

## Reporting Abuse or Neglect of an Adult at Risk

The form is to be used only for reporting suspected abuse or neglect of an adult at risk to social services. If you want to let social services know other information or to request services or support, please contact the appropriate social services department.

It is important to give as much information as possible in the report form. If you do not give a full account of what has happened, the process of protecting the adult at risk may be delayed. A guide to completing the form can be found [here](#).

**An adult at risk is an adult who:**

√ Is experiencing or is at risk of abuse or neglect

**AND**

√ Has needs for care and support

**AND**

√ As a result of those needs, is unable to protect himself or herself against the abuse or neglect or the risk of it.

Date form completed and sent:	Date(s) of Incident(s) if known:
Name of Individual:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	Gender Identity: <input style="width: 150px; height: 20px;" type="text"/>
Individual's current address (please also list permanent address):	Any other adults/children at risk living at the property: Yes <input type="checkbox"/> No <input type="checkbox"/>
If appropriate, placement funded by:	If yes, what action has been taken:
Telephone number:	<b>Main client group:</b>
Marital status:	Older Person Mental Health <input type="checkbox"/>
Ethnicity:	Older Person <input type="checkbox"/>
Preferred language:	Visual Impairment <input type="checkbox"/>
Email:	Hearing Impairment <input type="checkbox"/>
Interpreter required?	Learning Disability <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Mental Health <input type="checkbox"/>
If yes, please give details:	Physical Disability <input type="checkbox"/>
	Other <input type="checkbox"/>

Next of kin:	GP Details:
Relationship:	GP Name:
Address:	Surgery Address:
Telephone number:	Telephone number:

**1. About the individual believed to be at risk of abuse or neglect**

Is the person <b>at risk</b> of abuse or neglect?	Yes/No
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Describe the risks:

Is there evidence that the person has <b>been</b> abused or neglected?	Yes/No
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Describe what has happened:

Is the person <b>currently being</b> abused or neglect?	Yes/No
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Describe what is happening:

Does the person have care and support needs?	Yes/No
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Please describe their needs:

Is the person able to protect themselves against the risk of abuse or neglect?	Yes/No
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If **NO**, please say why they are unable to protect themselves:

Is the individual aware of the enquirey?	Yes/No
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If **No**, why?

Has the individual consented to the enquiry?	Yes/No
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If **NO**, why is the referrer continuing with the enquiry?

Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process?

Yes/No

If **YES**, has an advocate been informed?

Yes/No

If **NO**, why?

Details of the formal/informal family or friend or advocate (if applicable)

**IT IS EXPECTED THAT YOU HAVE DISCUSSED THIS SAFEGUARDING REPORT WITH THE INDIVIDUAL OR THEIR ADVOCATE AND MADE THEM AWARE YOU ARE REPORTING THE CONCERN TO ADULT SOCIAL CARE. IF YOU HAVE NOT DONE SO, PLEASE STATE WHY:**

**2. About the alleged abuse:**

Type of alleged abuse ( tick all relevant boxes):

Financial/Material

Neglect

Physical

Sexual

Emotional/Psychological

Describe the alleged abuse or neglect: (Body map)

How long has the alleged abuse been taking place?

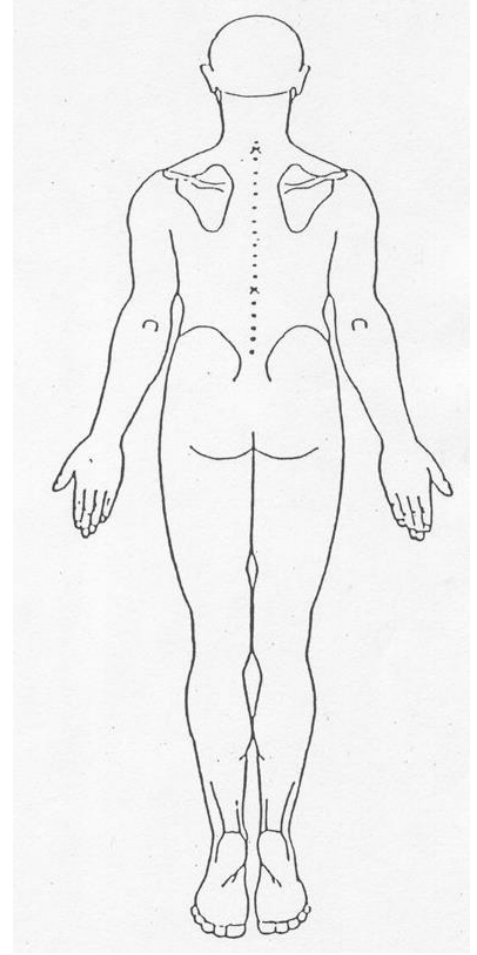
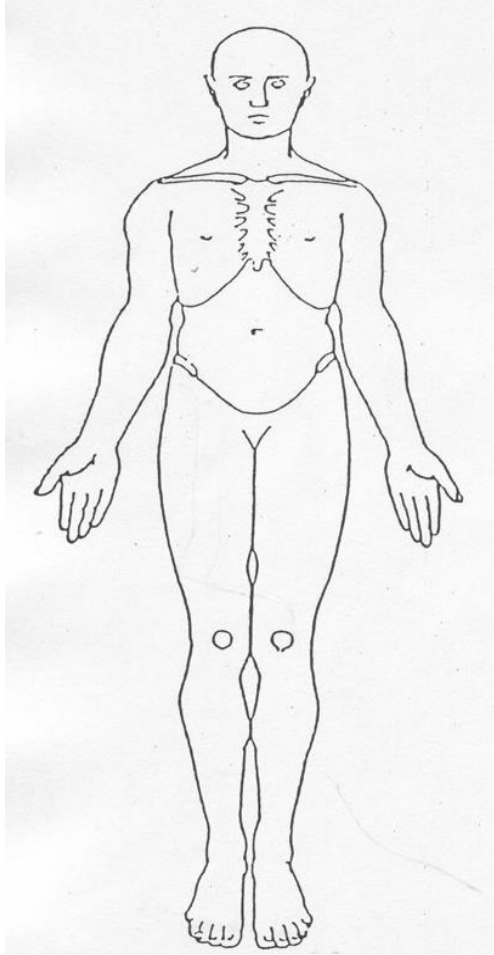
Where did the alleged abuse occur?

When did the alleged abuse occur?

How often and to what degree has the abuse been taking place?

What is your view of the impact the abuse is having on the individual?

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.).



Please highlight any physical injuries.

**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):**

Blank space for recording the individual's views, wishes, and feelings.

**3. About the person (s) allegedly responsible for the abuse:**

Unkown at present: <input type="checkbox"/>	
Name:	Address/Workplace:
Telephone number:	Date of birth:
Age:	Relationship to alleged victim:
Do they have capacity to understand their actions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Does the alleged perpetrator provide care and support for the individual?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

Does the alleged perpetrator have care and support needs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
Is the alleged perpetrator a professional, or do they provide care and support, or have contact with others considered to be vulnerable?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If Yes, has a Section 5 Referral under the Wales Safeguarding Procedures been made?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>

**Note: if more than one alleged perpetrator has been identified please provide details in section 7.**

**4. About the person(s) who witnessed the incident (s):**

Name:	Address/Workplace:
Telephone number:	Occupation/Relationship to victim (if any):

**Note: if more than one person has witness the incident(s) please provide details in section 7.**

**5. About the person who first reported the concern:**

Name:	Address/Workplace:
Telephone number:	Occupation/Relationship:

Date/Time report:

Does the referrer wish to remain anonymous?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If **YES**, please state why:

**Note: Referring health and social care professionals are not able to remain anonymous except in extraordinary circumstances.**

**6. This form was completed by:**

Name:	Time/Date completed:
Agency/Company:	Designation:
Telephone number:	Email address:

**Where applicable, person to contact for further information:**

Name:	Designation:
Email address:	Telephone number:

**7. Additional information:**

**Please send this form for the URGENT attention of the relevant Local Authority. This should be the local authority where the alleged abuse happened.**

Anglesey – The Adult Services Duty Team:	<a href="mailto:asduty@ynysmon.gov.uk">asduty@ynysmon.gov.uk</a>
Conwy - Customer Access Team	<a href="mailto:wellbeing@conwy.gov.uk">wellbeing@conwy.gov.uk</a>
Denbighshire - SPOA	<a href="mailto:spoa@denbighshire.gov.uk">spoa@denbighshire.gov.uk</a>
Flintshire - First Contact Team	<a href="mailto:ssduty@flintshire.gov.uk">ssduty@flintshire.gov.uk</a>
Gwynedd - Safeguarding Hub	<a href="mailto:diogeluoedolion@gwynedd.llyw.cymru">diogeluoedolion@gwynedd.llyw.cymru</a>
Wrexham - Initial Response Team	<a href="mailto:AST@wrexham.gov.uk">AST@wrexham.gov.uk</a>
Betsi Cadwaladr University Health Board	<a href="mailto:BCU.AdultSafeguarding@wales.nhs.uk">BCU.AdultSafeguarding@wales.nhs.uk</a>
Date ratified by Board:	30 March 2017 Updated: February 2024 V13 February 2024

## Privacy Notice:

[Insert Organisation Name] ('we' or 'us' or 'our') are committed to ensuring the security and protection of the personal information that we process, and to provide a compliant and consistent approach to data protection. We have always had a robust and effective data protection program in place which complies with existing law and abides by the data protection principles. However, we recognise our obligations in updating and expanding this program to meet the demands of the GDPR and The Data Protection Act 2018.

[Insert Organisation Name] are dedicated to safeguarding the personal information under our remit and have in place a data protection regime that is effective, fit for purpose and demonstrates an understanding of, and appreciation for the new Regulation. Our preparation and objectives for GDPR compliance have been summarised in this statement and include the development and implementation of new data protection roles, policies, procedures, controls and measures to ensure maximum and ongoing compliance.

