

County Durham Safeguarding Adults Closure and Debrief Form

Name/Title/Address		D.O.B:	Age:
Date/Time/Venue	Date:	Time:	Venue:
Method	Face to face meeting <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail <input type="checkbox"/> Other <input type="checkbox"/>		
Persons Attending/Involved in debrief (note apologies if relevant)	Name	Detail (Roles / Agencies)	Contact No.
Lead Officer			
Investigating Officer			
Details of Closure / Debrief:	Details		
<p>Ensure key data recorded e.g.</p> <ul style="list-style-type: none"> ▪ Type of abuse ▪ Location ▪ Outcome for victim ▪ Outcome for alleged perpetrator ▪ Overall outcome of Safeguarding Procedure ▪ Date investigation ended ▪ Feedback to key stakeholders e.g. providers <p>Guidance on Debrief</p> <ul style="list-style-type: none"> ▪ Reflect on Experience ▪ Analyse Experience ▪ Learning from Experience ▪ Key learning points to be communicated to Senior Managers and colleagues 	(Please use Continuation Sheet if necessary)		
Printed Name:	Signatures:	Date:	

County Durham Safeguarding Adults Closure and Debrief Form

Continuation Sheet

A large empty rectangular box with a black border, intended for providing additional information or details.

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User Consent to Safeguarding Procedure

Tick any as relevant

Consent Given <input type="checkbox"/>	Consent Not Given <input type="checkbox"/>
Unable To Give Consent <input type="checkbox"/>	Consent Not required <input type="checkbox"/>

Mental Capacity

Tick any as relevant

 Capacity Test Required: Yes No
Type of Abuse

Tick any as relevant

Physical <input type="checkbox"/>	Financial/ Material <input type="checkbox"/>	Sexual <input type="checkbox"/>	Professional <input type="checkbox"/>
Institutional <input type="checkbox"/>	Neglect/Acts of Omission <input type="checkbox"/>	Discriminatory <input type="checkbox"/>	Emotional/Psychological <input type="checkbox"/>

Location of Abuse

Tick one only

Own Home <input type="checkbox"/>	Acute Hospital <input type="checkbox"/>
Alleged Perpetrator's home <input type="checkbox"/>	Mental Health Inpatient Setting <input type="checkbox"/>
Family member's home <input type="checkbox"/>	Community Hospital <input type="checkbox"/>
Day Centre/service <input type="checkbox"/>	Other Health setting <input type="checkbox"/>
Supported Accommodation <input type="checkbox"/>	Education/Training/Work Place establishment <input type="checkbox"/>
Extra Care <input type="checkbox"/>	Public Place <input type="checkbox"/>
Sheltered Accommodation <input type="checkbox"/>	Adult Placement <input type="checkbox"/>
Care Home – permanent <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Care Home – temporary <input type="checkbox"/>	Not known <input type="checkbox"/>
Care Home with Nursing – permanent <input type="checkbox"/>	
Care Home with Nursing – temporary <input type="checkbox"/>	

Alleged Perpetrator Details

Not Known	Name:	Address:
D.O.B:	Age:	Ethnicity: Category e.g. OP/LD/MH
Employer's Name		Employer's Address
Does Alleged Perpetrator live	with victim ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Alleged Perpetrator	main Carer ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Relationship of Alleged Perpetrator to abused person

 Describe E.G:
 Spouse, Partner, friend, Carer, Social Worker

Victim's mental health / physical disabilities

Tick one only

Frailty and / or temporary illness <input type="checkbox"/>	Mental Health – non-dementia <input type="checkbox"/>
Hearing impaired <input type="checkbox"/>	Substance Misuse <input type="checkbox"/>
HIV <input type="checkbox"/>	Visual impairment <input type="checkbox"/>
Learning Disability <input type="checkbox"/>	Dual Sensory loss <input type="checkbox"/>
Mental Health - dementia <input type="checkbox"/>	

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Outcomes for:	Action under Mental Health Act	<input type="checkbox"/>	Police Action	<input type="checkbox"/>
Alleged Perpetrator	Action by Contract Compliance	<input type="checkbox"/>	Referral to MAPP A	<input type="checkbox"/>
Organisation	Action by Care Quality Commission	<input type="checkbox"/>	Removal from property or service	<input type="checkbox"/>
Service	Continued Monitoring	<input type="checkbox"/>	Referred to ISA (was POVA)	<input type="checkbox"/>
	Criminal Prosecution	<input type="checkbox"/>	Referral to Registration Body	<input type="checkbox"/>
	Community Care Assessment	<input type="checkbox"/>	Management of access to the Vulnerable Adult	<input type="checkbox"/>
	Counselling/Training/Treatment	<input type="checkbox"/>	No Further Action	<input type="checkbox"/>
	Disciplinary Action	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
	Exoneration	<input type="checkbox"/>		
	Other (specify)			<input type="checkbox"/>

Outcome for victim	Application to change Appointee-ship	<input type="checkbox"/>	Referral to advocacy scheme	<input type="checkbox"/>
Tick all relevant categories	Application to Court Of Protection	<input type="checkbox"/>	Referral for Counselling/Training	<input type="checkbox"/>
	Community Care Assessment / Services	<input type="checkbox"/>	Referral to CQ Commission	<input type="checkbox"/>
	Civil Action	<input type="checkbox"/>	Referral to MARAC	<input type="checkbox"/>
	Guardianship/use of Mental Health act	<input type="checkbox"/>	Review of Self Directed Support - Individual Budget	<input type="checkbox"/>
	Increased Monitoring	<input type="checkbox"/>	Restriction/management of access to alleged perpetrator	<input type="checkbox"/>
	Management of access to finances	<input type="checkbox"/>	User was moved from property/service	<input type="checkbox"/>
	Moved to increase/different Care	<input type="checkbox"/>		
	No Further Action	<input type="checkbox"/>		
	Other (specify)			<input type="checkbox"/>

Investigation date	Start Date:	End Date:
(multi-agency/ multi disciplinary)		

Serious Case review required	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Outcome of Safeguarding Procedure	Substantiated	<input type="checkbox"/>	Not determined / Inconclusive	<input type="checkbox"/>
Tick one only	Not substantiated	<input type="checkbox"/>	Partially substantiated	<input type="checkbox"/>

Safeguarding Intervention ended	End Date:
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