**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 groupsAsian / 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 ShiueSign 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 RecordedNone Does use hearing aidUses cued speech transliteratorUses deafblind intervenerUses deafblind manual alphabetUses electronic note takerHas these hands-on signing interpreter neededInterpreter needed- British sign languageInterpreter needed- Makaton sign languageNeeds an advocateRequires lipspeakerRequires manual note takerRequires sighted guideRequires speech to text reporterRequires tactile alertRequires third party to read out written informationRequires visual alertSign supported English interpreter neededVisual 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?  | YesNo | 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 AccommodationUnknown | 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 CareNFA – 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 |