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| **Safeguarding Adults Initial Enquiry Form**  **(formerly the SAMA1 form)**  **This form is to be used to notify Adult Social Care of suspected or actual instances of abuse or neglect and is the start of a Safeguarding Adults (Section 42) Enquiry under the Care Act. Details of how and who to send this form to are available on page 4. Please attach further pages if necessary.** |

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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.** |

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

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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Were the Police called?** | | | | | | | | | | **Yes** | | | | | | | | | |  | | | | | | | **No** | | | | |  | | | | | | | | | | | | | | | |
| **Please provide the outcome of the Police action and Police log number (if available):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | |  | | | | | | | | | | | | | | |
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| **Please provide details of other agencies involved that will be able to help with the safeguarding adults enquiry:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | |  | | | | | | | | | | **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 the adult at risk would have substantial difficulty in participating in the safeguarding adults process?** | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | |  | | | | | **No** | | | | |  | | | |
| **If yes, 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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Has the adult at risk’s family been informed of the concerns (where the adult has consented to this)?** | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | |  | | | | | **No** | | | | |  | | | |
| **If you think the adult at risk may need support to participate in the safeguarding adults process, please provide details of what support may be required:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **What does the person (or their representative) want to happen in response to the concern?**  **For example, what does the person want to happen?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Signed:** |  | | | | | | | | **Date:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Printed:** |  | | | | | | | | **Time:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **What happens next?** |
| The local authority 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 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. |

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| **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 either be sent to Community Health and Social Care Direct or to the adult at risk’s allocated Social Worker if you are aware that they have one. If you do not know, please send the form to Community Health and Social Care Direct. It is the responsibility of the person sending the form to ensure it has arrived with Adult Social Care.
* It is best practice to telephone prior to sending the form, this is particularly important if you are faxing the form (see below).

**Community Health and Social Care Direct: 0191 278 8377 (Mon-Fri, 9am-4pm)**

* It is not necessary to contact or to send the form to the Out of Hours Service. However, the Out of Hours Service can provide help with urgent social care if that is required (0191 278 7878). The form can be sent on the next working day following the concern.
* It is intended that you complete the form electronically and then either send it via email or print a copy and fax or post it. If you handwrite the form, please make sure that your handwriting is legible. Prior to printing a copy off you may wish to increase the box sizes or add further sheets if you are completing it by hand.

**Options for sending the Safeguarding Adults Initial Enquiry Form**

* **Email.** The completed form should only be sent by email if secure email addresses are used by both sender and receiver (**.pnn.police.uk, .cjsm.gov.uk, .gsi.gov.uk, .nhs.net,)** or the email is encrypted (contact your IT support about email encryption). The subject field of the email address should clearly be marked OFFICIAL. **Where there are no secure email addresses or encryption, this document should not be sent electronically.**

**Community Health and Social Care Direct email:** [**scdadmin@newcastle.gov.uk**](mailto:scdadmin@newcastle.gov.uk)

* **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.

**Community Health and Social Care Direct Fax: 0191 278 8312**

* **Post.** The documents should be sent via recorded delivery in external post. Documents should be double enveloped. On the outer envelope it should clearly state “To be opened by named addressee only”. There should be a return address on the outer envelope. The inner envelope should be marked “OFFICIAL”. **Do not use internal post**.

**Community Health and Social Care Direct Address:**

**2nd Floor, Westgate College Complex, Westgate Road, NE4 9LU**

* **Delivery in person.** The form can be hand delivered. You should obtain a signature from the intended recipient to confirm delivery.

**You can contact Community Health and Social Care Direct (0191 278 8377) if you need help or advice in relation to completing or sending this form.**