**Where a criminal act may have been committed the police must be notified immediately 101 (non urgent) or 999 (urgent)**

|  |
| --- |
| **Section 1: DETAILS OF ADULT AT RISK** |
| **NAME** |  | **DOB** |  |
| **AGE***(if DOB is unknown)* |  | **GENDER** | Choose gender |
| **ADDRESS** |  | **TEL NO** |  |
| **DETAILS OF NEXT OF KIN/OTHER CONTACT** |  |
| **HAS THE ADULT AT RISK PROVIDED CONSENT FOR THIS CONCERN TO BE RAISED?** | [ ]  **Yes** [ ] **No** | *If no, please explain reason(s)* |
| **DO YOU THINK THE ADULT AT RISK HAS MENTAL CAPACITY IN RELATION TO MAKING DECISIONS ABOUT THEIR SAFETY?** | [ ]  **Yes**  | [ ]  **No** |
| *Is there a suitable person who could represent them? (e.g. family member, friend advocate)*[ ]  **Yes** [ ] **No** [ ] **Unknown** | *Has a mental capacity assessment been undertaken?*[ ]  **Yes** [ ] **No** |
| **DO YOU THINK THE ADULT AT RISK WOULD HAVE SUBSTANTIAL DIFFICULTY IN PARTICIPATING IN THE SAFEGUARDING ENQUIRY PROCESS?** | [ ]  **Yes**  | [ ] **No** |

|  |  |  |
| --- | --- | --- |
| **LOCATION OF INCIDENT** |  |  |
| *If residential/nursing care, which establishment?* |  | *Other (please specify)* |  |
| **USER GROUP** | **Choose user group** | *Other (please specify)* |  |
| **ETHNIC ORIGIN** | **Choose ethnicity** |
| *Other (please specify)* |  |
| **LANGUAGE(S) SPOKEN** |  | *adult at risk requires an interpreter/Signer* |[ ]

|  |
| --- |
| **Section 2: CONCERN** |
| **BRIEF FACTUAL OUTLINE OF CONCERN** |  |
| **DATE OF CONCERN** | 22/11/2017 |
| **WHERE DID THE INCIDENT OCCUR?** | Choose location of incident |
| **TYPE OF ABUSE – PLEASE SPECIFY** | Self Neglect (inc Hoarding) |
| **ARE THERE ANY CHILDREN INVOLVED?** | [ ]  Yes [ ] No | *If yes, please refer to Children’s MASH by email* *LBCMASHAdmin@camden.gov.uk.cjsm.net* *or telephone 020 7974 3317* |
| **TYPE OF INCIDENT** |  |

|  |
| --- |
| **Section 3: PERSON/ORGANISATION ALLEGED TO HAVE CAUSED HARM (PACH)** |
| **NAME** |  | **DOB** |  | **AGE***(if DOB is unknown)* |  | **GENDER** | Do not wish to disclose |
| **ADDRESS** |  |
| **TELEPHONE NO** |  |
| **ALLEGED PERSON TO HAVE CAUSED HARM** | Service User |
| ***If Professional/volunteer, please specify*** |  | *If other, please specify* |  |
| **Was alleged PACH living with the adult at time of abuse?** | [ ]  **Yes** [ ] **No** | *Still living with adult?* | [ ]  **Yes** [ ] **No** |
| **If the allegation is of organisational abuse, please name the provider:** |  |
| **PLEASE GIVE DETAILS OF immediate Action taken TO TRY AND REDUCE RISKS:**  |  |
| **Section 4: InVOLVED ORGANISATIONS** |
| *Name* | *JOB TITLE* | *Organisation**(Social Services, CQC, Police, GP)* | *Phone Number* |
|  |  |  |  |
| HAVE Police been notified? |  | Crime Reference No: |  |
| Provide details if medical attention given: |  | Name of Hospital/DOCTOR: |  |
| Date of strategy meeting: |  |

|  |
| --- |
| **Section 5: REFERRER DETAILS** |
| **CONCERN REPORTED BY:** | Service user |[ ]  Friend |[ ]
|  | Relative |[ ]  Paid carer |[ ]
|  | Social Worker | [ ]  | Stranger | [ ]  |
|  | GP | [ ]  | Nurse | [ ]  |
|  | Hospital Doctor | [ ]  | Therapist | [ ]  |
|  | Provider or Voluntary Organisation(please specify) |  |
|  | Other (please specify) |  |
| **Section 6: desired outcomes** |
| **DESIRED OUTCOME OF ADULT AT RISK** |   |

|  |
| --- |
| Details of the person completing this form |
| *Name* | *Job title* | *TELEPHONE NUMBER* | *EMAIL* |
|  |  |  |  |

***Once the Police MASH team have received your email, you will receive confirmation that the concern has been received and is being dealt with.***

***If you need to speak to a member of the Police MASH, you can contact them on***

***0203 276 2480 or 2484.***

**Please note that this form is to be sent securely via Egress/CJSM to**

EKMailbox-.PPD@met.pnn.police.uk