

SAFEGUARDING ADULTS POLICY



Contents

1	Introduction	2
2	Principles of safeguarding	2
3	Policy framework.....	2
4	Categories of abuse and possible indicators.....	4
5	Criminal behaviour	7
6	Domestic abuse	7
7	Carers and safeguarding.....	8
8	Who commits neglect and abuse?	8
9	In what circumstances can abuse occur?	8
10	Confidentiality and information sharing	8
11	Duty to supply information to the Safeguarding Adults Board	10
12	Making a barring referral to the DBS.....	10
13	Recording information	11
14	Roles and responsibilities	11
15	Contacts.....	14
16	Document control.....	15

Appendices

1	Safeguarding adults process.....	16
2	disAbility Cornwall Safeguarding Convern / Alert Form.....	17
3	Cornwall & IoS Safeguarding Adults Board Interagency adult safeguarding referral form.....	19

1 Introduction

- 1.1 The purpose of this policy is to set out how disAbility Cornwall & IoS will implement its statutory and contractual adult safeguarding duties.
- 1.2 All staff and volunteers (including trustees) of disAbility Cornwall & IoS must adhere to this policy.
- 1.3 This policy is to be used in conjunction with the Cornwall and Isles of Scilly Multi Agency Safeguarding Adults Board Safeguarding Policy and Standards, which provides an agreed framework for the way in which the safeguarding duties set out in the Care Act 2014 are implemented in Cornwall and the Isles of Scilly. It sets out how organisations should work together to prevent neglect and abuse and how to respond if neglect and abuse is suspected, disclosed or identified.

2 Principles of safeguarding

- 2.1 In general terms, safeguarding means supporting an adult's right to live free from the risk and fear of neglect and abuse. It is about people and organisations working together to prevent the risk and to stop neglect or abuse when it becomes known.
- 2.2 This Policy is underpinned by the six key principles of effective adult safeguarding:
 - **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
 - **Prevention** – It is better to take action before harm occurs.
 - **Proportionality** – The least intrusive response appropriate to the risk presented.
 - **Protection** – Support and representation for those in greatest need.
 - **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
 - **Accountability** – Accountability and transparency in delivering safeguarding.

3 Policy framework

- 3.1 The core purpose of the Care Act is to help people to achieve the outcomes that matter to them in their life. The adult's wellbeing is promoted as a key principle throughout the Act and accompanying statutory guidance. The focus on the needs and goals of the adult concerned must be maintained at all times.

3.2 Other relevant legislation that must be considered alongside adult safeguarding includes:

- The Mental Health Act 1983
- The Human Rights Act 1998
- The Mental Capacity Act 2005
- The Equality Act 2010

3.3 The aims of this safeguarding policy are to ensure that we:

- Identify risk factors and potential harm early
- Prevent harm and reduce the risk of neglect and abuse
- Take appropriate action to stop neglect or abuse when it is identified.

3.4 In order to achieve these aims, disAbility Cornwall & IoS takes active responsibility for the following:

- Ensuring all staff, volunteers and trustees are clear about their roles and responsibility
- Working collaboratively with others to share information and provide timely responses to neglect and abuse
- Developing our organisation based on a framework of quality assurance and performance management
- Providing staff and volunteers with appropriate levels of supervision and access to learning opportunities
- Responding robustly to safeguarding concerns
- Ensuring service users are informed of our Safeguarding Adults Policy and procedures as appropriate.

3.5 We will respond robustly, and in accordance with our Customer Care and Complaints Policy, to concerns from service users or members of the public raised about unacceptable and/or abusive behaviour towards adults by any disAbility Cornwall & IoS staff and volunteers.

3.6 The Care Act definition of who this policy applies to is given below.

The safeguarding duties apply to an adult who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs);
- Is experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

The adult experiencing, or at risk of abuse or neglect will be referred to as 'the adult' throughout this policy.

- 3.7 This policy relates to people of 18 years of age or over and young people in transition from children's to adults services. 'Young People in transition' refers to young people with complex needs in transition between children's and adults social services including care leavers. The safeguarding of children is addressed separately in our Safeguarding Children Policy.

4 Categories of abuse and possible indicators

We will not limit our view of what constitutes neglect or abuse, as they can take many forms and the circumstances of the individual case should always be considered. Exploitation of the adult by an individual with undue influence should always be considered. The agreed categories are set out below. The possible indicators are a few examples only, and should by no means be considered an exhausted list.

- 4.1 **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Warning signs

- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and "on alert," as if waiting for something bad to happen.
- Injuries appear to have a pattern such as marks from a hand or belt.
- Shies away from touch, flinches at sudden movements, or seems afraid to go home.
- Wears inappropriate clothing to cover up injuries, such as long-sleeved shirts on hot days.

- 4.2 **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse, controlling and coercive behaviour, and 'honour-based' violence.

Possible indicators – see possible indicators for physical abuse, sexual abuse, financial abuse and psychological abuse.

- 4.3 **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was coerced.

Possible indicators – not wanting to be touched, changes in appearance, genital itching, soreness or having a sexually transmitted disease, behaving in a sexually inappropriate way.

- 4.4 **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Possible indicators – being withdrawn, showing compulsive behaviour, not being able to concentrate or focus, being too eager to do everything they are asked, not being able to do things they used to.

- 4.5 **Financial or material abuse** – including coercion to take extortionate loans and threats to recover debt, theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Possible indicators – having unusual difficulty with finances, being overly protective of money and possessions, not paying bills, not having normal home comforts.

- 4.6 **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Possible indicators – victims may show signs of physical or psychological abuse, be isolated, kept in poor living conditions, have few personal possessions and identification documents, have restricted freedom of movement, or travel at unusual times.

- 4.7 **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Possible indicators – being made to dress differently from how they wish, not receiving the care they require, their carer being overly critical or making insulting remarks about the adult.

4.8 **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Possible indicators – the adult has few personal possessions, they have no care plan, they are often admitted to hospital, there are instances of professionals having treated them badly or unsatisfactorily.

4.9 **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating, failure to follow agreed processes.

Possible indicators – having pain, discomfort, or failing health, being very hungry, thirsty or untidy, poor or improper hygiene, lack of appropriate supervision and care.

- 4.10 **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding that causes a risk of harm.

Any or all of these categories of abuse may occur as the result of deliberate intent, negligence or ignorance. Incidents of abuse may be multiple, either to one adult in a continuing relationship or service context, or to more than one adult at a time.

5 Criminal behaviour

- 5.1 Everyone is entitled to the protection of the law and access to justice. Conduct that amounts to neglect and abuse such as physical or sexual assault or rape, psychological abuse or hate crime, wilful neglect, unlawful imprisonment, theft and fraud and some forms of discrimination can constitute specific criminal offences under various legislation.
- 5.2 If we suspect that an adult has been the victim of criminal behaviour or is at risk we will inform the Police immediately on 999.

6 Domestic abuse

- 6.1 In 2013, the Home Office announced changes to the definition of domestic abuse:
- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member regardless of gender or sexuality.
 - Includes: psychological, physical, sexual, financial, emotional abuse; so called ‘honour- based’ violence; female genital mutilation; forced marriage.
 - Age range extended down to 16.

- 6.2 Domestic abuse is not only about the behaviour of intimate partners, but includes that of other family members. A significant level of the known risk that meets the criteria set out in Section 4: Categories of abuse, occurs at home as the result of family members. Domestic abuse, therefore, should be considered under this safeguarding policy.

7 Carers and safeguarding

- 7.1 We will also consider carers under this safeguarding policy. Circumstances in which a carer such as a family member or friend with a carer role could be involved in a situation that may require a safeguarding response include:
- A carer may witness or speak up about abuse or neglect;
 - A carer may experience intentional or unintentional harm from the adult they are trying to support or from professionals and organisations they are in contact with; or
 - A carer may unintentionally or intentionally neglect or abuse the adult they support on their own or with others.

8 Who commits neglect and abuse?

- 8.1 Neglect and abuse can be caused by individuals, settings, organisations or systems. Individuals include intimate partners, family and friends, neighbours, volunteers and professionals known to the adult. Neglect and abuse can be unintentional by omission, through ignorance, or deliberate and vindictive. Regardless of the motivation or lack thereof, the level and nature of harm can be the same.

9 In what circumstances can abuse occur?

- 9.1 Neglect and abuse can take place in any context, within the adult's home, the family home, a care or educational setting or community.

10 Confidentiality and information sharing

- 10.1 This policy sets out expectations for achieving the right balance between information sharing between professionals/agencies and the duty to maintain the confidentiality of personal and sensitive information.
- 10.2 Adult safeguarding enquiries, assessments and plans are only effective if practitioners and managers are enabled to share and exchange relevant information. An adult's information must be treated as confidential at all times and staff and volunteers are bound by disAbility Cornwall & IoS's Data Protection Policy.

- 10.3 Barriers to sharing information that is necessary to understand the nature and level of risk, and then to take appropriate action can be overcome by obtaining the adult's informed consent to share their information. Personal and sensitive information can only be shared without the adult's informed consent in particular circumstances such as when a failure to share information may expose the adult or others to significant risk of serious harm or criminal offence.
- 10.4 When the Adult has the mental capacity to make informed decisions about their wellbeing and safety but does not agree to any action to protect them, this does not of itself preclude the sharing of information with relevant professional colleagues. The 'need to know' test should be applied and recorded. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options.
- 10.5 Those providing information under this policy must take care to distinguish between fact, observation, allegation and opinion. It is essential that, should any shared information be challenged under the Data Protection Act or the Human Rights Act, the information can be supported by a sound rationale for sharing the information and evidence to support the statements.
- 10.6 Any information shared, either with or without consent must be adequate, relevant and proportionate in relation to the purpose for which it is held. It must be held in secure records and for no longer than is necessary for that purpose.
- 10.7 We will uphold the principles set out in the Caldicott Review (2013):
- Information will only be shared on a 'need to know' basis when it is in the interest of the adult;
 - Confidentiality must not be confused with secrecy;
 - Informed consent should be obtained but, if this is not possible and other adults are at risk of neglect or abuse, it may be necessary to override the requirement; and
 - It is inappropriate for staff and volunteers to give assurances of absolute confidentiality in cases where there are concerns about neglect or abuse, particularly in those situations when other people may be at risk.

10.8 Standards of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect staff/volunteers or the interests of disAbility Cornwall & IoS. Whilst this is a legitimate organisational interest, it must not be allowed to override the interests or welfare of the adult. If it appears to an employee or volunteer that such confidentiality rules may be operating against the interests of the adult then a duty arises to escalate those concerns to the appropriate authority.

11 Duty to supply information to the Safeguarding Adults Board

11.1 The Safeguarding Adults Board (SAB) may request disAbility Cornwall & IoS to supply information to it or to another person. The person who receives the request must provide the information to the SAB provided:

- The request is made in order to enable or assist the SAB to do its job;
- The request is made of a person who is likely to have relevant information and then either:
 - i. The information requested relates to the person to whom the request is made and their functions or activities or;
 - ii. The information requested has already been supplied to another person subject to a SAB request for information.

12 Making a barring referral to the DBS

As a regulated activity provider, disAbility Cornwall & IoS has a legal duty to refer to the DBS where certain conditions are met. These are:

1. We withdraw permission for an employee/volunteer to engage in regulated activity with children and/or vulnerable adults, or move them to another area of work that isn't regulated activity.
2. We think the person has carried out one of the following:
 - a. Engaged in relevant conduct in relation to children and/or adults, an action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
 - b. Satisfied the harm test in relation to children and / or vulnerable adults. E.g. there has been no relevant conduct but a risk of harm to a child or vulnerable still exists. Or
 - c. Been cautioned or convicted of a relevant offence (automatic barring either with or without the right to make representations).

The DMS, in consultation with the Chief Executive, will consider whether a referral needs to be made to the DBS, and will take advice from other professionals as necessary. In these cases we will refer to the government's guidance:

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

13 Recording information

- 13.1 We are committed to keeping clear, accurate and up-to-date records of all contacts and actions relating to cases of alleged neglect and abuse. The records may need to be used to hold us to account for decisions and actions. It is essential that the record includes the views and wishes of the adult or their advocate and how these have been taken into account in decision making and planning.
- 13.2 It is important that records do not breach the adult's individual legal rights, including their right for full disclosure under a Subject Access Request.
- 13.3 We are committed to collecting, monitoring and reporting data to enable the SAB to undertake its duty to check and challenge the performance of agencies in adult safeguarding.

14 Roles and responsibilities

Staff and Volunteers

- 14.1 Anyone can see neglect or abuse taking place, be told about potential neglect or abuse and suspect this is happening to an adult. In these circumstances there is an expectation that the person raises a safeguarding alert.
- 14.2 If the adult is in immediate danger, the person identifying the abuse must take immediate protective action, for example by telephoning an ambulance or the police.
- 14.3 Staff and volunteers should never assume that someone else will recognise and report the possible abuse.
- 14.4 Staff and volunteers must inform the Designated Safeguarding Manager (DSM) of any concerns as soon as possible and make a record of what they have been told and/or witnessed and any actions taken (using Appendix 2 – disAbility Cornwall Safeguarding Concern / Alert form).
- 14.5 In accordance with our Whistleblowing Policy, staff and volunteers with concerns regarding the conduct of other staff or volunteers relating to the safeguarding of adults must report their concerns to the DSM, Chief Executive, or if neither are appropriate, or available, the Chair.

disAbility Cornwall & IoS will treat allegations and concerns with confidentiality (unless doing so will cause significant risk to others), endeavour to protect staff or volunteers from victimisation or harassment in accordance with the safeguards contained in the Public Interest Disclosure Act, take allegations seriously, investigate them without delay and keep the employee or volunteer informed of any action taken and its outcome.

14.6 If staff or volunteers feel that the DSM, Chief Executive and Chair are not taking their concerns seriously, or may be involved in the abuse (as an abuser or the abused), they should contact the Access Team of the Safeguarding Adults Unit directly (see Section 14: Contacts).

Designated Safeguarding Manager (DSM), Theresa Court

14.7 The DSM is responsible for the management and oversight of safeguarding adults and is the first point of contact for staff and volunteers raising a non-immediate safeguarding concern.

14.8 The DSM will:

- Make an assessment of the concern, record information provided, decisions made and actions taken, including rationale.
- Seek consent to share information where appropriate.

14.9 Following an assessment of concern, depending on the decision made the DSM will follow the steps shown in Appendix 1, which may include making a referral to the Access Team, cooperating with the Safeguarding Adults Board (SAB), and making a barring referral to the DBS.

14.10 The DSM is responsible for coordination where allegations are made or concerns raised about the conduct of an employee or volunteer of disAbility Cornwall & IoS.

14.11 Where appropriate, the DSM will keep in regular contact with their counterparts in partner organisations. They will also have a role in highlighting the extent to which their own organisation prevents neglect or abuse taking place.

14.12 The DSM provides advice and guidance within disAbility Cornwall & IoS, liaising with other agencies as necessary. The DSM should monitor the progress of cases in which disAbility Cornwall & IoS have any involvement to ensure that they are dealt with as quickly as possible, consistent and with a thorough and fair process.

14.13 The DSM will ensure that relevant information relating to safeguarding concerns, incidents and referrals are stored securely and in accordance with our File Retention and Destruction Policy. In particular, as per the terms of our insurance policy, full records will be kept for six years and reference numbers will be kept for 25 years.

Chief Executive, Jane Johnson:

14.14 The Chief Executive has overall responsibility for ensuring all staff and volunteers are made aware of this policy during induction and comply with it.

- 14.15 The Chief Executive will take on the responsibilities of the DSM if the DSM is not available.
- 14.16 The Chief Executive will raise awareness within disAbility Cornwall & IoS and the community of the neglect and abuse of adults, giving clear messages that adult safeguarding is everyone's responsibility.
- 14.17 The Chief Executive is responsible for implementing appropriate standards in the supervision and support of frontline staff and volunteers working with adults.
- 14.18 The Chief Executive will sign off the final decision regarding safeguarding referrals.
- 14.19 The Chief Executive will review this policy annually (or sooner when there are changes to legislation, guidance or the nature of our work) to ensure it is compliant with relevant laws and fit for purpose.
- 14.20 The Chief Executive will ensure that all staff and volunteers, regardless of their role, are selected under best practice recruitment, selection and vetting procedures in accordance with our Recruitment and Selection Policy, and are subject to a six month probationary period, in accordance with our Probationary Policy.
- 14.21 The Chief Executive will instruct the Executive Assistant to ensure that all staff and volunteers whose role involves having regular contact with service users, whether face-to-face, over the telephone or via email:
- Are subject to a DBS check (either enhanced, standard or basic, depending on the role);
 - Attend mandatory safeguarding adults training at induction, in accordance with our Induction Policy; and
 - Regularly attend external safeguarding adults training.

Note that in the case of trustees, because of their position within the charity, disAbility Cornwall & IoS takes the view that whenever there is a legal entitlement to obtain a DBS check in respect of such a trustee, a check will be carried out. This goes beyond the circumstances where the trustee comes into regular contact with service users.

Board of Trustees

14.22 Trustees will review, approve and endorse this policy annually (or sooner where there are changes to legislation, guidance or the nature of our work) to ensure it is compliant with relevant laws and fit for purpose.

15 Contacts

15.1 Adult Care Triage Team, Multi-Agency Referral Team Unit (MARU)

Tel: 0300 1231116

Email: MultiAgencyReferralUnit@cornwall.gcsx.gov.uk

15.2 Emergency Services

Tel: 999

15.3 Designated Safeguarding Manager

Theresa Court (Advice Services Manager)

Email: theresa@disabilitycornwall.org.uk

15.4 Chief Executive

Jane Johnson

Email: jane@disabilitycornwall.org.uk

15.5 Chair

Steve Paget

Email: steve@disabilitycornwall.org.uk

15.6 Adult Access Team

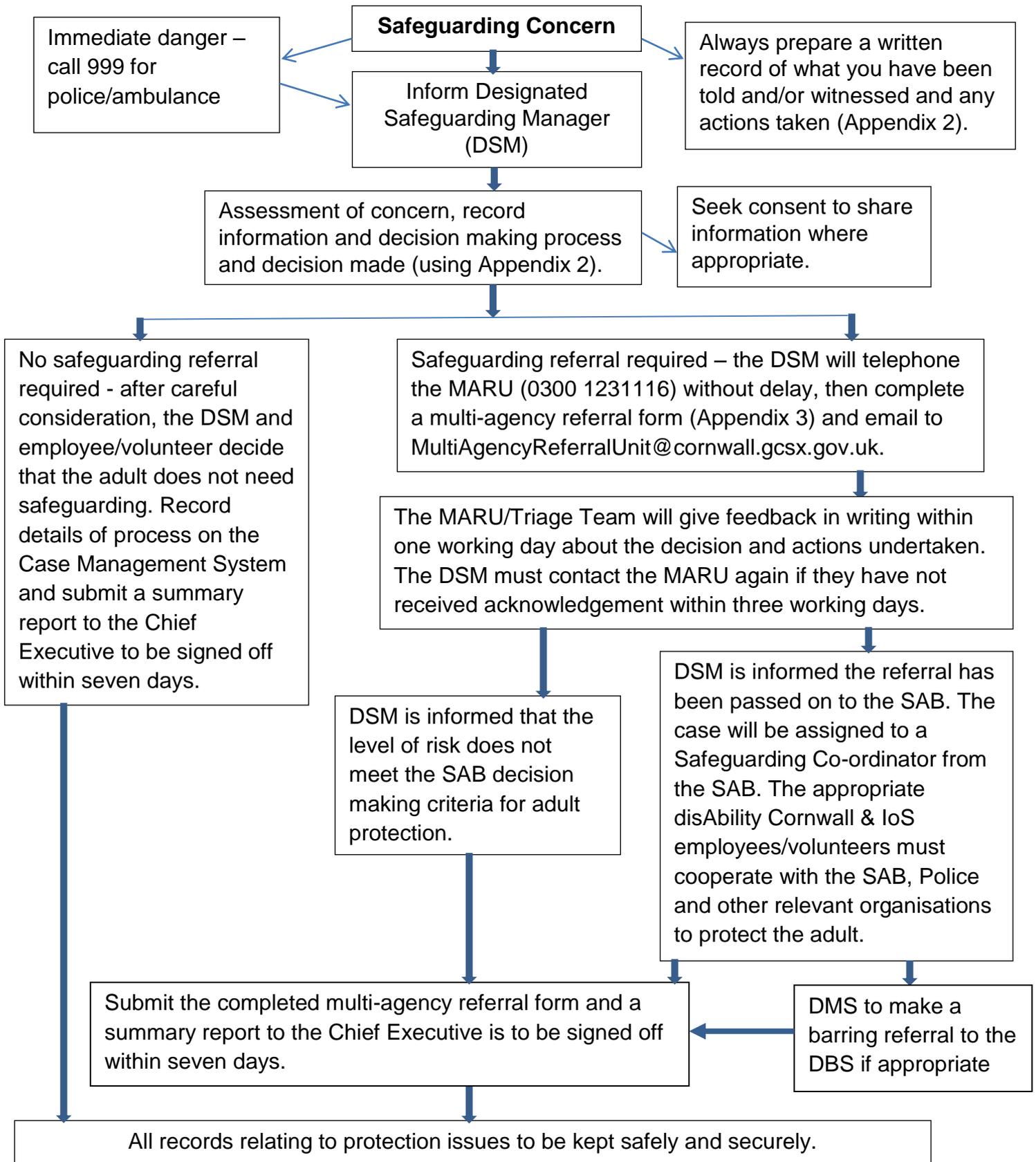
Tel: 0300 1234 131, Email: accessteam.referral@cornwall.gov.uk

If your concern is about an adult where there is no evidence of any abuse or neglect but where you think the person may need a service from Adult Social Care then you should contact the Adult Care Access Team, below.

16 Document control

Signed by Chief Executive	
Date of review conducted	10 July 2018
Date of next formal review	July 2019
Responsibility for reviewing and updating	Chief Executive, Advice Services Manager

Appendix 1 - Safeguarding Adults Process



Appendix 2

disAbility Cornwall Safeguarding Concern / Alert Form:

Name:		DOB:
Address:		Next of Kin:
Tel No:	Mobile No:	Email:
Background:		
Is the client aware of this alert:		
Member of Staff:	Signature:	Date:
Other Services Involved:		Contact Details:
GP:		
Police:		
Adult Social Care:		
Children's Services:		
Care Home:		
Decision:		

Action Taken:	Yes:	No:	Contact/Details:
Police Alert			
Safeguarding Alert			
No Action Taken			
Referral Made			
Member of Staff:	Signature:		Date:
Further Information:			
Chief Executive	Signature:		Date:

Appendix 3



CORNWALL AND ISLES OF SCILLY SAFEGUARDING ADULTS BOARD

INTERAGENCY ADULT SAFEGUARDING REFERRAL FORM

Please consult with your professional safeguarding lead and refer to the SAB Decision Making Standards before sending in an Inter-Agency Adult Safeguarding Referral Form. Please refer to the SAB Guidance Notes when completing this form.

Personal Details of Person about Whom Concern is Raised			
Agency Ref. No.:			
NHS Number:			
Surname:		Forename(s):	
Preferred Name:		Date of Birth or Age:	

Permanent Address:		Postcode:	
Telephone No (Inc dial code):		Mobile No:	

Current Address (If Different):		Postcode:	
Telephone No (Inc dial code):			

Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="checkbox"/>
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Indeterminate		If Other, <i>detail</i>					

Health Conditions:
<input type="checkbox"/> Long-Term Condition - Physical - Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Long-Term Condition - Physical - Cancer <input type="checkbox"/> Long-Term Condition - Physical - Acquired Physical Injury <input type="checkbox"/> Long-Term Condition - Physical - HIV / AIDS <input type="checkbox"/> Long-Term Condition - Physical - Other <input type="checkbox"/> Long-Term Condition - Neurological - Stroke

- Long-Term Condition - Neurological - Parkinsons
- Long-Term Condition - Neurological - Motor Neurone Disease
- Long-Term Condition - Neurological - Acquired Brain Injury
- Long-Term Condition - Neurological - Other
- Sensory Impairment - Visual
- Sensory Impairment - Hearing
- Sensory Impairment - Other
- Learning/Development - Learning Disability
- Learning/Development - Autism
- Learning/Development - Asperger Syndrome / High Functioning Autism
- Mental Health – Dementia
- Mental Health - Other
- No Relevant Long-Term Reported Health Conditions

Ethnicity:	Sub-Ethnicity:
<input type="checkbox"/> White	<input type="checkbox"/> Cornish <input type="checkbox"/> Scottish <input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Northern Irish <input type="checkbox"/> Other British <input type="checkbox"/> Other Any other white background, please write below
<input type="checkbox"/> Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Mixed Cornish Any other mixed background, please write below

<input type="checkbox"/> Asian	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Cornish Any other Asian background, please write below
<input type="checkbox"/> Black	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Black Cornish Any other Black background, please write below
<input type="checkbox"/> Other	<input type="checkbox"/> Cornish Gypsy / Roma <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Gypsy / Roma

Religion or Belief:	
First language:	
Interpreter/signer required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
Any other special / cultural needs:	

Does the person have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Support Reason:	
<input type="checkbox"/> Learning Disability Support	<input type="checkbox"/> Mental Health Support
<input type="checkbox"/> Physical Support	<input type="checkbox"/> Sensory Support
<input type="checkbox"/> Social Support	<input type="checkbox"/> Support with Memory and Cognition

GP Name:		GP Practice:	
GP Tel No:		GP Email:	

Source of Concern	
Details of the person raising this Concern	
Name:	
Role:	
Agency:	
Address:	
Tel No (inc. Bleep):	
Alternative Tel No:	
Email address:	
When can you be contacted:	
Relationship to subject of this Concern:	
Can your details be shared with third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please supply reasons:	
Has the person been transferred from another local authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
If Yes, which local authority:	

Details of Concern	
Has a Concern been made in the last year as a victim of abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

There is an expectation that you tell the person that you are making a referral and that they have given informed consent. Any exception to this policy must be agreed by your manager and recorded.

Is the person aware of this Concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If No, please supply reasons:	
Does the person consent to the Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please supply reasons:	
Does the person know the reason their information is being shared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please supply reasons:	

Significant others/other family members/carers						
Surname	Forenames	M/F	AKA	Address/Tel No.	Date of Birth	Relationship of Person

Agencies/Professionals known to be involved		
Name:		
Agency:		Tel No (inc. code):
Name:		
Agency:		Tel No (inc. code):
Name:		
Agency:		Tel No (inc. code):
Name:		
Agency:		Tel No (inc. code):
Has consent been given for the Multi Agency Referral Unit to contact the named agencies?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, give reasons:		

What is your involvement with the person (include how long you have known the person, in what capacity and what work you have been doing to support them):

Nature of current risk of harm (you can tick more than one):	
<input type="checkbox"/> Discriminatory	<input type="checkbox"/> Domestic Abuse
<input type="checkbox"/> Financial and Material	<input type="checkbox"/> Modern Slavery
<input type="checkbox"/> Neglect and Omission	<input type="checkbox"/> Organisational
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological / Emotional
<input type="checkbox"/> Self-Neglect	<input type="checkbox"/> Sexual

Give specific evidence for the Contact (include strengths and difficulties and any specific incidents that have prompted your concern):

--

Who do you think the alleged perpetrator is?	
Name:	
Date of birth:	
Address:	
Are they a member of staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of their Organisation:	
Role in their Organisation:	
Telephone No (inc dial code):	
Relationship to the person:	
Do they live with the person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the alleged perpetrator the main carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the alleged perpetrator aware that a Concern has been raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
Does the alleged perpetrator have access and do they pose a risk to children or other adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What do you see as the specific risks? What do you think needs to happen and who should be involved? (indicate what needs and risks are most concerning you):
--

Do you have any reason to doubt the person's capacity to agree to this Concern being raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details:	

Can the person protect themselves from risk or experience of abuse or neglect?

What are the views and desired outcomes of the person you are concerned about?

What do they want to happen next?
--

What do you want to happen next (be specific about focus for any enquiry and who you think should contribute to that enquiry)?

Signature of Contact:		Date:	
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NOTE: You should be informed about the outcome of your Contact within 2 working days. However, if you have not heard from the Adult safeguarding Team about the outcome of your Contact within this timescale, there is an expectation that you will follow it up.

To contact the Adult Safeguarding Team during office hours phone 01872 326433 and out of hours 01208 251300.

The Interagency Adult Safeguarding Referral Form should be emailed to:

Adult Safeguarding Team

East Wing

1st Floor

New County Hall

Truro

TR1 3AY

Secure Email AdultSafeguardingReferrals@cornwall.gcsx.gov.uk

Standard Email accessteam.referral@cornwall.gov.uk