

North Tyneside 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 and could form the start of a Safeguarding Adults (Section 42) Enquiry under the Care Act. Details of how to submit this form are available below. Please attach further pages if necessary.

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.

Person completing the form:		Role of Person:	
Date of referral to Adult Social Care:		Organisation:	
Phone number:		Type of service:	

Details of incident/suspected/actual abuse or neglect:

Date of alleged incident:		Who reported the alert/concern?	
Time of alleged incident:		Where did the incident occur?	

Details of the adult at risk

Name:		Date of Birth:	
Telephone:		Ethnicity:	
Address:			

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:			
Any other details about the adult at risk					
Is there a DOL in place?					

Details of the alleged perpetrator (where known)

Name:		Relationship to victim:	
Date of birth:		Ethnicity:	
Address:		Telephone:	
If the alleged perpetrator is a member of staff/volunteer, please provide details (e.g. employer, job role, work address):			
Are they an adult with care and support needs?	Yes	No	
Details of their care and support needs (if applicable):			
Any other details about the alleged perpetrator(s):			

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.			
Is the victim at risk of further abuse/neglect? (please tick)	Yes	No	Unknown
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.			
Type of abuse (tick all that apply):			
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Psychological/emotional	<input type="checkbox"/>
<input type="checkbox"/> Financial/material	<input type="checkbox"/> Neglect/omission	<input type="checkbox"/> Discriminatory	<input type="checkbox"/>
<input type="checkbox"/> Organisational/institutional	<input type="checkbox"/> Self-neglect	<input type="checkbox"/> Domestic abuse/violence	<input type="checkbox"/>
<input type="checkbox"/> Modern slavery	<input type="checkbox"/> Radicalisation/extremism	<input type="checkbox"/> Other	<input type="checkbox"/>
If other, please specify:			
Please use the Safeguarding Adults Risk Threshold Tool, your knowledge of the person and your professional judgement to decide on the seriousness of the concern.			
Is this, in your opinion, a low level concern?	Yes (stop, sign below and return)	No (complete rest of form)	
<ul style="list-style-type: none"> If you think that this is a low level concern then please <u>stop here</u> and return the signed form to North Tyneside's Adult Social Care Gateway Team using the instructions on the last page. 			
Signed:		Date:	
Printed:		Time:	
<ul style="list-style-type: none"> If you think that this concern is of a significant or critical nature then please complete the rest of the form. (If you are in any doubt about what constitutes a safeguarding matter then you should contact the Adult Social Care Gateway Team on 0191 643 2777). 			
Were the Police called?	Yes	No	
Please provide the outcome of the Police action and Police log number (if available):			
If the incident relates to domestic abuse/violence, has the MARAC Checklist (CAADA-DASH) been completed?	Yes	No	
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	

Please provide details of any other agencies involved that will be able to help with the safeguarding adults enquiry:				
Are you aware that there have there been any previous referrals made in relation to this adult at risk or alleged perpetrator?			Yes	No
If yes, please provide details (e.g. dates, type of abuse, action taken):				
Are there any risks to others (other adults, children)?		Yes	No	Unknown
Please provide details (also include 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.				
Involvement of the adult(s) at risk				
The following section is crucial to determining the next steps in the safeguarding adults enquiry and every attempt should be made to complete it as fully as possible.				
Has the adult(s) at risk given consent for this referral?			Yes	No
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:				
Do you think the adult at risk has mental capacity in relation to making decisions about their safety?			Yes	No
If no, has a mental capacity assessment been undertaken?			Yes	No
Do you think that the adult at risk will need support to participate in the safeguarding adults process?			Yes	No
If yes, please provide details of what support may be required:				
If support is needed, is there a suitable person who could represent them? (e.g. family member, friend, advocate)		Yes	No	Unknown
Please provide the name and contact details of this suitable person:				
Has the adult at risk’s family been informed of the concerns (where the adult has consented to this)?			Yes	No
What does the adult at risk (or their representative) say that they want to happen as a result of the safeguarding adults enquiry (their desired outcomes)?				
Signed:				Date:
Printed:				Time:

What happens next?

North Tyneside will use the information in this form 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 adults 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 the Adult Social Care Gateway Team and ask to speak to the Safeguarding Adults Duty Worker regarding your concerns. If you remain unhappy with the decision that has been made, please escalate your concerns to the Senior Manager for Quality and Safety.

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.

Information about how this document should be sent safely and securely

Once completed, this document contains personal and sensitive information.

Sending the information to Adult Social Care

- The form should be sent to North Tyneside's Adult Social Care Gateway Team.
- It is best practice to telephone prior to sending the form by fax (see below for instructions on faxing the form).

North Tyneside Adults Social Care Gateway Team

(Mon-Thurs, 8.30am-5pm; Friday 8.30am-4.30pm):

Tel: 0191 643 2777

Fax: 0191 643 2413

- It is intended that you complete the form electronically and then print a copy to fax back. If you need to handwrite the form, please make sure that your handwriting is legible. You may wish to increase the box sizes or add further sheets if you are completing it by hand.

The form should, if possible, be sent on the same day as the concern. If the concern occurs out of hours then please note that the form will not be seen until the next working day.

For low level concerns, you do not need to contact the out of hours service. However, if the concern is of a significant or critical nature then you must report the incident to the out of hours service by telephone **and** return the form to the Gateway Team.

Out of Hours Service: Tel. 0191 200 6800 (Evenings: 5pm-8.30am and Weekends)

Options for sending the Safeguarding Adults Initial Enquiry Form

- **Fax.** The procedure for sending information securely by fax is as follows:
 1. The sender needs to check the fax number they are sending the form to.
 2. Ensure the recipient is waiting at the fax machine for the fax.
 3. Fax covering note should be used and needs to be marked "OFFICIAL".
 4. Send the fax
 5. The recipient then needs to confirm receipt with the sender.
- **Delivery in person.** The form can be hand delivered. You should obtain a signature from the intended recipient to confirm delivery.

You can contact North Tyneside's Adult Social Care Gateway Team (0191 643 2777) if you need help or advice in relation to completing or sending this form.