

## Inter-Agency Safeguarding Adults Concern Form

**STRICTLY CONFIDENTIAL**

If you suspect that someone is being harmed and they are in **immediate** danger you should ring the police on 999. Where a crime has been committed and the police require informing but there is no immediate danger call **101** for further information see guidance at the end of this form). In all other situations, please contact the relevant Local Authority (as detailed below). If there are any concerns about children please refer to the relevant contact within the Local Authority (see guidance).

Please complete the form in full. All completed forms should be emailed and a follow-up telephone call made to ensure safe receipt.

### Section 1 - Details of adult at risk of harm or abuse

Name	Selwyn Braggs EXAMPLE	DOB	02/10/1928	Gender	
Home Address	Bluebell farm, Bedale			Post Code	
Current Address	ED JCUH			Post Code	
Ward Number (if hospital)	ED	Unit Number (if hospital)			
Telephone Number			Religion		
Ethnicity			Nationality		
Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Language Required		
In your opinion does the Adult At Risk have the mental capacity to understand what happened to them?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the adult aware of the Concern?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If NO, why not?		he may not consent to it			
Does the adult consent to the Concern being raised?					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the Adult at risk have any care /support needs or vulnerabilities?				yes	
As a result of their care and support needs/ vulnerabilities, is the adult unable to protect themselves?				unsure	

### Section 2 - Details of concern being raised

Location of alleged incident/concern		Own Home			
Other:					
Address where incident occurred	Bluebell Farm	Post Code			
Date of incident/concern		Time of incident/concern			
Please indicate the type of abuse suspected					
<b>Discriminatory</b>	<b>Domestic</b>	<b>Financial or Material</b>	<b>Modern Slavery</b>	<b>Neglect and acts of Omission</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Organisational</b>	<b>Physical</b>	<b>Psychological</b>	<b>Self-Neglect</b>	<b>Sexual Abuse</b>	<b>Sexual Exploitation</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Factual details of alleged incident/concern</b>					
This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.					
Selwyn had attend ED following a long lie at home. he has sustained pressure damage to his sacrum and heels, he was not taking his prescribed medications and was experiencing double incontinence at this time. Selwyn has asked if any support is available to help him get back to running his farm. I have advised him that he should go into a care home to prevent this happening again.					
<b>Making Safeguarding Personal (MSP)</b>					
Please discuss with the Adult if safe and able to do so					
<b>What are the views and wishes of the Adult?</b>					
Selwyn is unable to manage and may fall again.					
<b>What would the Adult like to happen as an outcome of the Concerns?</b>					
Selwyn should be discharged into a care home to prevent him coming to harm					

### Section 3 - Current Situation

Where is the adult now in relation to the alleged perpetrator?	safe in hospital
Is the adult in immediate danger of further abuse?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please describe	
if he returns to his farm he may fall again	
<b>Has the adult taken any necessary steps or actions to try to address the abuse or neglect? If so, please explain</b>	
no	

<b>Have any immediate actions been identified to reduce the potential for further abuse?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Please describe	
recommend going to a care home	
<b>Are there any other people (including children) who may be at risk of harm?</b>	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please describe the risk that remains and the names of others potentially at risk	
<b>Please consider if you need to contact the Police</b> <b>Call 999 if there is an immediate danger to the Adult or others.</b> <b>Where a crime has been committed and the police require informing but there is no immediate danger please call 101.</b>	
<b>Is criminal activity suspected?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, have the police been contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what was the outcome?	
<b>Police Crime/Reference Number</b>	
If No, please explain reason for this	

#### Section 4 - Family / Representative Details

It may not always be appropriate to consult family/friends, please consider:

- If the Adult has capacity and does not want them informing
- If you are putting the adult at risk by informing (e.g. Domestic Abuse)

<b>Name</b>	not discussed	<b>Relation to Adult</b>		<b>Post Code</b>	
<b>Contact Address</b>				<b>Post Code</b>	
<b>Telephone Number</b>					
<b>Are they a Carer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are they aware of this concern?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, why not?					

#### Section 5 - Details of the person alleged to have caused harm

<b>Name</b>	self	<b>DOB</b>		<b>Gender</b>	
<b>Home Address</b>	s/a			<b>Post Code</b>	
<b>Current Address</b>				<b>Post Code</b>	
<b>Ward Number (if hospital)</b>		<b>Unit Number (if hospital)</b>			
<b>Telephone Number</b>					
<b>Job Title (if applicable)</b>		<b>Organisation</b>			
<b>What is the relationship of the alleged perpetrator to the adult?</b>					
<b>Does the alleged perpetrator live with the adult?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Is the alleged perpetrator the main Carer?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Do you consider the alleged perpetrator to have care and support needs?</b>					
<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the alleged perpetrator aware of the Concern?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Only discuss this Concern with the alleged perpetrator if it is safe to do so and there is no further risk to the victim or others.</b>					
If No, why not? If Yes, what was there response?					

#### Section 6 - Other Involvement

<b>Who else has been informed of this concern?</b>					
<b>Care Quality Commission</b>	<b>Commissioning</b>	<b>Continuing Health Care</b>	<b>NECS (Medicines)</b>	<b>Public Health</b>	<b>Service Provider</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify)</b>					
<b>Name</b>	<b>Organisation</b>	<b>Telephone Number</b>	<b>Email</b>		

#### Section 7 - Details of person raising concern

<b>Name:</b>	J Barnes	<b>Job Title:</b>	
<b>Organisation (if applicable)</b>	STEES		
<b>Contact Address</b>		<b>Post Code</b>	
<b>Telephone Number</b>			
<b>Relationship to the adult at risk of harm or abuse</b>			

Have you completed your own organisation's internal process (e.g. Datix)?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Form Completed By	J Barnes	Date Completed	
Signature	J Barnes		

EXAMPLE