**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** | | | | | | | | |  | | | | | | | | | |
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| **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 | | | | | | | |  | | | | |
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| **GP Name** | |  | | | | | | | | | | **GP Tel. No.** | | | | | | | | | |  | | | | | | | **GP Address** | | | | | | | | |  | | | | | | | | | | |
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| **Next of Kin** | | | |  | | | | | | | | | | | | | | **Relationship** | | | | | | |  | | | | | | | | | **Tel. No.** | | | | | | | |  | | | | | | |
| **Address** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 No  Yes 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:*** | | | | | | |  | | | | | | | | | | | | | | |
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| **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  Service  User | | 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  Service  User | | 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  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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| **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** | |  |