**All ‘Raise a Safeguarding Adults Concern’ forms must be sent to Care Connect.**

**By email to:** care.connect@n-somerset.gov.uk

**Review date:** November 2026

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Safeguarding is the responsibility of everyone including statutory, independent, and voluntary agencies as well as every citizen.

**DOING NOTHING IS NOT AN OPTION**

Whoever identifies a safeguarding concern should take responsibility for making the required referral to the adult safeguarding services.

**All areas in red or with an asterisk \* are mandatory: A safeguarding concern will not be accepted unless all mandatory areas are complete**

|  |  |  |
| --- | --- | --- |
| Alleged Adult at Risk(Name, DoB, Address, GP) | Name |   |
| DoB |  |
| Address  |  |
| GP |  |
| Ethnicity |  |
| Home Phone Number |  |
| Mobile |  |
| Email |  |
| Preferred Language |  |
| Is an interpreter required?  |  |
| Person’s representative/family/advocate/LPA | Name |  |
| Relationship to adult at risk |  |
| Home Phone |  |
| Mobile |  |
| Email |  |
| Funding Authority(Include contact details) |  |

**Red and asterisked \* sections on every page are mandatory**

|  |
| --- |
| We work in **partnership** with other agencies to identify and respond to concerns about abuse.  |
| Please confirm whether you agree to the council contacting other agencies, including care providers as part of the safeguarding response?  | Agree | Disagree | Please contact referrer first |
|  |  |  |

|  |  |
| --- | --- |
| Alleged perpetrator | Name/Address/DoB |
|  |
| Alleged perpetrator relationship to adult at risk |  |
| Person raising concern | Name |  |
| Position |  |
| Organisation |  |
| Phone |  |
| Email |  |
| Alternative contact/Deputy |  |
| I am completing this form | Myself |  |  |
| For someone else |  |
| As a professional |  |
| Before proceeding**: Confirm that you believe the concern meets the threshold for a safeguarding concern to be raised according to the** [NSSAB Threshold Support Tool](https://nssab.co.uk/resources-safeguarding-professionals/multi-agency-policies-procedures) **\*** | Yes | No |
|  |  |
| **Threshold Support Tool Risk level** | Low | Significant | Critical |
|  |  |  |
| **What is the purpose of the referral?** |
| **Action required to prevent abuse or neglect?** | **Information sharing only (NB: No action is required by the council)** | **Care assessment or review required** |
| Yes/No | Yes/No | Yes/No |

**Red and asterisked \* sections on every page are mandatory**

|  |  |
| --- | --- |
| Date of incident |  |
| **Care and support needs of the Adult at Risk \*** | These may take the form of a mental health condition, dementia, learning disability, physical disability, addiction or frailty associated with ill health or old age. Consider: How does this impair the adult at risk’s ability to protect themselves from the alleged abuse? **\*** |
|    |
| **Did the incident occur in North Somerset? \*** | Yes (Please state where) |  | No (Please stop and refer to the local authority where the incident occurred) |  | Don’t know |  |
| **Details of Concern \*** |  |
| Previous incidents involving: | The adult at risk | Person considered to be the source of risk | With the service provider |
|  |  |  |
| Have police been contacted?  | Yes(Provide reference number) | No |
|  |  |
| **Type(s) of abuse \*** | **Choose an item.**  | **Choose an item.** |

**Red and asterisked \* sections on every page are mandatory**

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| **Involving the Adult at Risk** |
| An adult at risk may or may not be able to comment on the safeguarding matter. They should be presumed to have mental capacity to make decisions around the matter unless a mental capacity assessment has been carried out resulting in them being assessed as lacking capacity. In which case, decisions should be made according to the MCA Best Interests principles. Unless it would increase risk to the adult, they should be consulted at as early stage as possible in order to establish their views and wishes. It should be noted that there may be an over-riding duty of care requiring a concern to be raised, for example if concerns arise around a paid care-giver.IMPORTANT NOTE: We may require you to speak to the person before action can be taken. |
| Has the adult’s capacity to make decisions about their safeguarding arrangements been assessed? **\*** | Yes and they lack capacity |  |  |
| Yes and they have capacity |  |
| No, capacity has not been assessed |  |
| Does the adult at risk have any communication needs?  |  |
| Has the adult at risk consented to a concern being raised?  | Yes |  | IMPORTANT NOTE: There is a possibility we may not be able to act without consent. This is dependent on the level of risk. |
| No |  |
| Not Known  |  |
| What views or wishes have the adult at risk or their representative expressed? **\*** |  |
| Is it safe to contact the adult at risk? **\*** | Yes | No | Unknown |
|  |  |  |
| Are there any known risks to visiting professionals? **\*** | Yes (Give details) | No | Unknown |
|  |  |  |

**Red and asterisked \* sections on every page are mandatory**

|  |  |
| --- | --- |
| What measures have been put in place to mitigate any risks? |  |

|  |  |
| --- | --- |
| What action has been taken to establish the facts and what are the findings to date?  |  |

|  |  |
| --- | --- |
| What else do you think needs to happen? **\*** |  |

|  |  |
| --- | --- |
| Date Sent to **care.connect@n-somerset.gov.uk** |  |