**Guidance in completing an AS1 referral:**

**IF YOU THINK A CRIME HAS BEEN COMMITED – CONTACT THE POLICE**

‘Statutory Duty to Report’ – When any person has knowledge, concern or suspicion that an Adult (or Child) is suffering, has suffered or is likely to be at risk of abuse or neglect it should be reported to Social Services, who alongside the Police have statutory powers to investigate.

Before a report is made it should be established that the report is in relation to an ‘Adult at Risk’.

An Adult at Risk is defined as:

* Experiencing or at risk of abuse or neglect
* Requiring care and support (whether the local authority is meeting those needs or not)

And

* Due to the need for care and support unable to keep themselves safe.

If you are unsure whether an individual is an ‘Adult at Risk’ you should discuss with your line manager, if you require further advice or guidance in relation to whether an individual is an ‘Adult at Risk’ you can discuss with the Vale of Glamorgan Adult Safeguarding team on xxx

Before making a report you should discuss with the ‘Adult at Risk’ to gain their consent and discuss your concern, on occasions the individual may not be able to engage with this process; it should be clearly documented why they are unable to engage, **this should be the exception rather than the norm,** the ‘Adult at Risk’ is central to the process.

The report maker should discuss their concerns with their line manager prior to a referral being made, immediate safeguarding concerns should be identified, and support put in place to reduce the risk.

The role of the Adult Safeguarding team is to co-ordinate any enquiry or investigation and not to take over the ‘case management’ of the ‘Adult at Risk’.

**Basic details**

The basic details should be completed as fully as possible; as a minimum name, DOB, Address and contact number/s, Date of incident/s and any other adults/children at risk living at the property this is the **minimum** that should be completed, without this information a report cannot be accepted.

**Section 1**

This section should be completed describing in as much detail as possible either; the risk of neglect or abuse, current concerns of abuse or neglect or a historic account of abuse or neglect.

An explanation of the care and support needs of the individual, care and support needs are the extra support an individual needs to manage their lives, this could be practical help such as support with personal care and dressing or help to manage finances, pay bills etc or emotional support which could be due to Mental Health needs such as depression and anxiety.

The report should then explain why the individual is unable to protect themselves from abuse or neglect; this may be because of vulnerabilities due to frailty and old age, or due to a learning disability, mental health need, this may be permanent or temporary.

The information in section one is what is used by the Safeguarding duty worker to identify the immediate concerns and to determine if the individual is an ‘Adult at Risk’ and ‘experiencing abuse/ neglect’.

**Consent**

Before a safeguarding report is made the individuals consent should be obtained, if the individual does not wish the safeguarding report to be made their wishes should be respected **unless;** the report maker has assessed that the individual lacks capacity to consent to the referral (it should be fully evidence how this assessment and outcome has been reached) or if the report maker is not suitably skilled to make an assessment of capacity to refer and has reasonable cause to question an individual’s capacity to consent to the referral (this should not be done on age or appearance etc. please refer to the Mental Capacity Act 2005)

**OR**

there is a statutory duty to report;for example if a crime has been committed or if it is in the public interest; this may be because others are potentially at risk, or because the ‘adult at risk’ may be under the influence of someone else. It is important to explain fully why consent has not been obtained. If an individual is not able to consent it should be discussed with their advocate, if not it should be fully explained why; for example, if the person who usually advocates for the person is the suspected perpetrator of neglect/ abuse.

**Section 2**

**Details of abuse and neglect and initial protection plan**

The report should describe in as much detail as possible to the type of abuse/ neglect and as much information as they know about the circumstances i.e. how long it has been happening for.

Also explain what has been put in place to reduce the risk and Safeguard the person, have these measures worked? if not why? What else is being considered? Have other agencies been involved or aware of what’s happening, have they offered support?

**Views of the person**

This is the most important part of the process; speaking to the person to find out what they are experiencing, what they see as the problems and what they want support with – this may be different from what the report maker perceives as the problem. It should not be assumed that because a person is elderly or has mental health difficulties that it is acceptable to bypass them and not make them central to the process, Safeguarding Adults is about reducing the risk and recognising that every person should experience a life free from abuse and neglect this cannot be done without them centre stage.

**Section 3 - 6**

Details of the person, persons alleged to have caused the abuse or neglect, including if the alleged person works with vulnerable adults or children. This information is required as part of the Safeguarding report as potentially their fitness to work with vulnerable adults/ children may be considered as well as a potential referral to DBS.

If any events were witnessed the witness’s details should be added, as should the first person who reported the concern and the professional making the report.

The completed report should be sent to the authority where the abuse occurred, this is not necessarily where the person lives.