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| **Northumberland Safeguarding Adults** **Request for a Decision****This form should be used to request a decision on any concerns regarding abuse or neglect of an adult/s at risk from a Decision Maker.  Please note this is the start of the Safeguarding Adults (Section 42) Enquiry under the Care Act.** **Please complete the form as fully as possible in order to enable robust decisions to be made in a timely manner about the progression, or otherwise, of a Safeguarding Adults Enquiry. Please attach further information/pages if necessary.****This form should be completed as soon as practicable, ideally within 24 hours and sent to** **safeguardingreferrals@northumberland.gov.uk** |

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| Date of Referral |  |
| Name of Adult at Risk |  |
| Swift No |  |
| Details of the Incident:*Please provide detailed description of the alleged incident/concern including times, people involved, witnesses, and any other relevant information:* |  |
| Has the adult at risk consented to this referral?  | Yes |  | No |  |
| If consent has not been sought, or you are overriding consent please indicate the reason why:  | Public Interest/Risk to others |  |
| Risk of serious harm |  |
| Suspected serious crime |  |
| Adult at risk lacks capacity to consent (BI decision) |  |
| Ability to consent is affected by threatening or coercive behaviour |  |
| Seeking consent would increase the risk to the adult and/or others |  |
| What are the views/wishes of the adult at risk? |  |
| Name of the Alleged Perpetrator (if known) |  |
| Swift No of AP (if applicable) |  |
| Does the AP have any care and support needs?  | Yes |  | No |  |
| If yes please give a brief summary |  |
| What actions have been taken to ensure the immediate safety of the alleged victim and others?  |  |
| Have the Police been notified?*If yes please provide the outcome of any Police action and log number (if available):[[1]](#footnote-1)* |  |
| Would the adult at risk have ‘substantial difficulty’ in participating in the Safeguarding Adults process?If yes, is there a suitable person who could represent them? (E.g. family member, friend, advocate) | Yes |  | No |  |
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| Does the adult at risk have an LPA? | Finances |  | Health & Welfare |  |
| Please provide details of any other people/agencies involved who may be able to help with the Safeguarding Adults enquiry: |  |
| Are you aware of any previous referrals made relating to the alleged victim and/or perpetrator?  |  |
| DECISION (Input by Decision Maker) | S42 Referral(Process through MASH) | ACN to be recorded(keyworker to record ACN as the concern; and decision and safety plan as ACN further action) | Safeguarding Issues not identified. |
| Please Tick |  |  |  |
| Rationale for Decision |  |  |  |

1. Version 2 11/04/2019 [↑](#footnote-ref-1)