

**Brent Multi-Agency Safeguarding Adults at Risk**

**Alert Form**

The Brent Safeguarding Adults Team follows the Brent Multi-Agency Safeguarding Adults Procedures in line with the PAN London Multi-Agency Safeguarding Procedures.

Your alert will be screened in 24 hours and you will be made aware of the outcome of your alert no later than 48 hours from the time you raise the alert. (Working days)

If you do not receive a response in this timeframe please contact:

Brent Safeguarding Adults Team on 0208 937 4300 or email this referral form to:

[**safeguardingadults@brent.gov.uk**](mailto:safeguardingadults@brent.gov.uk)

**If there is a possibility that a criminal offence may have been committed please contact the Police immediately.**

**Safeguarding is Everybody’s Business**

Please complete as much information as you can and leave blank the information you do not know.

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| --- | --- | --- | --- |
| Adult at Risk Information | | | |
| **Name:** | **Tel:** |  | |
| **Mobile:** |  | |
| **Address:**  **Post Code:** | **DOB:**  **Age:**  **Gender:** Male  Female | | |
| **Next of Kin**  **Name:**  **Contact details:** | **Framework I No:**  **Jade No:** | | |
| **Date of referral:** | **Date alleged abuse took place:** | | |
| **Ethnicity of Adult at Risk:** (please specify) | **Religion of Adult at Risk:** (please specify) | | |
| **Sexual Orientation:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Heterosexual |  | Bisexual |  | LBGT |  | | Refused |  | Don’t know |  |  | | | | | |
| **Category of Adult at Risk:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Older Person |  | Mental Health |  | Physical Disability |  | | Learning Disability |  | Substance Misuse |  |  | | | Other (please specify): |  |  |  |  | | | | | |
| **Location of alleged abuse:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Adult at Risk’s own Home |  | Residential Home |  | Hospital |  | | Hospital acute (Inc: A & E) |  | Mental Health Inpatient |  | Day Centre |  | | Supported Accommodation |  | Public Place |  | Nursing Home |  | | Education Establishment |  | Not Known |  |  |  | | Other (please specify): |  |  |  |  |  | | | | |
| **Funding:** Brent  Health  Self  Other  Other Local Authority:(please specify) | | | |
| **Type of Abuse:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Psychological/Emotional |  | Physical |  | Forced Marriage |  | | Neglect/Acts of omission |  | Financial/Material |  | Human Trafficking |  | | Discriminatory  Female Genital Mutilation |  | Institutional  Honour Based Violence |  | Sexual |  | | | | |
| **Is the Adult at Risk aware of this alert:** | | Yes  No  If no, please explain why | |
| **Has the Adult at Risk agreed to this alert:** | | Yes  No  If no, please explain why | |
| **Does the Adult at Risk have capacity:** | | Yes  No  Not sure  Please provide any other information related to the adult’s level of capacity. | |
| **Does the Adult at Risk have an Appointee Power of Attorney/Deputy?** | | Yes  No  Not sure  If yes, please give details | |
| **Does the Adult at Risk have someone they would like to represent them?** | | Yes  No  If yes, please explain who |
| **Does the Adult at Risk have any physical or mental health conditions? (E.g. diagnosed or undiagnosed physical or mental health conditions/mobility/sensory/communication issues etc.)** | | Yes  No  If yes, please explain |

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| --- | --- |
| Description of harm | |
| **Description of alleged incident/harm:**  **How did you become aware of the concerns? Did the Adult at Risk disclose this to you etc.?**  **Views of the Adult at Risk:**  **Are there any witnesses?**  **What risk management plan (if any) is currently in place to minimise the risk to the Adult at Risk?**  **Are there any risks to staff visiting?** | |
| **What is the current location of the Adult of Risk? (I.e. at home, hospital, place of safety etc.)**  **Is there an end date to the place of safety or a hospital discharge date etc.?** | Yes  No  Not sure  If yes, please give details |
| **Are there children or other adults at risk?** | Yes  No  Not sure  If yes, please give details  **If there are concerns relating to children please send a referral to The Brent Family Front Door immediately** [**Family.FrontDoor@brent.gov.uk**](mailto:Family.FrontDoor@brent.gov.uk)  **Please tick this box to confirm you have sent a referral to The Brent Family Front Door** |

**Details of the person alleged to have caused harm:**

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| --- | --- | --- |
| **Name:** | | **Contact details:**  **Tel:**    **Mobile:** |
| **Address:**  **Post Code:** | | **DOB:**    **Age:** |
| **Ethnicity:** | | Gender: Male  Female |
| **Is the person alleged to be causing harm aware of this alert?** | | Yes  No  Don’t Know  If yes, what was their response? |
| **Is the person alleged to be causing harm known to your service or any other service?** | | Yes  No  Don’t Know  If yes please give details |
| **Does the person alleged to be causing harm have any physical or mental health conditions? (E.g. diagnosed or undiagnosed physical or mental health conditions/mobility/sensory/communication issues etc.)** | | Yes  No  If yes, please explain |
| **Does the person alleged to be causing harm live with the Adult at Risk?**    Yes  No  Sometimes  Don’t Know | | |
| **What is the relationship between the person alleged to be causing harm and the Adult at Risk?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Spouse / Partner |  | Family member |  | Friend/Neighbour |  | | Day Care Staff |  | Other Relative |  | Other Adult at Risk |  | | Other Professional |  | Stranger |  | Befriender/Volunteer |  | | Health Care Worker |  | Residential Worker |  | Not known |  | | Domiciliary Care Worker |  | Other (please specify) |  |  | | | | |
| **If the person alleged to be causing harm is a Paid Carer, please specify their means of employment:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | a) Agency |  | b) Direct Payments |  | c) Independent Living Fund (ILF) |  | | d) Arranged privately with the Adult at Risk |  | e) Full-time employee – Please state from which organisation: | | |  |   **Has an allegation been made against the person alleged to be causing harm before?**  Yes  No  Don’t Know  If yes, please provide details | | |
| **Organisations Involved:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Primary Care Trust |  | Children’s Services |  | Hospital |  | | Healthcare Commission |  | Mental Health Services |  | Police |  | | Physical Disabilities Team |  | Advocacy Services |  | Care Quality Commission |  | | Learning Disabilities Team |  | Adult Social Care |  |  |  | | Housing |  | Other (please specify) |  |  |  | | | |
| **Police involvement** (If applicable)  **Date Reported:**  **Crime Ref No:** | **Police Station Address / Unit:** | |
| **Result of Police Action / Advice:** | | |
| **GP involvement** (If applicable)  **Date of Notifying GP:**  **Name of GP** | **Surgery Address:**  **Tel:** | |

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| Referrer’s details | |
| **Name:** | **Job Title:**  **Organisation:** |
| **Address:**  **Post Code:** | **Tel:**    **Mobile:** |
| **Referrer’s Relationship to Client:** | **Email:** |
| **Name of person filling in form** (if different from above):  **Job Title:**  **Tel:**  **Organisation:** | |

You are providing your information to Brent Council, contact details [safeguardingadults@brent.gov.uk](mailto:safeguardingadults@brent.gov.uk) . The Council’s Data Protection Officer can be contacted via [dpo@brent.gov.uk](mailto:dpo@brent.gov.uk) , or 020 937 1402.

Your information is collected for the purpose of safeguarding adults as required to fulfil the council’s duties under the Care Act 2014.

The information will be shared with designated professionals and organisations with whom we have an information sharing agreement to ensure the safeguarding of adults, and other persons as necessary to enable full investigation of safeguarding allegations and construction of robust Protection Plans. Further information may also be obtained from other sources as necessary to complete a full safeguarding investigation. The information shall be retained for no longer than is necessary and shall be processed in adherence to your legal rights, including but not limited to the right to withdraw consent, right to copies of your information and right to be forgotten. If you are dissatisfied with the processing of your information, you can raise your concern with the council’s data protection officer. You have a right to lodge a complaint with the Information Commissioner’s Office ([www.ico.org.uk](http://www.ico.org.uk)).

Further information can be found at [www.brent.gov.uk/privacy](http://www.brent.gov.uk/privacy)

**Please email this referral form to**

[**safeguardingadults@brent.gov.uk**](mailto:safeguardingadults@brent.gov.uk)