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| **Northumberland Safeguarding Adults Enquiry Form**  **This form should be used to notify Adult Social Care of any concerns regarding abuse or neglect of an adult/s at risk. This is the start of the Safeguarding Adults (Section 42) Enquiry under the Care Act.** |

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| **Please complete the form as fully as possible in order to enable robust decisions to be made 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. Please see** [**Northumberland Safeguarding Adults multi-agency policy and procedures**](https://www.proceduresonline.com/northumberland/adultsg/index.html) **for further information.** |

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| **Date of referral:** |  |

**Details of the Adult at Risk**

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| --- | --- | --- | --- |
| **Name:** |  | **Date of Birth:** |  |
| **Telephone:** |  | **Ethnicity:** |  |
| **Address:** |  | | |

**Details of the nature of the adult’s care and support needs**

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**Details of the alleged perpetrator [where relevant]**

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| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | Relationship to victim: | |  | | |
| Date of Birth: |  | Ethnicity: | |  | | |
| Address: |  | Telephone: | |  | | |
| If the alleged perpetrator is a staff member/volunteer, provide details  [e.g. job role/employer/work address]: | |  | | | | |
| Does the alleged perpetrator have care and support needs? | | Yes |  | | No |  |
| Details of care and support needs [if applicable]: | |  | | | | |
| Any other details known about the alleged perpetrator(s): | |  | | | | |

**Details of any other adults or children at risk**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are there any risks to others [adults, children?] | Yes |  | No |  | Unknown |  |
| If yes please provide details [include who this information has been shared with e.g. Police, Children’s Social Care, MAPPA]  **If a child is at risk you must notify Children’s Social Care** | | | | | | |
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**Details of Concern/Incident**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Date of alleged incident: |  | Who reported the incident/concern? | | |  | | |
| Time of alleged incident: |  | Location of alleged incident: | | |  | | |
| Please provide detailed description of the alleged incident/concern including times, people involved, witnesses, and any other relevant information: | | | | | | | |
|  | | | | | | | |
| **Have any supporting information/documents been included with the referral? If so please specify.**  [e.g. where the concern relates to physical abuse please include a body map where relevant]: | | | | | | | |
|  | | | | | | | |
| Are you aware of any previous referrals made relating to the alleged victim and/or perpetrator? | | | Yes |  | | No |  |
| If yes, please provide the details: [e.g. dates, type of abuse, action taken] | | | | | | | |
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**Type of Abuse Suspected –** [tick all categories that apply]

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| --- | --- | --- | --- |
| Physical |  | Self neglect |  |
| Financial/material |  | Radicalisation/extremism |  |
| Organisational/Institutional |  | Psychological/emotional |  |
| Modern Day Slavery |  | Discriminatory |  |
| Sexual |  | Domestic abuse/violence/APVA (Adolesence to Parent Violence) |  |
| Sexual Exploitation |  | Other (please specify below) |  |
| Neglect/Act of omission |  |  |  |

**Immediate risks/reporting**

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| Is the victim at risk of further abuse/neglect (please tick): | Yes |  | No | |  | Unknown | |  | |
| What actions have been taken to ensure the immediate safety of the alleged victim and others? (Please note submitting this form does not constitute management of immediate risks) | | | | | | | | | |
|  | | | | | | | | | |
| Have the Police been notified? | | | Yes |  | | | No | |  |
| If yes, please provide the outcome of any Police action and log number (if available): | | | | | | | | | |
|  | | | | | | | | | |
| If the incident/concern relates to domestic abuse/violence, has a Safe Lives Risk Indicator Checklist been completed? | | | Yes |  | | | No | |  |
| If yes, has a referral to MARAC been considered?  Please provide any details: | | | Yes |  | | | No | |  |
|  | | | | | | | | | |
| If the incident/concern relates to radicalisation/extremism has a Prevent Referral form been completed? | | | Yes |  | | | No | |  |
| If yes, please provide details: | | | | | | | | | |
|  | | | | | | | | | |
| Please provide details of any other people/agencies involved who may be able to help with the Safeguarding Adults enquiry: | | | | | | | | | |
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**Involvement of the Adult at Risk**

The following sections are crucial to determining the next steps in the safeguarding adult’s enquiry and every attempt should be made to complete it as fully as possible.

**Consent**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Has the adult at risk consented to this referral? | | | Yes |  | | No | |  | | Not sought | | |  |
| **If consent has not been sought, or you are overriding consent please indicate the reason why:** *[please tick]* | | | | | | | | | | | | | |
| Public interest/risk to others |  | Risk of serious harm | |  | Suspected serious crime | | | | | | | |  |
| Adult at risk lacks capacity to consent [best interests decision] |  | Ability to consent is affected by threatening or coercive behaviour | |  | Seeking consent would increase the risk to the adult and/or others | | | | | | | |  |
| Other, please specify: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Has the adult at risk’s family been informed of the concerns (where they have consented to this)? | | | | | | | Yes | |  | | No |  | |

**Mental Capacity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Are there any concerns regarding the adult at risk’s mental capacity to make decisions about their safety? | | | Yes |  | No |  |
| Has a mental capacity assessment been undertaken? | | | Yes |  | No |  |
| Would the adult at risk have ‘substantial difficulty’ in participating in the Safeguarding Adults process? | | | Yes |  | No |  |
| If yes, is there a suitable person who could represent them? (E.g. family member, friend, advocate) | Yes |  | No |  | Not known |  |
| If yes, please provide name and contact details: | | | | | | |
|  | | | | | | |
| What support may the adult at risk require to participate in the Safeguarding Adults process? | | | | | | |
|  | | | | | | |
| What are the views/wishes of the adult at risk? | | | | | | |
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**Referrer Details**

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| --- | --- | --- | --- |
| Person completing the form: |  | | |
| Role/Organisation: |  | | |
| Address: |  | | |
| Telephone number: |  | | |
| Email Address: |  | | |
| **Date:** |  | **Time:** |  |

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| **What happens next?** |
| The information in this form will be used to make an assessment of the level of harm and vulnerability of the adult at risk. Further information may be needed from you and other organisations involved. This assessment, alongside the desired outcomes of the adult at risk (or their representative) will determine whether the safeguarding adult’s enquiry continues. The decision to progress, or not, is made by the Local Authority. You should receive feedback on this decision. It is your responsibility to challenge decisions that you disagree with. Please contact One Call and ask to speak to the Safeguarding Adults Triage Worker regarding your concerns. If you remain unhappy with the decision that has been made, please escalate your concerns to the Senior Manager for Safeguarding. |

**Information about how this document should be sent safely and securely**

Once completed, this document contains personal and sensitive information and should be stored securely according to your own organisation’s procedures. It is your responsibility to ensure this is done.

**Sending the information to Adult Social Care**

The completed form should be sent via secure email to:

[safeguardingreferrals@northumberland.gov.uk](mailto:safeguardingreferrals@northumberland.gov.uk)

It is the responsibility of the sender to ensure emails are secure, where secure email addresses are used by both sender and receiver (.pnn.police.uk, .gsi.gov.uk, .cjsm.gov.uk, .nhs.net). If you are unable to send via secure email encrypted mail must be used (contact your IT support about email encryption).

If you are unable to send via secure email, or if you need any help or advice in relation to completing or sending the form, please contact:

**One Call Tel: 01670 536 400**

**Foundry House**

**The Oval**

**Bedlington**

**NE22 5HS**