**Appendix 1:**

Multi-Agency Caused Enquiry Agreement Template

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| **Name of Adult at Risk** |  | **NHS No.** |  |
| **Address of Adult at risk** |  | **Date of Birth** |  |
| **Tel No.** |  | | |
| **Safeguarding Reference Number (AWP)** |  | **LAS Number** |  |
| **Incident No. (Police)** |  | **STEIS Ref (AWP)** |  |
| **Incident date** |  | **Local Authority**  **Deadline Date** |  |
| **Nominated Organisation** |  | | |
| **Name and contact details of Local Authority Enquiry Manager** |  | | |
| **Summary of concern as reported** (to be completed by SBC) | | | |
| ***(Provide details of the concern(s) i.e. what happened, where did the concern(s) take place, type of alleged abuse, details of other people and agencies involved, views of the adult and/or family/carers, consideration of capacity in relation to consent, engaging in the enquiry and the incident. Impact on the adult, details of any harm/injuries, is harm likely to reoccur, provide details of the current risk regarding the adult).*** | | | |
| **Risks** (to be completed by SBC) | | | |
| ***(Detail any known risks to the adult and others involved, to ensure partners are aware. Have any immediate risk assessments or risk mitigations been undertaken or needed to safeguard the adult/others?).*** | | | |
| **S42.2 Caused Enquiry** (to be completed by SBC) | | | |
| **Actions Requested by Local Authority / Terms of Reference** (scope of the Enquiry as directed by Local Authority) |  | | |
| **Information about the person(s) alleged to have caused the harm** (if relevant) | ***(Provide details of name, DOB, relevant information about the person circumstances).*** | | |
| **Organisation/Staff member(s) involved/alleged to have caused harm** (if relevant) | ***(Provide details if this is a PIPOT / LADO situation).*** | | |
| **Other agencies involved in Caused Enquiry** |  | | |

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| **Making Safeguarding Personal (MSP)** | | | |
| **Is the Adult at Risk aware of the concern and able to express their wishes re the allegation?** | Yes | ***(What are the Adults desired outcomes for the enquiry and views about the concerns? What is the Adult worried about? What support is available to the Adult? Can family, friends or neighbours offer support? What other protective factors are there?).*** | |
| No | ***(Record why MSP was not completed. Are there concerns relating to the persons capacity to protect themselves from harm? Include date of Assessment. Are there risks associated with coercion or duress, additional risk factors, including informing the individual of the allegations?).*** | |
| **Enquiry Methodology**  (to be completed by Nominated Enquirer). | | ***(Detail on who has been consulted, what documents have been viewed or other internal processes taken place).*** | |
| **Summary of Findings** | | ***(Provide details of the findings. Record each allegation separately, where there has been a number of issues raised. Include impact on the Adult and their desired wishes (if known) and outcome of any immediate actions taken. Include information about action taken in relation to specific staff members i.e. increased supervision/support, formal HR processes and referral to Disclosure & Barring Service).*** | |
| **Adult(s) at risk Recommendations / Learning** | | ***(Include how recommendations/learning will be used to improve outcomes and safety of the Adult at risk and others, have the findings been shared with the person and/or their advocate? Are they satisfied with the outcome? Have their desired outcomes been addressed? What actions have been taken to assist the person with recovery and resolution?).*** | |
| **Organisational recommendations / learning** | | ***(Include how recommendations/learning will be used to improve existing policies and procedures, practices, service provision, etc.).*** | |
| **Ongoing / Residual Risks** | | | |
| **What are the continuing risk factors for the adult?** | | |  |
| **What actions are in place to mitigate the risks?** | | |  |
| **Are there any risks to others?** | | |  |
| **Completed by** | |  | |
| **Submitted by** | |  | |
| **Date of Submission** | |  | |

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| **Review of Caused Enquiry between Enquiry Manager (SBC) and nominated agency.** |  |
| **Completed by** |  |
| **Date** |  |