



**Safeguarding
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This paperwork is to be used by all partner agencies involved in a safeguarding adult enquiry.

- Form 1 – Safeguarding Adults Concern form
- Form 2 – Safeguarding Adults Screening form
- Form 3 – Safeguarding Adults decision making form
- Form 4 – Safeguarding Adults Outcome report
- Form 5 – MCA 2005: Mental Capacity Assessment
- Form 6 – Safeguarding Adults Protection Plan

There are some additional optional forms and paperwork which any agency is able to use, these are available on the SAB website and include template strategy agenda and minutes, safeguarding adult consent form and best interest decision form

East Riding of Yorkshire Safeguarding Adults Board
MULTI AGENCY 'ADULT AT RISK' CONCERN FORM
 (Confidential when complete)

Legal Requirements:**Section A-Details of the person you are concerned about: (* mandatory fields)**

A1. The Care Act 2014 (S.42) mandates the Local Authority to make safeguarding enquiries if the following three conditions are met. (these 3 questions are mandatory in order to undertake a safeguarding enquiry only) see Guidance Note 1.

a) Is the adult in need of care and support (whether or not the authority is meeting any of those needs)?

Yes No

b) Is the adult experiencing, or at risk of abuse or neglect?

Yes No

c) As a result of those needs are they unable to protect themselves against the abuse or neglect or the risk of it?

Yes No Don't know

A2. Consent. See Guidance note 2.

1. Does the adult you are concerned about have full mental capacity to consent to the *safeguarding adult's concern form* being made? *

Yes. (see 1b) below) No. (see 1a) below)

1a). Where no, has a full Mental Capacity Assessment been completed?

Yes. No.

1b). Does the adult you are concerned about give their consent to this concern form being completed and sent to the local authority? *

Yes. (see 2) below) No. (see 1b) below)

1b) If the person is not able or not required to give their consent to this form please state reasons below. *

Please give reasons for any decisions to refer without the persons consent, *for example; other people are at risk of abuse, a person's mental capacity is questionable - this should also be documented in the client's notes.* Then sign the form below.

2) Name (person raising concern):

Print Name:

Date:

| Section A cont. Details of the person you are concerned about: (* mandatory fields) | | | |
|---|--|------------------------|--------|
| A3. Details of the person you are concerned about: Name * | | Age / Date of Birth: | |
| Home Address * | | Male | Female |
| | | Ethnicity: | |
| Post code * | | Telephone/ Mobile: | |
| Current location of person if different from above. | | NHS Identification No: | |
| GP Name. | | GP Address. | |
| Has the concern been raised to any other organisation; e.g. Police, CQC. If yes, please specify or state Police log no. | | | |
| <p>Client Group: ✓ tick only 1 *</p> <p> <input type="checkbox"/> Learning Disability Support <input type="checkbox"/> Physical Support <input type="checkbox"/> Social Support <input type="checkbox"/> Mental Health Support <input type="checkbox"/> Sensory Support <input type="checkbox"/> Support with Memory/cognition </p> <p>Type of Abuse if known, tick all that apply: ✓ see guidance note 3</p> <p> <input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Financial <input type="checkbox"/> Neglect <input type="checkbox"/> Self neglect <input type="checkbox"/> Organisational <input type="checkbox"/> Discriminatory <input type="checkbox"/> Psychological <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Modern Slavery </p> | | | |
| <p>A4. Advocacy. see guidance note 4</p> <p>If the adult was deemed not to have capacity (in section A2) do they have an advocate who is representing them?</p> <p><input type="checkbox"/> Yes (complete A1 below) <input type="checkbox"/> No (complete A2 below)</p> <p>A1. If yes please state below who this person is and their relationship to the adult (such as family member, friend etc)</p> <p>Name of chosen advocate:</p> <p>Relationship to adult:</p> <p>Advocates contact details:</p> <p>A2. If the adult does not have an advocate to represent them, do you know at this stage if they may require the services of a Care Act Advocate provided by the Local Authority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Don't know</p> <p>A3. If there is no requirement for either a chosen advocate or a Care Act advocate please state the reason below eg adult has deceased.</p> <p>The Care Act 2014 requires that The authority must, if the condition in subsection (4) is met, arrange for a person who is independent of the authority (an “independent advocate”) to be available to represent and support the individual for the purpose of facilitating the individual’s involvement; but see subsection (5).</p> <p>(4)The condition is that the local authority considers that, were an independent advocate not to be available, the individual would experience substantial difficulty in doing one or more of the following—</p> <p>(a)understanding relevant information;</p> <p>(b)retaining that information;</p> <p>(c)using or weighing that information as part of the process of being involved;</p> <p>(d)communicating the individual’s views, wishes or feelings (whether by talking, using sign language or any other means).</p> <p>(5)The duty under subsection (2) does not apply if the local authority is satisfied that there is a person—</p> <p>(a)who would be an appropriate person to represent and support the individual for the purpose of facilitating the individual’s involvement, and</p> <p>(b)who is not engaged in providing care or treatment for the individual in a professional capacity or for remuneration.</p> | | | |

Section B- Details of Concern/ Suspected Abuse. (* Mandatory fields)

Please describe as fully as possible: include how it came to your attention, time(s), dates(s) and location(s) of alleged incident(s) and names of witnesses (if known). Detail any injuries and complete a body map if necessary.

*

(If necessary continue on a separate sheet of paper and include with fax/email) **Additional Sheets Yes/ No**

Action taken to protect the victim; details of any measures taken to secure the victim's immediate safety.

Has the ERSAB agreed Operational Guidance: Making decisions about safeguarding concerns been applied?* *see Guidance note 5 (NB: The 3 point check as in Question A1 is the only legal requirement)*

Yes

No

Section C- Making Safeguarding Personal. (* Mandatory fields) *see guidance note 6*

C1. As a result of this concern has the person been asked what they would like as an outcome of safeguarding?

Yes No

C2. If yes, please select from the options below:

Was asked but no outcomes were expressed

Was asked and adult has expressed some desired outcomes (Please state below what these were)

C3. If no, please state here why they were not asked:

| Section D- Details of person suspected or alleged to have caused/allowed the abuse (Complete if known or state "unknown") | | | |
|---|----------------------|--|--------|
| Name: | Age / Date of Birth: | | |
| Home Address: | Male | | Female |
| Postcode: | Ethnicity: | | |
| Telephone/ Mobile: | NHS ID | | |
| Current Location if different from above: | | | |
| Relationship of person alleged to have caused the abuse to the Adult at Risk you are concerned about: ✓ | | | |
| <input type="checkbox"/> Family Member (Please specify): <input type="checkbox"/> Friend/Neighbour <input type="checkbox"/> Other Resident <input type="checkbox"/> Stranger <input type="checkbox"/> Professional/ paid care <input type="checkbox"/> Volunteer <input type="checkbox"/> Carer <input type="checkbox"/> Other - detail: | | | |
| Are you concerned that other adults or children (including unborn) are at risk from the person(s) suspected of causing or allowing the abuse? <input type="checkbox"/> Yes (give reasons below) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (please specify why below) | | | |
| If YES and you are concerned about a child or unborn child or children , please confirm you have shared the information with the Early Help and Safeguarding Hub: (EHaSH – 01482 395500) <input type="checkbox"/> Information shared (specify date and time of call) <input type="checkbox"/> Information not shared – please specify why | | | |
| NB Safeguarding is everyone's responsibility. Section 11 of the Children Act 2004 places a duty on all agencies to ensure their functions are discharged with regards to the need to safeguard and promote the welfare of children. | | | |
| If YES and you are concerned about other adult(s) please confirm you have completed a separate concern form for all other adults involved in addition to this one <input type="checkbox"/> Concern form completed (specify date sent to safeguarding adults team) <input type="checkbox"/> Concern form not completed – please specify why: | | | |
| Does the person suspected of causing the abuse provide care to the adult or any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | | |
| Are you aware if the person suspected of causing the abuse knows of the allegation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know | | | |

| Section E- Details of person completing this concern form | |
|--|--|
| Name: | Job Title: |
| Work Address: (for professionals) | Telephone / Mobile: Alternate Daytime Contact should you not be available: Name / Team: Contact number: |
| Post code: | Email: |
| Signature | Date & time: |
| Agency/area you work for ✓ <input type="checkbox"/> LA Adult Services <input type="checkbox"/> LA Emergency Duty Team <input type="checkbox"/> LA Single Intake Duty Team <input type="checkbox"/> Police <input type="checkbox"/> CQC <input type="checkbox"/> Health CCG <input type="checkbox"/> Health – Acute <input type="checkbox"/> Health – MHT <input type="checkbox"/> Independent Provider <input type="checkbox"/> Housing <input type="checkbox"/> Voluntary Sector <input type="checkbox"/> Family/friend <input type="checkbox"/> Other Service (please specify)..... | |

Safeguarding Adults Information from Screening and Decision Making
INTERNAL LOCAL AUTHORITY USE ONLY

To be completed by the agency who is asked to undertake initial screening. (completed Concern Form (form 1) to be sent to them).

Name of adult at risk:

NHS Number:

PID:

Section A – INFORMATION FROM SCREENING/INITIAL ENQUIRIES

(To be completed by Technical Assistant)

| List below all the people you have contacted as part of your fact find – name, agency and position of person contacted – include adult at risk or representative | Date Contacted |
|---|-----------------------|
| <i>E.g1 name of person completing the concern form</i> | <i>1.4.2016</i> |
| <i>e.g2 John Smith (adult at risk)</i> | <i>2.4.2016</i> |
| | |
| | |

Section B – What did you find out as a result of your screening & initial enquiries?

Provide a summary here about what you found out?

Describe here what communication you have had with the adult or their advocate:

Section C – Care Act 2014 3-Stage Test Conditions

Please tick one of the following

Care Act 2014 conditions not met

No further action required
by safeguarding

Further action required (such as S42

Please give a brief reason for your recommendation:

For health, this could include managing issues related to poor care

| | |
|---|--|
| <p>or other enquiry <input type="checkbox"/></p> <p>If NFA for safeguarding, is anything else required to support the individual (such as review of needs, further assessment etc)?</p> | <p>Please give brief details if this is selected:</p> |
| <p>Signature:</p> <p>Name of decision maker:</p> <p>Date:</p> | |

| Who/which agency is this form being sent to and/or feedback on the concern given? Tick as appropriate | | |
|---|--------|----------|
| Agency/Person | Form 2 | Feedback |
| The Adult concerned | | |
| Quality Development Monitoring Officer ERYC / Domiciliary Monitoring | | |
| Care Quality Commission | | |
| Care Management Team | | |
| Reviewing Team | | |
| Referrer | | |
| Other – specify e.g DVAP, Other service area | | |
| Other - specify | | |
| NHS Provider | | |
| Police | | |

Safeguarding Adults Recommendation Form
INTERNAL LOCAL AUTHORITY USE ONLY

| | |
|---|--------------|
| Name of adult at risk: | |
| NHS Number: | PID: |
| A. NEXT STEPS - to be completed if further action has been recommended on form 2 | |
| Give details of further information obtained to help you come to your decision, and who from (adult at risk, police, health, BMU, H&S etc.) Including any discussions held (either by phone, face to face etc) | |
| <p>Risk assessment of the situation (Priority for allocation). Decision maker to state what the level of risk is, what initial steps have been taken to protect the adult at risk, and to include whether further enquiry should be given high, medium or low priority.</p> <p><i>Issues to consider:</i></p> <p><i>Level of threat to the adults wellbeing</i></p> <p><i>The nature of the acts</i></p> <p><i>Was the abuse a one-off or part of a pattern</i></p> <p><i>Impact on the adults independence</i></p> <p><i>The risk of the abuse being repeated to same person or others</i></p> <p><i>What steps have been taken so far to minimise risks & ensure adult is safe</i></p> | |
| B. Further actions required by allocated enquiry officer <i>Guidance Note 7</i> | |
| Decision maker to bullet point below the actions which are now required by the allocated enquiry officer: (include actions such as who to interview, what further information to collect, whether to appoint an advocate etc) | |
| Allocated to: | Date: |
| Allocated by: | Date: |
| Accepted by (name & agency) | Date: |

The decision maker should now send this completed form, along with completed forms 1 & 2 to the person(s) they have allocated the enquiry to.

If the case is closed at this stage please state this clearly in Box B.

East Riding Safeguarding Adults Board
Enquiry outcome report
See Guidance note 8

Please state “not relevant” to those areas you think are not relevant to the enquiry you are undertaking or provide a comment.

SECTION A: Making Safeguarding Personal *See Guidance note 9*

1: Who is the adult with care and support needs? (include PID & NHS number if known)

Name as identified on the concern form:

2: Are you aware if there is any other type of enquiry ongoing about this adult?

Serious incident

Complaint

Coroners enquiry

Other

3: Does the adult have capacity to be involved in this enquiry?

If yes, please state below how you plan to involve them in this safeguarding enquiry.

If they do not have capacity to be involved please answer question 4

4. Do they have an advocate who is representing them? (this can be, for example a friend, family member or a Care Act advocate appointed by the local authority). See Guidance note 10

If so please give their details below and include how you plan to involve them in this safeguarding enquiry.

5: What does the adult with care and support needs want to happen?

*What are the adults outcomes and wishes at the beginning of the enquiry?
(please try to use the words of the person being spoken to but do not make any promises. If helpful, try to offer options which you think you may be able to address.*

SECTION B:

Who is the person or organisation believed to be responsible for causing the harm?

SECTION C: Details of the enquiry *See Guidance note 11*

1. Who is completing this report?

Include full name, job title and agency (include everyone if the enquiry involves more than one agency)

2. What is reported to have happened?

Where possible use the words of the adult involved rather than the information included on the concern form.

3 How were the enquiries conducted? *See Guidance note 12*

Include here a summary of interviews held, records reviewed, discussions held etc.

SECTION D – Outcomes and next steps: *See Guidance note 13*

1. What did you find out?

Include here your findings along with the outcome(s) of the enquiry.

2. What is going to happen next?

Include here any actions which need to take place as a result of the enquiry including who should undertake them. Include such things as; review of the protection plan, discussion with alleged source of harm, further enquiries, whether there is a need for an outcome meeting etc:

3. Has the adult at risk had their outcomes met? *See Guidance note 14*

Person leading this enquiry to consider:

Any reasons the adult gives for having their outcomes met / not met? (Please explain)

Does the person feel safer as a result of the enquiry? (Please elaborate / explain)

How was the overall safeguarding experience for the adult? (please elaborate / explain)

4. What is your overall conclusion? *See Guidance note 15*

This is to be used for monitoring purposes only and does not need to be shared with the adult:

Risk removed

Risk remains

Risk reduced

No action taken

5. Do you consider the need for a further review such as a Safeguarding Adults Review (SAR)?

*A SAR should be considered when an adult in its area has suffered serious abuse or neglect or dies as a result of abuse or neglect, whether known or suspected, **and** there is concern that partner agencies could have worked more effectively to protect the adult.*

Report author:

Date:

Team Manager/senior:

Date:

Date returned to SAT:

If this enquiry was caused out to an agency other than the local authority, the completed enquiry paperwork must be approved internally by a more senior manager than the person completing the enquiry and then sent back to the local authority safeguarding adults team.

East Riding Safeguarding Adults Board

This form can be used by any agency to undertake a mental capacity assessment of an adult, at any stage when the adult is required to make an informed decision.

Mental Capacity Act 2005: MENTAL CAPACITY ASSESSMENT

| | | | |
|---|--|----------|--|
| Full name of the person being assessed | | | |
| Date of birth <i>(or estimated age if unknown)</i> | | Est. Age | |
| Name of the Assessor | | | |
| Job title of the Assessor | | | |
| Date of this assessment | | | |

Summarise below the specific decision which needs to be made?

On what grounds do you suspect there may be a reason to question this person's capacity?

- The person's behaviour suggests they may lack capacity
- The person's circumstances suggest they may lack capacity
- Someone else has raised concerns
- There have been capacity issues previously
- Other (please specify)

The two-stage test**Part One:**

Does the person have an impairment of, or disturbance in, the functioning of the mind or brain?

- NO – test ends and no lack of capacity determined
- YES – Choose from below and record. Tick all applicable.
- Neurological Disorder
- Learning Disability

- Mental Disorder
- Dementia
- Stroke
- Head Injury
- Delirium, Unconsciousness
- Substance misuse
- Other (please specify)

Stage Two: Functional Assessment

a. The person is unable to understand the information relevant to the decision

Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings.

b. The person is unable to retain the information relevant to the decision

Record how you tested whether the person could retain the information and your findings. Note that a person's ability to retain the information for only a short period does not prevent them from being able to make the decision.

c. The person is unable to use or weigh that information as part of the process of making the decision

Record how you tested whether the person could use and weigh the information and your findings.

d. The person is unable to communicate their decision (whether by talking, using sign language or any other means)

Record your findings about whether the person can communicate the decision.

Stage Three:

(Please tick below as appropriate)

| | |
|---|--|
| In my opinion the person LACKS capacity to make this decision because of an impairment of, or a disturbance in the functioning of, the mind or brain. | |
| In my opinion the person HAS capacity to make this decision | |

Please explain why the person is unable to make the specific decision **because of** the impairment of, or disturbance in the functioning of, the mind or brain.

| PLEASE NOW SIGN AND DATE THIS FORM | | | |
|------------------------------------|--|------|--|
| Signed | | Date | |

Guidance Notes:

Use this form **when key decisions and actions may need to be taken** on a person's behalf because they may not have the capacity to decide for themselves.

'Key decisions' means significant decisions that go beyond a person's daily routine or way of life. For example, decisions about:

- minor medical treatment or dentistry
- the use of person's money for more than their usual necessities
- obtaining or disposing of possessions of significant value
- spending short periods away from their home
- limiting activities (e.g. smoking or drinking) that the person would normally choose to do
- bringing new people into the person's life (like an advocate or volunteer).
- assessments of care and support needs, care & support planning, reviews of care & support

Also use this form for big, life-changing decisions, for example:

- moving to a different home
- having major medical treatment
- disposing of significant assets.

These decisions will usually involve a wider range of people in the decision-making process, sometimes at a Best Interest Meeting. This form should then be used in conjunction with the *Best Interest Checklist and Decision Record*.

Do not use this form when there is someone empowered to make the decision, for example an attorney (appointed by the person when they had capacity) or a deputy appointed by the Court of Protection.



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Form 6

East Riding Safeguarding Adults Board

Safeguarding Adults Protection Plan

This document must contain the adults views and contributions to their protection plan

Note: Text in italics is for guidance only and can be removed upon completion.

| | |
|--|------------------------|
| Safeguarding adults named worker: | |
| Safeguarding Enquiry Officer: | |
| Name of vulnerable adult: | PID (If known): |
| Adults address: | |
| Postcode: | |
| Adults date of birth: | |

Risk Management and Protection Plan

Please ensure that when planning risk management, consideration is given to the person's capacity to understand each area of risk and contribute to and agree to any plan regarding such a risk. Where the adult choose to accept risks the Protection Plan must include details of how individuals will be supported to understand that risk, including being given appropriate training, information and strategies to minimise the risk or make different choices. Please include any changes to the care plan made throughout the safeguarding process. (When considering protection planning thought should be given to the adult support networks with their consent. If they do not have capacity relating to specific decisions a best interest decision may need to be made). When identifying risks, please ensure that any patterns of behaviour or past risks that are relevant are included. Please indicate the severity of each identified risk and the likelihood of such a risk re-occurring. Each risk identified should have an action. Please include risks identified by the adult or their representative.

Please include contingency planning if the protection plan in place is not meeting needs or if there is still risk. If the adult refuses services or interventions, include strategies to be put in place to ensure there is ongoing work to support and where possible protect individuals. If the adult makes repeated unwise choices, or makes decisions that are out of character or irrational a capacity assessment should be considered.

When considering what the identified risks are for individuals it is important to note and record what, if any, the benefits are. Whilst some adults at risk may have little or no choice in the risk taking others will have made a conscious decision that the benefits of taking risks outweigh the risks and dangers.

Identified Risks

Example 1 (remove this example and replace with your actual identified risk)

The vulnerable adult is experiencing psychological abuse from his aunt when he sees her at his mother's house. This has been an ongoing pattern over the past 4 years. The vulnerable adult is clear that he wants to continue to visit his mother on an 'ad hoc' basis but has agreed that if his aunt is there or if she comes during the visit he does not want to stay in the house with her. But he does not feel confident in just walking out while she is there. The vulnerable adult has a very close relationship with his mother, who is the main source of advocacy and support in many areas of his life.

Example 2

The vulnerable adult has, on three occasions invited people back to his flat that he had met in the pub. They have subsequently tricked him in to giving them money and possessions. For example, he gave one man his TV on the understanding that he would return it the next day. Like on other occasions he didn't see this person again. The vulnerable adult has not been able to identify the people to the police. This is likely to happen again as the vulnerable adult currently finds it difficult to assess potential dangers and risks and has said he finds it difficult to make friends in the community.

Other options for management and minimising harm and abuse that have been explored – why these were not considered appropriate:

Insert here any plans that were considered but that the service user or their representative were not willing to comply with, or any plans requested by the adult but rejected by the service/ key worker e.g increase or change to service, other assessments etc. This section should also include any strategies that have been tried in the past but found to be ineffective.

| Agreed Action Plan | | | | |
|---|---------------------------|--|-----------------------------|---|
| ACTION | DATE | OUTCOME | BY WHOM? | WHEN & HOW REVIEWED |
| <i>Example 1 To put the telephone number of the residential care homes office on speed dial on the adults mobile phone. To agree on a code word for the adult to use once they have rang the number. To provide training to the adult on the use of the speed dial function. To have a clear risk assessment at the care home to ensure safety of staff when responding to the code word.</i> | <i>Immediately</i> | <i>Once the adult has telephoned the office and has used the code word he will be collected immediately from his mothers address. Staff to telephone the mother on receipt of the phone call and advise that they are on their way to collect the adult.</i> | <i>Adult and key worker</i> | <i>To be implemented immediately and reviewed by the adult and his key worker in 6 weeks of the start date.</i> |
| <i>Example 2 Application to funding panel for additional 3 hours. Direct payments for one to one support to attend the weekly "Keep Safe" group for three months.</i> | <i>Next Panel meeting</i> | | | |

Any other significant details:

Please include any information relevant to the adult that is not detailed in the risk management/protection plan. Including other actions that may impact on the plan. i.e recommendations for the service provider, Care Quality Commission actions plans, any civil action recommended to the adult or their representative, support provided to the carer. Details of support to the adult if there is to be ongoing legal actions. Any risks to others and actions to deal with this.

Date:

Agency:

Who should have a copy of this plan? (tick below as appropriate)

Service Provider **Advocate** **Adult at risk** **File** **Other**

Give details of who will review this plan?

Date of Safeguarding Plan review?