**Kent Adult Safeguarding Concern – Code List**

The purpose of this document is to provide the responses to the drop-down lists used on the ‘Kent Adult Safeguarding Concern’ form.

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| **Field** | **List** | **Description** |
| **Section: 1a. Adult at Risk Details** | | |
| Gender | Male  Female  Unknown  Indeterminate | Select the gender of the adult at risk |
| Ethnicity | White  Mixed / Multiple ethnic groups  Asian / Asian British  Black / Black British  Black / African / Caribbean  Chinese  Other Ethnic Groups  Not Stated | Select the ethnicity of the adult at risk |
| Sub-Ethnicity | British  Scottish  Welsh  Irish  Albanian  Bosnian – Herzegovinian  Cornish  Croatian  Eastern European  Greek  Greek Cypriot  Gypsy / Romany  Irish Traveller  Italian  Kosovan  Other White  Other White British  Other White European  Portuguese  Serbian  Traveller  Turkish  Turkish Cypriot  Western European  English / Welsh / Scottish / Northern Irish / British  Gypsy or Irish Traveller  Any other White Background | Select the sub-ethnicity of the adult at risk |
| First Language | English  Did not wish to reply  Unknown  Algerian  American Sign Language  Amharic  Arabic  Armenian  Azerbaijani  Belarusian Bengali  Black Alphabet  Bosnian  British Sign Language  Bulgarian  Cantonese  Chinese Languages  Croatian  Cech  Danish  Dari  Dutch  Estonian  Farsi  Filipino  Finger Spelling  Finnish  Flemish  French  Fujianese  Georgian  German  Goran  Greek  Guajarati  Hindi  Hungarian  Icelandic  Indonesian  Irish Gaelic  Italian  Japanese  Korean  Kurdish  Latvian  Lingala  Lithuanian  Luxembourg  Macedonian  Makaton  Malaysian  Maltese  Mandarin  Marathi  Moldavian  Nepalese  Norwegian  Oromo  Pashto  Polish  Portuguese  Punjabi  Rebus  Roma  Romanian  Russian  Serbian  Serbo-Croat  Setswana  Shiue  Sign Supported English  Slovak  Slovenian  Somali  Sorani  Spanish  Special Communication  Sudanese  Swahili  Swedish  Symbols  Tamil  Thai  Tigrinya  Turkish  Turkish Bambino  Twl  UEB Braille – Grade 1  UEB Braille – Grade 2  Ukrainian  Urdu  Vietnamese  Welsh  Widget  Yoruba  Other | Select the first language of the adult at risk |
| Religion | Buddhist  Christian  Hindu  Islam / Muslim  Jain  Jewish  No religion  Not Stated  Other Religion  Rastafarian  Sikh | Select the religion of the adult at risk |
| Communication Needs | Not Recorded  None  Does use hearing aid  Uses cued speech transliterator  Uses deafblind intervener  Uses deafblind manual alphabet  Uses electronic note taker  Has these hands-on signing interpreter needed  Interpreter needed- British sign language  Interpreter needed- Makaton sign language  Needs an advocate  Requires lipspeaker  Requires manual note taker  Requires sighted guide  Requires speech to text reporter  Requires tactile alert  Requires third party to read out written information  Requires visual alert  Sign supported English interpreter needed  Visual frame sign language interpreter needed. | Select the communication needs of the adult at risk |
| **Section: 1b. GP Details** | | |
| Primary Care and Support need of the Adult at Risk | Adult at risk  Adult Former Self Funder  Carer  Learning Disability Support (18 – 64)  Learning Disability Support (65 +)  Mental Health Support (18 – 64)  Mental Health Support (65+)  Physical Support Access and Mobility Only (18-64)  Physical Support Access and Mobility Only (65+)  Physical Support Personal Care and Support (18-64)  Physical Support Personal Care and Support (65+)  Sensory Support for Dual Impairment (18-64)  Sensory Support for Dual Impairment (65+)  Sensory Support for Hearing Impairment (18-64)  Sensory Support for Hearing Impairment (65+)  Sensory Support for Visual Impairment (18-64)  Sensory Support for Visual Impairment (65+)  Substance Misuse Support (18-64)  Substance Misuse Support (65+)  Support with Memory and Cognition (18-64)  Support with Memory and Cognition (65+) | Select the primary support need of the adult at risk |
| **Section 1e. Funding Authority** | | |
| Funding Authority | Continuing Healthcare  Kent and Medway Partnership Trust  Kent County Council  Other  Other Local Authority  Self Funds | Select the funding authority of the adult at risk |
| Area addressing Alert (KCC Office Use Only) | Adults Safeguarding Central Referral Unit  Ashford  Canterbury and Coastal  Dartford / Gravesham / Swanley  Dover and Deal  Headquarters  South Kent Coast  Swale  Thanet  West Kent North  West Kent South  Other OLA | Select the area who will address the the adult at risk |
| Method in which alert received (KCC Office Use only) | Application Form  Email  Fax  In Person  Letter  Mincom  Post  SMS Text Message  Telephone | Select the method in which the alert was received |
| **Section 1f. Additional Information for MH Localities** | | |
| Did the abuse occur in a Mental Health Locality? | Yes  No | Select whether the adult at risks’ abuse occurred in a Mental Health Locality |
| If yes, which locality was this on behalf of? | Ashford MH  Canterbury and Coastal MH  Dartford, Gravesend and Swanley MH  Dover – South Kent Coast MH  Early Intervention MH  Forensic MH  Health Facilities – non NHS  Maidstone Malling MH  Mental Health Professional Assurance  South Kent Coast MH  South West Kent MH  Swale MH  Thanet MH | Select the appropriate locality (only applicable if ‘yes’ was ticked to the question above) |
| **Section 2a. Details of the allegation, incident of concern or information about self neglect** | | |
| Location abuse occurred | Acute Hospital  Adult Placement  Alleged Perpetrators Home  Another Person’s Home  Care Home – In-House Residential  Care Home – In-House Respite  Care Home – Private and Voluntary Nursing Care  Care Home – Private and Voluntary Residential Care  Care Home – Private and Voluntary Respite  Community Health Provision  Community Hospital  Day Care – In-house  Day Care – Private Voluntary Service  MH Inpatient Setting  Other  Own Home  Public Place  Sheltered Accommodation  Supported Accommodation  Unknown | Select where the abuse occurred for the adult at risk |
| **Section 3a. Outcome of concern - complete stage 1 closure information** | | |
| If ‘no’ is ticked on the ‘Are formal safeguarding protocols required?’ question (section 3a), the following question with dropdowns below appear. | | |
| Closure Outcome | NFA – Information and Advice  NFA – KASAF recommended from Other Agency – Same Concern  NFA – Referred to Case Management  NFA – Section 42 Eligibility Not Met  NFA – Signposted to External Agency  NFA – Passed to ARMS  NFA – Passed to MH Social Care  NFA – Passed to MH Care Act Assessment | Select the appropriate closure outcome |
| **Section 3b. Stage 1 closure information** | | |
| If ‘yes’ is ticked on the ‘Are formal safeguarding protocols required?’ question (section 3a), the following question with dropdowns below appear. | | |
| Closure Outcome | Adult Safeguarding Section 42 Enquiry  NFA – Notified Operational Team  NFA – Case Closure  Information and Advice  Bring Forward Scheduled Review  Care Needs Assessment  Refer to Other Agency | Select the appropriate closure outcome |