

North Yorkshire Safeguarding Adults Board Inter-agency Safeguarding Adults Concerns Form

STRICTLY CONFIDENTIAL

This form should be completed in accordance with the Multi-Agency Policy and Procedures which can be found at www.nypartnerships.org.uk/sab

You should complete this form with as much detail as possible. Lack of access to the necessary information should NOT delay reporting the alert.

You should first contact North Yorkshire County Council Customer Services Centre on **01609 780780**.

You should then send the completed form as a confidential document to: North Yorkshire County Council, Customer Services Centre, County Hall, Racecourse Lane, Northallerton, North Yorkshire DL7 8AD. Fax number: 01609 532009

The form can also be e-mailed to social.care@northyorks.gov.uk or using the secure e-mail address social.care@northyorks.gcsx.gov.uk with ‘Safeguarding adults concern’ as the subject.

REMEMBER: If you suspect that someone is being abused and they are in **immediate** danger you should ring the Police on **999**.

Date of the concern:

PART A	
1 Tell us about the adult at risk that you are concerned about: <i>(please complete as much of this as is known – if not known put N/K)</i>	
Name:	
Gender:	
Home address:	
Telephone No:	
Age:	Date of Birth:
Ethnic Origin/Nationality:	Religion:
Primary support needs of the adult at risk (refer to guidance notes):	

Is the adult at risk aware of the safeguarding concern? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No, why not?</i>
Is the adult at risk involved with any other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> <i>If Yes, please provide details:</i>

2 Tell us about the main contact for the adult at risk	
Name:	
Relationship to adult at risk:	
Are they the relative/carer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are they aware that this concern has been raised? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact address:	Telephone No:
	Mobile No:
	Email:
County:	Postcode:
Are they willing to be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	

3a Tell us about the concern (s) being raised	
Location of alleged incident/concern (please give details):	Date and Time of alleged incident/concern: Date:
Type of location (refer to guidance)	Time:

What type of abuse is suspected? (Tick all that apply):

- Neglect* *Psychological* *Financial & material* *Physical* *Sexual*
 Discriminatory *Organisational* *Modern slavery* *Self-neglect* *Domestic abuse*

And do you consider this abuse is also:

- Hate Crime* *Sexual exploitation*

3a Tell us about the alleged incident/concern(s) being raised - continued

Factual details of the alleged incident/concern:

*This should be **concise** and include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.*

Remember to:-

Describe what happened;

Make it clear what is fact and what is opinion;

Record whether there were any witnesses to the incident; who they were and how they can be contacted.

(Please continue on a separate sheet if required)

3b Tell us what actions have been taken to reduce the risk of harm or abuse to the adult at risk.

Tell us what actions have been taken to ensure the safety of the adult at risk.

Where is the adult at risk now? (Include where they are in relation to the person alleged to have caused harm)

Is anyone else at risk of abuse? Yes No Not Known
If so give name(s) and details

In your opinion, does the adult at risk have the mental capacity to understand the risks within this safeguarding concern?
Yes No Not Known

If you are concerned about the welfare of the adult at risk have you contacted their GP or the ambulance service? Yes No
If No, why not

If you think that a crime has been committed have police been contacted? Yes No
If Yes, what was the outcome?

If No, why not?

Who did you speak to?

What was the Police Crime/Ref No?

Who else has been informed of this concern?

4 Details of person(s) alleged to have caused harm (if known)

(please complete as much of this as is known and continue on a separate sheet if more than one is involved)

Name:

Address:

Occupation/Position/Title/Organisation:

Date of Birth:

Gender:

What is the relationship of the person alleged to have caused harm to the adult at risk?

(please see list of options at the end of this form)

Does the adult at risk know the person alleged to have caused harm?

Yes No Not sure

Is the person alleged to have caused harm a person with care and support needs?

Yes No Not Known

Is the person alleged to have caused harm the main family carer?

Yes No Not Known

Is the person alleged to have caused harm aware of this alert?

Yes No Not Known

If yes, what is their response, and are there any hazards to be aware of?

5 Details of person raising the concern	
Name:	Job title <i>(if applicable):</i>
Organisation <i>(if applicable):</i>	Type of organisation: (delete those that do not apply) Health/Housing/District Council/NYCC/ Other/Police/Private /Voluntary
Contact address:	Telephone No: Mobile No: Email:
County:	Postcode:
Relationship to the adult at risk: (please see list of options at the end of this form)	
Who raised the concern with you?	
Date completed:	

Guidance Notes for completing this form

Section 1 - Primary Support Reasons: Please enter one of the following:-

Physical support	Mental Health support
Sensory support	Social support
Support with memory and cognition	No support reason
Learning Disability support	Not known

Section 3a - Location of alleged incident/concern: Please enter one or more of the following:

Residential care	Hospital
Nursing care	Community service
Own Home	Other

Section 4 - Details of person alleged to have caused harm

Please enter one or more of the following:-

Social Care Support or Service Provider - public sector
 Social Care Support or Service Provider - private sector
 Social Care Support or Service Provider - voluntary (3rd sector)
 Relative / Family Carer
 Individual - known but not related
 Individual – unknown/stranger
 Primary Health Care staff
 Secondary Health Care staff
 Community Health Care staff
 Social Care Staff - care management & assessment
 Police
 Regulator, e.g. Care Quality Commission
 Other public sector staff
 Other private sector staff
 Other voluntary

Section 5 – Details of the person raising the concern: Please enter one of the following:-

Domiciliary Care Staff	Self Referral
Residential Care Staff	Family member
Day Care Staff	Friend/neighbour
Social Worker/Care Manager	Other service user
Self-Directed Care Staff	Care Quality Commission
Other Social Care Staff	Housing
NHS - Primary/Community Health Staff	Education/Training/Workplace Establishment
NHS - Secondary Health Staff	Police
NHS - Mental Health Staff	Other