

East Riding of Yorkshire Safeguarding Adults Board
MULTI AGENCY 'ADULT AT RISK' CONCERN FORM
 (Confidential when complete)

Legal Requirements:**Section A-Details of the person you are concerned about: (* mandatory fields)**

A1. The Care Act 2014 (S.42) mandates the Local Authority to make safeguarding enquiries if the following three conditions are met. (these 3 questions are mandatory in order to undertake a safeguarding enquiry only) see Guidance Note 1.

a) Is the adult in need of care and support (whether or not the authority is meeting any of those needs)?

Yes No

b) Is the adult experiencing, or at risk of abuse or neglect?

Yes No

c) As a result of those needs are they unable to protect themselves against the abuse or neglect or the risk of it?

Yes No Don't know

A2. Consent. See Guidance note 2.

1. Does the adult you are concerned about have full mental capacity to consent to the *safeguarding adult's concern form* being made? *

Yes. (see 1b) below) **No.** (see 1a) below)

1a). Where no, has a full Mental Capacity Assessment been completed?

Yes. **No.**

1b). Does the adult you are concerned about give their consent to this concern form being completed and sent to the local authority? *

Yes. (see 2) below) **No.** (see 1b) below)

1b) If the person is not able or not required to give their consent to this form please state reasons below. *

Please give reasons for any decisions to refer without the persons consent, *for example; other people are at risk of abuse, a person's mental capacity is questionable - this should also be documented in the client's notes.* Then sign the form below.

2) Name (person raising concern):

Print Name:

Date:

Section A cont. Details of the person you are concerned about: (* mandatory fields)			
A3. Details of the person you are concerned about:		Age / Date of Birth:	
Name *			
Home Address *		Male	Female
		Ethnicity:	
Post code *		Telephone/ Mobile:	
Current location of person if different from above.		NHS Identification No:	
GP Name.		GP Address.	
Has the concern been raised to any other organisation; e.g. Police, CQC. If yes, please specify or state Police log no.			
<p>Client Group: ✓ tick only 1 *</p> <p> <input type="checkbox"/> Learning Disability Support <input type="checkbox"/> Physical Support <input type="checkbox"/> Social Support <input type="checkbox"/> Mental Health Support <input type="checkbox"/> Sensory Support <input type="checkbox"/> Support with Memory/cognition </p> <p>Type of Abuse if known, tick all that apply: ✓ see guidance note 3</p> <p> <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Neglect <input type="checkbox"/> Self neglect <input type="checkbox"/> Organisational <input type="checkbox"/> Discriminatory <input type="checkbox"/> Psychological <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Modern Slavery </p>			
<p>A4. Advocacy. see guidance note 4</p> <p>If the adult was deemed not to have capacity (in section A2) do they have an advocate who is representing them?</p> <p><input type="checkbox"/> Yes (complete A1 below) <input type="checkbox"/> No (complete A2 below)</p> <p>A1. If yes please state below who this person is and their relationship to the adult (such as family member, friend etc)</p> <p>Name of chosen advocate:</p> <p>Relationship to adult:</p> <p>Advocates contact details:</p> <p>A2. If the adult does not have an advocate to represent them, do you know at this stage if they may require the services of a Care Act Advocate provided by the Local Authority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p>A3. If there is no requirement for either a chosen advocate or a Care Act advocate please state the reason below eg adult has deceased.</p> <p>The Care Act 2014 requires that The authority must, if the condition in subsection (4) is met, arrange for a person who is independent of the authority (an “independent advocate”) to be available to represent and support the individual for the purpose of facilitating the individual’s involvement; but see subsection (5).</p> <p>(4)The condition is that the local authority considers that, were an independent advocate not to be available, the individual would experience substantial difficulty in doing one or more of the following—</p> <p>(a) understanding relevant information;</p> <p>(b) retaining that information;</p> <p>(c) using or weighing that information as part of the process of being involved;</p> <p>(d) communicating the individual’s views, wishes or feelings (whether by talking, using sign language or any other means).</p>			

(5)The duty under subsection (2) does not apply if the local authority is satisfied that there is a person—
(a)who would be an appropriate person to represent and support the individual for the purpose of facilitating the individual's involvement, and
(b)who is not engaged in providing care or treatment for the individual in a professional capacity or for remuneration.

Section B- Details of Concern/ Suspected Abuse. (* Mandatory fields)

Please describe as fully as possible: include how it came to your attention, time(s), dates(s) and location(s) of alleged incident(s) and names of witnesses (if known). Detail any injuries and complete a body map if necessary. *

(If necessary continue on a separate sheet of paper and include with fax/email) **Additional Sheets Yes/ No**

Action taken to protect the victim; details of any measures taken to secure the victim's immediate safety.

Has the ERSAB agreed Operational Guidance: Making decisions about safeguarding concerns been applied?* *see Guidance note 5 (NB: The 3 point check as in Question A1 is the only legal requirement)*

Yes No

Section C- Making Safeguarding Personal. (* Mandatory fields) *see guidance note 6*

C1. As a result of this concern has the person been asked what they would like as an outcome of safeguarding?

Yes No

C2. If yes, please select from the options below:

Was asked but no outcomes were expressed

Was asked and adult has expressed some desired outcomes (Please state below what these were)

C3. If no, please state here why they were not asked:

Section D- Details of person suspected or alleged to have caused/allowed the abuse (Complete if known or state "unknown")			
Name:	Age / Date of Birth:		
Home Address:	Male		Female
Postcode:	Ethnicity:		
Telephone/ Mobile:	NHS ID		
Current Location if different from above:			
Relationship of person alleged to have caused the abuse to the Adult at Risk you are concerned about: ✓			
<input type="checkbox"/> Family Member (Please specify): <input type="checkbox"/> Friend/Neighbour <input type="checkbox"/> Other Resident <input type="checkbox"/> Stranger <input type="checkbox"/> Professional/ paid care <input type="checkbox"/> Volunteer <input type="checkbox"/> Carer <input type="checkbox"/> Other - detail:			
Are you concerned that other adults or children (including unborn) are at risk from the person(s) suspected of causing or allowing the abuse? <input type="checkbox"/> Yes (give reasons below) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (please specify why below)			
If YES and you are concerned about a child or unborn child or children , please confirm you have shared the information with the Early Help and Safeguarding Hub: (EHaSH – 01482 395500) <input type="checkbox"/> Information shared (specify date and time of call) <input type="checkbox"/> Information not shared – please specific why			
NB Safeguarding is everyone's responsibility. Section 11 of the Children Act 2004 places a duty on all agencies to ensure their functions are discharged with regards to the need to safeguard and promote the welfare of children.			
If YES and you are concerned about other adult(s) please confirm you have completed a separate concern form for all other adults involved in addition to this one <input type="checkbox"/> Concern form completed (specify date sent to safeguarding adults team) <input type="checkbox"/> Concern form not completed – please specify why:			
Does the person suspected of causing the abuse provide care to the adult or any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Are you aware if the person suspected of causing the abuse knows of the allegation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			

Section E- Details of person completing this concern form	
Name:	Job Title:
Work Address: (for professionals)	Telephone / Mobile: Alternate Daytime Contact should you not be available: Name / Team: Contact number:
Post code:	Email:
Signature	Date & time:
Agency/area you work for ✓ <input type="checkbox"/> LA Adult Services <input type="checkbox"/> LA Emergency Duty Team <input type="checkbox"/> LA Single Intake Duty Team <input type="checkbox"/> Police <input type="checkbox"/> CQC <input type="checkbox"/> Health CCG <input type="checkbox"/> Health – Acute <input type="checkbox"/> Health – MHT <input type="checkbox"/> Independent Provider <input type="checkbox"/> Housing <input type="checkbox"/> Voluntary Sector <input type="checkbox"/> Family/friend <input type="checkbox"/> Other Service (please specify).....	