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| **1. Details of Adult at Risk** |
| Date Concern Received**\*** | Click or tap to enter a date. |
| ID | Click or tap here to enter text.  |
| Title | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Also known as | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone  | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Ethnicity | Click or tap here to enter text. |
| Sub-Ethnicity | Click or tap here to enter text. |
| First Language | Click or tap here to enter text. |
|  |  |  |

**Communication preferences**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Start*** | ***Category*** | ***Sub-Category*** | ***End*** |
| *Click or tap to enter a date.* | *Choose an item.* | *Choose an item.* | *Click or tap to enter a date.* |
| *Click or tap to enter a date.* | *Choose an item.* | *Choose an item.* | *Click or tap to enter a date.* |
| *Click or tap to enter a date.* | *Choose an item.* | *Choose an item.* | *Click or tap to enter a date.* |
| *Click or tap to enter a date.* | *Choose an item.* | *Choose an item.* | *Click or tap to enter a date.* |
| *Click or tap to enter a date.* | *Choose an item.* | *Choose an item.* | *Click or tap to enter a date.* |

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| --- | --- |
| Service User Primary Support Reason Group | Choose an item. |
| Service User Primary Support Reason Subgroup | Choose an item. |

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| **GP Surgery / Health Centre** |
| GP Surgery / Health Centre | Click or tap to enter a date. |
| Address | Click or tap here to enter text.  |
| Telephone | Click or tap here to enter text. |

**Health Conditions**

|  |  |
| --- | --- |
| **Age Diagnosed** | **Health Condition** |
| Click or tap to enter a date. | Choose an item. |
| How much support and what kind of support does the adult at risk normally receive or have in place? |
| Click or tap here to enter text. |
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| **3. Capacity and Consent** |
| Is the person aware of this Concern? **\*** |
| Yes [ ]  | No [ ]  | Not Known [ ]  |
| Have they agreed to this Concern being raised? **\*** |
| Yes [ ]  | No [ ]  | Not Known [ ]  |
| Is the adult being supported  |
| Yes[ ]  | No, support is needed [ ]  | No, support is not needed [ ]  |
|  Don’t know[ ]  |

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| **2. Details of Concern** |
| **Details of Person raising the Concern** *(Person or Organisation)* |
| Name | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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| **Party(ies) supporting** |
| Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
| Relationship to adult | Click or tap here to enter text. |

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| **What measures are being taken to ensure the adult is supported** | Click or tap here to enter text. |

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| **4. Details of Concern** |
| **Details of Person raising the Concern** *(Person or Organisation)* |
| Name | Click or tap here to enter text. |
| Organisation | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Sharing your details with third parties  |
| We cannot guarantee your anonymity but will try at all times to keep your details confidential if you prefer.(Professionals making a concern should be aware that anonymity cannot be granted)Do not share my details. [ ]  |

**Details of all abuse (suspected or witnessed)**

|  |  |
| --- | --- |
| Date and time | Click or tap to enter a date. |
|  |  |
| Brief factual details of the incident \* | Click or tap here to enter text. |
| If injuries are present please give a brief / accurate description | Click or tap here to enter text. |

*(Use the plus sign to repeat this section for multiple details of abuse being recorded)*

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| How did the Abuse and/or Neglect Come to Light? |
| Disclosure [ ]  If selected please state to whom:Click or tap here to enter text. | Witnessed [ ]  | Physical Signs [ ]  | Other [ ] If selected please provide details:Click or tap here to enter text. |

**Details of the concern(s) being raised**

|  |  |  |
| --- | --- | --- |
| Type of Abuse | Source of possible risk or abuse | Location / Setting |
| Choose an item. | Choose an item. | Choose an item. |

*(Use the plus sign to repeat this section for multiple details of abuse being recorded)*

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| Has there been a Safeguarding Concern raised about this adult in the last year?\* |
| Yes [ ]  | No [ ]  | Not Known [ ]  | Not Applicable [ ]  |

|  |  |  |
| --- | --- | --- |
| Type of Abuse | Source of possible risk or abuse | Location / Setting |
| Choose an item. | Choose an item. | Choose an item. |

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| Is this Safeguarding Concern regarding a pressure Ulcer? \* |
| Yes [x]  | No [ ]  | Not Known [ ]  | Not Applicable [ ]  |
| Does this adult continue to be at risk of harm? \* |
| Yes [ ]  | No [ ]  | Not Known [ ]  | Not Applicable [ ]  |
| Yes [ ]  | No [ ]  | Not Known [ ]  | Not Applicable [ ]  |
| Is the adult a carer for another adult / child? \* |
| Yes [ ]  | No [ ]  | Not Known [ ]  |

**Information about the person(s) alleged to be causing harm**

|  |  |
| --- | --- |
| Name | Click or tap here to enter text. |
| Date of Birth | Click or tap to enter a date. |
| Age Group | Choose an item. |
| Gender |
| Male [ ]  | Female [ ]  | Not Known [ ]  | Not Applicable [ ]  |
| Ethnic Origin | Choose an item. |
| Relationship to the adult at risk**\*** | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Do they live with the adult at risk? |
| Yes [ ]  | No [ ]  | Not known [ ]  |
| Is the person alleged to be causing harm also to the main carer? |
| Yes [ ]   | No [ ]   | Not Known [ ]  |
| Are any other people (including professionals) aware of this concern? |
| Yes [ ]  | No [ ]  | Not Known [ ]  | Not Applicable [ ]  |
| Is there any other information relevant to the concerned raised? |
| Yes [ ]  | No [ ]  |

*(Use the plus sign to repeat this section for multiple details of abuse being recorded)*

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| **5. Completion Details** |

**Privacy Statement.**

How your information will be used:

Barnet Council will collect and use the information you give us to undertake our functions as a local authority and deliver services to you. It is our responsibility to ensure that your information is kept safe. Where necessary, and legally allowed, we will share your information with trusted external organisations, commissioned partners and contracted service providers in order to deliver services and support you.

The information we collect may be used to better understand your use of our services and assist us in improving our services. This is to ensure we are using public funds in the best possible way. Under our duty to protect public money we may use the information you have provided for the prevention and detection of crime.

For further details of how we use your information and to understand your rights please visit [www.barnet.gov.uk/privacy](http://www.barnet.gov.uk/privacy) or email data.protection@barnet .gov.uk to request a full copy of our privacy notice.

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| **Details of worker completing this assessment** |

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| --- | --- |
| Worker name  | Click or tap here to enter text. |
| Team | Click or tap here to enter text. |
| Date  | Click or tap to enter a date. |

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| **IMPORTANT** |
| **To report this safeguarding concern to Adult Social Care for action please send it to:** socialcaredirect@barnet.gov.uk |
| **Barnet Enfield and Haringey Mental Health Trust workers only:****If you are recording safeguarding information on this form for a case that has already been actioned by your teams you will need to send the form to:** **adults.data@barnet.gov.uk****. This is for DATA COLLECTION PURPOSES ONLY** **and cases sent to this address will not be actioned by Adult Social Care.** |