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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
* 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:** |