

**Section 42 Decision Monitoring Tool (DMT)**

**Details of the person at risk of harm and abuse (The Relevant Person):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **DoB:** |  |
| **Liquid Logic/Swift No:** |  |
| **Date alert received:** |  |
| **Date Assigned** |  |

**Consent and Capacity:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Was the relevant person consulted?** | **Yes** |  | **No** |  |
| **Does the Relevant Person consent with proposed actions?** | **Yes** |  | **No** |  |
| **Does the Relevant Person lack mental capacity to consent?** | **Yes** |  | **No** |  |

**Decision following triage/initial enquiry:**

|  |  |
| --- | --- |
| **What is the outcome of the initial enquiry?** |  |
| **Type of concern** |  |
| **What is the nature of the alleged abuse?** |  |
| **Brief Factual details of incident** |  |
| **Initial enquiries** |  |

|  |  |
| --- | --- |
| **Section 42 Criteria Met** |  |
| **Section 42 Criteria NOT met** |  |
| **Reason for the decision:** |
| **Date decision made:** |  |

**If met, which organisation will carry out the Section 42 Enquiry:**

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Department:** |  |
| **Name Person:** |  |

**If met, please state risk level:**

|  |  |
| --- | --- |
| Level 1 (Low) |  |
| Level 2 (Medium) |  |
| Level 3 (High) |  |

**If not met. Did the safeguarding alert result in other actions:**

|  |  |  |  |
| --- | --- | --- | --- |
| Referral for Assessment and Review: |  | Signposted to Voluntary Sector |  |
| OT/Physio Assessment/Equipment |  | Referral for fire home safety visit |  |
| GP referral |  | Referral to Mental health support  |  |
| Referral for substance misuse  |  | Referral to domestic abuse services |  |
| Other (Please specify): | Other (Please specify): |

|  |
| --- |
| **Any comments or recommendations from the safeguarding team:** |
| **Any other actions:** |

|  |  |
| --- | --- |
| **Date of Decision:** |  |
| **Name of Decision Maker:** |  |
| **Service Manage Name:** |  |

**DMT Share with:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The person raising the concern/alert** |  | **The Relevant Person** |  |
| **CQC** |  | **Care Quality/Care Standards Team** |  |
| **BLMK/ICB** |  | **ELFT Community Nursing** |  |
| **ELFT P2R** |  | **ELFT Mental Health Team** |  |
| **GP** |  | **Bedfordshire Fire and Rescue** |  |
| **Bedfordshire Police** |  | **The Relevant Person Representative**  |  |
| **Other** |  | Specify: |
| **Other** |  | Specify: |
| **Other** |  | Specify |