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|  |
| ***\** Details of Adult at Risk**  |
| **Person ID:** |  | **Date Report Received:** |  |
| **Title:**  |  | **Full Name:** |  |
| **Address:** |  |
| **Home Tel No :**  |  | **Mobile Tel No:** |  |
| **Date of Birth:** |  | **Gender:** |  |
| **Ethnicity**  |  | **Religion:** |  |
| **Preferred Language:** |  | **Interpreter Required?** | [ ]  Yes[ ]  No | **Details:**  |
| **GP Details** |  |

***\**** Client Category of Need

|  |
| --- |
| [ ]  Hearing Impairment  |
| [ ]  Learning Disability |
| [ ]  Mental Health  |
| [ ]  Physical Disability |
| [ ]  Older Person  |
| [ ]  Visual Impairment |
| [ ]  Other (please specify)  |

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| --- |
| Any other adults/children at risk living at the property? |
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| --- |
| [ ]  Yes |
| [ ]  No |

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| If Yes, what action has been taken?  |
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| **Abuse Details**Primary category of abuse and details

|  |  |
| --- | --- |
| ***\** Primary Category of Abuse**  | **Details** |
| [ ]  Physical [ ]  Sexual[ ]  Emotional/Psychological[ ]  Financial[ ]  Neglect  If selected, ‘Is the neglect self-inflicted?[ ]  Yes [ ]  No |  |

Are there any other type(s) of alleged abuse present  |
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|  |  |  |  |
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| --- |
| [ ]  Yes |
| [ ]  No |

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| --- |
| If Yes, please specify abuse type(s) |

|  |  |
| --- | --- |
| **Other Type(s) of Alleged Abuse**  | **Details** |
| [ ]  Physical [ ]  Sexual[ ]  Emotional/Psychological[ ]  Financial[ ]  Neglect  If selected, ‘Is the neglect self-inflicted?[ ]  Yes [ ]  No |  |

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| Was this identified as a result of Ask and Act? |
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| [ ]  Yes |  |
| [ ]  No |  |

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| Has a DASH Assessment been completed? |
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| --- | --- |
| [ ]  Yes |  |
| [ ]  No |  |

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| Describe what is happening? Please include a description of any injuries or harm?  |
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| When/where did it occur? |
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| --- |
| Date  |
| Time |
| ***\** Location** Care Home Setting [ ]  NHS Trust Group Home[ ]  Nursing Home [ ]  Residential Home[ ]  Supported livingCommunity[ ]  Alleged Person’s home[ ]  Public Place[ ]  Relative’s HomeHealth Setting[ ]  Independent Hospital[ ]  NHS Hospital[ ]  Own Home[ ]  Other (please specify) |

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| Has a body map been completed?  |
|

|  |  |
| --- | --- |
| [ ]  Yes |  |
| [ ]  No |  |

 |
| If yes, is body map attached?  |
|

|  |  |
| --- | --- |
| [ ]  Yes |  |
| [ ]  No |  |

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| What steps have been taken to safeguard/protect the individual and by whom?(Include how the risk has been managed, what others have been informed – including statutory agencies, GP, Police, etc.)? |
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| Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process? |
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| [ ]  Yes |
| [ ]  No |
| [ ]  Don't Know |

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| Details (Please provide evidence to support your answer above) |
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| What are the individual’s views, wishes and feelings about the Safeguarding Concern?(To include any actions they have taken or would like to be taken): |
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Does the individual consent to the safeguarding report?

|  |
| --- |
| [ ]  Yes |
| [ ]  No |
| [ ]  Don't Know |

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| If no, why doesn’t the person consent to the Adult Safeguarding Process?  |
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If don’t know, please provide further information

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| Next of Kin |
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| **Related Person** | **Inside Household** | **Relationship with Current Person** | **Start Date** | **End Date** |
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| **Alleged Person’s Details** |
| ***\**** Is the alleged person known at this time |
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| --- | --- |
| [ ]  Yes |  |
| [ ]  No |  |

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***\**** If Yes,

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Alleged Person** | **Address** | **Telephone** | **DOB** | **Do they have the capacity to understand their actions?** | **Does the alleged person provide Care & Support for the individual?** | **Does the alleged person have Care & Support needs?** | **Does the alleged person work with other adults or children?** |
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| [ ]  Yes |
| [ ]  No |
| [ ]  Don't Know |

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| --- |
| [ ]  Yes |
| [ ]  No |
| [ ]  Don't Know |

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|  |
| --- |
| [ ]  Yes |
| [ ]  No |
| [ ]  Don't Know |

 |

|  |
| --- |
| [ ]  Yes |
| [ ]  No |
| [ ]  Don't Know |

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**ABOUT THE PERSON (S) WHO WITNESSED THE INCIDENT (S)**

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| --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Address** | **Telephone Number** | **Date of Birth** |
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| ***\** Person Reporting Details** |
| Incident reported by: |
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| Completed By |
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| Date Completed |
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| DD |  | MM |  | YYYY |

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| Job Title/Role |
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| Agency or Company |
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| Telephone Number |
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| Email Address |
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| ***\** REPORT RECEIVED FROM**  |
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| --- |
| [ ]  Self[ ]  Relative[ ]  Friend or neighbour[ ]  Early intervention prevention service (Step-up)[ ]  Health[ ]  Education[ ]  Housing[ ]  Police[ ]  Probation[ ]  3rd Sector Organisation[ ]  Local Authority[ ]  Independent Hospital[ ]  Ambulance Service[ ]  Care Regulator[ ]  Provider[ ]  Advocate[ ]  Internal (Social Worker, Other Team)[ ]  Other |

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| **Additional Information**  |
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Form to be sent to:

**Blaenau Gwent:** DutyTeamAdults@blaenau-gwent.gov.uk

01495 315700

**Caerphilly:** asdit@caerphilly.gov.uk  **or** IAAAdults@caerphilly.gov.uk

0808 100 2500

**Monmouthshire:** MCCadultsafeguarding@monmouthshire.gov.uk

01873 735492

**Newport:** Pova.team@newport.gov.uk **or** firstcontact.adults@newport.gov.uk

01633 656656

**Torfaen:** socialcarecalltorfaen@torfaen.gov.uk

01495 762200

 

NB: This body map should only be completed if you are trained and competent at doing so. It is noted that any illustrations made are not to scale and for a guide only. Injuries can be described above in the **Abuse Details** Section.