When writing your Section 42 Enquiry Report please use this template to include all of the information that the Local Authority (LA) needs to assure itself that the enquiry satisfies its duty under Section 42 of the Care Act 2014 to decide what action (if any) is necessary to help and protect the adult.

|  |
| --- |
| 1. **The Adult with Care and Support Needs**
 |
| Full Name: |  | Date of Birth: |  |
| Address (including Post Code): |  |
| Case Reference Number (if known): |  | Telephone Number(s): |  |
| Email Address: |  |

|  |
| --- |
| 1. **Details of Person who Raised the Safeguarding Concern (if known)**
 |
| Full Name: (including title) |  |
| Relationship to Adult: |  | Telephone Number(s): |  |
| Email Address: |  |

|  |
| --- |
| 1. **Details of Safeguarding Concern(s)**
 |
| Date Received Request to Conduct a Section 42 Enquiry:(this completed form should be submitted to the LA by the date specified on the letter or within 28 working days of receipt) |  |
| Insert specific safeguarding concerns/questions to be answered – this should be detailed within the *Request for Safeguarding Adults Section 42 Enquiry* letter that was sent to your organisation |

|  |
| --- |
| 1. **The Individual’s Outcomes**
 |
| In the current situation, how safe does the adult feel? (1= very unsafe, 5 = very safe) |
| 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |
| What does the Adult (or their representative) want to achieve and what would make them feel safer? |
| If possible include what they have said in their own words. If there are Concerns about the individual’s mental capacity an advocate must be instructed. Please Note: If a person lacks capacity, it does not mean that they cannot give any information or that they do not have a view. |

|  |
| --- |
| 1. **Details of immediate safeguards to protect the adult (and others)**
 |
| What immediate actions were taken to reduce the potential for further abuse/neglect?  |
|  |
| Are there any other people (including children) who may be at risk of harm? |
|  |
| Concerns should be escalated where:* Risks/concerns are higher than originally thought
* Where there are more victims/potential victims identified
* Where institutional abuse/neglect or the potential for such is identified

If you feel that Concerns should be escalated:* Inform Manager
* Refer back to LA Safeguarding Team/Manager
* Enquire if a Multi-Agency Conference (previously known as a strategy meeting) can be held
 |

|  |
| --- |
| 1. **Enquiry Methodology**
 |
| Who was seen/ interviewed? |
|  |
| What records were consulted?  |
|  |
| What places were visited? |
|  |

|  |
| --- |
| 1. **Background Information**
 |
| Brief and relevant information should be included here for example; the person’s diagnosis, reason for admission and length of stay (if appropriate). |

|  |
| --- |
| 1. **Chronology of Significant Events in Date Order**
 |
| **Date** | **Time** | **Who was Involved?** | **What Happened?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*Insert additional rows if necessary

|  |
| --- |
| 1. **Summary of Enquiry**
 |
| How and when was this conducted? |
|  |
| What do the records show? |
|  |
| What did the people that were interviewed say? |
|  |
| Anything else of relevance? |
|  |

|  |
| --- |
| 1. **Findings of the Enquiry (Conclusion)**
 |
|  |

|  |
| --- |
| 1. **Involvement of the Adult**
 |
| How involved was the Adult with the Enquiry?  |
|  |
| Was support provided to the Adult? |
| By whom? |
| Did the individual feel that their outcome(s) were met? |
| Not Met[ ]  | Partly Met[ ]  | Fully Met[ ]  |
| Adult’s Comments: |  |
| In the current situation, how safe does the adult feel? (1= very unsafe, 5 = very safe) |
| 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |
| Do they feel that they are safer now because of the help from people dealing with their concern? |
| Adult’s Comments: |   |

|  |
| --- |
| 1. **Recommendations**
 |
| **Outcome – what are we aiming for?** | **Action Required – what needs to be done?** | **By When?** | **By Who** | **Progress/****Completed Date** |
|  |  |  |  |  |
|  |  |  |  |  |

\*Insert additional rows if necessary

|  |
| --- |
| 1. **Person Responsible for Completing the Section 42 Enquiry Report**
 |
| Full Name: |  | Job Title: |  |
| Organisation: |  | Telephone Number: |  |
| Email Address: |  |
| Signature: |  | Date Report Completed: |  |

This completed form must be sent to the Local Authority Officer who initiated the Section 42 Enquiry by **secure email, by recorded delivery or hand delivery** to ensure security of all personal information**.**