|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto:adultprotectionteam@northlincs.gov.uk)  **Address:** Safeguarding Adults Team, Church Square House, 30-40 High Street, Scunthorpe, North Lincolnshire, DN15 6NL  If 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](mailto: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:** | | | | | | | | | |