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| Rotherham Safeguarding Adults  **Tell us your concern** |  |  |  | G:\ADULTSAFEGUARDING\Safeguarding Adults Board\Sub-groups\Comms and Community Engagement\New Board Logo (no partnership)\LSAB logo RGB.jpg |

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| **You can report concerns by either:**   * **Telephone: Adult Social Care Customer Contact** **Team** on **01709 822 330** * **Or complete this form and send by secure email to**: [asc-customercontactteam@rotherham.gov.uk](mailto:asc-customercontactteam@rotherham.gov.uk) * **Complete an online form by visiting** [Rotherham Borough Council – Report Abuse of an Adult](https://www.rotherham.gov.uk/xfp/form/261) |

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| **Please complete this form with as much information as possible.**  **Leave blank those questions you are unable to answer.** |

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| **Date Safeguarding Concern Raised:** |  |

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| **1. Who is the person at risk?** |

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| **Title:**  Mr/Mrs/Ms/Other\* | **First Name(s):** | | **Surname:** | | **Date of Birth:**  **Age:** |
| **Address:**  **Postcode:**  **Permanent Address (If Different to Above)** | | | **NHS Number (if known):** | |  |
| **Gender:** | |  |
| **Language spoken:** | |  |
| **Communication needs:** | |  |
| **Ethnicity:** | |  |
| **Religion:** | |  |
| **Marital status:** | |  |
| **Home Telephone:**  **Mobile Telephone:** | | | | | |
| Primary Support Reason: | | | | | |
| Physical support needs  (exc. sensory support needs) | | Mental health support needs  (excluding dementia) | | Support for learning disability | |
| Support for substance misuse | |
| Sensory support needs | | Support with memory / cognition  (including dementia) | | Other (please specify below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Carer support needs | |

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| **2. What existing care and support services is the person receiving either professionally or by family or friends (if any)?** |
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| **3. Details of the safeguarding concern** | | | | | | |
| (A) Describe what has happened, including when and where it happened.  (B) What are the person at risk’s views about this situation?  (C) Describe the risks or any injuries/harm experienced by the person at risk. | | | | | | |
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| 3a. Reason for Referral – Please tick: | | | | | | |
| Welfare Concern or Referral  (For a Social Care Assessment of Need) | | | Alleged Abuse or  Risk of Abuse/Self-Neglect | | | |
| When determining an abusive situation please consider the 3 stage Criteria:   * Does the person have needs for care and support (whether or not the local authority is meeting any of those needs) For example: The person is vulnerable and requires support to carry out some tasks. * The person is experiencing, or at risk of, abuse or neglect. * As a result of those care and support needs is unable to protect themselves from either risk of, or the experience of abuse or neglect. | | | | | | |
| Please tick here if a Body Map has been completed | | | | | | |
| Type(s) of abuse | | | | | | |
| Physical |  | Domestic abuse | |  | Financial / Material |  |
| Neglect |  | Discriminatory | |  | Organisational |  |
| Psychological |  | Sexual abuse | |  | Self-Neglect |  |
| Hoarding |  | Female Genital Mutation | |  | Radicalisation |  |
| Internet Abuse |  | Hate Crime | |  | Mate Crime |  |
| Honour Based Violence |  | Human Trafficking | |  | Acts of Omission |  |
| Modern slavery |  | Sexual exploitation | |  | Tick all that apply | |
| The location of the alleged source of harm – address or external location? | |  | | | | |
| Date Concern/Incident Identified: | |  | | | | |
| Time Concern/Incident Identified: | |  | | | | |

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| **4. Have you discussed your concerns with the adult? What does the person at risk want to happen now?** | | |
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| 4a. What are the desired outcomes of the person at risk? What do they wish to achieve from the support they might receive from the referral, such as feeling safe at home or having no contact with certain individuals | | |
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| 4b. Reasons for not discussing the concerns with the adult? | | |
| Adult lacks mental ability/capacity |  | |
| Adult unable to communicate their views – state why? |  | |
| Discussion would increase risk of harm |  | |
| State why the harm would increase? | | |
| 4c. Consent | | |
| **Has the person at risk consented to this concern being recorded and shared with other agencies and professionals?**? | | Yes  No  Not Sure |
| **If consent has not been obtained is there a risk to others and impact on greater public interest or evidence of duress/coercion? If there are concerns in relation to Mental Capacity please explain why?** | | |
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| **5. Actions taken in relation to reducing the risk for the individual?** | | |
| Details of action taken: | | |
| Have the police been informed? | Yes  No | Crime Ref. Number: |
| Has medical intervention been sought? | Yes  No | From where/whom? |
| DASH Risk Assessment | Yes  No | Recorded? |
| Moved to Alternative Accommodation | Yes  No | Where? When? |
| Referral to Another Agency | Yes  No | Where? Whom? |
| Other Details |  | |
| No Actions Agreed (State Why) |  | |
| Are there any other adults at Risk? | Yes  No  Unknown | |
| If yes, give details   * Ages * Names * Locations * Actions Taken |  | |
| Are there any Children at risk? | Yes  No  Unknown | |
| If yes, give details   * Ages * Names * Locations * Actions Taken to Reduce Risks |  | |

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| **6. Details of the person or organisation alleged to be responsible for the abuse or neglect** | | | |
| Name: |  | Date of Birth: |  |
| Address:  Post Code: |  | Gender: |  |
| Nature of Organisation (Care Home etc) |  |
| Name of Manager  (If Known) |  |
| Does the person/organisation know that a safeguarding concern has been raised?  Yes  No  Not Sure | |
| What is their relationship to person at risk?  Are they known to the person at risk?  Yes  No | | Is this person also an adult at risk?  Yes  No | |
| Previous history of alleged or proven abuse | | Yes  No  Not Sure | |
| Does this allegation involve a ‘person in a position of trust’? (Worker/Volunteer) | | Yes  No  Not Sure | |
| If Yes, please provide details of the person: | |  | |
| Additional information, such as previous concerns: | | | |

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| **7. Any other relevant information** |
| Include any safety **or confidentiality issues** that may impact on how the concern is acted upon |
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| **8. Details of the person completing this form** | | | |
| Name: |  | Job Title: |  |
| Address:  Post Code: |  | | |
| Tel: |  | Date: |  |

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| **PLEASE SHARE THIS COMPLETED FORM AS SOON AS POSSIBLE WITH**  [asc-customercontactteam@rotherham.gov.uk](mailto:asc-customercontactteam@rotherham.gov.uk)  **PLEASE ATTACH ANY RELEVANT INFORMATION.**  **IF YOU HAVE NOT GOT A SECURE EMAIL ADDRESS OR  YOU WOULD PREFER TO CALL**  **TELEPHONE: 01709 822 330** |
| **KEEP A COPY OF THIS FORM FOR YOUR RECORDS**  **NOTIFY YOUR MANAGER** |