

**Adult Safeguarding Alert/Referral Form**

Please submit by email to [AccessTeam.dachs@dudley.gov.uk](mailto:AccessTeam.dachs@dudley.gov.uk)

**Contact phone number -** call 0300 555 0055 and select option 1

Out of hours - **0300 555 8574** or in an emergency call **999**.

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**Section 1: Details of the Adult at Risk**

<b>Title</b>		<b>Name</b>	
<b>AIS PIN if known</b>		<b>NHS no. if known</b>	
<b>SAP number if known</b>			

<b>Gender</b>		<b>Date of birth</b>	
<b>Telephone number</b>		<b>Address</b>	

<b>Primary support reason</b>	Access & mobility	Asylum seeker support	<b>Ethnic origin</b>	Any other ethnic group	Arab
	Learning disability support	Mental health support		Asian/Asian British – Bangladeshi	Asian/Asian British – Indian
	Personal care support	Safeguarding – no services provided		Asian/Asian British – other Asian	Asian/Asian British – Pakistani
	Substance misuse support	Support for dual impairment		Black/Black British – African	Black/Black British – Caribbean
	Support for hearing impairment	Support for social isolation		Black/Black British – other Black	Chinese
	Support for visual impairment	Support with memory & cognition		Gypsy/Roma	Mixed – other mixed background
	Visual imp			Mixed – White and Asian	Mixed – White and Black African
				Mixed – White and Black Caribbean	White – British
				White – Irish	White – other cultural background

<b>Does the adult at risk have any communication needs? If so, what are they?</b>					
<b>Health conditions</b>	Autism (excl. Asperger's)	Asperger's	Acquired brain injury	Acquired physical injury	Cancer
	COPD	Dementia	Hearing impaired	HIV/AIDS	Learning disability
	Learning/developmental intellectual – other	Long term health condition (neurological) – other	Long term health condition (physical) – other	Mental health – other	Motor neurone disease
	No relevant long term condition	Parkinson's	Sensory impairment - other	Stroke	Visually impaired

<b>Name of GP</b>		<b>Surgery address and telephone number</b>	
<b>Where is the adult at risk now (if not at home)?</b>			

<b>Section 2: Mental Capacity (in relation to this alert only)</b>	
<b>Is the adult at risk aware of this alert?</b>	
<b>Has the adult at risk agreed to this alert being raised?</b>	
<b>If not, why not?</b>	
<b>Do you have any reason to doubt the adult at risk's capacity to agree to this alert being raised? If yes, why?</b>	

<b>Section 3: Alert/Referral Details</b>	
<b>Date and time of alerting the local authority</b>	
<b>Have the police been notified? Please provide details of date and time</b>	
<b>Who is raising the alert?</b>	
<b>Does the alerter work for an organisation/establishment?</b>	

<b>Telephone number</b>		<b>Address</b>	
<b>Relationship to the adult at risk</b>		Anonymous	Carer
		Councillor	Education/training/workplace
		Family member	Friend/neighbour
		Health/nurse	Housing
		Known to individual community health care	MP
		NHS secondary staff	NHS stepdown
		Other local authority	Other service user
		Primary/community health staff	Probation
		Self	Social care staff day care
		Social care staff OT	Social care staff other
		Social care staff residential	Social worker/care manager
		Unknown/stranger – community health care	West Mids Ambulance
<b>How is the alert being made to Dudley MBC?</b>		<b>Which local authority has Social Services responsibility?</b>	

<b>Section 4: Incident Details</b>		
<b>Location of incident</b>	Care Home – Nursing	Care Home – Residential
	Hospital Acute	Hospital Community
	Hospital Mental Health	In a Community Service
	In the Community (excl. Community Services)	Own Home
	Other	
<b>Please provide brief factual details of the incident</b>		
<b>Were there any witnesses to the incident? If so, please provide names, addresses and contact details</b>		
<b>If the adult at risk has injuries please give a brief accurate description</b>		

<b>Has a body map been completed?</b>				
<b>Details of actions taken to safeguard the adult at risk</b>				
<b>Has a medical practitioner been informed?</b>		<b>Name of practitioner/ establishment</b>		
<b>Does the adult at risk care for others?</b>		<b>Alleged abuse type (select as many as appropriate)</b>	Discrimination	Emotional/psychological
			Financial/material	Institutional
			Modern slavery	Neglect/acts of omission
			Neglect – medication mismanagement	Neglect – pressure sore
			Physical	Physical – domestic violence
			Self neglect	Sexual
			Sexual – sexual exploitation	
<b>Main abuse type (if more than one was recorded)</b>				

<b>Section 5: potential source of risk</b>		
<b>Name of potential source of risk (if known)</b>		
<b>Does the potential source of risk work for an organisation? Please provide details (if known)</b>		
<b>Relationship to the adult at risk</b>	Known to individual – individual known but not related	Known to individual – other private sector
	Known to individual – other public sector	Known to individual – other voluntary
	Known to individual – police	Known to individual – primary health care
	Known to individual – regulator	Known to individual – relative/family carer
	Known to individual – secondary health care	Known to individual – social care staff – care management and assessment
	Self neglect	Social care support or service paid, contracted or commissioned – public sector
	Social care support or service paid, contracted or commissioned – private sector	Social care support or service paid, contracted or commissioned – voluntary
	Unknown/stranger – individual	Unknown/stranger – other private sector
	Unknown/stranger – other public sector	Unknown/stranger – other voluntary
	Unknown/stranger – police	Unknown/stranger – primary health care
Unknown/stranger – regulator	Unknown/stranger – secondary health care	

		Unknown/stranger – social care staff – care management and assessment		
<b>Is the potential source of risk vulnerable?</b>				
<b>AIS PIN (if known)</b>		<b>Ethnic origin</b>	Any other ethnic group	Arab
			Asian/Asian British – Bangladeshi	Asian/Asian British – Indian
			Asian/Asian British – other Asian	Asian/Asian British – Pakistani
			Black/Black British – African	Black/Black British – Caribbean
			Black/Black British – other Black	Chinese
			Gypsy/Roma	Mixed – other mixed background
			Mixed – White and Asian	Mixed – White and Black African
			Mixed – White and Black Caribbean	White – British
			White – Irish	White – other cultural background
<b>Gender</b>		<b>Date of birth</b>		
<b>Is the potential source of risk aware of this alert?</b>				
<b>Is the potential source of risk the main carer?</b>				
<b>Does the potential source of risk care for others?</b>				
<b>Are others at risk?</b>				
<b>If so, please describe the risk that remains and provide the names of any others potentially at risk, related to this concern</b>				
<b>Are arrangements required to safeguard any other adults or children involved?</b>				

**Decision making record – for office use only**

<b>Do the concerns reach the threshold for progressing to strategy discussion and investigation?</b>	Yes – safeguarding adults <b>S42</b> enquiry required	<input type="checkbox"/>	Yes – safeguarding adults <b>other</b> enquiry required	<input type="checkbox"/>
	No – safeguarding adults not progressed <input type="checkbox"/>			

<b>Date threshold decision made:</b>	
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**If safeguarding is not to be progressed, please outline the reasons below:**

<b>Not a vulnerable adult</b>	<input type="checkbox"/>
<b>No abuse alleged</b>	<input type="checkbox"/>
<b>No harm identified</b>	<input type="checkbox"/>

**If safeguarding is not to be progressed, please detail your professional reasoning for this decision and any actions taken including signposting to other services:**

**Authorisation**

<b>Name of manager:</b>		<b>Designation:</b>	
<b>Signature:</b>		<b>Date:</b>	
<b>Team:</b>			