|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| All information to be completed on this form and is a mandatory requirement- please contact the Safeguarding Adults Team if you require assistance [protectadult@tameside.gov.uk](mailto:protectadult@tameside.gcsx.gov.uk) | | | | | INTERNAL USE ONLY | | | |  |
|  | | | | | Date received | | | |  |
| safeguarding adult enquiry FORM | | | | | | | | | |
| NAME: |  | | |  | | DOB: |  | | |
| ADDRESS: | |  | CONTACT DETAILS: | | | | |  | |
| DATE ISSUE CONFIRMED BY SAM: (AS DOCUMENTED ON CONCERN FORM) | |  | | | | | |  | |
| alleged PERPETRATOR | | | | | | | | | |
| service provider:*(This category refers to any individual(s) or organisation paid, contracted or commissioned to provide social care support, regardless of the funding source. This category can include: Services organiSed by the council, Personal budget/direct payment funded services, Self-arranged services, Self-funded services, Residential and nursing homes that offer social care services**This category excludes health and social care staff or organisations responsible for assessment and care management eg CASSRS, NHS trusts or GP’s.)* **OTHER KNOWN TO INDIVIDUAL**  *(IF THE ADULT AT RISK KNOWS THEIR NAME)*  **OTHER UNKNOWN TO INDIVIDUAL**  *(IF THE ADULT AT RISK DOES NOT KNOW THEIR NAME)* | | | | | | | | | |
| LOCATION OF ABUSE | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **CARE HOME- NURSING** | **in the community**  **(excluding COMMUNITY SERVICes)** | **HOSPITAL-ACUTE** | | **care hOME-RESIDENTIAL** | **IN A COMMUNITY SERVICE** | **HOSPITAL-MENTAL HEALTH** | | **OWN HOME** | **OTHER** | **HOSPITAL-COMMUNITY** | | | | | | | | | | |
| type of risk (Please refer to policy and procedures for definitions) | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **PHYSICAL** | **SEXUAL** | **PYSCHOLOGICAL AND EMOTIONAL** | **FINANCIAL AND MATERIAL** | | **NEGLECT AND ACTS OF OMMISSION** | **DISCRIMINATORY** | **ORGANISATIONAL** | **MODERN SLAVERY** | | **DOMESTIC ABUSE** | **SEXUAL EXPLOTATION** | **SELF-NEGLECT** | **RADICALISATION** | | **fEMALE gENITAL mUTILATION (fgm)** | **FORCED MARRIAGE** |  |  | | | | | | | | | | |
| CAPACITY AND CONSENT | | | | | | | | | |
| HAS THE ADULT BEEN ASSESSED AS LACKING CAPACITY TO MAKE INFORMED CHOICES AND DECISIONS ABOUT THEIR SAFETY?YES, THE INDIVIDUAL LACKS MENTAL CAPACITY: (WHERE A CAPACITY ASSESSMENT HAS TAKEN PLACE AND FOUND THE INDIVIDUAL TO BE LACKING CAPACITY) NO, THE INDIDVIDUAL DOES NOT LACK MENTAL CAPACITY:(WHERE A CAPACITY ASSESSMENT HAS TAKEN PLACE AND FOUND THE ADULT DOES NOT LACK CAPACITY OR WHERE NO-ONE HAS REASON TO BELIEVE THAT THE INDIVIDUAL LACKS CAPACITY)DON’T KNOW: (TO BE USED IF THE INDIVIDUAL AT RISK DIED OR BECAME SERIOUSLY ILL BEFORE THEY WERE SPOKEN TO) IF DON’T KNOW PLEASE STATE REASON WHY: | | | | | | | | | |
| Where the ADULT was assessed under the Mental Capacity Act, as lacking capacity to make one or more decisions in relation to the safeguarding process, did they have support or representation from:an advocate FAMILY MEMBER  FRIEND  **IF NONE OF THE ABOVE PLEASE STATE REASON WHY:** | | | | | | | | | |
| making safeguarding personal- the following information will indicate how you have involved the individual IN THEIR safeguarding plan | | | | | | | | | |
| dATE PROCESS LEAFLET PROVIDED: | | | | | | | | | |
| IF NOT PROVIDED PLEASE STATE REASONS WHY: | | | | | | | | | |
| was the adult/advocate asked what theIR desired outcomes were?  1. Yes – they were asked and outcomes were expressed 2. Yes – they were asked but no outcomes were expressed 3. No | | | | | | | | | |
| IF YES STATE WHAT THE DESIRED OUTCOMES WERE: **IF NO, STATE THE REASON WHY THIS INFORMATION COULD NOT BE OBTAINED FROM THE INDIVIDUAL OR THEIR ADVOCATE.** | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | CATEGORY OF OUTCOME EXPRESSED **(YOU MAY SELECT MORE THAN ONE WHERE APPROPRIATE)** | | | | | DIGNITY TO BE MAINTAINED | REMOVAL OF PERPETRATOR | ALTERNATIVE ACCOMMODATION | EXTRA SUPPORT TO REMAIN independent | | POLICE INVOLVeMENT | SAFEGUARDING ENQUIRY TO TAKE PLACE | DISCUSSION TO BE HELD WITH FAMILY | NO INVASIVE MEDICAL TREATMENT | | QUALITY OF CARE AND REASSURANCE OF SAFETY | REFERRAL TO OTHER ORGANISATION | APOLOGY | IMPLEMENTATION OF COMPLAINTS PROCEDURE | | SUPPORT WITH FINANCE | OTHER |  |  | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Where yes were the desired outcomes | fully achieved | partially achieved | not achieved | | if not achieved or partially achieved please state why: |  | | |  |  | | --- | | DID THE REQUEST FOR A DESIRED OUTCOME CHANGE DURING THE COURSE OF THE SAFEGUARDING ENQUIRY:yes/no | | if yes please state what the changes were: | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Making Safeguarding personal | | | | | tO WHAT EXTENT WAS THE aDULT/ADVOCATE INVOLVED IN UNDERSTANDING AND RESPONDING TO ACCEPTABLE LEVELS OF RISK? | fULLY iNVOlVED | pARTIALLY INVOLVED | nOT INVOLVED | | dID THE ADULT/ADVOCATE FEEL LISTENED TO DURING CONVERSATIIONS AND MEETINGS WITH PEOPLE ABOUT HELPING THEM FEEL SAFE. | i WAS ALWAYS LISTENED TO | I WAS LISTENED TO QUITE A BIT | I WAS not listened to very much | | i was not listened to at all |  |  | | Did the adult /advocate get information during the concern. | i Got a lot of information | i got quite a lot of information | I did not get very much information | | i did not get any information | not answered |  | | DID THE ADVOCATE/ADULT UNDERSTAND THE INFORMATION GIVEN TO THEM WHEN PEOPLE WERE TRYING TO KEEP THEM SAFE? | I WAS ABLE TO UNDERSTAND ALL OF THE INFORMATION | I WAS ABLE TO UNDERSTAND MOST OF THE INFORMATION | I WAS NOT ABLE TO UNDERSTAND MUCH OF THE INFORMATION | | i was not able to understand any of the information | I did not get any information | not answered | | Did the adult/advocate understand why people did what they did to try and keep them safe? | fully understood | partially understood | did not understand | | how happy did the adult/advocate feel with the end result of what people did to try and keep them safe? | i am very happy with the end result | i am quite happy with the end result | i am not at all happy with the end result | | not answered |  |  | | does the adult /advocate feel safer now because of the help from the people dealing with the concern ? | i feel that the person is a lot safer now | i fel that the person is quite a lot safer now | i feel thay they are not much safer now | | i feel that they are not at all safer now | not answered |  | | | | | | | | | | |
|  | | | | | | | | | |
| ACTION AND RESULT | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **FULLY SUBSTANTIATED:**  *This refers to cases where it was concluded that all the allegations made against the individual or organisation believed to be the source of the harm or neglect were believed to have happened “on the balance of probabilities”. Where the alleged types of abuse are being considered against an individual or organisation then all will need to be proved for it to be defined as fully substantiated* | **PARTIALLY SUBSTANTIATED:**  *This refers to cases where there are allegations of multiple types of abuse being considered against an individual or organisation. Verification will be partial where “on the balance of probabilities” it was concluded that one or more, but not all, of the alleged types of abuse were proved. For example, a referral that includes allegations of physical abuse and neglect, where the physical abuse can be proved on the balance of probabilities, but there is not enough evidence to support the allegation of neglect, will be partially substantiated.* | **INCONCLUSIVE:**  *This refers to cases where there is insufficient evidence to allow a conclusion to be reached. This will include cases where, for example, the individual subject to the referral, the individual believed to be the source of the risk or a key witness passed away before they could provide statements as part of the assessment or investigation.* | | **NOT SUBSTANTIATED:**  *This refers to cases where the allegations are not believed to have happened “on the balance of probabilities” as the alleged types of abuse are either unsubstantiated, or disproved.* | **INVESTIGATION CEASED AT INDIVIDUALS REQUEST:**  *This refers to cases where the individual at risk does not wish for an investigation to proceed for whatever reason and so a conclusion cannot be reached.* |  | | | | | | | | | | |
| HAS THE TASPB LEAD BEEN APPROACHED TO CONSIDER THIS CASE FOR A SAFEGUARDING ADULT REVIEW?YES/NO | | | | | | | | | |
| were there actions taken to support the management of risk?Actions taken (WILL INCLUDE ALL THOSE WHERE A SAFEGUARDING PLAN IS IN PLACE. ACTION CAN INCLUDE ANYTHING THAT HAS BEEN DONE AS A RESULT OF THE SAFEGUARDING ENQUIRY- IT INCLUDES THINGS LIKE DISCIPLINARY ACTION, INCREASED MONITORING, REFERRAL FOR ASSESSMENT ETC) NO ACTION TAKEN (THIS WILL ONLY INCLUDE THOSE WHERE NO SAFEGUARDING ACTION HAS TAKEN PLACE AT ALL AND A SAFEGUARDING PLAN HAS NOT BEEN IDENTIFIED) **ENQUIRY CEASED AT INDIVIDUALS REQUEST:**  THIS REFERS TO CASES WHERE THE INDIVIDUAL AT RISK DOES NOT WISH FOR AN ENQUIRY TO PROCEED FOR WHATEVER REASON AND SO PRECLUDE A CONCLUSION BEING REACHED | | | | | | | | | |
| NO RISK IDENTIFIED:*NO EVIDENCE IS FOUND OF, OR POTENTIAL FOR, ABUSE OR NEGLECT WHICH COULD POSSIBLY CAUSE HARM TO THE VULNERABLE ADULT EG IT MAY BE THAT IMMEDIATE ACTION TAKEN WHEN A SAFEGUARDING CONCERN IS RAISED HAS MITIGATED THE RISK)* | | | | | | | | | |
| RISK ASSESSMENT INCONCLUSIVE:*NO DIRECT EVIDENCE IS FOUND OF, OR POTENTIAL FOR, ABUSE OR NEGLECT WHICH COULD POSSIBLY CAUSE HARM TO THE VULNERABLE ADULTS BUT THERE IS UNCERTAINTY AS TO WHETHER THEY ARE SUSCEPTIBLE TO ABUSE OR NEGLECT* | | | | | | | | | |
| pLEASE SELECT ONE OPTION AS APPROPRIATE:risk identified and RISK REMAINS: EVIDENCE IS FOUND OF,OR POTENTIAL FOR, ABUSE OR NEGLECT WHICH COULD POSSIBLY CAUSE HARM TO THE VULNERABLE ADULT AND:  The circumstance causing the risk is unchanged and the same degree of risk remains. It is acknowledged that there are valid reasons why a risk remains, for example in the case of an individual wanting to maintain contact with a family member who was the source of the risk but the safeguarding officer refers the individual at risk for counselling. RISK IDENTIFIED AND RISK REDUCED: EVIDENCE IS FOUND OF,OR POTENTIAL FOR, ABUSE OR NEGLECT WHICH COULD POSSIBLY CAUSE HARM TO THE VULNERABLE ADULT AND:  The circumstance causing the risk has been mitigated to some degree. It is acknowledged that there are valid reasons why a risk is reduced rather than removed, for example if an incident occurred in a care home where the perpetrator was not identified but the individual at risk was to be monitored more closely going forwards. RISK IDENTIFIED AND RISK REmoved: EVIDENCE IS FOUND OF,OR POTENTIAL FOR, ABUSE OR NEGLECT WHICH COULD POSSIBLY CAUSE HARM TO THE VULNERABLE ADULT AND:  The circumstance causing the risk has been completely removed so that the individual is no longer subject to that specific risk, for example if a care worker in a care home is the perpetrator and they are dismissed as a result of their behavior. | | | | | | | | | |
| iF rISK reduced or REMAINS PLEASE STATE REASON WHY/provide details: | | | | | | | | | |

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| **SAFEGUARDING PLAN**  **SAFEGUARDING PLANS ARE THE RESPONSIBILITY OF EACH OF THE ORGANISATIONS TASKED WITH ACTIONS WHEN THE ENQUIRY IS CONCLUDED.** | |
| **SAFEGUARDING PLAN IN PLACE** | YES/NO |
| **SAFEGUARDING PLAN ACCEPTED BY ADULT/ADVOCATE** | YES/NO |
| **DATE ENQUIRY COMPLETED:** | **IF TIMESCALES (8DAYS) EXCEEDED PLEASE STATE REASONS WHY:** |
| **NAME OF SAFEGUARDING ADULT MANAGER 1 (LEAD SAM)** | **CONTACT DETAILS:** |
| **NAME OF SAFEGUARDING ADULT MANAGER 2 (IF APPROPRIATE)** | **CONTACT DETAILS:** |