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Safeguarding Adults Concern

You should complete this form in accordance with the Multiagency Policy and Procedure, which can be found at http://www.SafeguardingAdultsYork.org.uk/. Completing the form must not delay immediate action being taken where necessary to ensure the safety of the person you are concerned about.

- If you are not a member of the Adult Social Care Directorate, you should send this form to the Safeguarding Adults Team via email: adult.socialsupport@york.gov.uk. Alternatively you may post the form to West Offices, Station Rise, York YO1 6GA. If you require any assistance, telephone: 01904 555111.

The person for whom you have concerns	
Mosaic ID	
NHS Number	
Name (including title)	
Also known as	
Address	
Telephone	
Email	
Date of birth	
Gender	**Male ☐ Female ☐ Other ☐ Prefer not to say ☐**
Ethnicity	

The person’s communication needs	
Special communication needs	
Preferred communication method	
Preferred language	
Interpreter needed	**Yes ☐ No ☐**

The person’s care and support needs	
Primary support reason	
Details of care and support needs	
Does the person receive care and/or support services?	**Yes ☐ No ☐ Not known ☐**
If yes, who commissions the primary service?	

Details of professionals working with the person	
Name	
Organisation	
Contact details	

Consent and mental capacity	
Is the person aware of this concern?	**Yes ☐ No ☐ Not known ☐**
Have they agreed to the concerns being raised?	**Yes ☐ No ☐ Not known ☐**
If no, please give reasons for raising without consent	
In your opinion, does the person have the mental capacity to make decisions to safeguard themselves against the outlined harm or potential harm, or to accept support in relation to this?	**Yes ☐ No ☐ Details:**
Does the person have support from a friend, relative, representative or formal advocate?	**Yes ☐ No ☐ Details:**
Has the person expressed any views or wishes about safeguarding intervention?	**Yes ☐ No ☐ Details:**

<table>
<tr><th colspan="3">Your concern</th></tr>
<tr><td>Brief details of concern</td><td colspan="2"></td></tr>
<tr><td>Date of incident/Date concern arose</td><td colspan="2"></td></tr>
<tr><td>Type of abuse (tick more than one box if required)</td><td>Physical ☐
Psychological ☐
Discriminatory ☐
Organisational ☐
Domestic ☐
Modern slavery ☐</td><td>Sexual ☐
Financial/material ☐
Neglect/acts of omission ☐
Sexual exploitation ☐
Self-neglect ☐</td></tr>
<tr><td>Location of the incident</td><td colspan="2">Own home ☐
In the community (excluding community services) ☐
In a community service ☐
Care home – nursing ☐
Care home – residential ☐
Hospital – acute ☐
Hospital – mental health ☐
Hospital – community ☐
Other ☐</td></tr>
</table>

If there are injuries present, please describe	
Has a body map been completed/photos taken (if yes, please provide copies)	**Yes ☐ No ☐ N/A ☐**
Does the person continue to be at risk of harm?	**Yes ☐ No ☐ Not known ☐**
Is there an emerging pattern of abuse?	**Yes ☐ No ☐ Not known ☐**
Has anyone witnessed the abuse?	**Yes ☐ No ☐ Not known ☐ Details:**
Are there any other professionals/agencies aware of this concern?	**Yes ☐ No ☐ Details:**

Addressing immediate risk	
Please outline the action taken to date to protect the individual and/or others	
Have the police been informed where a crime is suspected?	**Yes ☐ No ☐** **Crime reference number:**
Has medical attention been sought?	**Yes ☐ No ☐ Details:**
Are there other people who may be at risk of harm?	**Yes ☐ No ☐ Not known ☐**
Do Children's Services need to be informed?	**Yes ☐ No ☐** **If yes, please do so immediately and note contact details here:**
Is the person you are concerned about a carer for another adult or child?	**Yes ☐ No ☐ Details:**

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The Person Alleged To be Causing Harm (PATCH)		
Name (including title)		
Also known as		
Address		
Telephone		
Date of birth		
Gender	**Male ☐ Female ☐ Other ☐ Prefer not to say ☐**	
Ethnicity		
Are they aware of the concern being raised?	**Yes ☐ No ☐ Not known ☐**	
If "yes", what is their view regarding the concern?		
What is their relationship to the person you are concerned about?	**Service provider**	☐
	Other, known to the individual	☐
	Other, not known to the individual	☐
If a service provider, which organisation are they employed by?		

Are they the person's main carer?	**Yes ☐ No ☐ Not known ☐**
Do they live with the person?	**Yes ☐ No ☐ Not known ☐**
Are there other people potentially at risk from this person?	**Yes ☐ No ☐ Not known ☐ Details:**
Would they pose a risk to anyone visiting the person they are allegedly harming?	**Yes ☐ No ☐ Not known ☐ Details:**
Is the PATCH someone who also has care and support needs?	**Yes ☐ No ☐ Not known ☐**
If "yes", are they known to CYC?	**Yes ☐ No ☐ Not known ☐**
Mosaic ID (if known)	
NHS Number (if known)	

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Your details (the person raising the concern)		
Name (including title)		
Also known as		
Organisation/relationship to person		
Telephone		
Email		
Sharing your details	**I am happy for my details to be shared** **Do not share my details with third parties** **Reasons for remaining anonymous:**	☐ ☐
Date form completed		