| **\*Section 42 Safeguarding Enquiries Criteria** | | | | | |
| 1. Does the adult have care and support needs? *(whether or not the authority is meeting any of those needs)* | | | | * Yes | * No |
| 1. Is the adult experiencing, or is at risk of, abuse or neglect? | | | | * Yes | * No |
| 1. As the result of those needs is the adult unable to protect himself or herself against the abuse or neglect or the risk of it? | | | | * Yes | * No |
| **If YES to ALL 3 questions - Section 42 criteria met proceed to Safeguarding Enquiry** | | | | | |
| **\*If No to any of the Section 42 criteria*:***  *(circle 1 option)* | **Proceed to Safeguarding Enquiry**  Did not meet Section 42 criteria but the council considers it necessary and proportionate to proceed to a safeguarding enquiry. | | | | |
| **No Further Action as Safeguarding Alert, but other actions required**  Safeguarding Adults Manager has authority to make this decision and reasons for making this decision should be clearly outlined | | | | |
| **No Further Action as Safeguarding Alert and no other action to be taken**  Safeguarding Adults Manager has authority to make this decision and reasons for making this decision should be clearly outlined) | | | | |
| **Rational for Decision and Actions taken:** | | | | | |
| 1. **Risk Assessment** | | | | | |
| **Are there are any imminent risks identified to the Adult at Risk or others** | | **What action needs to be taken to manage these risks** | **By Who and When** | | |
|  | |  |  | | |
|  | |  |  | | |
| 1. **Completion Details** | | | | | |
| **Name:** | | | | | |
| **Date Completed:** | | | | | |