



Cardiff & Vale of Glamorgan

Adult Safeguarding Duty to Report Adult at Risk (AS1)

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.

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 (whether or not this support is being met by the LA)

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 (adult at risk) :	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:	
Individual's current address (please also list permanent address): If appropriate, placement funded by:	Any other adults/children at risk living at the property: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what action has been taken:
Telephone number:	Main client group:
Marital status:	Older Person Mental Health <input type="checkbox"/>

Ethnicity/Nationality:	Older Person <input type="checkbox"/>
Preferred language:	Visual Impairment <input type="checkbox"/>
Email:	Hearing Impairment <input type="checkbox"/>
Interpreter required? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	Learning Disability <input type="checkbox"/> Mental Health <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other <input type="checkbox"/>
Next of kin: Relationship: Address: Telephone number:	GP Details: GP Name: Surgery Address: Telephone number:

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

Is the person at risk of abuse or neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe the risks:	
Is there evidence that the person has been abused or neglected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe what has happened:	
Is the person currently being abused or neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe what is happening:	

Does the person have care and support needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please describe their needs:	
Is the person able to protect themselves against the risk of abuse or neglect?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO , please say why they are unable to protect themselves:	
Is the individual aware of the referral being made and what are their wishes in the matter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No , why?	
has the individual consented to the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO , why is the referrer continuing with the report?	
Please record reasons as to why consent is not obtained:	
Is there any evidence to suggest that the individual lacks mental capacity to consent/understand the concerns and/or process?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES , has an advocate been informed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO advocate has been informed , 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:

Financial/Material

Neglect

Physical

Sexual

Emotional/Psychological

Other Factors:

Domestic Abuse

Exploitation

Hate Crime

Honour Based Violence

Pressure Area Damage

Other:

Describe the alleged abuse or neglect:

How long has the alleged abuse been taking place?

Where did the alleged abuse occur?

When did the alleged abuse occur?

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 the employer or voluntary organisation etc.).

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):

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

Unknown at present:

Is the allegation of abuse made against a Professional or a person in contact with adults at risk and/or children through their work, including volunteers?

Yes

No

Name:

Address/Workplace:

Telephone number:

Date of birth:

Age:

Relationship to alleged victim:

Do they have capacity to understand their actions?

Yes No Don't know

Does the alleged perpetrator provide care and support for the individual?

Yes No Don't know

Does the alleged perpetrator have care and support needs?

Yes No Don't know

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

5. About the person who first reported the concern:

Name:	Adress/Workplace:
Telephone number:	Occupation/Relationship:
Date/Time report:	
Does the referrer wish to remain anonymous?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If YES, please state why:

Note: Professionals from health and social care are not able to remain anonymous except in extraordinary circumstances.

6. This form was completed by:

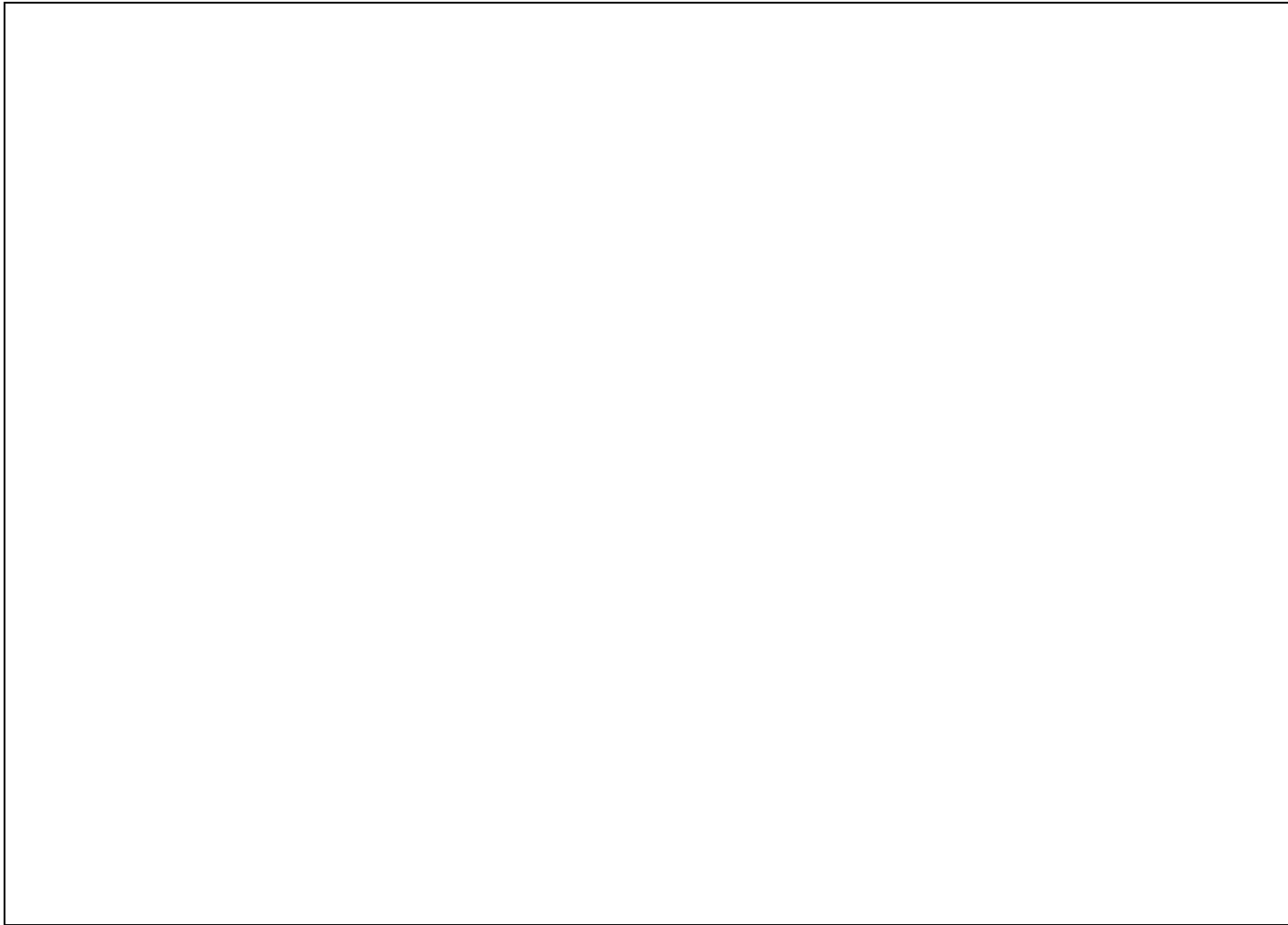
Name:	Time/Date completed:
Agency/Company:	Designation:
Telephone number:	Email address:

Where applicable, person to contact for further information:

Name:	Designation:
Email address:	Telephone number:

7. Additonal information:

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Please send this form to the relevant Local Authority. This should be the Local Authority where the alleged abuse happened.

Vale of Glamorgan – Adult Safeguarding Team

Cardiff – Adult Safeguarding Team

AdultSafeguarding@valeofglamorgan.gov.uk
safeguardingadults@cardiff.gov.uk