

Bury Safeguarding Adults Concern Form

This form should be completed as fully as possible and if applicable signed by a manager. Questions required for statutory reporting are marked with *. On completion this form can either be:

 Emailed to adultcareservices@bury.gov.uk

 Faxed to **0161 253 7198**

 Or call **0161 253 5151** and provide all the details recorded on this form.

***Date Concern Received:**

Time of Concern:

1. Details of person raising the safeguarding concern *(may remain anonymous)*

Name:

Contact Number:

Name of organisation *(if applicable)*:

Type of the person raising the safeguarding concern works for *(circle ONE option)*

<input type="checkbox"/> Police <input type="checkbox"/> Residential care staff <input type="checkbox"/> Domiciliary staff <input type="checkbox"/> Day care staff <input type="checkbox"/> Social worker/care manager <input type="checkbox"/> Customers' personal assistant <input type="checkbox"/> Other social care staff	<input type="checkbox"/> Ambulance Service (NWS) <input type="checkbox"/> Primary (GP) <input type="checkbox"/> Community (district nurse/OT) <input type="checkbox"/> Secondary (consultant/ward staff) <input type="checkbox"/> Mental Health <input type="checkbox"/> Housing (inc supporting people) <input type="checkbox"/> Education/Training/Workplace <input type="checkbox"/> Probation
Social Care Staff	Health Staff
<input type="checkbox"/> Care Quality Commission	<input type="checkbox"/> Probation

If Alerter does not work for an organisation *(circle ONE option)*

<input type="checkbox"/> Family Member <input type="checkbox"/> Friend/Neighbour <input type="checkbox"/> Other <i>(Please State)</i>	<input type="checkbox"/> Self Referral <input type="checkbox"/> Other service user
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2. Details of Adult at Risk

First Name:

Surname:

Date of Birth:

NHS Number:

Address *(including post code)*:

Contact Details:

Next of Kin or Carers Details *(Include relationship to Adult at Risk)*

GP Name and Practice

Is an Interpreter required?

Yes *(please state what language inc. Signing)*

No

3. Data for Statutory Reporting *(must be completed)*

*Ethnic Origin:		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Primary Support Needs <i>(circle ONE option)</i>			
<input type="checkbox"/> Physical Support		<input type="checkbox"/> Mental Health Support	
<input type="checkbox"/> Sensory Support		<input type="checkbox"/> Social Support	
<input type="checkbox"/> Support with Memory & Cognition		<input type="checkbox"/> No Support Reason	
<input type="checkbox"/> Learning Disability Support		<input type="checkbox"/> Not Known	
*Diagnosed Health Conditions <i>(circle ALL that apply)</i>			
Long Term - Physical	<input type="checkbox"/> COPD	Long Term - Neurological	<input type="checkbox"/> Stroke
	<input type="checkbox"/> Cancer		<input type="checkbox"/> Parkinson's
	<input type="checkbox"/> Acquired Physical Injury		<input type="checkbox"/> Motor Neurone Disease
	<input type="checkbox"/> HIV / AIDs		<input type="checkbox"/> Acquired Brain Injury
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
Sensory Impairment	<input type="checkbox"/> Visually impaired	Learning, Developmental or Intellectual Disability	<input type="checkbox"/> Learning Disability
	<input type="checkbox"/> Hearing impaired		<input type="checkbox"/> Autism
	<input type="checkbox"/> Other		<input type="checkbox"/> Asperger's Syndrome / Higher Functioning Autism
Mental Health	<input type="checkbox"/> Dementia		
	<input type="checkbox"/> Other		
<input type="checkbox"/> No relevant long term health conditions			

4. Current Support

Is the Adult at Risk known to Social Care?	<input type="checkbox"/> No
<input type="checkbox"/> Known to Bury Adult Social Care <i>Details of case allocation:</i>	<input type="checkbox"/> Known to another LA <i>State name:</i>
Is the Adult at Risk known to Health?	<input type="checkbox"/> No
<input type="checkbox"/> Yes <i>(please give details)</i>	

5. Details of the alleged abuse or neglect experience or at risk of experiencing

Brief details *(please also complete the attached body map if injuries sustained to the Adult at Risk)*

Brief details *(continued)*

Please state any action that has already been taken

Has there been any recent incidents/alerts reported in relation to this Adult at Risk?

Yes *(please give details)*

No

Has consent been given for the safeguarding?

Yes

No *(please explain why not)*

Is anyone else at risk or potentially at risk, including children?

Yes *(please give details)*

No

6. Details of Person alleged to have caused abuse or neglect

Not known

If there is more than person please state how many

Name:

Contact Details:

Address (including post code):

Is the person alleged to have caused harm a Vulnerable Adult?

Yes *(state actions taken to support them)*

No

7. Form Completer details

Name:

Job Title:

Team / Organisation:

Contact Details:

Signature:

Date:

8. To be completed by Connect & Direct Hub or a Safeguarding Manager

*Section 42 Safeguarding Enquiries Criteria

1. Does the adult have care and support needs? (<i>whether or not the authority is meeting any of those needs</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the adult experiencing, or is at risk of, abuse or neglect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. As the result of those needs is the adult unable to protect himself or herself against the abuse or neglect or the risk of it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If YES to ALL 3 questions - Section 42 criteria met proceed to Safeguarding Enquiry

<p>*If No to any of the Section 42 criteria: (circle 1 option)</p>	<p>Proceed to Safeguarding Enquiry Did not meet Section 42 criteria but the council considers it necessary and proportionate to proceed to a safeguarding enquiry.</p>
	<p>No Further Action as Safeguarding Alert, but other actions required Safeguarding Adults Manager has authority to make this decision and reasons for making this decision should be clearly outlined</p>
	<p>No Further Action as Safeguarding Alert and no other action to be taken Safeguarding Adults Manager has authority to make this decision and reasons for making this decision should be clearly outlined)</p>

Rational for Decision and Actions taken:

9. Risk Assessment

Are there are any imminent risks identified to the Adult at Risk or others	What action needs to be taken to manage these risks	By Who and When

10. Completion Details

Name:

Date Completed: