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

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| **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** | |

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| **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* | |  |

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| **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*](mailto:LBCMASHAdmin@camden.gov.uk.cjsm.net) *or telephone 020 7974 3317* |
| **TYPE OF INCIDENT** |  | |

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| **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: | |  | | |

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| **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** |  | | | |

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| --- | --- | --- | --- |
| 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](mailto:EKMailbox-.PPD@met.pnn.police.uk)