

## 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.

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](#) for further information.

Date of referral:

### Details of the Adult at Risk

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]

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):	
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### Details of any other adults or children at risk

Are there any risks to others [adults, children?]	Yes		No		Unknown	
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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

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:

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**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]:

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Are you aware of any previous referrals made relating to the alleged victim and/or perpetrator?	Yes		No	
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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]

Physical	<input type="checkbox"/>	Self neglect	<input type="checkbox"/>
Financial/material	<input type="checkbox"/>	Radicalisation/extremism	<input type="checkbox"/>
Organisational/Institutional	<input type="checkbox"/>	Psychological/emotional	<input type="checkbox"/>
Modern Day Slavery	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	Domestic abuse/violence/APVA (Adolescence to Parent Violence)	<input type="checkbox"/>
Sexual Exploitation	<input type="checkbox"/>	Other (please specify below)	<input type="checkbox"/>
Neglect/Act of omission	<input type="checkbox"/>		<input type="checkbox"/>

## Immediate risks/reporting

Is the victim at risk of further abuse/neglect (please tick):	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, has a referral to MARAC been considered? Please provide any details:			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If the incident/concern relates to radicalisation/extremism has a Prevent Referral form been completed?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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:

## 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	
<b>If consent has not been sought, or you are overriding consent please indicate the reason why: [please tick]</b>						
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

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

<p><b>What happens next?</b></p> <p>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.</p>
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## 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**