

Example 1

Form – SG01



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.

Local Authority	Team	Telephone Number	Email Address
Hartlepool	Early Intervention Adults Team	01429 523390	SP...@hartlepool.gov.uk
Middlesbrough	Adult Access Team	01642 065070	adultaccessteam@middlesbrough.gov.uk
Redcar & Cleveland	Adult Access Team	01642 065070	AccessAdultsTeam@redcar-cleveland.gov.uk
Stockton-on-Tees	First Contact Adults	01642 521764	FirstContactAdults@stockton.gov.uk
Durham	Social Care Direct	03000 222079	SCDsecured@durham.gov.uk
Out of Hours* Tees Valley	Emergency Duty Team	01642 524552	N/A

*Weekdays: Monday – Thursday (5pm-8.30am) Weekends: Friday (from 4.30pm), all day Saturday and Sunday and public holidays

For **all** completed forms please Go in:
adultsafeguarding@nth.nhs.uk from nth.nhs.uk emails
nth-tr.adultsafeguarding@nhs.uk from nth.nhs.uk emails

Please complete all sections of the form in as much detail as possible. You can easily navigate through each section by pressing F11 on your keyboard. To select a tick box, double click on the box and select 'checked'. Or you can print and hand write legibly in **black ink** on the form and then scan/email this.

SECTION 1: DETAILS OF ADULT AT RISK OF HARM OR ABUSE					
Name	Peter Jones	DOB	01/01/01	Gender	male
Home Address				Post Code	
Current Address	Hospital. (North Tees).			Post Code	
Ward Number (if hospital)	A.	Unit Name (if care home)			
Telephone Number	222227	Religion			

Ethnicity The adult can self-declare, otherwise please select from list of options using drop down menu	Choose an item. Please refer to the guidance if you are hand writing this form		Nationality	
Interpreter needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language Required	
In your opinion does the Adult at Risk have the mental capacity to understand what has happened to them?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the adult aware of the Concern?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If No, why not?				
Does the adult consent to the Concern being raised?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Adult at risk have any care /support needs or vulnerabilities? (refer to guidance information)		(Please describe – this section MUST be completed)		
As a result of their care and support needs/ vulnerabilities, is the adult unable to protect themselves? (refer to guidance information)		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

SECTION 2: DETAILS OF CONCERN BEING RAISED

Location of alleged incident/concern (please see list of options – if 'other' please specify)		Choose an item. Please refer to the guidance if you are hand writing this form	
Patient's home		Post Code	
Address where incident occurred	Patient's home		
Date of incident/concern	01/10/18	Time of incident/concern	1800
Please indicate the main type of abuse suspected (refer to guidance information)			
Discriminatory	Domestic	Financial or Material	Modern Slavery
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational	Physical	Psychological	Self-Neglect
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect and Acts of Omission			
<input type="checkbox"/>			
Sexual Abuse			
<input type="checkbox"/>			
Sexual Exploitation			
<input type="checkbox"/>			
Factual details of alleged incident/concern This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.			

Patient has disclosed they have been hit by their partner.

EXAMPLE

Making Safeguarding Personal (MSP)

Please discuss with the Adult if safe and able to do so

What are the views and wishes of the Adult?

What would the Adult like to happen as an outcome of the Concerns?

SECTION 3: CURRENT SITUATION					
Where is the adult now in relation to the person alleged to have caused harm?				In hospital.	
Is the adult in immediate danger of further abuse?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Please describe					
Has the adult taken any necessary steps or actions to try to address the abuse or neglect? If so, please explain					
Have any immediate actions been identified to reduce the potential for further abuse?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Please describe					
Are there any other people (including children) who may be at risk of harm?				Unknown <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes, please describe the risk that remains and the names of others potentially at risk					
<p>Please consider if you need to contact the Police Call 999 if there is an immediate danger to the adult or others. Where a crime has been committed and the police require informing but there is no immediate danger please call 101.</p>					
Is criminal activity suspected?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If Yes, have the police been contacted?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, what was the outcome?					
Police Crime/Reference Number					
If No, please explain reason for this					
SECTION 4: FAMILY / REPRESENTATIVE DETAILS					
It may not always be appropriate to consult family/friends, please consider: <ul style="list-style-type: none"> • 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) 					
Name		Philip Jones		Relationship to Adult	
				Husband	
Contact Address		Same address		Post Code	
Telephone Number					
Are they a Carer?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Are they aware of this Concern?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, why not?					
SECTION 5: DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM					
Name		Philip Jones		DOB	
				Gender	male

Home Address	Same address		Post Code	
Current Address	Same address.		Post Code	
Ward Number (if hospital)		Unit Name (if care home)		
Telephone Number				
Job Title (if applicable)		Organisation (if applicable)		
What is the relationship of the alleged perpetrator to the adult? (please select from list of options)			Choose an item. Please refer to the guidance if you are hand writing this form	
Husband				
Does the alleged perpetrator live with the adult?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the alleged perpetrator the main Carer?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you consider the alleged perpetrator to have care and support needs?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the alleged perpetrator aware of the Concern?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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.				
If No, why not? If Yes, what was their response?				

SECTION 6: OTHER INVOLVEMENT					
Who else has been informed of this concern?					
Care Quality Commission	Commissioning	Continuing Health Care	NECS (Medicines)	Public Health	Service Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					
CONTACT DETAILS (please add further if necessary)					
Name	Organisation	Telephone Number	Email		

SECTION 7: DETAILS OF PERSON RAISING CONCERN			
Name	Beryl Braun	Job Title	Staff Nurse
Organisation (if applicable)	UUNT.		
Contact Address		Post Code	
Telephone Number			

Relationship to the adult at risk of harm or abuse			
Have you completed your own organisation's internal process (e.g. Datix)?		Yes <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Form Completed By		Date Completed	
Signature	S. Brann.		

GUIDANCE INFORMATION		
Further guidance can be accessed here: https://www.tsab.org.uk/key-information/policies-strategies/		
<ul style="list-style-type: none"> • Police Referral Criteria • Decision Support Guidance 		
Contact Details for Children Services:		
Hartlepool	01429 284284 / 01642 130080	childrenshu@hartlepool.gov.uk
Middlesbrough	01642 726004	firstcontact@middlesbrough.gov.uk
Redcar & Cleveland	01642 771500	firstcontact@redcar-cleveland.gov.uk
Stockton-on-Tees	01642 130080 / 01429 284284	childrenshu@hartlepool.gov.uk
Out of Hours	01642 524552	

SECTION 1 DETAILS OF THE ADULT AT RISK OF HARM OR ABUSE			
ETHNICITY			
White <ul style="list-style-type: none"> • White British • White Irish • Gypsy / Irish Traveller • White Other 	Asian / Asian British <ul style="list-style-type: none"> • Indian • Pakistani • Bangladeshi • Chinese • Any Other Asian 	Black / Black British <ul style="list-style-type: none"> • Black Caribbean • Black African • Any Other Black 	Mixed / Multiple Ethnic Groups
Other Ethnic Groups <ul style="list-style-type: none"> • Arab 	Refused	Undeclared / Not Known	

CARE & SUPPORT NEEDS AND VULNERABILITIES
Some Examples of Care & Support Needs (this list is not exhaustive) <ul style="list-style-type: none"> • Managing and maintaining nutrition • Maintaining personal hygiene • Managing toilet needs • Being appropriately clothed • Being able to make use of the home safely • Maintaining a habitable home environment • Developing and maintaining family or other personal relationships • Accessing and engaging in work, training, education or volunteering • Making use of necessary facilities or services in the local community including public transport and recreational facilities or services • Carrying out any caring responsibilities the adult has for a child

Some Examples of Vulnerabilities *(this list is not exhaustive)*

- Drug and alcohol misuse
- Mental health needs
- Poor general health
- Poor lifestyle choices

SECTION 2
DETAILS OF CONCERN BEING RAISED

TYPE OF ABUSE

Discriminatory

Includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Domestic

An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage.

Financial and Material

Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern Slavery

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Neglect and Acts of Omission

Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Organisational

Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.

Psychological

Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Physical

Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual Abuse

Includes rape and sexual assault, sexual acts to which the adult has not consented, could not consent or was pressured into consenting.

Sexual Exploitation

Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.

Self-Neglect

Covers a wide range of behaviour; neglecting to care for one's personal hygiene, health.

SECTION 5
DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM

LOCATION OF ALLEGED INCIDENT/CONCERN

Own Home

The residence where the adult at risk usually lives. Includes property owned/rented by the individual, family or friends.

Care Home – Nursing

Can be used whether the person is at the care home on a permanent or temporary basis.

Care Home – Residential

Can be used whether the person is at the care home on a permanent or temporary basis.

Supported Living

Can include any type of supported accommodation, such as independent living.

Day Centre/Community Service

Can include things like community centres, day care centres, leisure centres, libraries, schools, GP surgeries and dental surgeries.

Alleged Perpetrator's Home

Can include any incident that occurs in the home of the abuser.

Hospital / Health Setting

Can include any type of hospital premises. The individual at risk could be a patient or a visitor.

Other

Includes any other setting that does not fit into one of the above categories. This could include businesses, offices, pubs and other people's homes.

WHAT IS THE RELATIONSHIP OF THE ALLEGED PERPETRATOR TO THE ADULT?

Care Staff

- Day Care Staff
- Domiciliary Care Staff
- Health Care Worker
- Residential Care Staff

Known

- Known – Community Health Care
- Known – Other Private Sector
- Known – Other Public Sector
- Known – Other Voluntary Sector
- Known – Police
- Known – Primary Health Care
- Known – Regulator
- Known – Relative/Family

Not Recorded

	Carer <ul style="list-style-type: none"> • Known – Secondary Health Care • Known – Social Care Manager/Assessor • Known – Unrelated Individual 	
Other <ul style="list-style-type: none"> • Other - Professional • Other - Social Care Staff 	Service Provider <ul style="list-style-type: none"> • Service Provider – Private Sector • Service Provider – Public Sector • Service Provider – Voluntary Sector 	Unknown <ul style="list-style-type: none"> • Unknown – Community Health Care • Unknown – Individual/Stranger • Unknown – Other Private Sector • Unknown – Other Public Sector • Unknown – Other Voluntary Sector • Unknown – Police • Unknown – Primary Health Care • Unknown – Secondary Health Care • Unknown - Social Care Manager/Assessor

EXAMPLE