**CONFIDENTIAL**

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| **REPORT FOR AN INDIVIDUAL S42 ENQUIRY (External Organisation)** |

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| 1. **Details of person completing form:**
 |
| **Name:** |  |
| **Role:** |  |
| **Address:** |  |
| **Organisation (if any):** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Manager or alternative contact if you are unavailable in the next 48 hours** |  |

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| 1. **Details of Adult who is subject to a S42 enquiry:**
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| **Name:** |  |
| **Date of Birth** |  |
| **Date of Death (If relevant)** |  |
| **Address-Current** |  |
| **Address – Permanent – If different** |  |
| **Name of Advocate – If appointed** |  |
| **Contact details of advocate** |  |
| **Details of any capacity assessment(s) completed, date, details of the decision in question, people involved, summary of assessment, decision, if relevant information on the Best Interest decision** |  |

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| **3. Section 42 Enquiry Role:** |
| **What outcome(s) are you providing information towards – please list****For each outcome, please provide the following information.** |

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| **Outcome 1:** |
| **Factual information – what information have you gathered, please summarise here and if necessary, attach photographic, file records etc.** |  |
| **Who have you consulted with (if anyone)** **Provide names and roles.****Dates of meetings** |  |
| **Professional analysis of information gathered.** |  |

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| **Was the report shared with adult/their advocate?** **Yes/No** |  |
| **If yes what date?** |  |
| **What are their views on the report?** |  |
| **If not shared – state, why?** |  |
| **Does the adult feel that this meets their stated outcome?****Yes/No – delete as necessary.** |  |
|  **If no – what additional actions do they want and is this realistic?** |  |
| **Does the adult feel that the information/enquiry/ actions taken or planned will reduce the risks to them and/or others. – yes/no. Add comments** |  |

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| **If the adult requires a decision on abuse – can you state if you agree with their view that abuse has occurred and in which category(categories)****Abuse type** **Abuse substantiated – Yes/No****Additional comments** |  |

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| **Outcome 2:**  |
| **Factual information – what information have you gathered, please summarise here and if necessary, attach photographic, file records etc.** |  |
| **Who have you consulted with (if anyone)** **Provide names and roles.****Dates of meetings** |  |
| **Professional analysis of information gathered.** |  |
| **Was the report shared with adult/their advocate?** **Yes/No** |  |
| **If yes what date?** |  |
| **What are their views on the report?** |  |
| **If not shared – state, why?****Does the adult feel that this meets their stated outcome?****Yes/No** |  |
| **If no – what additional actions do they want and is this realistic?** |  |
| **Does the adult feel that the information will reduce the risks to them and/or others.** |  |
| **If the adult requires a decision on abuse – can you state if you agree with their view that abuse has occurred and in which category(categories)****Abuse type** **Abuse substantiated – Yes/No****Additional comments** |  |

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| **4.Exiting safeguarding** |
| **Does the adult agree that the case can now exit the S42 enquiry –** **Yes /No (please delete and explain the view of the adult)****If yes, do they feel that the outcome you have worked to deliver has been.****Met/partially met/not met (please delete)****If they have not been fully met, does the adult want to agree further actions.** **Yes/No****If yes, please state what.** |  |
| **Does the adult feel the risks to them have been reduced, removed, remain (please delete as necessary)****If the risks have been reduced or remain, does the adult want to take any other actions to address these?****Yes/No****If yes, please state what (this may result in a further discussion or planning meeting with the safeguarding manager?)** |  |
| **Does the adult want a formal outcome meeting, or would they be willing to conclude virtually?****If they want to meet, list any preferences on day/time/venue?** |  |
| **Do you agree that the case can now exit the S42 enquiry?** **Yes/No (delete as appropriate)****If no – please state, why?** |  |

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| **5. Return of completed form** |
| **Send completed form to Safeguarding Manager at BMBC/SWYPFT or BHNFT****Date sent:** |