**CONFIDENTIAL**

**ADULT SAFEGUARDING REPORT & ENQUIRY FORM**

**For use from NOVEMBER 2017**

***\*Please complete pages 1 to 5 as fully as possible, particularly ensuring that all risks are identified*.**

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| **ABOUT THE SUSPECTED ADULT AT RISK** |
| **Date of Incident** |  |  |
| **Date of Report** |  | **Name of Adult at Risk** |  | **Id & Referral number** |  |
| **Date of Birth** |  | **Gender** | Male | Female | **Marital Status** |  |
| **Adult at Risk Current Address** |  | **Tel. Number** |  |
|  |
| **Ethnicity** | White | Mixed Ethnic Group | Asian or Asian British | Black, African, Caribbean or Black British | Other Ethnic Group | Information Not obtained | Information refused |
|  |
| **First Language** |  | **Interpreter Required?** | Yes  | No |  |
|  |
| **GP Name** |  | **GP Tel. No.** |  | **GP Address** |  |
|  |
| **Next of Kin** |  | **Relationship** |  | **Tel. No.** |  |
| **Address** |  |
|  |
| **Main Client Group** | Physical Disability | Learning Disability | Functional Mental Health problems | Organic Mental Health Problems |
| Visual/ Blind/ Partially Sighted | Hearing Impairment/ Deafness | Substance Misuse Problems | Unknown |
|  |
| **Case Status** ***(Social Services use only)*** | Open/active | Open, review only | Closed | Not previously known | Other County |
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| **REPORT INFORMATION** |
| **Source of Report** | Self Reported | Relative/ Friend | Independent Hospital | Police | Local Health Board |
| Provider Agency | Ambulance Service | Care Regulator | Probation | Advocate |
| Third Sector | Local Authority | Other |  |
|  |
| **Category of Abuse** **or Neglect** **(Tick all that apply)** | Physical | Sexual | Emotional/ Psychological | Financial/ Material | Neglect |
| Was this racially motivated?Was this Domestic Abuse? | Yes NoYes No |
|  |
| **Description of alleged abuse/ injuries:** *(Continue on separate sheet of paper if necessary)*  |
|  |
| **Where did the alleged abuse occur?** | Own Home | Community | Care Home Setting | Health Setting |
| ***If a care home setting, please state name of home*** |  |
| ***Is the abuse*** | Historical  | Current |
|  |
| **Person alleged responsible for abuse or neglect (*if Self,select Other and add ‘Self’ to box below*)** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other Service User | Other |
| ***If other, please specify:*** |  |
|  |
| **Is the Adult at Risk aware of the referral?** | Yes | No |
| **Has the Adult at Risk consented to the referral?** | Yes | No |
| **Is there any evidence to suggest that the Adult at Risk lacks mental capcity to consent to this referral?** | Yes | No | Not Established |
| **Personal circumstances – Is the alleged victim subject to any legislative powers, e.g. Mental Health Act, Power of Attorney, DoLS?** |
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| **About the person(s) allegedly responsible for the abuse** |
| **PERSON 1** | **Unknown at present** | **Self** |
| **Name** |  | **Address:** |  |
| **Tel. No.**  |  | **Date of Birth:** |  | **Age:** |  |
| **Relationship to victim (If ‘Self’, please select other and ‘Self’ in box below)** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other Service User | Other |
| ***Other, please specify (e.g. Self)*** |  |
| **Employing Agencies. List all known.** |  |
| **Is alleged perpetrator a vulnerable adult?** | Yes | No | Don’t Know |
| **Is alleged perpetrator a child?** | Yes | No | Don’t know |
| **Is alleged perpetrator aware of the referral?** | Yes | No | Don’t know |
| **Is the alleged perpetrator known to social services?** | Yes | No | Don’t know |
| **If yes, client/ patient database number:** |  | **Team responsible:** |  |

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| --- | --- | --- |
| **PERSON 2** | **Unknown at present** | **Self** |
| **Name** |  | **Address:** |  |
| **Tel. No.**  |  | **Date of Birth:** |  | **Age:** |  |
| **Relationship to victim (If ‘Self’, please select other and ‘Self’ in box below)** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other Service User | Other |
| ***Other, please specify (e.g. Self)*** |  |
| **Employing Agencies. List all known.** |  |
| **Is alleged perpetrator a vulnerable adult?** | Yes | No | Don’t Know |
| **Is alleged perpetrator a child?** | Yes | No | Don’t know |
| **Is alleged perpetrator aware of the referral?** | Yes | No | Don’t know |
| **Is the alleged perpetrator known to social services?** | Yes | No | Don’t know |
| **If yes, client/ patient database number:** |  | **Team responsible:** |  |

***\*If more than two alleged perpetrators have been identified, please photocopy this page and attach before returning.***

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| **About the people who witnessed the incident** |
| **WITNESS 1** |  |
| **Name** |  | **Address:** |  |
| **Tel. No.**  |  |
| **Relationship to victim** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other ServiceUser | Other |
| **Is witness a child?** | Yes | No | Don’t Know |
| **Is witness aware of referral?** | Yes | No | Don’t know |

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| **WITNESS 2** |  |
| **Name** |  | **Address:** |  |
| **Tel. No.**  |  |
| **Relationship to victim** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other ServiceUser | Other |
| **Is witness a child?** | Yes | No | Don’t Know |
| **Is witness aware of referral?** | Yes | No | Don’t know |

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| **About the person who first reported the concern***(This is the first person to raise the report – it may be the adult at risk, a witness or someone with concerns)* |
| **Is the person reporting the incident the Adult at Risk?** | Yes | No |
| **Is the person reporting the incident a witness to the incident?** | Yes | No |
| **Name** |  | **Address:** |  |
| **Tel. No.**  |  |
| **Relationship to victim** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other ServiceUser | Other |
| **Date/ Time of Report** |  |
| **Does the reporter wish to remain anonymous?** | Yes | No |
| **If yes, please state why;** |  |

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| **About the person who is reporting the incident(s) to Social Services** |
| **Is the person reporting the incident the Adult at Risk?** | Yes | No |
| **Is the person reporting the incident a witness to the incident?** | Yes | No |
| **Name** |  | **Address:** |  |
| **Tel. No.**  |  |
| **Relationship to Victim** | Paid Employee | Volunteer/ Unpaid employee | Relative/ Friend | Other Service User | Other |
| **Date/ Time of Report** |  |
| **Does the reporter wish to remain anonymous?** | Yes | No |
| **If yes, please state why;** |  |

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| **Details of person completing this form** |
| **Name:** |  | **Designation:** |  |
| **Agency:** |  | **Time/ Date completed:** |  |
| **Signature:** |  | **Telephone Number:** |  |

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| **The following pages are for NPTCBC office use only.****Please do not complete.** |
|  |
| **Has this report proceeded to an enquiry?** | Yes | No | **Date of Decision** |  |
|  |
| **If no, why? *(select one of the options)*** |  | Refusal of adult suspected of being at risk to particiapte in enquiry |
|  | Individual was not an adult at risk |
|  | Other, please comment reason below…… |
|  |
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| **Notes from Duty Officer including NAME:** |  |

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| **ENQUIRY INFORMATION** ***(This section is for completion by DLM only)*** |
| **Date enquiry commenced** |  |
|  |
| **Overriding decision to progress from Report - Rationale:** |
|  |
|  |
| **Chronology of Enquiries** |
| **Date** | **With Whom** | **Outcome/ Action** |
|  |  |  |
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| **Documentation examined as part of the enquiry:** |
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| --- | --- | --- | --- | --- |
| **Has this Enquiry resulted that action is required?** | **Yes** | **No** | **Date Decision made** |  |
|  |
| **If YES, action IS required:** Reasonable cause to suspect that the adult is, or maybe, at risk – Strategy Meeting. *(within 7 days of the end of enquiry)* | **If No action required; *(tick all that apply)*** |
|  |  | *No reasonable cause to suspect that the adult is, or may be, at risk.* |
|  | *Part 3 Assessment for Care & Support (Under section 193 of the Act 2014).* |
|  | *Refer to other source and record action.* |
|  |
| **Has the person refused to participate in action identified by an enquiry?** | **Yes** | **No** |

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| **Analysis/ Outcome of Enquiry *(reason and rationale for decision)*:** |
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| **Identified Risk(s):** |
|  |

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| **Investigation** |
| **Was this a:** | Criminal Investigation | Non-criminal Investigation |
|  |
| **Person completing Enquiry:** |  | **Designation:** |  |
| **Agency:** |  | **Time/ Date Completed:** |  |
| **Signature:** |  | **Telephone Number** |  |