

Appendix 2: Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership

ADULT SAFEGUARDING CONCERN AS1

To be used in **all** situations where there is a concern that an Adult with care and support needs is either experiencing abuse or is at risk of abuse

ID No:	Key Worker:
NHS No:	Primary Support Reason:
First Name(s):	Surname:
Title:	Preferred Language:
Date of Birth:	Age:
Gender:	Marital Status:
Ethnicity:	Religion:
Current Address (including Post Code):	Current Telephone No:
Permanent address (including Post Code):	Preferred contact address (including Post Code):
Accommodation Type:	
Main Telephone No:	Mobile No:
Email Address:	Preferred contact method (e.g. tel. no, email):
Employment Status:	Lives with:
Completed by:	Role/Profession:
Date of Assessment:	Contact Details:

Adult with Care and Support Needs

To be used in **all** situations where there is a concern that an Adult with care and support needs is either experiencing abuse or is at risk of abuse.

Please note: Before completing this form, please ensure that the following client information screens have been completed (particularly the specified questions).

'Information' tab (for the Adult and the Potential Source of Risk): Please complete in full

Referral – Safeguarding (At this stage only mandatory fields, and if appropriate secondary reasons screen) – Allegations (All fields except the outcome and outcome details & police Details TAB if appropriate):

Client preferred name	
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Category of Current Residence	
Sexuality	
Type of Alleged Abuse	
Date of alleged abuse if known	
In all cases give the date abuse disclosed or suspected	
Location of the abuse	

Previous AS Concern in past 12 months?	
If abuse is within an organisation please specify the name	
Has the person had an assessment, review or service from the Council in the past 12 months?	
How is the person supported?	
Is the adult with social care and support needs from this local authority?	
If no, please specify	

Details of concern – what is the person raising the concern worried about?

How often has this abuse occurred?

Is the abuse likely to happen again?

Details of any injuries

What other harm has occurred or might occur?

What are the views and wishes of the adult with care and support needs?

Has this concern been raised as part of a whistle blowing policy? If yes please give details

1st Person alleged to be responsible for harm

Details of 1st Source of Risk

Surname		Forename/s	
Title		ID Number	
Known Alias		Ethnicity	
Gender		Religion	
DOB/Age			
Full Address inc Postcode		Telephone Number	

Role of the Source of Risk (if applicable):	
Relationship/Association between the Source of Risk with the Adult with care and support needs:	

Details of any disabilities	
Does the Source of Risk live with the adult with care and support needs?	
Is the Source of Risk the main family carer?	
Does the Source of Risk have care and support needs? (If yes, assessment required)	
If the Source of Risk is an employee or volunteer, give name of organisation/service	
Has this person/service been identified as the source of risk in other safeguarding enquiries during the last 12 months?	
Are children potentially at risk in this situation? (if yes refer to Children's Services)	
Communication issues (e.g. need for interpreters or intermediaries)	

2nd Person alleged to be responsible for harm

Details of 2 nd Source of Risk			
Surname		Forename/s	
Title		ID Number	
Known Alias		Ethnicity	
Gender		Religion	
DOB/Age			
Full Address inc Postcode		Telephone Number	

Role of the Source of Risk (if applicable):	
Relationship/Association between the Source of Risk with the Adult with care and support needs:	

Details of any disabilities		
Does the Source of Risk live with the adult with care and support needs?		
Is the Source of Risk the main family carer?		
Does the Source of Risk have care and support needs? (If yes, assessment required)		
If the Source of Risk is an employee or volunteer, give name of organisation/service		
Has this person/service been identified as the source of risk in other safeguarding enquiries during the last 12 months?		
Are children potentially at risk in this situation? (if yes refer to Children's Services)		
Communication issues (e.g. need for interpreters or intermediaries)		

Reasons of Abuse

Info - Please select all appropriate options

Reasons of Abuse	Discriminatory Abuse Emotional/Psychological Abuse Financial or Material Abuse Organisational Abuse Neglect/Omission Physical Abuse Self-Neglect Sexual Abuse Domestic Violence Modern Slavery Sexual Exploitation
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Immediate Protection

Have you taken any immediate steps required to protect the adult with care and support needs?

If yes, provide details below

What action does the person raising the concern feel is necessary?

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Key Agencies/Professionals Involved

Name	Agency

Person Raising the Concern

Person Raising Concern Details	
Name of Person Raising Concern	
Date concern raised	
Telephone number	

If general public, are they prepared to be contacted	
Role of person raising concern (if applicable)	
If other please state	
Organisation/Company name (if relevant)	

If suspected abuse occurred in Stoke-on-Trent please return completed form to Stoke-on-Trent Adult Social Care.
 If suspected abuse took place elsewhere in Staffordshire please contact Staffordshire County Council, Adult Social Care.

Decision Making Record

FOR OFFICE USE ONLY

To be completed by Social Care or Mental Health Manager

Date Section 42 enquiry decision made

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Do the concerns require a Section 42 enquiry?

yes – proceed with planning discussion

No - If No Section 42 enquiry is not required select one appropriate outcome from the list

Does not meet Sec 42 Enq - Signposted To Other Statutory Processes, Adult Assessment
Does not meet Sec 42 Enq - Signposted To Other Statutory Processes; Carer Assessment
Does not meet Sec 42 Enq - Signposted To Other Statutory Processes; Complaint
Does not meet Sec 42 Enq - Signposted To Regulatory Processes; CQC
Does not meet Sec 42 Enq - Offence Identified And Police Only Response Required
No Sec42 Enq Rqd - No Abuse Or Neglect Identified
No Sec42 Enq Rqd - No Ongoing Abuse or Neglect
No Sec42 Enq Rqd - No Care And Support Needs
No Sec42 Enq Rqd - Able To Protect Self Against Ongoing Abuse Or Neglect Or Risk Of It

If no section 42 enquiry is taking place please detail your professional reasoning for this decision and any actions taken including referral or notification to other services:

Decision Making Record Continued

If a Section 42 enquiry is required, proceed to Planning Discussion (refer to Policy & Procedure)

Name the team undertaking planning discussion if applicable

Indicate the level of harm that has occurred (and provide your reasoning below)

None, low, medium, high

Detail your reasoning for the level of harm that has occurred

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Indicate the risk of future harm (based on the matrix and provide your reasoning below)

None, 1 = Low, 2 = Low, 3 = Low, 4 = Medium, 5 = Medium, 6 = Medium, 7 = Medium, 8 = High, 9 = High, 10 = High

Detail your reasoning for the risk of future harm

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AS1 Completed By

Form Completed By			
Name		Role	
Team		Telephone	
Organisation			

AS1 Authorised By

Decision Making Manager			
Name		Role	
Team		Telephone	
Organisation			