

Guidance for completing the Kent Adult Safeguarding Alert Form (KASAF)

21 September 2015 V2

This guidance supports completion of the KASAF.

The Kent and Medway Multi-Agency Policy Protocols and Guidance Document was updated 01/04/15 to reflect introduction of the Care Act. [KMMAPPG Link](#)

The KASAF is available on [KNET](#) and on the [kent.gov.uk/safeguarding adults](http://kent.gov.uk/safeguarding_adults) website [KASAF](#) it can be downloaded by providers and members of the public.

References within this document refer to the Care and Support Statutory Guidance Issued under the Care Act 2014 Department of Health unless otherwise stated.
[Care Act Guidance 2014](#)

Introduction

Kent Adult Safeguarding Alert Form (KASAF)

The KASAF is the first stage of revision of the Safeguarding (SG) Document Suite used in Kent. Significantly it is the first step in capturing the desired outcomes of the adult who has needs for care and support, is experiencing, or at risk of, abuse or neglect and is unable to protect them self. (14.2)

The views of the adult are paramount in determining the course of the safeguarding response and the person making the referral (referrer) should discuss this with the adult, unless it is considered not safe to do so or the person is assessed not to have the mental capacity to understand. Where the person is assessed not to have capacity the views of the relevant representative should be sought where available.

It is expected that professionals who refer will have completed the information requested unless there are exceptional circumstances that would prevent this. Record Keeping (14.150).

The KASAF should be completed as a word document. There are drop down boxes, with free textboxes which will grow to accommodate information provided and it will join up with stage 2 of the SG1 (safeguarding documents). The Local authority (LA) practitioner receiving the KASAF will identify any additional information that may need to be gathered.

*The KASAF is for anyone to complete including members of the public therefore handwritten versions can be accepted to avoid unnecessary delays.

Local Authority (LA) only KASAF mirrors the information required in the SG1 stage 1 if you have received a KASAF you will need to obtain the SG1 stage 2 from the operational templates.

LA only Information from the KASAF should be added to SWIFT/AIS within 24 hours of the information being received by the Local Authority. **The making safeguarding personal information will not be possible to enter on SWIFT until the new document suite is completed.*

Completing the KASAF

This guidance has been written with multi-agency colleagues to assist referrers and practitioners completing the KASAF to ensure that information included:

- Is completed to an acceptable standard that enables the Local Authority to make an initial risk assessment of a proportionate level of response and whether Section 42 enquiry or non-statutory enquiry is required.
- Enables collation of data that informs the safeguarding adult's board and department of health from the Local Authorities electronic system (SWIFT/AIS) Adult Protection modules.

GENERAL NOTES

Signing of KASAF

- An electronic (name) will be considered as a signature within this document, when accompanied by an email. Secure email or password protection as advised in the KASAF must be used.
- Local authority Managers receiving the document via e-mail may confirm agreement to decisions by adding their name and date and sending the

document back to the Designated Senior Officer (DSO) or Inquiry Officer (IO) with an e-mail confirming their agreement.

- This email must be kept with the SG documents if only held electronically. If the KASAF is printed off then the practitioner can sign and date.
- **Initial information** included in the KASAF should be added to **SWIFT/AIS within 24 hours** of the alert information being received. It is recommended that a brief summary of the allegations is completed on the SWIFT/AIS Adult Protection notes section which is useful to inform other enquirers.
- **Additional information** should be added to SWIFT/AIS as soon as it is available, to enable practitioners across the county especially Out of Hours (OHH) and hospital teams to access all the relevant information regarding the adult protection alert and actions being taken.

If any sections of the form are updated or altered to improve accuracy after initial completion these should be signed, dated and SWIFT updated.

The form was developed with multi-agency colleagues and while most of the questions on the form are self-explanatory, this guidance should assist in completion of the form and enable effective transfer of information which provides practitioners across the county with relevant information.

KASAF

Acute Trust and Large Organisations Instructions - this is a free text box to enable specific direction and information that organisations wish to provide to support their staff being included.

Dates related to Alert – Referrer records the date of the alert which is when it was reported. The date of the incident may or may not be the same. The local authority will record when it was received.

1. Adult at Risks personal details are captured in this section

Adult at risk Name – please check spelling

Any Alternative Name: this may include their own preferences

Title: As known or advised by the adult

Date of Birth:

The following have drop down options to be completed as known

Gender, Religion, First Language, Ethnic Origin

Is an interpreter required? If yes details are required:

Home Address and contact details for the adult at risk

Any other relevant addresses (e.g. respite place or hospital) is required to enable effective contact with the adult at risk and ensure safeguards are appropriate.

Name, relationship and contact details of Next of Kin, Nearest Relative or Significant other. This is required to support the person and their views regarding who is most significant contact should be sought.

Data boxes – informs partner agencies of levels of activity and captures basic key details, NHS or hospital numbers are only applicable within an acute setting. Ensure details of the funding local authority including Kent or health authority is completed. State who is funding if other is selected.

Location Abuse occurred – drop down options are provided please avoid using other and if it is chosen please note what it is beside date and time of incident.

Area addressing the Alert: this will be completed by the local authority and it is the Local Authority who must make enquiries or cause other agencies to do so (14.63 & 77) it identifies the area taking the lead in addressing the Adult Protection concerns for the adult. This is **usually, but not always**, where the abuse happened, e.g. for an adult placed by Dartford in a Thanet home and abused in Thanet, it is the responsibility of the Thanet area to co-ordinate the safeguarding case, and the Case Manager from Dartford would engage fully with the response. However, if the abuse occurred when the adult was visiting family in Dartford, the Dartford area would take the lead, as it is likely that the Dartford Police or health practitioners or other agencies will be involved.

If a Kent adult is placed in any other local authority area and safeguarding concerns are raised:

The other local authority will take the lead, record the case and risk assess the allegations received.

Social Care Health and Wellbeing staff will fully engage with the safeguarding process as relevant to their adult.

Kent will record as a contact only on SWIFT/AIS to avoid cases being double counted by two authorities.

If Kent receives information of a concern related to a Kent adult placed in another authority area:

The alert should be sent to the other authority for them to record and take the lead in addressing the case.

Kent LA should record the information on SWIFT/AIS as a contact only in the front desk and summary notes entered into notes section.

When the case is closed by the other authority, they should pass copies of all relevant paperwork or e-records for inclusion in the adults file.

To the best of your knowledge the Primary Category of client and Secondary Category of client if relevant is supported by drop down options, the purpose of this is to support direction to the most appropriate to team to manage the alert. If the person does not fit into any of the categories you may choose 'other', as this includes an adult with care and support needs who is considered to meet eligibility criteria to be an 'adult at risk'.

2. Have you ever spoken to the individual at risk or their representative about making this referral? Under the care act and in keeping with the KMMAPPG the views of the adult are paramount and it is essential that they are aware that a safeguarding alert has been raised, unless you consider to inform them will place them at greater risk.

2 a. enables you to provide your reasons for why you may not have been able to inform them, but as a professional or a member of the public your judgement is due to the risk of serious harm identified. It is possible that the person does not have the mental capacity to understand the your concerns for their well-being.

3. Tell us as much as you can about the alleged abuse or incident and why you are referring this adult to the Local Authority Safeguarding Adults Lead?

Details of the allegation: record full details of the allegations in this section, including information about the adult's care and support needs. The prompts have been developed by the multi-agency to support the type of information required in practice for initial risk threshold assessment of concerns received. Attach any information you consider maybe relevant. This is the most essential part of the form which should inform the reader why you are concerned that that the adult is being abused.

3 a. Main Category of Abuse

Identify the main and all types of abuse reported. There are 10 categories of abuse to select from drop down options. Hate crime (HC is not listed in care act) and can only be attached to another type of abuse – similarly Domestic Abuse is provided but cannot stand alone and when either of these options are chosen it is necessary to tick the relevant types of abuse experienced by the adult.

4. Has a Mental Capacity Assessment been considered or completed?

Record any information obtained from the adult known by the referrer about the adult's mental capacity in relation to the safeguarding concerns. This will help to inform the risk assessment(s) and the action plan, which may need to include a mental capacity assessment in relation to the alleged abuse. The Care act expects the Mental Capacity Act (MCA) 2005 to be followed. There are prompts related to the type of information that is useful e.g. whether there are Deprivation of Liberty safeguards in place. Further information available at [MCA KENT](#)

5. Is there anything that you know of that would affect the adult's ability to make decisions in respect of this concern? (either temporary or permanent)

If there is a Mental Capacity Assessment in relation to this allegation please attach. Are there any Deprivation of Liberty Safeguards in place? Has an independent Mental Capacity Advocate been allocated? Or any Lasting Power of Attorney you are aware of?

6. Other significant Family Members/Adults/Children you are aware of

This may be relevant to the safeguarding concerns or if mental capacity assessments are required.

7. Professionals known to the adult, for example GP, District Nurse, Mental Health Worker

Please include any Professional Key Worker(s) who has/have case responsibility for the adult at the point the Adult Protection alert has been raised.

8. Have you had a consultation with a Case Manager or Central Duty Team

This is to reduce replication of actions that may already have been taken as part of an immediate risk reduction plan. Please record here any action you may have taken to reduce the risks before having an opportunity to complete the KASAF. For example a Police reference number or CQC notification.

9. Making Safeguarding Personal –

There is literature available [MSP Link to forms](#) that should be shared with the adult and or their representative so that they can be aware of what the commitments to them in safeguarding are and provide an opportunity for them to feedback directly.

Following your conversation with the adult regarding the raising of the safeguarding alert please record **in their words what they would like to happen** as this will be reviewed throughout the case and at the point of case conclusion.

Their own words should be used and the closest options checked afterward, not all need to be checked there may only be one or two relevant.

The options are provided to capture the themes of what is important to the people of Kent and the choices you determine initially will most likely change, but the adults initial desired outcomes are important in supporting the most proportionate response. If none of the options suit please record other and there is a free text box available to summarise this.

10. Details of any medical attention sought

This section is required to inform the effect that the abuse may have had on the adult and ascertain that they have received appropriate medical care. Describe, as fully as possible, details of any physical injuries. If photographs are considered necessary, consider consent issues. If the client is unable to consent, consider if having photographic evidence of the injuries is in their best interests and record who the decision maker was.

The body map see: [Appendix 1 KASAF](#) to download.

Please record who has attended the adult with the details that you are aware of.

11. Current situation of the person you are concerned for

There are prompts but it should include a very brief background and cover existing or possible support, care and communication needs.

12. Alleged Perpetrator

Complete information about the main alleged perpetrator/ organisation as fully as possible when the initial information is provided and add information where it becomes available. If additional alleged perpetrators are named additional copies of the alleged perpetrators page(s) is/are available for download as [Appendix 2](#). There is a facility to record information for additional alleged perpetrators on SWIFT, provided there is sufficient information to correctly identify them and add them to SWIFT in their own right.

An organisation can also be recorded as an alleged perpetrator and may limit what further information can be recorded here.

Consider what action may be needed if the alleged perpetrator lives with the victim, is a carer for others or may pose a risk to children or other adults with care and support needs.

13. Do you think the person continues to be at risk of harm?

If the answer is yes please explain in your own words why you think this as it is very important for the practitioner assessing the level of risk to know. Only refer to identified risk that relates directly to the concern raised, for example if someone is at risk of traffic when they are out –but this is usual for them and risk assessments are already in place and it is unrelated to the safeguarding alert it is not necessary to include.

14. Do you think the alleged perpetrator poses a risk to others?

This is essential to inform the evaluation of presenting risks and an appropriate response particularly if the adult does not agree with the referral (as there may be others at risk).

15. Is there any risk of danger to staff making enquiries

Please advise as the adult is spoken with in person in the majority of cases and it can avoid placing staff at unnecessary risk to their personal safety.

16. In circumstances where you think there is a risk of violence

To the adult such as domestic abuse please provide a safe point of contact for them if possible. If you cannot identify one because you have not been able to discuss this with them please advise this has been the case to avoid workers increasing any risk to them by inadvertently contacting them in an inopportune situation.

Source of referral: this is recorded in swift and identified within points 17 and 18. It should be recorded on SWIFT (LA only) at the point the alert is recorded

17. Details of person completing this form

Ensure that you provide your full details and how you and for professionals an alternative colleague can be contacted.

18. If the information has been provided to you by someone else

Please provide their full details and how they can be contacted.

Do they wish to remain anonymous?: The LA and Partner agencies do all that is possible to maintain the anonymity of the referrer as they may be placing themselves at risk by making the referral, but we cannot guarantee that they will not be identified, particularly if legal action takes place.

When received by the Local Authority

It is good practice to complete the information as fully as possible prior to proceeding to the Risk Threshold Assessment (currently stage 2 but will be attached as new document suite developed). However, it is likely that some information will not be available initially and this should not delay passing the KASAF to the Designated Senior Officer (DSO) in the case. Any missing information will need to be gathered to support the risk assessment and evaluation in Stage 3.

The information from this KASAF should be entered onto SWIFT within 24 hours, or as soon as is practicably possible. If additional information becomes available, this should be added and signed and dated if in a free text box. If MSP is not completed in the KASAF it should be completed as soon as is reasonably possible (e.g. safe enquiry, or MCA considerations) within the KASAF (this may be subject to change when revised SG document suite is available).

19. Link to safeguarding documents in G Drive -Stage 2 (to 5) documents – is provided for local authority staff for ease of reference to complete stage 2

Submitting the KASAF

There is detailed information provided to support you in informing the correct team, however if you do not know whether the adult is already known to Social Services or which team their care is managed by please call 03000 416161.

Body Map: [Appendix 1 KASAF](#)

Additional Perpetrator: [Appendix 2](#)