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| **Safeguarding Adults Initial Enquiry Form**  **This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect. Adult Social Care will use the information to determine whether a Safeguarding Adults Enquiry is required (as per Section 42, Care Act 2014).** |

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| This form should be completed as fully as possible in order that robust decisions can be made about the progression, or otherwise, of the Safeguarding Adults Enquiry.  An \* indicates a mandatory field.  **Once completed, please email to Community Health and Social Care Direct:** [**scdadmin@newcastle.gov.uk**](mailto:scdadmin@newcastle.gov.uk) |

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| **\*Person completing the form:** | | | Click or tap here to enter text. | | | | | | | | | | **\*Role of Person:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **\*Email address** | | | Click or tap to enter a date. | | | | | | | | | | **\*Organisation:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **\*Phone number:** | | | Click or tap here to enter text. | | | | | | | | | | **\*Type of service:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **\*Date of referral to Adult Social Care:** | | |  | | | | | | | | | | **\*Date of alleged abuse/neglect:** | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Is this an organisational abuse concern without an identified adult at risk?** | | | | | | | | | | **Yes  No**  ***If yes go to section 3: Details of incident/ suspected/actual abuse or neglect.*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Involvement of the adult(s) at risk**  The following section is crucial to determining the next steps in the safeguarding adults enquiry and every question in this section is mandatory. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Has the adult(s) at risk given consent for this referral?** | | | | | | | | | | | | | | **Yes** | | | | | | **No** | | | | | | | | **Not sought** | | | | | | | |
| **If no, please confirm why you have not sought consent or are overriding consent (please tick):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Public interest (risks to others)** | | | | |  | | **Risk of serious harm** | | | | | | | | | | |  | | | **Suspected serious crime** | | | | | | | | | | | | | |  |
| **Adult at risk lacks mental capacity to provide consent (best interest decision made)** | | | | |  | | **Ability to consent is affected by threatening or coercive behaviour** | | | | | | | | | | |  | | | **Seeking consent would increase risks to the adult or others** | | | | | | | | | | | | | |  |
| **Other, please provide details below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Do you think the adult at risk has mental capacity in relation to making decisions about their safety?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | | | |
| **If no, has a mental capacity assessment been undertaken?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | | | |
| **\*Do you think the adult at risk would have substantial difficulty in participating in the safeguarding adults process?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | | | |
| **If yes, is there a suitable person who could represent them? (e.g. family member, friend, advocate)** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | | | |
| **Please provide the name and contact details of this suitable person:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Has the adult at risk’s family been informed of the concerns (where appropriate AND the adult has consented to this)?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | **No** | | | | **Unsure** | | | | | |
| **\*What does the person (or their representative) want to happen in response to the concern?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Details of the adult at risk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Name:** | | Click or tap here to enter text. | | | | | | **\*Date of Birth:** | | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | | | | | | |
| Not known | | | | | | | | | | | | | | | | | | | | |
| **NHS Number** | |  | | | | | |
| **\*Gender identity:**  Gender identity refers to a person’s sense of their own gender, whether male, female, non-binary or other and should be recorded as the preference of the individual concerned. This may or may not be the same as their sex registered at birth. | | Male  Female  Non-binary  Other gender identity  Not known  Does not wish to answer | | | | | | **\*Ethnic Group:** | | | | | | | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  **Black, Black British, Caribbean or African**  Caribbean  African  Any other Black, Black British, or Caribbean background  **Mixed or multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed or multiple ethnic background  **White**  English, Welsh, Scottish, Northern Irish or British  Irish  Gypsy or Irish Traveller  Roma  Any other White background  **Other ethnic group**  Arab  Any other ethnic group  **Undeclared/not known** | | | | | | | | | | | | | | | | | | | | |
| **Telephone:** | | Click or tap here to enter text. | | | | | |
| Is this a safe number for the adult at risk to be contacted on? | | Y  N  Unsure | | | | | |
| **\*Address:** | | Click or tap here to enter text. | | | | | |
| Not known | | | | | |
| **\*What is the adult’s primary reason for needing care and support? (please tick)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical support** |  | | | **Sensory support** | | | | | | | | | | | | |  | | | | | | | | **Support with memory and cognition:** | | | | | |  | | | | |
| **Learning disability support:** |  | | | **Asperger’s syndrome support:** | | | | | | | | | | | | |  | | | | | | | | **Autism support:** | | | | | |  | | | | |
| **Mental health support:** |  | | | **Social support (includes support for carers/substance misusers):** | | | | | | | | | | | | |  | | | | | | | | **No support reason:** | | | | | |  | | | | |
| **Other health condition:** |  | | | **Please specify:** | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any other details about the adult at risk:**  *This is not where you should record details of the alleged abuse/neglect, that comes in the next section.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 3: Details of incident/suspected/actual abuse or neglect** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Date of alleged incident:** | | Click or tap here to enter text. | | | | | | | | | | **\*Who reported the alert / concern?** | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **\*Time of alleged incident:** | | Click or tap here to enter text. | | | | | | | | | | **\*Date of report:** | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **\*Where did the incident occur?** | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 4: Description of the alleged incident/harm** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Please give a detailed description of the incident (including times), all people involved, witnesses and any other comments you feel are relevant. If the concern relates to physical abuse please provide a body map.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Type of abuse (tick all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical** |  | | | | | **Sexual** | | | | | | | | | |  | | | | | | | | | **Psychological / emotional** | | | | | | | | |  | |
| **Financial / material** |  | | | | | **Neglect/omission** | | | | | | | | | |  | | | | | | | | | **Discriminatory** | | | | | | | | |  | |
| **Organisational / institutional** |  | | | | | **Self-neglect** | | | | | | | | | |  | | | | | | | | | **Domestic abuse / violence** | | | | | | | | |  | |
| **Modern slavery** |  | | | | | **Radicalisation/extremism** | | | | | | | | | |  | | | | | | | | | **Other** | | | | | | | | |  | |
| **If other, please specify:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Is the victim at risk of further abuse/neglect? (please tick)** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | | | |
| **\*What has been done to ensure the immediate safety of the alleged victim(s) and others?** *Completing and submitting this form does not constitute management of immediate risks.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Were the Police called?** | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | |
| **Please provide the outcome of the Police action and Police log number (if available):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*If the incident relates to domestic abuse/violence, has the MARAC Checklist (CAADA-DASH) been completed?** | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **N/A** | | | |
| **If yes, has a referral to MARAC been considered?**  **Please provide details, including discussions with your agency’s Single Point of Contact (SPOC) for MARAC:** | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **N/A** | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Are you aware that there have there been any previous referrals made in relation to this adult at risk or alleged perpetrator?** | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | **No** | | | | **N/A** | | |
| **If yes, please provide details (e.g. dates, type of abuse, action taken):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Are there any risks to others (other adults, children)?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | | **Unsure** | | | | | |
| **Please provide details of any other agencies involved that will be able to help with the safeguarding adults enquiry, including who this information has been shared with – e.g. Police, Children’s Social Care, MAPPA. If there are risks to children, you must notify Children’s Social Care.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 5: Details of the alleged perpetrator**  You do not need to complete this section if your referral is about self-neglect  If your referral is about organisational abuse, provide the name and address of the organisation here. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name:** | | Click or tap here to enter text. | | | | | | **Relationship to victim:** | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| **Date of birth:** | | Click or tap to enter a date. | | | | | | **Ethnic Group:** | | | | | | | **Asian or Asian British**  Indian  Pakistani  Bangladeshi  Chinese  Any other Asian background  **Black, Black British, Caribbean or African**  Caribbean  African  Any other Black, Black British, or Caribbean background  **Mixed or multiple ethnic groups**  White and Black Caribbean  White and Black African  White and Asian  Any other Mixed or multiple ethnic background  **White**  English, Welsh, Scottish, Northern Irish or British  Irish  Gypsy or Irish Traveller  Roma  Any other White background  **Other ethnic group**  Arab  Any other ethnic group  **Undeclared/not known** | | | | | | | | | | | | | | | | | | | | |
| Not known | | | | | |
| **Address:** | | Click or tap here to enter text. | | | | | |
| Not known | | | | | |
| **Telephone:** | | Click or tap here to enter text. | | | | | |
| **Is there a (family or informal) carer/cared for relationship between the alleged victim and alleged abuser?** | | | | | | | | | | | | | | | **Yes** | | | | | | | | | **No** | | | | | | | | **Unsure** | | | |
| **If the alleged perpetrator is a staff/volunteer, provide details *(e.g. employer, job role, work address)*:** | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Are they an adult with care and support needs?** | | | | | | | | | | | | | | | **Yes** | | | | | | | | | **No** | | | | | | | | **Unsure** | | | |
| **Details of care and support needs *(if applicable)*:** | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| **Any other details about the alleged perpetrator(s):** | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |
| **What happens next?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The local authority will use the information in this referral to determine whether the referral meets the criteria for action under safeguarding adults procedures. Further information may be needed from you and other organisations involved. This information, alongside the desired outcomes of the adult at risk (or their representative) will determine whether a Safeguarding Adults Enquiry commences. The initial decision to progress, or not, is made by a manager in the local authority. Feedback will be provided to the person who completed this form, unless specified otherwise. **It is your responsibility to challenge decisions that you disagree with.** Please contact the local authority manager with your concerns. If you remain unhappy with the decision that has been made, please escalate your concerns to the Safeguarding Adults Unit, 0191 278 8156. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **This document contains personal and sensitive information when completed and should be stored securely according to your own organisation’s procedures. It is your responsibility to ensure that this is done.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |