

Safeguarding Adults

**Raise a Concern**

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| To raise a concern:* Please complete this form and return to gatewaytocare@calderdale.gov.uk

and password protect your document or send via secure email, within 24 hours of the concerns been noted* The Joint Multi-Agency Safeguarding Adults Policy and Procedures are available to access [here](https://safeguarding.calderdale.gov.uk/professionals/safeguarding-adults/)
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| For enquiries about safeguarding concerns:* please contact Safeguarding Adults Team Duty on **01422 393 375** Monday-Friday 9am-5pm
* Outside of these hours and if your query is urgent please contact Emergency Duty Team on 01422 288 000.
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| Date safeguarding concern raised:  |
| 1. **Who is the person at risk?**
 |
| Title: |   | Surname:  |
| First Name/s:  |
| Date of Birth:  | Age:  |
| Address: Post Code:  |
| Phone Number:  |
| Person’s GP Practice:  |
| Please complete sections below, if known:

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| NHS Number:  | CIS Number:  |
| Gender:  | Ethnicity:  |
| Language Spoken:  | Religion:  |
| Communication needs:  | Interpreter required: Yes [ ]  No [ ]  |

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| Primary Support Reason: |
| Physical Support Needs [ ]  | Carer Support Needs[ ]  | Mental Health Support Needs [ ]  | Learning Disability Support Needs [ ]  |
| Sensory Support Needs [ ]  | Cognitive Support Needs (including Dementia) [ ]  | Substance Use support needs [ ]  | Other: Please specify  |
| Service Type: |
| Calderdale Council [ ]  | Commissioned by another council [ ]  | Health funded [ ]  | Jointly funded [ ]  | No service [ ]  | Self-funded [ ]  |
| Location of where abuse has occurred: |
| Care Home- Nursing [ ]  | Care Home- Residential [ ]  | Own Home [ ]  |
| Hospital- Acute [ ]  | Hospital-Community [ ]  | Hospital- Mental Health [ ]  |
| In the community [ ]  | In a Community service [ ]  |
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| 1. **Mental Capacity of the person at risk:**
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| Has the person at risk given consent for these concerns to be raised? | Yes [ ]  | No [ ]  |
| Did the person at risk have mental capacity to give consent | Yes [ ]  | No [ ]  |
| **If the person lacks mental capacity** to consent to the concern been raised, has a mental capacity assessment and best interest decision been completed? If so, please attach this documentation or complete the mental capacity assessment on the back of this form (Page 5-6) | Yes [ ]  | No [ ]  |
| **If consent has not been obtained,** please give reasons for why consent has been overridden: |
| It is in the public interest [ ]  | The person lacks mental capacity [ ]  |
| The person is subject to coercion [ ]  | To prevent serious harm or distress or life-threatening situation [ ]  |

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| 1. **Details of the person completing this form**
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| Title:  | First Name/s:  |
| Surname:  |
| Job Title:  |
| Address or Organisation:      |
| Phone Number: |   |
| Email address: |   |

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| 1. **Details of the person or organisation alleged to be responsible for the abuse or neglect**
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| First Name:  | Surname:  |
| Address:  |
| Phone Number:  |
| Is the person/organisation aware a safeguarding concern has been raised? | Yes [ ]  | No [ ]  |
| Is the person also an adult at risk?If so, please give their date of birth if known: | Yes [ ]  | No [ ]  |
| Relationship to person at risk: |
| Paid care staff [ ]  | Health professional [ ]  |
| Partner [ ]  | Other adult at risk [ ]  |
| Other professional (please specify) [ ]    | Other family member (please specify) [ ]   |

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| 1. **Details of the safeguarding concern**
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| Tell us what happened; when, where and who was involved? What harm came to the individual? |
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| Assessment of risk |
| a) the individual’s circumstances |
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| b) the impact of any incident |
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| c) the length of time it has been occurring |
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| d) the nature and extent of the concerns |
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| e) the risk of repeated incidents for others |
|  |
| f) the risk of repeated incidents for the person at risk |
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| Types of abuse: Please tick all that apply |
| Physical [ ]  | Sexual [ ]  | Neglect/Acts of Omission [ ]  | Organisational [ ]  |
| Financial[ ]  | Discriminatory[ ]  | Psychological [ ]  | Self-Neglect [ ]  |
| Domestic abuse[ ]  | Modern Slavery[ ]  |

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| 1. **Actions taken in relation to the concern**
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| What was done at the time? This could include any immediate protection measures that were taken e.g seeking advice, changing care plans, more supervision or contacting family |
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| Were the Police informed? |  Yes [ ]   | No [ ]  |
| Crime reference Number: |   |
| Has medical intervention been sought? |  Yes [ ]   | No [ ]  |
| By whom/where?:  |
| 1. **What does the person at risk want to happen now?**
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| What are the desired outcomes of the person at risk?  |
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| 1. **Please tell us whether you know if other people are involved in supporting the person at risk**
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| This may include people such as an advocate, health professionals, family or representative, neighbours, other agencies. If possible, please include Name, Job Title (if any), Address and Telephone number.  |

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| 1. **Any other relevant information?**
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| This may include information about the professional care or support the person at risk receives, if any, or any safety or confidentiality issues that may impact on how the concerns are addressed.  |

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**Mental Capacity Assessment for person at risk**

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| Date Completed: |   | Completed by: |   |

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| 1. Is there an impairment, or disturbance of, the functioning of the adult at risks mind or brain?
 | Yes [ ]  | No [ ]  |
| 1. Does the person lack the mental capacity to make this decision, at this time?
 | Yes [ ]  | No [ ]  |
| 1. Can they decide about informing other people of the concern?
 | Yes [ ]  | No [ ]  |
| 1. Can they decide about any safeguarding actions?
 | Yes [ ]  | No [ ]  |
| 1. Are they aware about their own safety, including an understanding of longer-term harm as well as the immediate effects?
 | Yes [ ]  | No [ ]  |
| 1. Do they know how to protect themselves from future harm?
 | Yes [ ]  | No [ ]  |
| **Can the adult at risk:** |
| 1. Understand the information relevant to the decision**?**
 | Yes [ ]  | No [ ]  |
| *Comments*:  |
| 1. Retain the information?
 | Yes [ ]  | No [ ]  |
| *Comments:* |
| 1. Use or weigh that information as part of the process of making the decision?
 | Yes [ ]  | No [ ]  |
| *Comments:* |
| 1. Communicate their decision?
 | Yes [ ]  | No [ ]  |
| *Comments:* |
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| **Best Interest Decision made for concern to be raised:** |
| Please include who was involved in this decision |
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Calderdale Council is registered with the Information Commissioners Office (ICO) under the provisions of the Data Protection Act 2018. The Council takes its responsibilities under the Act very seriously.

The information provided by you is collected in order to investigate a safeguarding referral. We need to collect this information in order to maintain accurate records of the referral and any subsequent investigation process. Completion of this form/sharing you information with us constitutes explicit consent from you for us to process your data for this purpose. Processing is necessary to protect the vital interests of the data subject or another person.

Your information may be shared with other professionals and agencies in accordance with the allegation management process.

Unless the information is required by law, you may withdraw this consent at anytime by writing to the safeguarding manager at gatewaytocare@calderdale.gov.uk In addition you have the right to see what information is held about you, to have inaccurate information corrected, to have information removed from our system unless we are required by law or statutory purpose to keep it and the right to complain to the Data Protection Officer if you feel your data has not been handled in accordance with the Law.

Your information will be recorded on our system to maintain up to date records. This information will be kept for a maximum of 8 years from the date of closure of the referral or until such time the data is reviewed by us or removed at your request.

The Data Protection Officer can be contacted at informationmanagement@calderdale.gov.uk