

# Safeguarding Notification Monitoring Form

## Details of Vulnerable Adult/Victim

Name	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="text"/>
Ethnicity	<input type="text"/>
Sub Ethnicity	<input type="text"/>
Date of the report	<input type="text"/>

Has a safeguarding report been made about the alleged perpetrator before?

- Yes  No

Has a report been made about this vulnerable adult before?

- Yes  No

## Others Involved

Is vulnerable adult known to other agencies?

- Yes  No

If yes, please  
provide details

Is vulnerable adult from another District / Authority?

- Yes  No

## Source of Report

Who has disclosed the alleged abuse

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Self referral   | <input type="checkbox"/> Main family carer          | <input type="checkbox"/> Other family member inc. relatives and in laws | <input type="checkbox"/> Other service user  |
| <input type="checkbox"/> Member of Public  | <input type="checkbox"/> GP                         | <input type="checkbox"/> Independent service provider                   | <input type="checkbox"/> General Hospital    |
| <input type="checkbox"/> Independent Healthcare Provider (non NHS)                         | <input type="checkbox"/> Complaints                 | <input type="checkbox"/> Domestic Violence Services                     | <input type="checkbox"/> Neighbour           |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Self-directed Care Staff   | <input type="checkbox"/> Formal advocate                                | <input type="checkbox"/> Volunteer           |
| <input type="checkbox"/> Care Quality Commission (previously CSCI / Healthcare Commission) | <input type="checkbox"/> Acute Hospital incl. A & E | <input type="checkbox"/> Other PCT                                      | <input type="checkbox"/> Voluntary Agency    |
| <input type="checkbox"/> Anonymous   | <input type="checkbox"/> Alleged abuser             | <input type="checkbox"/> Police   | <input type="checkbox"/> DCC Adult Care      |
| <input type="checkbox"/> Mental Health Services  | <input type="checkbox"/> MARAC                      | <input type="checkbox"/> Specialist/Community Hospital                  | <input type="checkbox"/> Counselling/Therapy |
| <input type="checkbox"/> Prison/Probation  | <input type="checkbox"/> Housing                    | <input type="checkbox"/> Education/Training/Workplace establishment     |  |

Other - please  
specify

Detail PCT /  
Hospital etc if  
applicable

Detail of DCC Adult Care if applicable

Detail of Independent Service provider if applicable

Detail self-directed care staff

## Location of Alleged Abuse

### Location of alleged abuse

<input type="radio"/> Vulnerable Adult's Own Home	<input type="radio"/> Vulnerable Adult's Relatives Home	<input type="radio"/> Alleged Perpetrator's Own Home
<input type="radio"/> Acute Hospital	<input type="radio"/> Public Place	<input type="radio"/> Sheltered Accommodation
<input type="radio"/> Vulnerable Adults' Parents Home	<input type="radio"/> College/Adult Education/Work	<input type="radio"/> Day Centre/Service
<input type="radio"/> Specialist/Community Hospital	<input type="radio"/> Care Home - permanent	<input type="radio"/> Care Home with Nursing - permanent
<input type="radio"/> Care Home - temporary	<input type="radio"/> Care Home with Nursing - temporary	<input type="radio"/> Supported Accommodation
<input type="radio"/> Extra Care Sheltered Scheme	<input type="radio"/> Mental Health Inpatient Setting	<input type="radio"/> Adult Placement Scheme
<input type="radio"/> General Hospital	<input type="radio"/> Independent Healthcare	<input type="radio"/> Education / Training / Workplace Establishment
<input type="radio"/> Not Known		

Other (please specify)

### If sheltered/supported, is property regulated by Supporting People?

Yes  No

## Type of Alleged Abuse

### Type of alleged abuse

<input type="checkbox"/> Discriminatory	<input type="checkbox"/> Psychological / emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Financial	<input type="checkbox"/> Physical
<input type="checkbox"/> Neglect and acts of omission				
<input type="checkbox"/> Risk of abuse				

Is the abuse institutional in nature

Brief description of allegation/abuse

## Details of Alleged Perpetrator

### Details of Alleged Perpetrator - 1

- Aged under 18
- 18-29
- 30-39
- 40-49
- 50-59

- 60-69
- 70-79
- 80+
- Age not known
- Male
- Female
- Lives with vulnerable adult
- Doesn't live with vulnerable adult
- Sometimes lives with vulnerable adult
- Don't know if lives with vulnerable adult
- Partner
- Other family member, including relatives and in laws
- Other service user
- other vulnerable adult
- Volunteer/befriender
- Health Care Worker
- Independent Service Provider
- DCC Adult Care
- Self-directed Care Staff
- Other professional - Nurse, GP, District Nurse, Social Worker etc
- Main family carer
- Friend
- Stranger
- Neighbour
- Not known

Other - please specify

Detail Independent Service Provider

Detail DCC Adult Care

Detail self-directed care staff

## Organisations Involved in Investigation

Please tick ALL agencies involved in each investigation

## Involved organisations

<input type="checkbox"/> Police	<input type="checkbox"/> Other Local Authority	<input type="checkbox"/> Housing	<input type="checkbox"/> Care Quality Commission (CSCI - Healthcare Commission)
<input type="checkbox"/> Hospital Non Acute	<input type="checkbox"/> Social Care	<input type="checkbox"/> Hospital Acute including A & E	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Residential Home	<input type="checkbox"/> Domiciliary/Homecare	<input type="checkbox"/> Court of Protection Agency
<input type="checkbox"/> Provider Agency			

Other Involved Agency - please specify

## Capacity

Has the vulnerable adult been deemed to have capacity to make informed decisions regarding proposed protection measures?

Yes       No       To be determined

## Outcome (Stage 3 Decision)

Proceed to Strategy Meeting?

Yes       No

Give consideration to how you will share appropriate information and which agencies you will share with in relation to Caldicott and Data Protection Act 1998  
Strategy Meeting to take place within 5 days

If you have selected NO above, please pick one of the following reasons for NOT proceeding to a strategy meeting:

### Reasons for not proceeding to strategy meeting

- The alleged victim is not eligible for LA/MHS services by reason of mental ill health, physical or learning disability, illness or age related frailty
- The person is eligible but the specific disability illness or frailty does not impact on the persons ability to protect him/herself against significant harm or exploitation
- The alleged incident does not meet the threshold (significant harm or exploitation) for the specific type of abuse/neglect or risk of abuse/neglect as defined in the policy and procedures.
- The alleged perpetrator is a stranger and the procedures are not required to ensure the victim receives the services and support they need
- The alleged abuse or neglect occurred outside of Derbyshire (county) (e.g. Nottinghamshire) .The safeguarding actions of the local authority responsible should be recorded in case notes

Further information

Remember that saying no at stage three does not prevent further investigations taking place during which further information may come to light prompting a new safeguarding referral

Find out about safeguarding adults in Derbyshire here:

[http://www.saferderbyshire.gov.uk/staying\\_safe/protection\\_of\\_vulnerable\\_adults/](http://www.saferderbyshire.gov.uk/staying_safe/protection_of_vulnerable_adults/)

For staff guidance on how to help people stay safe see:

[http://www.saferderbyshire.gov.uk/staying\\_safe/protection\\_of\\_vulnerable\\_adults/guidance/default.asp](http://www.saferderbyshire.gov.uk/staying_safe/protection_of_vulnerable_adults/guidance/default.asp)

Find out about safeguarding adults/adult protection training here (search under "Adult Services") :

<http://www.derbyshire.gov.uk/applications/dotnet/LDSCourses/Default.aspx>

What other actions/assessments can you undertake take?

How will you inform the original referrer?

Name of Area Manager who approved this outcome