

APPENDIX F

Safeguarding Adults Recording Forms



Contents	Page
Alert Form	3
Investigation Form	10
Response Form	13
Strategy Discussion Form	18
Strategy Meeting Form	19
Case Conference Input Form	20
Protection Plan	22
Review Input Form	24

Name:		ID:
Safeguarding Adults Alert Form Strictly Confidential: Record of a Safeguarding Adult Alert		
(1) Is there a report of concern about a vulnerable adult? <input type="checkbox"/> Yes <input type="checkbox"/> No		This form is intended to record concerns about abuse or potential abuse to a vulnerable adult. <i>A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation</i>
What makes this person vulnerable?		
(2) Is the concern about abuse or neglect by a 3rd party? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the answer to question (1) or (2) is No, please consider whether this concern should be dealt with under other procedures such as VARMM		
Name		
Social Services ID		
NHS Number		
Date of Birth		
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity	White British	
Home Address (permanent address)		
Telephone		
Date of Alert		
Alert taken by Megan Cleaves		
Previous AP Alert? (tick box(es) if Yes)	<input type="checkbox"/> For vulnerable adult Dates	
	<input type="checkbox"/> For service provider/service Dates	
	<input type="checkbox"/> For alleged abuser/perpetrator Dates	
Was the client open to any social/health/learning disability service at the time of the alert? Check appropriate electronic systems Yes <input type="checkbox"/> No <input type="checkbox"/> New Client No <input type="checkbox"/> Previously known to		
Responsible Team:		
Name of responsible worker:		
Name of responsible team leader:		

Name:		ID:	
GP Details	Doctors Name	Surgery Address	
	Tel No		
Has the person been assessed or reviewed by social services in this financial year (April – March)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the person been placed in Plymouth by another authority?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of placing authority (whether health or social care):			
Type of Service the person is receiving at the time of alert?		<input type="checkbox"/> Own council commissioned service <input type="checkbox"/> Commissioned by another Council <input type="checkbox"/> Self funded service <input type="checkbox"/> Service funded by health <input type="checkbox"/> No Service	
Name and contact details of the person who contacted social services to provide this information: (address, phone number, role)			
Name			
Job Title/Role			
Address			
Contact Phone No			
Source of Alert/Referral (choose one)			
<input type="checkbox"/> Social Care Staff (also choose one from the list below) <input type="checkbox"/> Domiciliary Staff <input type="checkbox"/> Residential care staff <input type="checkbox"/> Day Care Staff <input type="checkbox"/> Social Worker/Care manager <input type="checkbox"/> Self –directed Care Staff (funded by a direct payment)			

Name:		ID:
<input type="checkbox"/> Other		
<input type="checkbox"/> Health Staff (also choose one from the list below) NHS? <input type="checkbox"/> Primary/Community Health Staff (e.g. community nurse, dentist) <input type="checkbox"/> GP <input type="checkbox"/> Secondary Health Staff (e.g. hospital staff) <input type="checkbox"/> Mental Health Staff <input type="checkbox"/> Self Referral <input type="checkbox"/> Family Member <input type="checkbox"/> Friend/Neighbour <input type="checkbox"/> Other Service user <input type="checkbox"/> Care Quality Commission <input type="checkbox"/> Housing <input type="checkbox"/> Education/Training/Workplace Establishment <input type="checkbox"/> Police <input type="checkbox"/> Other		
Date(s) of incident (if different)		
Type of Abuse (tick all that apply)		
<input type="checkbox"/> Physical <input type="checkbox"/> Sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Institutional	<input type="checkbox"/> Financial <input type="checkbox"/> Emotional/ Psychological <input type="checkbox"/> Discriminatory	
Is this also Domestic Abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(must also choose type of abuse from list above)</i>		
Details of the Alert:		
Is the person in any immediate danger?		

Name:		ID:
Location of Abuse including postcode:		
Location of Abuse (tick all that apply)		
<input type="checkbox"/> Own Home <input type="checkbox"/> Care Home Permanent <input type="checkbox"/> Care Home Temporary <input type="checkbox"/> Care Home with Nursing Permanent <input type="checkbox"/> Care Home with Nursing Temporary <input type="checkbox"/> Day Centre/Service <input type="checkbox"/> Public Place <input type="checkbox"/> Education/Training/Workplace Establishment	<input type="checkbox"/> Supported Accommodation <input type="checkbox"/> Alleged Perpetrators home <input type="checkbox"/> Acute Hospital <input type="checkbox"/> Community Hospital <input type="checkbox"/> Mental Health Inpatient Setting <input type="checkbox"/> Other Health Setting <input type="checkbox"/> Other <input type="checkbox"/> Not Known	
Details of Alleged Perpetrator(s)		Include details of all perpetrators Include work address in case of member of staff. Include date of birth of perpetrator (if known) <i>If the perpetrator is a member of staff of health, social care, or a provider agency,</i>
Name (s)		
Address(s)		
DoB (S)		
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Relationship of Alleged Perpetrator (if more than one, record number of each)		
No.		
<input type="checkbox"/> Partner		

Name:		ID:
Primary Client Group (choose one, but indicate if sensory/dementia)		
<input type="checkbox"/> Physical disability, frailty and sensory impairment <input type="checkbox"/> Substance misuse <input type="checkbox"/> Mental Health needs <input type="checkbox"/> Learning disability <input type="checkbox"/> Other vulnerable people	<input type="checkbox"/> Tick here if sensory <input type="checkbox"/> Tick here if dementia	
Record of Discussion with Safeguarding Adults Team or Service Manager		
<p><i>To be completed before passing referral/alert to responsible team unless person is at immediate risk of harm.</i></p> <p>Please consider whether the information received (above) is appropriate to be treated as a safeguarding adults alert considering definition (below) and guidance on significant harm by Kerrie Todd in Safeguarding Adults Policy and Procedures (see page XX)</p>		
<input type="checkbox"/> Is the person a VA under no secrets		
<input type="checkbox"/> At risk of 3 rd Party Abuse or Neglect		
Name of person consulted:		
Date:		
<p>If information is to be treated as an alert, please pass to the appropriate responsible manager. The responsible manager should begin Form B.</p> <p>If information is not being treated as an alert, please record reason:</p>		
		<i>Record action to be taken, if any.</i>
<p>Please ensure that feedback is provided to the person who made the alert including whether the information is to be treated as an alert. If not, what action will be taken? If so, which team is to be responsible to assess the alert?</p> <p><i>A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation</i></p>		

Name:	ID:
<p><i>In assessing seriousness, the following factors should be considered:</i></p> <ul style="list-style-type: none"> ▪ <i>The vulnerability of the individual.</i> ▪ <i>The nature and extent of the abuse.</i> ▪ <i>The length of time it has been occurring.</i> ▪ <i>The impact on the individual</i> <p style="text-align: center;"><i>And</i></p> <ul style="list-style-type: none"> ▪ <i>The risk of repeated or increasingly serious acts involving this or other vulnerable adults. (See "No Secrets" - Section 2.19)</i> 	
Input by	Date

Name:	ID:
-------	-----

Safeguarding Adults Investigation Form
Strictly Confidential: Record of Investigation

Records of enquiries

Joint Visit

Date Time		Who Visited	
Date Time		Who Visited	
Date Time		Who Visited	
Date Time		Who Visited	

Wishes of the Vulnerable Adult

Have they consented to process	
Do they have capacity to consent	Yes

Have you viewed written records

--

Have we identified other victims/witnesses

--

Has the person seen a G.P./Hospital visit

--

Name:		ID:
If the vulnerable adult is not going to be interviewed as part of the investigation, please record reasons why:		
Record of Interview with the vulnerable adult		
Date of Interview:		Special training such as investigator training or achieving best evidence
Who carried out the interview? Include agency details: police/health/social care or joint interview		
Were staff, carrying out the interview, specially trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Record of the interview		

Name:		ID:
Record of any other interview		
Date of Interview:		Special training such as investigator training or achieving best evidence
Who carried out the interview? Include agency details: police/health/social care or joint interview		
Were staff carrying out the interview specially trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Record of the interview		
Completed by	Date	
Input by	Date	

Name		ID:
Safeguarding Adults Response Form Strictly Confidential: Record of response to a Safeguarding Adult Alert		
Date of Alert		
Date received by team:		
Description of immediate actions taken to safeguard the person		
Action should be taken within 24 hours of the alert. If this did not occur, please record a reason for the delay		This should include: Is the person safe? How do you know?
Does the person have mental capacity to consent to this action and have they given consent: <i>If a protective action is taken or proposed and the person does not have mental capacity to consent to that action, consider a referral to an Independent Mental Capacity Advocate – Contact Highbury Trust on 753 718</i>		What action has been taken to ensure the person is safe or reduce the risk of further abuse?
Are any other vulnerable adults or children at risk of harm?		
If any children are at risk, have advice and assessment been contacted? Advice and Assessment Phone 308600, adviceandassessment@plymouth.gov.uk <input type="checkbox"/> Yes <input type="checkbox"/> No Date referred:		
Record of Assess and Gather		Assess and Gather should
Name of worker gathering information		

Name	ID:
<p>Record of discussion with the vulnerable adult. If vulnerable adult has not been spoken to, please include reason why.</p>	
Date of discussion	
<p>Record of discussion</p>	
<p>Does the person have mental capacity to consent to the safeguarding process and any protective action? Please record reasons for your opinion.</p>	
<p>If the person does not have capacity to consent as above, how did you determine whether it was in the person's best interest to proceed?</p>	
<p>Were the person's wishes acted upon? If not, why?</p>	
<p>Describe any cultural, religious or other diversity needs to be considered?</p>	
<p>The Decision - Is the Assessed Adult a Safeguarding Adults issue? This should include: Is the person a vulnerable adult and why? Is there a concern about 3rd party abuse or neglect? Give details. Has the person suffered significant harm as a result of the abuse/neglect?</p>	<p>Even if the person is reluctant to continue with an investigation, consider if they remain at risk. If so, a strategy meeting should still take place to determine</p>

Name	ID:
If No record what action is to be taken, if any:	whether any actions need to be taken to protect the person
<p>If No, return this form to the safeguarding adults referral coordinator.</p> <p><i>If Yes, the alleged abuse must now be investigated. A strategy meeting or discussion must be arranged within 5-7 days of initial alert</i></p> <p><i>Bring information gathered above to strategy meeting.</i></p>	
<p>Does this case involve significant harm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Strategy Meeting/discussion</p>	
<p><i>Significant harm may include, but is not limited to:</i></p> <p><i>Financial – was there a material effect which impacted the person’s financial security</i></p> <p><i>Physical – was there a significant physical harm to the individual</i></p> <p><i>Neglect – did the person suffer significant harm as a result (physical or otherwise)</i></p> <p><i>Psychological/Emotional – did the person suffer significant harm to their emotional health</i></p> <p><i>Sexual – did the person suffer or continues to suffer significant harm either physical or emotional as a result of the abuse</i></p>	
<p>If the case involves significant harm, please ensure team leader reviews all available information.</p> <p>Record of Team leader/ Responsible manager involvement</p> <p><i>To be completed where the allegation involves significant harm (see above)</i></p>	
<p>Has the responsible manager discussed the information with a service manager or safeguarding manager?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes Date:</p>	
<p>Record of Advice received: If not contacted, please record why?</p>	

Name	ID:
Name of Responsible team leader:	
Signature:	
Date:	
Completed by	Date
Input by	Date

Name:	ID:
-------	-----

Safeguarding Adults Strategy Meeting

Over the phone

Physical Meeting

Strictly Confidential: Record of a Safeguarding Strategy Discussion

*A strategy discussion is a discussion between the responsible manager **and the police** for the purpose of planning an investigation. This may take place over the telephone where the issues are straightforward or where there is a need to act quickly in an urgent situation. Strategy discussions must be recorded (as below)*

Date of Alert:	
Record of Strategy discussion (s):	
Date of strategy meeting:	
Agencies consulted/by phone	
If not within 7 days of initial alert, reason why?	
Record of Conversation including <u>agreed actions and interim protection plan</u>	

When completed: return this page to the safeguarding referral coordinator.

Record of other strategy meeting over the phone use a new form

Completed by	Date
Input by	Date

Name:		ID:
Safeguarding Adults Strategy Meeting Form Strictly Confidential: Record of Strategy Meeting (to be input to CareFirst) <i>(to be completed by the chair for each strategy meeting)</i>		
Date of Alert:		
Date of Strategy Meeting:		
Time:		
Agencies invited:		
If any non-statutory agencies were invited, reason why?		
If not within 7 days of initial alert, reason why?		
Chair:		
Venue:		
Next Meeting Date		
Type of Meeting		
Completed by		Date
Input by		Date

Name:		ID:
Safeguarding Adults Case Conference Input Form Strictly Confidential: Record of Case Conference (to be input to CareFirst) (to be completed by the chair)		
Date of Alert:		
Date of Conference:		
Time:		
Agencies invited:		
Chair of meeting:		
Venue:		
Did the vulnerable adult attend the conference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What preparation/ arrangements were made to enable this to happen?		
If No – please give reason why they did not attend:		
Did the vulnerable adult have an advocate or representative support them through the process?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>When the active investigation or assessment of the allegation is complete and an action plan has been agreed please complete the conclusion/outcome page. It is not necessary to wait for the completion of all safeguarding review meetings. A conclusion and outcomes should be recorded when known.</i></p>		
If there is no plan to hold a review meeting, please explain reason:		
Outcome, Conclusion and Protection Plan (to be completed by the chair of a strategy meeting, conference or review)		
<p><i>If an allegation of abuse has been discounted at any stage following a strategy meeting, complete this page and return it to the safeguarding referral coordinator.</i></p> <p>If an allegation is not discounted, this page should be completed when the active investigation or assessment of the allegation is complete and an action plan has been agreed even if more safeguarding meetings are planned.</p>		

Name:		ID:
Case Conclusion (choose one)		
<input type="checkbox"/> Allegation substantiated/ proved <input type="checkbox"/> Abuse not determined/inconclusive (no clear evidence) <input type="checkbox"/> Abuse not substantiated/ abuse discounted <input type="checkbox"/> Allegation Partially Substantiated		
Outcome of Completed Referral (for vulnerable adult) (tick all that apply)		
<input type="checkbox"/> Increased Monitoring <input type="checkbox"/> No Further Action <input type="checkbox"/> Moved to increase / Different Care <input type="checkbox"/> Vulnerable Adult removed from property or service <input type="checkbox"/> Community Care Assessment and Services <input type="checkbox"/> Application to change appointee-ship <input type="checkbox"/> Guardianship/Use of Mental Health act <input type="checkbox"/> Restriction/management of access to alleged perpetrator		<input type="checkbox"/> Referral to MARAC <input type="checkbox"/> Civil Action <input type="checkbox"/> Referral to advocacy scheme <input type="checkbox"/> Referral to Counselling /Training <input type="checkbox"/> Review of Self-Directed Support (IB) <input type="checkbox"/> Management of access to finances <input type="checkbox"/> Application to Court of Protection <input type="checkbox"/> Other
Outcome of Completed Referral (for Alleged Perpetrator/ Organisation /Service) (tick all that apply)		
<input type="checkbox"/> Police Action <input type="checkbox"/> Community Care Assessment <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Referred to Registration Body <input type="checkbox"/> Criminal Prosecution / Formal Caution <input type="checkbox"/> Management of access to the Vulnerable Adult <input type="checkbox"/> Referral to Court Mandated Treatment <input type="checkbox"/> Action by Contract Compliance <input type="checkbox"/> Referred to Independent Safeguarding Authority (vetting and barring)		<input type="checkbox"/> Exoneration <input type="checkbox"/> Referral to MAPPA <input type="checkbox"/> Continued Monitoring <input type="checkbox"/> Removal from property or Service <input type="checkbox"/> Counselling/Training/Treatment <input type="checkbox"/> Action By Care Quality Commission <input type="checkbox"/> No Further Action <input type="checkbox"/> Action under Mental Health Act <input type="checkbox"/> Not Known
Did the person accept the protection plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not consent
Completed by	Date	
Input by	Date	

Name:	ID:	
Safeguarding Adults Protection Plan Template		
Describe the on-going risks		
Capacity of Vulnerable Adult		
Assessed by:		
Measure to reduce risk and Support the V.A.:		
<input type="checkbox"/> Increased Monitoring <input type="checkbox"/> No Further Action <input type="checkbox"/> Moved to increase / Different Care <input type="checkbox"/> Vulnerable Adult removed from property or service <input type="checkbox"/> Community Care Assessment and Services <input type="checkbox"/> Application to change appointee-ship <input type="checkbox"/> Guardianship/Use of Mental Health act <input type="checkbox"/> Restriction/management of access to alleged perpetrator	<input type="checkbox"/> Referral to MARAC <input type="checkbox"/> Civil Action <input type="checkbox"/> Referral to advocacy scheme <input type="checkbox"/> Referral to Counselling /Training <input type="checkbox"/> Review of Self-Directed Support (IB) <input type="checkbox"/> Management of access to finances <input type="checkbox"/> Application to Court of Protection <input type="checkbox"/> Other	
Action required	Person Responsible:	Time Scale
Any Residual Risk		

Name:	ID:
Agreement with Multi Agency Group including VA (if capacitated) or advocate (if lacks capacity)	
Review Arrangements	
Lack of agreement to plan	
Completed by	Date

Name:		ID:
Safeguarding Adults Review Input Form Strictly Confidential: Record of Case Conference (to be input to CareFirst) (to be completed by the chair)		
Date of Alert:		
Date of Conference Review:		
Time:		
Agencies invited:		
Chair of meeting:		
Venue:		
Did the vulnerable adult attend the review meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What preparation/ arrangements were made to enable this to happen?		
If No – please give reason why they did not attend:		
Did the vulnerable adult have an advocate or representative support them through the process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>When the active investigation or assessment of the allegation is complete and an action plan has been agreed please complete the conclusion/outcome page.</i>		
Will there be a further review meeting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
If no, please record how the protection plan will be monitored?		
Outcome, Conclusion and Protection Plan (to be completed by the chair of a strategy meeting, conference or review)		

Name:		ID:
<p><i>If an allegation of abuse has been discounted at any stage following a strategy meeting, complete this page and return it to the safeguarding referral coordinator.</i></p> <p>If an allegation is not discounted, this page should be completed when the active investigation or assessment of the allegation is complete and an action plan has been agreed even if more safeguarding meetings are planned.</p>		
<p>Case Conclusion (choose one)</p> <p><input type="checkbox"/> Allegation substantiated/ proved</p> <p><input type="checkbox"/> Abuse not determined/inconclusive (no clear evidence)</p> <p><input type="checkbox"/> Abuse not substantiated/ abuse discounted</p> <p><input type="checkbox"/> Allegation Partially Substantiated</p>		
<p>Outcome of Completed Referral (for vulnerable adult) (tick all that apply)</p>		
<input type="checkbox"/> Increased Monitoring <input type="checkbox"/> No Further Action <input type="checkbox"/> Moved to increase / Different Care <input type="checkbox"/> Vulnerable Adult removed from property or service <input type="checkbox"/> Community Care Assessment and Services <input type="checkbox"/> Application to change appointee-ship <input type="checkbox"/> Guardianship/Use of Mental Health act <input type="checkbox"/> Restriction/management of access to alleged perpetrator	<input type="checkbox"/> Referral to MARAC <input type="checkbox"/> Civil Action <input type="checkbox"/> Referral to advocacy scheme <input type="checkbox"/> Referral to Counselling /Training <input type="checkbox"/> Review of Self-Directed Support (IB) <input type="checkbox"/> Management of access to finances <input type="checkbox"/> Application to Court of Protection <input type="checkbox"/> Other	
<p>Outcome of Completed Referral (for Alleged Perpetrator/ Organisation /Service) (tick all that apply)</p>		
<input type="checkbox"/> Police Action <input type="checkbox"/> Community Care Assessment <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Referred to Registration Body <input type="checkbox"/> Criminal Prosecution / Formal Caution <input type="checkbox"/> Management of access to the Vulnerable Adult <input type="checkbox"/> Referral to Court Mandated Treatment <input type="checkbox"/> Action by Contract Compliance	<input type="checkbox"/> Exoneration <input type="checkbox"/> Referral to MAPPA <input type="checkbox"/> Continued Monitoring <input type="checkbox"/> Removal from property or Service <input type="checkbox"/> Counselling/Training/Treatment <input type="checkbox"/> Action By Care Quality Commission <input type="checkbox"/> No Further Action <input type="checkbox"/> Action under Mental Health Act	

Name:		ID:
<input type="checkbox"/> Referred to Independent Safeguarding Authority (vetting and barring)	<input type="checkbox"/> Not Known	
Did the person accept the protection plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not consent
Completed by	Date	
Input by	Date	