

Adult Safeguarding Concern

The purpose of submitting this form is to bring the concern to the attention of Lincolnshire County Council Adult Care as part of the [LSAB safeguarding procedure](#).

This form reports a concern of abuse or neglect, or 'reasonable suspicions' of abuse or neglect against an individual who;

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- AND is experiencing, or at risk of, abuse or neglect
- AND as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Completed forms should be returned to: ASC@lincolnshire.gov.uk

Additional resources and supporting guidance for completing this form is available at: <https://www.lincolnshire.gov.uk/lsab>

Is this concern in relation to suspected Exploitation, Human Trafficking or Modern Day Slavery? *	Choose an item.
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REFERRERS DETAILS		
Date:*	Click here to enter text.	
Name of Referrer: *	Click here to enter text.	
Job Title: *	Click here to enter text.	
Agency/Organisation:*	Choose an item.	
If a provider, please state name:	ggggggg	
Address: *	Click here to enter text.	
Telephone Number: *	Click here to enter text.	
Email Address: *	Click here to enter text.	
Referrer's Line Manager Details:	Name*	Click here to enter text.
	Telephone number*	Click here to enter text.
	Email*	Click here to enter text.
Has your line manager agreed to this concern being submitted? *	Choose an item.	
If No, please outline why.	Click here to enter text.	

PERSON AT RISK DETAILS					
Last Name: *	First Name: *	DOB/Age*	Gender*	Ethnicity*	Religion*
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Communication needs: *		Click here to enter text.			
First language: *		Click here to enter text.			
Address and postcode*		Click here to enter text.			
Preferred Contact Number (and type): *	Click here to enter text.	Mobile Number: ●	Click here to enter text.		
Do you think the person has care and support needs? *		Choose an item.			
<i>If yes, please outline your understanding of the care and support needs of the adult.</i>		Click here to enter text.			
MENTAL CAPACITY AND CONSENT					
Is there reason to doubt the person's capacity to consent to the enquiry? *		Choose an item.			
<i>If Yes, please outline these</i>		Click here to enter text.			
		What have people who know the person said that might assist you in forming a view on capacity? *			
		Click here to enter text.			
Have you discussed the alleged abuse with the adult at risk? *		Choose an item.			
<i>If no, please state why.</i>		Click here to enter text.			
Does the person give their consent for the information to be shared and for the form to be submitted? *		Choose an item.			
<i>If no, please explain</i>		Click here to enter text.			
If consent has not been obtained or has not been given and you are proceeding with sharing the information, explain the reason for this decision?		Click here to enter text.			

DETAILS OF GP	
Name: ●	Click here to enter text.
Address: ●	Click here to enter text.
Telephone: ●	Click here to enter text.
DETAILS OF LEGAL REPRESENTATIVE OR ADVOCATE:	
Name: ●	Click here to enter text.
Address: ●	Click here to enter text.
Telephone: ●	Click here to enter text.
DETAILS OF ALLEGED PERSON POSING A RISK IF KNOWN	
Name: ◆	Click here to enter text.
Address: ◆	Click here to enter text.
Telephone ◆	Click here to enter text.
Age/DOB: ◆	Click here to enter text.
Relationship to person at risk ◆	Click here to enter text.
Lives in the same household as the person at risk?	Choose an item.
Other information ◆	Click here to enter text.
ADDITIONAL INDIVIDUALS ALLEGED TO BE POSING A RISK (include information outlined above)	
Click here to enter text.	

DETAILS OF ALLEGED INCIDENT(S) ◆	
Date of alleged incident	Click here to enter text.
Type of alleged abuse ◆	Choose an item.
Does this involve a pressure ulcer? If yes, please ensure you have undertaken steps within Department of Health Guidance https://www.gov.uk/government/publications/pressure-ulcers-safeguarding-adults-protocol .	Choose an item.
Do you believe that a crime has been committed? ◆	Choose an item.
Has this been reported to the Police? ◆	Choose an item.
POLICE INCIDENT NUMBER if the incident has been reported to the Police ◆	Click here to enter text.
ADDITIONAL INCIDENTS – include information as required above	
Click here to enter text.	

FIELD KEY: *Mandatory

◆: Essential

●: Desirable

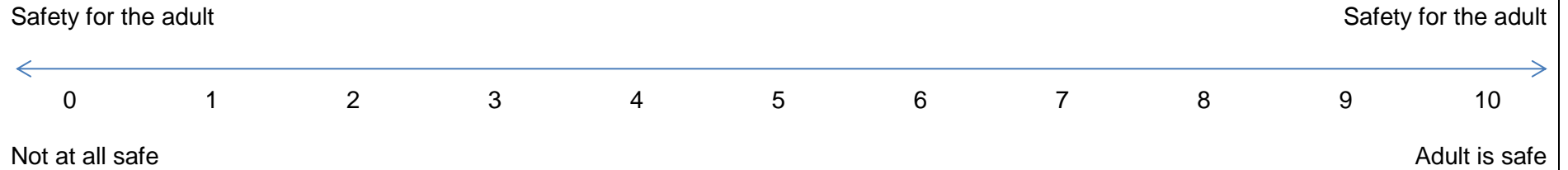
REASONS FOR REFERRAL

<p>What are your safeguarding concerns for this adult? *</p> <ul style="list-style-type: none"> • <i>Factual information specific to the concern</i> • <i>Who, What, Where, When, How?</i> • <i>Outline your understanding of the care and support needs of the adult.</i> • <i>How do these needs prevent an adult from protecting themselves from risk or harm?</i> • <i>What are the risks posed to the person?</i> • <i>What are the strengths (of the person or their networks)?</i> • <i>What harm has occurred/suspected may occur?</i> 	<p>What resources/services are already in place for this adult? *</p> <ul style="list-style-type: none"> • <i>What existing safety is in place for this adult that has been tested and proven to alleviate the concern;</i> • <i>Are there resources (eg family/friends/community) being accessed or services that are happening to address the concern?</i> • <i>Is this resource/service adequately addressing the concerns already? (Name, address, telephone number, of resource/service).</i> • <i>Have you considered referring to other agencies or using other procedures? For example DASH, MARAC, Complaints, Service Quality Concern. If not why not?</i> 	<p>What needs to happen next? *</p> <ul style="list-style-type: none"> • <i>Why are you referring to Adult Social Care now?</i> • <i>What does the adult want to see happen for their concern to be sorted out? (Their views wishes and desired outcomes)</i> • <i>What do you want to see happen for your concern to be completely sorted out?</i> • <i>What does the adult want Adult Social Care's intervention to be to decrease safeguarding risk?</i> • <i>What do you want Adult Social Care's intervention to be to decrease safeguarding risk?</i> • <i>What information have you been unable to obtain?</i>
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>	<p>Click here to enter text.</p>

SCALING

On a scale of 0 – 10, where 10 means everyone knows the adult is safe enough and zero means things are so bad for the adult they are not safe at all and need protection. Where do you rate your concern(s)?

Choose an item.



ADULTS VIEW OF THEIR OWN SAFETY

When you have discussed this concern with the adult at risk, which of the following statements has the person chosen to best describe how safe they feel?

A) I feel as safe as I want	<input type="checkbox"/>
B) Generally I feel adequately safe, but not as safe as I would like	<input type="checkbox"/>
C) I feel less than adequately safe	<input type="checkbox"/>
D) I don't feel at all safe	<input type="checkbox"/>
E) Unable To Obtain	<input type="checkbox"/>
(Please state why)	