

Example 2

Form – SG01



## Inter-Agency Safeguarding Adults Concern Form

### STRICTLY CONFIDENTIAL

If you suspect that someone is being harmed and they are in immediate danger you should ring the police on 999. Where a crime has been committed and the police require informing but there is no immediate danger call 101 (for further information see guidance at the end of this form). In all other situations, please contact the relevant Local Authority (as detailed below). If there are any concerns about children please refer to the relevant contact within the Local Authority (see guidance).

Please complete the form in full. All completed forms should be emailed and a follow-up telephone call made to ensure safe receipt.

Local Authority	Team	Telephone Number	Email Address
Hartlepool	Early Intervention Adults Team	01429 523300	isa@hartlepool.gov.uk
Middlesbrough	Adult Access Team	01642 650700	adultaccessteam@middlesbrough.gov.uk
Redcar & Cleveland	Adult Access Team	01642 065070	AccessAdultsTeam@redcar-cleveland.gov.uk
Stockton-on-Tees	First Contact Adults	01642 637134	FirstContactAdults@stockton.gov.uk
Durham	Social Care Direct	03000 767979	SCDsecured@durham.gov.uk
Out of Hours* Tees Valley	Emergency Duty Team	01642 524552	N/A

\*Weekdays: Monday – Thursday (5pm-8.30pm), weekends: Friday (from 4.30pm), all day Saturday and Sunday and public holidays

For all completed forms please email in:  
[adultsafeguarding@nth.nhs.uk](mailto:adultsafeguarding@nth.nhs.uk) from nth.nhs.uk emails  
[nth-tr.adultsafeguarding@nhs.net](mailto:nth-tr.adultsafeguarding@nhs.net) from nth.nhs.net emails

Please complete all sections of the form in as much detail as possible. You can easily navigate through each section by pressing F11 on your keyboard. To select a tick box, double click on the box and select 'checked'. Or you can print and hand write legibly in black ink on the form and then scan/email this.

SECTION 1: DETAILS OF ADULT AT RISK OF HARM OR ABUSE					
Name	Peter Jones	DOB	01/01/01	Gender	Male.
Home Address	1 The Front, Hartlepool			Post Code	TS25 2BQ
Current Address	UHNT.			Post Code	TS19 8PE
Ward Number (if hospital)	25	Unit Name (if care home)			
Telephone Number	82725.	Religion	None.		

<b>Ethnicity</b> The adult can self-declare, otherwise please select from list of options using drop down menu	<i>White British</i> Choose an item. Please refer to the guidance if you are hand writing this form		<b>Nationality</b>	<i>British</i>	
<b>Interpreter needed?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	<b>Language Required</b>		
<b>In your opinion does the Adult at Risk have the mental capacity to understand what has happened to them?</b>				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Is the adult aware of the Concern?</b>				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>If No, why not?</b>					
<b>Does the adult consent to the Concern being raised?</b>				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>Does the Adult at risk have any care /support needs or vulnerabilities?</b> (refer to guidance information)		(Please describe – this section <b>MUST</b> be completed) <i>Maintaining personal hygiene &amp; toileting needs, being appropriately clothed / make use of home safely</i>			
<b>As a result of their care and support needs/ vulnerabilities, is the adult unable to protect themselves?</b> (refer to guidance information)		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
		<i>Due to patient's use of wheelchair he is unable to leave / vacate the family home independently.</i>			
<b>SECTION 2: DETAILS OF CONCERN BEING RAISED</b>					
<b>Location of alleged incident/concern</b> (please see list of options – if 'other' please specify)			Choose an item. <i>Our Home.</i> Please refer to the guidance if you are hand writing this form		
<i>Patient's home address</i>					
<b>Address where incident occurred</b>	<i>1 The Front Hartlepool</i>		<b>Post Code</b>	<i>TS25 2BQ</i>	
<b>Date of incident/concern</b>	<i>01/06/19.</i>	<b>Time of incident/concern</b>	<i>22<sup>00</sup></i>		
<b>Please indicate the main type of abuse suspected (refer to guidance information)</b>					
<b>Discriminatory</b>	<b>Domestic</b>	<b>Financial or Material</b>	<b>Modern Slavery</b>	<b>Neglect and Acts of Omission</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Organisational</b>	<b>Physical</b>	<b>Psychological</b>	<b>Self-Neglect</b>	<b>Sexual Abuse</b>	<b>Sexual Exploitation</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Factual details of alleged incident/concern</b> This should include a clear <b>factual outline</b> of the concern being raised with details of times, dates, people and places where appropriate.					
<i>Patient has disclosed that his husband has been physically assaulting him (hitting and kicking) for a number of months (approx 6).</i>					



His husband is also controlling him by not allowing him to go out without him (accompanied by friends / family) and he is becoming increasingly isolated because of this.

Patient states that his husband is very 'nasty' and calls him names telling him he is 'useless' and that no one will ever want him.

Patient states that he doesn't know what to do and is frightened of returning home once he is discharged.

Due to patient's muscular dystrophy and use of his wheelchair he depends fully on his husband to meet his needs.

#### **Making Safeguarding Personal (MSP)**

Please discuss with the Adult if safe and able to do so

What are the views and wishes of the Adult?

Patient wants to feel safe, he is scared and doesn't know which way to turn. He is willing to accept support.

What would the Adult like to happen as an outcome of the Concerns?

He would like to know what his options are and requires support in order to do this. He is unsure at this time if he wants to end his marriage.

SECTION 3: CURRENT SITUATION					
Where is the adult now in relation to the person alleged to have caused harm?			Patient remains in hospital		
Is the adult in immediate danger of further abuse?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Please describe Patient states that his husband is not abusive when visiting.					
Has the adult taken any necessary steps or actions to try to address the abuse or neglect? If so, please explain None					
Have any immediate actions been identified to reduce the potential for further abuse?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Please describe Patient has agreed to a referral to Harbour Support Services					
Are there any other people (including children) who may be at risk of harm?			Unknown <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, please describe the risk that remains and the names of others potentially at risk					
Please consider if you need to contact the Police Call 999 if there is an immediate danger to the Adult or others. Where a crime has been committed and the police require informing but there is no immediate danger please call 101.					
Is criminal activity suspected?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If Yes, have the police been contacted?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If Yes, what was the outcome?			Patient does not wish to make a formal statement at this time.		
Police Crime/Reference Number			CRN 12345		
If No, please explain reason for this					
SECTION 4: FAMILY / REPRESENTATIVE DETAILS					
It may not always be appropriate to consult family/friends, please consider: <ul style="list-style-type: none"> <li>If the Adult has capacity and does not want them informing</li> <li>If you are putting the adult at risk by informing (e.g. Domestic Abuse)</li> </ul>					
Name		Relationship to Adult		Patient has been isolated from family. No family details given.	
Contact Address		Post Code			
Telephone Number					
Are they a Carer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are they aware of this Concern?	
If No, why not?		Yes <input type="checkbox"/>			
		No <input type="checkbox"/>			
SECTION 5: DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM					
Name		DOB		Gender	
Philip Jones		05/05/99		Male	

Home Address	1 The Front, Hartlepool		Post Code	TS19 2BQ
Current Address	1 The Front, Hartlepool		Post Code	TS19 2BQ
Ward Number (if hospital)		Unit Name (if care home)		
Telephone Number				
Job Title (if applicable)		Organisation (if applicable)		
What is the relationship of the alleged perpetrator to the adult? (please select from list of options)			Choose an item. <i>Husband</i> Please refer to the guidance if you are hand writing this form	
Does the alleged perpetrator live with the adult?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the alleged perpetrator the main Carer?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Do you consider the alleged perpetrator to have care and support needs?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the alleged perpetrator aware of the Concern?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Only discuss this Concern with the alleged perpetrator if it is safe to do so and there is no further risk to the victim or others. If No, why not? If Yes, what was their response?				
<i>It is unsafe to discuss the concerns with the alleged perpetrator</i>				

<b>SECTION 6: OTHER INVOLVEMENT</b>					
Who else has been informed of this concern?					
Care Quality Commission	Commissioning	Continuing Health Care	NECS (Medicines)	Public Health	Service Provider
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					
<b>CONTACT DETAILS</b> (please add further rows if necessary)					
Name	Organisation	Telephone Number	Email		
A. Anderson	HCC (Social worker)	01429 222222			

<b>SECTION 7: DETAILS OF PERSON RAISING CONCERN</b>			
Name	Beryl Braun	Job Title	Staff nurse
Organisation (if applicable)	UHNT.		
Contact Address	Hardwick Estate, Stockton	Post Code	TS19 8PE
Telephone Number	82725.		



Relationship to the adult at risk of harm or abuse		Staff Nurse	
Have you completed your own organisation's internal process (e.g. Datix)?		Yes <input checked="" type="checkbox"/>	N/A <input type="checkbox"/> N12345
Form Completed By	B. Brown	Date Completed	02/06/19
Signature	B. Brown.		

GUIDANCE INFORMATION		
Further guidance can be accessed here: <a href="https://www.tsab.org.uk/key-information/policies-strategies/">https://www.tsab.org.uk/key-information/policies-strategies/</a>		
<ul style="list-style-type: none"> <li>• Police Referral Criteria</li> <li>• Decision Support Guidance</li> </ul>		
Contact Details for Children Services:		
Hartlepool	01429 284284 / 01642 130080	<a href="mailto:childrenshub@hartlepool.gov.uk">childrenshub@hartlepool.gov.uk</a>
Middlesbrough	01642 726004	<a href="mailto:firstcontact@middlesbrough.gov.uk">firstcontact@middlesbrough.gov.uk</a>
Redcar & Cleveland	01642 771500	<a href="mailto:firstcontact@redcar-cleveland.gov.uk">firstcontact@redcar-cleveland.gov.uk</a>
Stockton-on-Tees	01642 130080 / 01429 284284	<a href="mailto:childrenshub@stockton-on-tees.gov.uk">childrenshub@stockton-on-tees.gov.uk</a>
Out of Hours	01642 524552	

SECTION 2			
DETAILS OF THE ADULT AT RISK OF HARM OR ABUSE			
ETHNICITY			
<b>White</b> <ul style="list-style-type: none"> <li>• White British</li> <li>• White Irish</li> <li>• Gypsy / Irish Traveller</li> <li>• White Other</li> </ul>	<b>Asian / Asian British</b> <ul style="list-style-type: none"> <li>• Indian</li> <li>• Pakistani</li> <li>• Bangladeshi</li> <li>• Chinese</li> <li>• Any Other Asian</li> </ul>	<b>Black / Black British</b> <ul style="list-style-type: none"> <li>• Black Caribbean</li> <li>• Black African</li> <li>• Any Other Black</li> </ul>	<b>Mixed / Multiple Ethnic Groups</b>
<b>Other Ethnic Groups</b> <ul style="list-style-type: none"> <li>• Arab</li> </ul>	<b>Refused</b>	<b>Undeclared / Not Known</b>	

CARE & SUPPORT NEEDS AND VULNERABILITIES
Some Examples of Care & Support Needs (this list is not exhaustive)
<ul style="list-style-type: none"> <li>• Managing and maintaining nutrition</li> <li>• Maintaining personal hygiene ✓</li> <li>• Managing toilet needs ✓</li> <li>• Being appropriately clothed ✓</li> <li>• Being able to make use of the home safely ✓</li> <li>• Maintaining a habitable home environment ✓</li> <li>• Developing and maintaining family or other personal relationships ✓</li> <li>• Accessing and engaging in work, training, education or volunteering</li> <li>• Making use of necessary facilities or services in the local community including public transport and recreational facilities or services</li> <li>• Carrying out any caring responsibilities the adult has for a child</li> </ul>

**Some Examples of Vulnerabilities** *(this list is not exhaustive)*

- Drug and alcohol misuse
- Mental health needs
- Poor general health
- Poor lifestyle choices

**SECTION 2**  
**DETAILS OF CONCERN BEING RAISED**

**TYPE OF ABUSE**

**Discriminatory**

Includes abuse based on a person's race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

**Domestic**

An incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality. It can include: psychological, physical, sexual, financial, emotional abuse; 'honour' based violence; Female Genital Mutilation; forced marriage.

**Financial and Material**

Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

**Modern Slavery**

Encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Neglect and Acts of Omission**

Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Organisational**

Includes poor care practice within an institution or specific care setting like a hospital or care home. This may range from isolated incidents to continuing ill-treatment.

**Psychological**

Includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

**Physical**

Includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

**Sexual Abuse**

Includes rape and sexual assault, sexual acts to which the adult has not consented, could not consent or was pressured into consenting.

**Sexual Exploitation**

Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.

**Self-Neglect**

Covers a wide range of behaviour; neglecting to care for one's personal hygiene, health.

**SECTION 5****DETAILS OF THE PERSON ALLEGED TO HAVE CAUSED HARM****LOCATION OF ALLEGED INCIDENT/CONCERN****Own Home**

The residence where the adult at risk usually lives. Includes property owned/rented by the individual, family or friends.

**Care Home – Nursing**

Can be used whether the person is at the care home on a permanent or temporary basis.

**Care Home – Residential**

Can be used whether the person is at the care home on a permanent or temporary basis.

**Supported Living**

Can include any type of supported accommodation, such as independent living.

**Day Centre/Community Service**

Can include things like community centres, day care centres, leisure centres, libraries, schools, GP surgeries and dental surgeries.

**Alleged Perpetrator's Home**

Can include any incident that occurs in the home of the abuser.

**Hospital / Health Setting**

Can include any type of hospital premises. The individual at risk could be a patient or a visitor.

**Other**

Includes any other setting that does not fit into one of the above categories. This could include businesses, offices, pubs and other people's homes.

**WHAT IS THE RELATIONSHIP OF THE ALLEGED PERPETRATOR TO THE ADULT?****Care Staff**

- Day Care Staff
- Domiciliary Care Staff
- Health Care Worker
- Residential Care Staff

**Known**

- Known – Community Health Care
- Known – Other Private Sector
- Known – Other Public Sector
- Known – Other Voluntary Sector
- Known – Police
- Known – Primary Health Care
- Known – Regulator
- Known – Relative/Family

**Not Recorded**



	<b>Carer</b> <ul style="list-style-type: none"> <li>• Known – Secondary Health Care</li> <li>• Known – Social Care Manager/Assessor</li> <li>• Known – Unrelated Individual</li> </ul>	
<b>Other</b> <ul style="list-style-type: none"> <li>• Other - Professional</li> <li>• Other - Social Care Staff</li> </ul>	<b>Service Provider</b> <ul style="list-style-type: none"> <li>• Service Provider – Private Sector</li> <li>• Service Provider – Public Sector</li> <li>• Service Provider – Voluntary Sector</li> </ul>	<b>Unknown</b> <ul style="list-style-type: none"> <li>• Unknown – Community Health Care</li> <li>• Unknown – Individual/Stranger</li> <li>• Unknown – Other Private Sector</li> <li>• Unknown – Other Public Sector</li> <li>• Unknown – Other Voluntary Sector</li> <li>• Unknown – Police</li> <li>• Unknown – Primary Health Care</li> <li>• Unknown – Secondary Health Care</li> <li>• Unknown - Social Care Manager/Assessor</li> </ul>

EXAMPLE

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