|  |
| --- |
| **In an emergency, always call 999****Definition of a Safeguarding Concern**A Safeguarding Concern is a report made to the to the Local Authority to raise concerns that an adult at risk may have been, is, or might be, abused. A concern may arise as a result of a disclosure, an incident, or other signs or indicators***.*****Purpose of a Safeguarding Concern**The purpose of submitting this form is to bring the concern to the attention of the Council for the safeguarding process.The Safeguarding duties apply to an adult who:* Has needs for care and support (whether or not the local authority is meeting any of those needs) and
* Is experiencing, or at risk of, abuse or neglect; and
* As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse and neglect

**Roles and Responsibilities**A concern can be raised by anyone including the person at risk, family, friends, professionals and other members of the public.**Timescales*** Immediate action may be required to safeguard the adult at risk, when they request this or when they cannot safeguard themselves
* Safeguarding Concerns must be notified to the Safeguarding Adults Team within 24 hours of the alleged incident.

**Please forward this form electronically as a word document to:**adultprotectionteam@northlincs.gov.uk **Address:** Safeguarding Adults Team, Church Square House, 30-40 High Street, Scunthorpe, North Lincolnshire, DN15 6NLIf you have any concerns or queries when filling out this form, please contact the team on 01724 297000. |
| **Details of person completing form** |
| Name: | Role:  | Organisation (if applicable): |
| Telephone: | Email:  | Alternative contact:  |
| **Reason for referral:***(please tick as appropriate)* |
| Referral for a social care needs assessment – (please do not complete this form and refer to aapcustomersupport@northlincs.gov.uk) |  | At risk of/experiencing abuse or neglect |  |
| **When determining if someone is at risk of/experiencing abuse or neglect, please consider the three-point test below:**1. **The person has needs for care and support (whether or not the local authority is meeting any of those needs) i.e. is vulnerable.**
2. **Is experiencing, or at risk of, abuse or neglect**
3. **As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.**
 |
| **Person details:** |
| Name:  |   |
| Permanent address: |  |
| Current address:  |   |
| Telephone: |  |
| Age / d.o.b.  |  NHS No:  |
| Does this person have capacity in relation to this incident, at the time the incident occurred? And how have you determined this? (Capacity is both time and decision specific) | *Does the person have a disturbance/impairment of the mind or brain? Can they understand, retain and weigh up the relevant information and communicate their decision?*  |
| Have you spoken to the person about the concerns? If not why not? |  |
| Does the person consent to this referral? If not why have you submitted this form? |  |
| **Source of harm – Details** |
| Name:  |  |
| Address:  |  |
| Telephone: |  |
| Age / d.o.b.  |  |
| Does this person have capacity in relation to this incident, at the time the incident occurred? (Capacity is both time and decision specific) |  |
| Yes No |
| Date of alleged concern/incident:  |  |
| **Type of suspected abuse** *(tick all that apply)* |
| Physical  |  | Psychological |  |
| Sexual  |  | Modern Slavery |  |
| Financial or material  |  | Organisational  |  |
| Discriminatory  |  | Domestic violence/abuse |  |
| Neglect or acts of omission |  | Self-Neglect |  |
| Sexual exploitation |  |  |  |
| **Additional categories of abuse** *(tick all that apply)* |
| Female Genital Mutilation  |  | Internet Abuse  |  |
| Forced Marriage  |  | Mate Crime  |  |
| Hate Crime  |  | Radicalisation |  |
| Honour Based Violence |  | Cuckooing |  |
|  |  |  |  |
| **Details of concern or harm** *(please include any Police Log no’s etc):*  |
|  |
| **What outcomes does the adult at risk/or their representative wish to achieve?**  |
|  |
| **What action have you** **taken to ensure the immediate** **safety of the adult(s) at risk?** (*Please make reference to any risk assessment which has been reviewed, or implemented)*:  |
|  |
| **Are there any other people involved with the person at risk?** *(Such as professionals, family, friends, other agencies)*  |  |
|  |
| **Is there anyone else at risk?** *(i.e., other adults with care and support needs/children etc.)*(*Please explain what actions you have taken to reduce the risk)*:  |  |
|  |
| **Does this safeguarding concern relate to any of the following themes and trends:** *(please tick all that apply)* |
| Resident on resident |  | Practice concern *(issues resulting from staff/management practice/procedures)* |  |
| Environmental concerns (*issues caused by living environment/equipment)* |  | Moving and Handling |  |
| Infection Control Issue |  | Fall  |  |
| Pressure Sore  |  | Whistleblowing *(issues raised by service staff - impact on service delivery)* |  |
| Medications Management  |  | Financial mismanagement  |  |
| **Risk Matrix Assessment and additional information***(Please use the link provided below to assess the level of risk and detail below. Consider level and likelihood of harm, as well as any previous concerns)* |
| [North-Lincolnshire-MA-PP-V523.02.2022-2.pdf (northlincssab.co.uk)](https://www.northlincssab.co.uk/wp-content/uploads/2022/03/North-Lincolnshire-MA-PP-V523.02.2022-2.pdf)Risk Matrix - appendix 1  |
| **Date of completion:**  |