

Information required to raise a Safeguarding Adults Concern in Gateshead

- ✓ This is NOT a form to be completed – it is a guidance document to show the questions that you will be asked via the online forms
- ✓ You can raise a Safeguarding Adults Concern in Gateshead online via the Gateshead Council website [here](#) or via the Safeguarding in Gateshead website [here](#) . You can also ring Adult Social Care Direct on 0191 4337033
- ✓ You may not have the answers to all of the questions – please just answer as much as you can. The more information that is included within the Safeguarding Adult Concern, the more efficient and effective the response can be

Answers with an * are mandatory

| Initial Screening questions | | |
|--|--------------|--|
| Question | Answer | Further information |
| Did the alleged abuse occur in Gateshead area? | *(Yes or No) | The Concern can only be raised if the alleged abuse or neglect took place in Gateshead |
| Are there any immediate safeguarding actions required? | *(Yes or No) | If there are immediate safeguards required you will be asked to telephone Adult Social Care Direct immediately |

| Details of the Alleged Victim | | |
|--|-------------------|---|
| Question | Answer | Further information |
| Full name | * Free text | |
| Date of Birth | * Free text | If you do not know their date of birth, you will be asked to provide an approximate age |
| Marital status | Select option | Options are: Married, Widowed, Divorced, Separated, Single, Not known |
| Ethnic origin | Select option | Options are: White – British, Irish, Gypsy or Roma, Traveller of Irish Heritage, Any other White background Mixed / Multiple ethnic groups – White and Black Caribbean, White and Black African, White and Asian, Any other Mixed / Multiple ethnic background Asian / Asian British – Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background Black / Black British – African, Caribbean, Any other Black background Other ethnic group – Arab, Any other ethnic group Other – Prefer not to say |
| Gender | *(Male or female) | |
| Address, postcode and telephone number | Free Text | |

| Communication and consent details | | |
|---|--------------------------|---|
| Question | Answer | Further information |
| Is English their preferred language? | *(Yes or No) | If the answer is no, you will be asked to specify their preferred language |
| Does the person have any communication needs? | *(Yes, No or Don't know) | If the answer is yes, you will be asked to state what their communication needs are, and what format is preferred: Communication needs – Block letters on palm, British Sign Language signer, Communication needs, Deafblind manual or finger spelling, Hands on signing, Large writing on paper, Lipreading, Makaton, Needs Interpreter, Speech, Other - Specify Communication format – Braille, British Sign Language video, Do not send info, Moon, Not English or British sign Language, PC disk, Print in 16 point, Print in 18 point, Print in 20 point, Print in 24 point, Print in 36 point, Standard print, Tape |
| Has the person asked you for help? | *(Yes or No) | If the answer is no, you will be asked if you believe the person is unable to ask for support from themselves |

| Details of alleged incident | | |
|--|--------------------------|---|
| Question | Answer | Further information |
| Has the concern been reported to the Police? | *(Yes, No or Don't know) | If the answer is yes, you will be asked for a Police crime number (if known). If the answer is no, you will be asked why wasn't the concern reported |
| Give full and specific details of your concern | *Free Text | You will be provided with a prompt - Provide as much detail as you can. This includes dates and time of any incidents, people involved witnesses and why you think this is abuse or neglect |
| Were any immediate actions taken? | *(Yes or No) | If the answer is yes, you will be asked to provide details |
| Where did the incident take place? | *Free Text | You will be provided with a prompt – For example, in the persons own home or in a care home |
| What does the person want to happen now? | *Free Text | Seeking what desired outcome the person wants is at the heart of the Making Safeguarding Personal agenda |

| Vulnerability / Care and Support needs | | |
|--|---------------|--|
| Question | Answer | Further information |
| How is the person vulnerable and what are their needs? | Select option | More than one option can be selected. Options are: Ill health or frailty, Learning disability, Mental health, Physical or sensory impairment, Substance misuse, Other |
| Further details | Free Text | Safeguarding Duties apply to individuals who have an appearance of need for Care and Support, whether or not the Local Authority is meeting that need |

| Category of Abuse or Neglect | | |
|-------------------------------------|---------------|--|
| Question | Answer | Further information |
| What type of abuse did they suffer? | Select Option | More than one category of abuse can be prevalent. Options are: Discriminatory abuse, Domestic Abuse, Financial or material abuse, Modern Slavery, Neglect and acts of omission, Organisational abuse, Physical abuse, Psychological abuse, Self-neglect, Sexual abuse, Sexual Exploitation, Don't know Definitions of abuse and neglect can be found here . |

| Details of the person who caused the abuse or neglect | | |
|---|--------------------------|--|
| Question | Answer | Further information |
| Do you know who caused the harm? | *(Yes or No) | If the answer is yes, you will be asked to provide the full details of the person who caused the harm – for example; name, address of relationship to the victim |
| Do any other children or adults live at the address where the abuse took place? | *(Yes, No or Don't know) | If the answer is yes, you will be asked to provide details – for example; name, age or gender |

| Your details: | | |
|----------------------------------|--------------|--|
| Question | Answer | Further information |
| Name | *Free Text | |
| How do you know this person? | *Free Text | |
| Telephone number | *Free Text | |
| Email address | *Free Text | |
| Do you wish to remain anonymous? | *(Yes or No) | You will be provided with a prompt – you can choose to remain anonymous, but we still need your details. These will not be shared outside the adult social care team |
| Do you have any files to attach | *(Yes or No) | The option is provided to attach files to the concern. Examples include witness statements, body maps, photographs |

Before you submit the form, you will have an opportunity to view your answers and edit if necessary

For further information:

Websites - www.gatesheadsafeguarding.org.uk

www.gateshead.gov.uk

Telephone - Adult Social Care Direct: 0191 4337033