**Safeguarding Adults**

**Causing Others to make Enquiries request form**

**The Care Act requires that each local authority must:**

make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect.

This form is to request for input from your agency, this will be in relation to –

Sec 42 (1) Request for information to assist with deciding if the sec 42 (2) duty is met

or where criteria has been met Sec 42 (2) to cause your agency to make enquiries on behalf of the local authority.

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| **Name of Organisation**  **and representative the**  **request sent to:** | (Please include e mail address  request sent to) | **Name and Email of Designated Senior Officer (DSO):** |  |
| **Name and Email of Inquiry Officer (IO):** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of person alleged to be at risk of harm** | | | | |
| Name: |  | | | |
| Address: |  | | MOSAIC ID number: |  |
|  | | Date of birth: |  |
| **What is this request in relation to?** | | | | |
| **Information Gathering in relation to a Concern**  **Sec 42 (1)** | |  | | |
| **Section 42 (2) Enquiry** | | Statutory  or Non-statutory | | |

**Part 1 to be completed by the DSO**

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| 1. **Summary of alleged concern / incident and any other presenting concerns** |
| To include: details of any risks to the person / risk to others including children |
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| **B -Making Safeguarding Personal – What are the desired outcomes of the adult and/or their representative** |
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| **C -Detail of what information is sought or outline terms of reference for enquiry activity** |
| To include: **Clear Terms of reference/action plans for the enquiry and the timescale for completion should be written here highlighting those actions to be addressed by the agency caused to make enquiries** |
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**Part 2 to be completed by the Agency**

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| **Summary of Information Requested or Enquiries Made as in Part 1 sec C** |
| To include: **The summary should ensure the terms of reference set out above have been actioned. Dates, methods of communication and who was consulted should be included. Also, what discussions were had with the adult at risk, carer, advocate or members of staff and copies of any relevant documents.** |
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| Name and e mail of Provider Manager/person completing this information request/ Enquiry request. | |  |
| Signature: |  | |
| Date: |  | |
| **This form should be returned to the Social Services Agency**  **Designated Senior Officer (DSO) within 14 days or as agreed with in the Terms of Reference** | | |

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| **Below to be completed by the Social Services Designated Senior Officer on receipt of completed form to summarise any required actions, by whom and timescales for completion.** | | |
|  | | |
| Name of Designated Senior Officer: | |  |
| Signature |  | |
| Date: |  | |

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| Version 1 | September 2023 |