

Safeguarding Adults Incident and Disclosure Report form

Confidential

To be completed as fully as possible if you have concerns regarding an adult at risk. It is important to inform the adult at risk about your concerns and that you have a duty to pass the information onto the designated safeguarding officer (DSO). The DSO will then look at the information and start to plan a course of action, in conjunction with yourself, the adult at risk involved and if necessary social care or other relevant organisations.

Section 1. Details of adult at risk

An Adult at Risk is a person who is aged 18 or over and

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

The Care Act (2014)

Name of adult	Click or tap here to enter text.
Address	Click or tap here to enter text.
Date of birth	Click or tap here to enter text.
Approx. age if date of birth not known	Click or tap here to enter text.
Email	Click or tap here to enter text.
Permanent Address	Click or tap here to enter text.
Current Location if not at address above	Click or tap here to enter text.
Contact number	Click or tap here to enter text.

Section 2. Consent

Has the Adult at Risk given consent for this referral?

Choose an item.

If No, please confirm why this referral is being made without it, e.g risk to others or the Adult at Risk lacks the capacity to make this decision.

Click or tap here to enter text.

Is the Adult at Risk aware this referral has been made? Choose an item.

If No, please give the reason as to why the Adult at Risk was not made aware of the referral

Click or tap here to enter text.

Are there any doubts about the Adult at Risk's capacity to consent?

Click or tap here to enter text.

Do you think the Adult at Risk requires care and support? Choose an item.

Please provide reasons for your view

Click or tap here to enter text.

Section 3. Details of the incident/s, disclosure/s and/or ongoing concerns

Detail what you have seen/been told/other that makes you believe the Adult at Risk is being abused or is at risk of abuse

(Include - The nature, degree and extent of the abuse or neglect (what happened); The length of time it has been occurring (previous incidents, what happened and date); The impact on the individual and / or their carers / family (injury, distress); Location and time of any incident)

Click or tap here to enter text.

Please indicate the abuse type if known (leave blank if uncertain)

Physical abuse	Choose an item.	Modern slavery	Choose an item.
Domestic violence	Choose an item.	Discriminatory abuse	Choose an item.
Sexual abuse	Choose an item.	Organisational abuse	Choose an item.
Psychological abuse	Choose an item.	Neglect	Choose an item.
Financial/Material abuse	Choose an item.	Self-neglect	Choose an item.

Does the Adult at Risk continue to be at risk of abuse?

If Yes, describe the risks that remain, and any immediate action needed:

Click or tap here to enter text.

Are there any other people who may be at risk of abuse? Choose an item.

If Yes, add details and describe the risks that remain and action you are taking:
 Click or tap here to enter text.

Have you discussed your concerns with the Adult at Risk? Choose an item.
 If Yes, what are their views, what outcomes have they stated they want (if any)?
 Click or tap here to enter text.

Have you discussed your concerns with anyone else? e.g the carer/partner/spouse/family member of the Adult at Risk Choose an item.
 If Yes, what are their views?
 Click or tap here to enter text.

Section 4. Details of alleged abuser/suspect

Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
Address	Click or tap here to enter text.		
Postcode	Click or tap here to enter text.	Phone	Click or tap here to enter text.
Relationship to the Adult at Risk?	Click or tap here to enter text.		
If provider, please add the provider's name	Click or tap here to enter text.		

Are they aware this referral has been made? Choose an item.
 Reason as to why the alleged abuser/suspect was not made aware of the referral
 Click or tap here to enter text.
 Does the abuser/suspect live with the Adult at Risk? Choose an item.

Section 5. Details of person making this referral

Name	Click or tap here to enter text.	Title	Click or tap here to enter text.
Job Role	Click or tap here to enter text.	Email	Click or tap here to enter text.
Team	Click or tap here to enter text.		
Phone	Click or tap here to enter text.	Date/time referral completed	Click or tap here to enter text.
Relationship to Adult at Risk	Click or tap here to enter text.		
Are you reporting your own concerns or responding to concerns raised by	Click or tap here to enter text.		

someone else?	
If someone else please give their details (name, organisation/department, relationship to child (if relevant) and contact details)	Click or tap here to enter text.
Does the referrer consent to their details being shared with third parties?	Choose an item.
Click or tap here to enter text.	
Section 6. Additional Information	
Is there any other information you believe we need to know about the referral?	
Click or tap here to enter text.	
Signed: Click or tap here to enter text.	
Date: Click or tap here to enter text.	
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Section 7. Sharing the concerns (to be completed by DSO)	
Details of your contact with the adult at risk. Have they consented to information being shared outside S R Partnership Limited	
Click or tap here to enter text.	
Details of contact with the Social Care Team where the adult at risk lives – advice can still be sought without giving personal details if you do not have consent for a referral	
Click or tap here to enter text.	
Details of any other agencies contacted	
Click or tap here to enter text.	
Details of the outcome of this concern	
Click or tap here to enter text.	
Section 8. Review of Safeguarding Procedures (to be completed by the DSL)	

Details of review after the disclosure investigation is complete:

What went well?

Click or tap here to enter text.

What did not go well?

Click or tap here to enter text.

What would we differently?

Click or tap here to enter text.

Areas for improvement.

Click or tap here to enter text.