

# Safeguarding Protection Form

## DETAILS OF THE ADULT AT RISK

|   |  |  |  |               |          |
|---|--|--|--|---------------|----------|
| Name of Adult At Risk   |  |  |  |               |          |
| DoB/ Age:   |  | Gender:  |  | Reference no: |          |
| Address:  |  |  |  |               |          |
| Does the adult at risk have Mental Capacity as required to take part in the Safeguarding process?                         |  |  |  |               | Yes / No |
| If the adults at risk does not have Mental Capacity to take part in the Safeguarding Process, has an IMCA been appointed? |  |  |  |               | Yes / No |
| Has the adult at risk agreed that a safeguarding adults investigation take place?   |  |  |  |               | Yes / No |
| If the person has Capacity but has not agreed, please summarise reasons for their reluctance.                             |  | (Include consideration of any perceived benefits to the adult at risk from enduring an abusive situation). |  |               |          |

## DETAILS OF OTHER PERSON AT RISK

|   |          |
|---|----------|
| Are any children or other adults at risk:   | Yes / No |
| The relevant Safeguarding Children / Safeguarding Adults alerts must be raised. Has this been done? | Yes / No |

## DETAILS OF THE PERSON ALLEGED TO BE CAUSING THE HARM

|  |         |                   |
|--|---------|-------------------|
| Name of person alleged to be causing the harm:                               |         |                   |
| Person alleged to be causing the harm's relationship with the adult at risk: |         |                   |
| Is the person alleged to be causing the harm also an adult at risk?          | Details | Yes/No/ Not Known |

## CONTEXT OF THE ALLEGATIONS OF ABUSE

|  |  |
|--|--|
| Context in which the alleged incident(s) took place:               |  |
| Chronology of Events (Please continue on extra sheet if necessary) |  |
|  |  |

## RISK ASSESSMENT

| INDICATOR  | ASSESSMENT   | RISK LEVEL<br>(None/ Low/<br>Medium/ High) |
|--|--|--|
| 1) What kind(s) of harm has been threatened or inflicted? How severe/ serious and are there any children and/or other adults at risk involved: | Detail this for each type of abuse:  |  |
| 2) Is there evidence to suggest that the abuse is likely to be repeated or escalate?   | Assess likelihood that abuse will:<br><br>a) Continue<br><br><br>b) Escalate   |  |
| 3) Is there evidence to suggest that the abuse was premeditated, accompanied by threats or actual violence or coercion?                        | Assess likelihood that abuse involved:<br><br>a) Premeditation<br><br>b) Threats<br><br>c) Violence<br><br>d) Other coercion |  |

| INDICATOR   | ASSESSMENT  | RISK LEVEL<br>(None/ Low/<br>Medium/ High) |
|---|---|--|
| 4) Referring to the chronology, is there a pattern of history for the adult at risk and/or person alleged to be causing the harm: | Describe evidence of patterns of behaviour relevant to abuse concerns:  |  |
| 5) How long has this particular incident been happening? What is the person's need and what has been carried out so far?          | For each category, assess duration:   |  |
| 6) What has been the impact on the person's independence, health and wellbeing?   | Assess severity of impact on the persons:<br><br>a) Independence<br><br>b) Health<br><br>c) General Wellbeing |  |
| 7) How much/ what kind of support does the person normally require?   | How much/ what kind of support does the person normally require (include reference to carers):                |  |
| 8) Overall Risk Rating  | Considering all of the ratings above, assess the overall risk rating:   |  |

## RISK SUMMARY

|  |
|--|
| Please record here overall assessment of risks identified, including the risk to others: |
| View of the Risk Assessor:   |
| Views of the Adult at Risk:  |
| Views of Carer(s) /others:   |
| Summary of Action  |

## SIGNATORIES

|                                       |  |
|---------------------------------------|--|
| Name of Worker Completing Assessment: |  |
| Job Title:                            |  |
| Signature & Date:                     |  |
| Name of Safeguarding Adults Manager:  |  |
| Signature & Date:                     |  |