



Safeguarding adults policy and procedure

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1. Policy

1.1 This policy will enable Action East Devon to demonstrate its commitment to keeping safe the adults whom it works alongside. Action East Devon acknowledges its duty to act appropriately to any allegations, reports or suspicions of abuse in accordance with the Care Act 2014

It is important to have a policy and procedures in place so that staff, volunteers, service users and carers, and the Board of Trustees can work to prevent abuse and know what to do in the event of abuse.

This Policy Statement and Procedures have been drawn up in order to enable Action East Devon to:

- promote good practice and work in a way that can prevent harm, abuse and coercion occurring.
- to ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing abuse is supported.
- to ensure that individuals in receipt of allegations or disclosures of abuse are supported.

The policy applies to all staff, including senior managers, trustees, paid staff, volunteers, sessional workers, agency staff, students and anyone else working on behalf of Action East Devon.

It is acknowledged that significant numbers of adults are abused, and it is important that Action East Devon has a Safeguarding Adults Policy, a set of procedures to follow and puts in place preventative measures to try and reduce those numbers.

1.2 Action East Devon

In order to implement the policy Action East Devon will work:

- to promote the freedom and dignity of the person who has or is experiencing abuse.
- to promote the rights of all people to live free from abuse and coercion.
- to ensure the safety and well being of people who do not have the capacity to decide how they want to respond to abuse that they are experiencing.
- to manage services in a way which promotes safety and prevents abuse.
- recruit staff and volunteers safely, ensuring all necessary checks are made.

- provide effective management for staff and volunteers through supervision, support and training.
- will ensure that all trustees, staff, volunteers, service users, and carers/families are familiar with this policy and procedures.
- will work with other agencies within the framework of the Devon Safeguarding Adults Board Policy and Procedures.
- will act within it's confidentiality policy and will usually gain permission from service users before sharing information about them with another agency.
- will pass information to the Care Direct team when more than one person is at risk. For example, if the concern relates to a worker, volunteer or organisation who provides a service to vulnerable adults or children.
- will inform service users that where a person is in danger, a child is at risk, or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent.
- will make a referral to the Care Direct team as appropriate.
- will keep up to date with national developments relating to preventing abuse and welfare of adults.
- Will ensure that the Designated Named Person understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies (Police/Devon Safeguarding Adults Board).
- will ensure that service users have access to this policy and understand how to raise concerns or make a disclosure
- will ensure that all staff are trained in safeguarding and the implementation of this policy

1.3 Safeguarding Lead

The designated people for safeguarding adults in Action East Devon are:

Ben Feasey - Safeguarding lead and CEO

Telephone: 01404 549045

Email ben.feasey@actioneastdevon.org.uk

Chris Botham – safeguarding lead for trustees

Telephone: 01404 549045

Email: chris.botham@actioneastdevon.org.uk

They should be contacted for support and advice on implementing this policy and procedures.

This policy should be read in conjunction with the Devon Safeguarding Adults Board (DSAB) Multi-Agency Policy documents which are available at: <https://new.devon.gov.uk/devonsafeguardingadultsboard/policy>

Copies of this policy and related procedures and forms are kept on the Action East Devon server on the z drive.

2. Procedures

2.1 Introduction

These procedures have been designed to ensure the welfare and protection of any adult who accesses services provided by Action East Devon. As a service we recognize that all adults, regardless of age, ability or disability, gender, race, religion, ethnic origin, sexual orientation, marital or gender status have the right to be protected from abuse and poor practice.

The procedures recognize that adult abuse can be a difficult subject for workers to deal with. The organization commits to ensuring that the rights, dignity and worth of all adults are respected

Action East Devon is committed to the belief that the protection of adults from harm and abuse is everybody's responsibility, and the aim of these procedures is to ensure that all managers, trustees, staff and volunteers act appropriately in response to any concern around adult abuse.

All allegations will be taken seriously and responded to quickly in line with Action East Devon's Safeguarding Adults Policy and Procedures.

Action East Devon recognises the role and responsibilities of the statutory agencies in safeguarding adults and is committed to complying with the procedures of Devon Safeguarding Adults Boards.

2.2 The six principles of adult safeguarding

The Care Act 2014 sets out the following principles that should underpin safeguarding of adults

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.

“I am asked what I want as the outcomes from the safeguarding process, and these directly inform what happens.”

- **Prevention** – It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”

- **Proportionality** – The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interest, as I see them, and they will only get involved as much as needed.”

- **Protection** – Support and representation for those in greatest need.

“I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”

- **Accountability** – Accountability and transparency in delivering safeguarding.

“I understand the role of everyone involved in my life and so do they.”

2.3 Making Safeguarding personal

‘Making safeguarding personal’ means that adult safeguarding should be person led and outcome focused. It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

Wherever possible discuss safeguarding concerns with the adult to get their view of what they would like to happen and keep them involved in the safeguarding process, seeking their consent to share information outside of the organization where necessary.

3 Legislation

The practices and procedures within this policy are based on the principles contained within the UK legislation and Government Guidance and have been developed to complement the Safeguarding Adults Boards policy and procedures. They take the following into consideration:

- The Care Act 2014
- The Protection of Freedoms Act 2012
- Domestic Violence, Crime and Victims (Amendment) Act 2012
- The Equality Act 2010
- The Safeguarding Vulnerable Groups Act 2006
- Mental Capacity Act 2005
- Sexual Offences Act 2003
- The Human Rights Act 1998
- The Data Protection Act 1998

4 Preventing abuse

4.1 Action East Devon is committed to putting in place safeguards and measures to reduce the likelihood of abuse taking place within the services it offers.

Therefore this policy needs to be read in conjunction with the following policies:

- Equality and Diversity
- Volunteers
- Complaints
- Whistle Blowing
- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Organisational safeguarding concern

4.2 safer recruitment

Action East Devon is committed to safer recruitment policies and practices for paid staff, trustees and volunteers. This includes DBS disclosures for staff and volunteers, ensuring two references are taken up and training on Safeguarding Adults is provided for staff and volunteers.

Members of the Board of Trustees will be required to provide two references and have a DBS disclosure.

The organisation will work within the current legal framework for reporting staff or volunteers that are abusers.

Information will be available about abuse and the Complaints Policy and Safeguarding Adults Policy will be available to service users and their carers/families.

5 Definitions

Adult is anyone aged 18 or over.

Adult at Risk is a person aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs).
and.
- Is experiencing, or is 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.

Adult in need of care and support is determined by a range of factors including personal characteristics, factors associated with their situation or environment and social factors.

Naturally, a person's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need of care and support experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

In recent years there has been a marked shift away from using the term 'vulnerable' to describe adults potentially at risk from harm or abuse.

Abuse is a violation of an individual's human and civil rights by another person or persons.

Adult safeguarding is protecting a person's right to live in safety, free from abuse and neglect.

Capacity refers to the ability to make a decision at a particular time, for example when under considerable stress. The starting assumption must always be that a person has the capacity to make a decision unless it can be established that they lack capacity (MCA 2005).

6. Types of Abuse and Neglect

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behavior which could give rise to a safeguarding concern.

6.1 Self-neglect

this covers a wide range of behavior: neglecting to care for one's personal hygiene, health or surroundings and includes behavior such as hoarding.

6.2 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

6.3 Domestic Abuse and coercive control – including psychological, physical, sexual, financial and emotional abuse. It also includes so called 'honour' based violence. It can occur between any family members.

6.4 Discrimination-

discrimination is abuse which centres on a difference or perceived difference particularly with respect to race, gender or disability or any of the protected characteristics of the Equality Act.

6.5 Organizational Abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organization.

6.6 Physical Abuse-

including hitting, slapping, pushing, kicking, and misuse of medication restraint or inappropriate sanctions.

6.7 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, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

6.8 Financial or Material Abuse – including 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.

6.9 Neglect –

including ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

6.10 Emotional or Psychological Abuse –

this includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Not included in the Care Act 2014 but also relevant:

6.11 Cyber Bullying –

cyber bullying occurs when someone repeatedly makes fun of another person online or repeatedly picks on another person through emails or text messages, or uses online forums with the intention of harming, damaging, humiliating or isolating another person.

6.12 Forced Marriage – forced marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of a third party in identifying a spouse. The Anti-social Behaviour, Crime and Policing Act 2014 make it a criminal offence to force someone to marry. The forced marriage of adults with learning disabilities occurs when the adult does not have the capacity to consent to the marriage.

6.13 Mate Crime – a ‘mate crime’ as defined by the Safety Net Project is ‘when vulnerable people are befriended by members of the community who go on to exploit and take advantage of them. It may not be an illegal act but still has a negative effect on the individual.’ Mate Crime is carried out by someone the adult knows and often happens in private. In recent years there have been a number of Serious Case Reviews relating to people with a learning disability who were murdered or seriously harmed by people who purported to be their friend.

6.14 Radicalization – the aim of radicalisation is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause. This may be direct through a relationship, or through social media.

7. Signs and indicators of abuse and neglect

Action East Devon is committed to ensuring that all staff, trustees and volunteers undertake training to gain a basic awareness of signs and symptoms of abuse. Action East Devon will ensure that the Designated Named Person and other members of staff, trustees and volunteers have access to training around Safeguarding Adults.

Abuse may be carried out deliberately or unknowingly. Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds and walks of life. They may be doctors, nurses, social workers, advocates, staff members, volunteers or others in a position of trust. They may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

There are many signs and indicators that may suggest someone is being abused or neglected, these include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions.
- Someone losing or gaining weight / an unkempt appearance.
- A change in the behaviour or confidence of a person. For example, a participant may be looking quiet and withdrawn when their brother comes to collect them from sessions, in contrast to their personal assistant whom they greet with a smile.
- They may self-harm.
- They may have a fear of a particular group or individual.
- They may tell you / another person they are being abused – i.e., a disclosure.

8. Designated Named Person for safeguarding adults

8.1 Action East Devon has an appointed an individual who is responsible for dealing with any Safeguarding Adults concerns. In their absence, deputies will be available for workers to consult with. The Designated Named Persons for Safeguarding Adults within Action East Devon are:

Designated Named Person:

Ben Feasey, safeguarding lead and CEO

Telephone: 01404 549045

Deputies:

Chris Botham, Safeguarding lead for trustees

Telephone: 01404 549045

Should any of these named people be unavailable then trustees, staff or volunteers should contact Care Direct directly. See below for contact details.

8.2 The roles and responsibilities of the named persons are:

- to ensure that all staff including volunteers and trustees are aware of what they should do and who they should go to if they have concerns that an adult may be experiencing or has experienced abuse or neglect.
- to ensure that concerns are acted on, clearly recorded and referred to an Adult Social Care Direct team or to the allocated social worker/care manager where necessary.
- to follow up any referrals and ensure the issues have been addressed.

- consider any recommendations from the Safeguarding Adults process.
- to reinforce the utmost, need for confidentiality and to ensure that staff and volunteers are adhering to good practice with regard to confidentiality and security. This is because it is around the time that a person starts to challenge abuse that the risks of increasing intensity of abuse are greatest.
- to ensure that staff and volunteers working directly with service users who have experienced abuse, or who are experiencing abuse, are well supported and receive appropriate supervision.
- If appropriate, staff or volunteers will be given support and afforded protection, if necessary, under the Public Interest Disclosure Act 1998; they will be dealt with in a fair and equitable manner and they will be kept informed of any action that has been taken and its outcome.

9. Responding to people who have experienced or are experiencing abuse

Respond:

Action East Devon recognises that it has a duty to act on reports, or suspicions of abuse or neglect. It also acknowledges that taking action in cases of adult abuse is never easy.

React:

Your first duty is to assess if the individual is at immediate risk of harm. If they are injured or at risk of immediate harm phone 999 and request the relevant service.

You also have a duty to maintain your own safety.

When an adult presents a disclosure or allegation

- Reassure the person concerned
- Remain calm and do not show shock or disbelief

Record:

- Make a note of what the person has said using his or her own words as soon as practicable. Complete an Incident Form and submit to your project manager or the Safeguarding lead.
- Remember to make safeguarding personal. Discuss your safeguarding concerns with the adult, obtain their view of what they would like to happen, but inform them it's your duty to pass on your concerns to your project manager and safeguarding lead.
- Describe the circumstances in which the disclosure came about.

- Take care to distinguish between fact, observation, allegation and opinion. It is important that the information you have is accurate.

Report:

- Be mindful of the need to be confidential at all times, this information must only be shared with your Safeguarding lead and project manager others on a need to know basis.

If you witness abuse or abuse has just taken place the priorities will be:

- To call an ambulance if required
- To call the police if a crime has been committed
- To preserve evidence
- To keep yourself, staff, volunteers and service users safe
- To inform the project lead and Designated Named Person in your organisation
- To record what happened in the Adult Safeguarding log kept by the Chief Executive Officer.

All situations of abuse or alleged abuse will be discussed with the Designated Named Person or their deputy. If a trustee, staff member or volunteer feels unable to raise this concern with the Designated Named Person or their deputy then concerns can be raised directly with Care Direct. The alleged victim will be told that this will happen.

10. Consent and Information Sharing

Workers and volunteers within Action East Devon should always share safeguarding concerns in line with their project manager and safeguarding lead in the first instance, except in emergency situations. As long as it does not increase the risk to the individual, the worker or volunteer should explain to them that it is their duty to share their concern with their safeguarding lead and project manager.

The safeguarding lead will then consider the situation and plan the actions that need to be taken, in conjunction with the adult at risk.

To make an adult safeguarding referral you need to call Devon safeguarding adult's team. A conversation can be had with the safeguarding adults team without disclosing the identity of the person in the first instance. If it is thought that a referral needs to be made to the safeguarding adults team, consent should be sought where possible from the adult at risk.

Individuals may not give their consent to the sharing of safeguarding information with the safeguarding adult's team for a number of reasons. Reassurance, appropriate support and revisiting the issues at another time may help to change their view on whether it is best to share information.

If they still do not consent, then their wishes should usually be respected. However, there are circumstances where information can be shared without consent such as when the adult does not have the capacity to consent, it is in the public interest because it may affect other people, or a serious crime has been committed. This should always be discussed with the safeguarding lead and the Devon safeguarding adults team (Care Direct).

If someone does not want you to share information outside of the organization or you do not have consent to share the information, ask yourself the following questions:

- Is the adult placing themselves at further risk of harm?
- Is someone else likely to get hurt?
- Has a criminal offence occurred? This includes theft or burglary of items, physical abuse, sexual abuse, financial abuse or harassment.
- Is there suspicion that a crime has occurred?

If the answer to any of the questions above is 'yes' - then you can share without consent and need to share the information.

Care Direct

Phone: 0345 1551 007

Email: csc.caredirect@devon.gov.uk

Care Direct is open to take calls between 8.00am and 8.00pm Monday to Friday and from 9.00am to 1.00pm on Saturdays. Outside these hours and on Sundays and Bank Holidays, in emergency only, contact the Emergency Duty Service

Emergency Duty Service

Phone: 0845 6000 388 (low-call rate)

If you are in Torbay call 01803 219 700

The telephone call should be followed up in writing to the Care Direct team using the Safeguarding Adult Referral Form. Copies of the form can be found in the safeguarding file on the Action east Devon z drive.

<https://new.devon.gov.uk/devonsafeguardingadultsboard/reporting-concerns>

A copy of the form must be placed in the Adult Safeguarding log kept by the Safeguarding lead.

11.Capacity – Guidance on Making Decisions

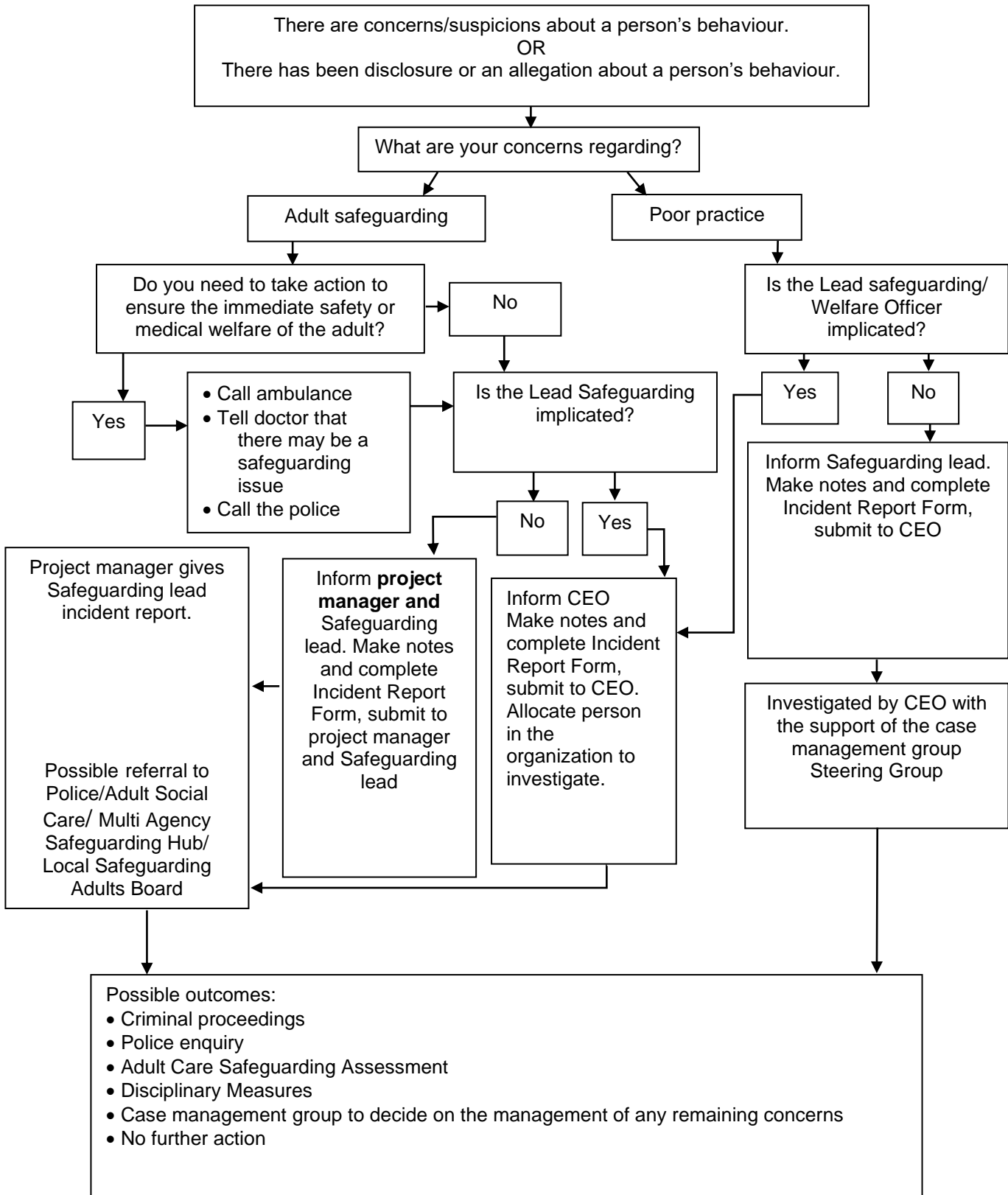
The Mental Capacity Act 2005 (MCA) states that every individual has the right to make their own decisions and provides the framework for this to happen.

To help you to understand the MCA, consider the following five points:

1. Assume that people are able to make decisions, unless it is shown that they are not. If you have concerns about a person's level of understanding, you should check this with them, and if applicable, with the people supporting them.
2. Give people as much support as they need to make decisions. You may be involved in this – you might need to think about the way you communicate or provide information, and you may be asked your opinion.
3. People have the right to make unwise decisions. The important thing is that they understand the implications. If they understand the implications, consider how risks might be minimized.
4. If someone is not able to make a decision, then the person helping them must only make decisions in their "best interests". This means that the decision must be what is best for the person, not for anyone else. If someone was making a decision on your behalf, you would want it to reflect the decision you would make if you were able to.
5. Find the least restrictive way of doing what needs to be done.

12. Safeguarding Adults Flowchart

Dealing with Concerns, Suspicions or Disclosure



Remember to involve the adult at risk throughout the process wherever possible and gain consent for any referrals to social care if the person has capacity

13. What happens next?

You will be asked to provide as much information as possible. The Care Direct Team will then follow the Devon County Council guidance on deciding when and how to carry out a safeguarding adult's enquiry.

A decision on whether a reported concern requires a safeguarding adults enquiry will usually be taken within 2 working days. There are limitations on what personal information can be shared with other people but wherever possible you will be informed of the outcome of reporting your concern as soon as possible. Taking action to protect people at risk will be given the first priority.

The Designated Named Person will have an overview of this process so they can explain it to the person concerned and offer all relevant support to the person and process. This could be practical support e.g., providing a venue, or information and reports and emotional support.

Information should be provided to the individual. This could be about other sources of help or information that could enable them to decide what to do about their experience, enable them to recover from their experience and enable them to seek justice.

14. Managing allegation made against member of staff or volunteer

Action East Devon will ensure that any allegations made against a member of staff/volunteer will be dealt with swiftly.

Where a member of staff/volunteer is thought to have committed a criminal offence the police will be informed. If a crime has been witnessed the police should be contacted immediately.

The safety of the individual(s) concerned is paramount. A risk assessment must be undertaken immediately to assess the level of risk to all service users posed by the alleged perpetrator. This will include whether it is safe for them to continue in their role or any other role within the service whilst the investigation is undertaken.

The Designated Named Person will liaise with Care Direct to discuss the best course of action and to ensure that the Action East Devon's disciplinary procedures are coordinated with any other enquiries taking place as part of the ongoing management of the allegation.

Action East Devon has a whistle blowing policy and staff are aware of this policy. Staff will be supported to use this policy.

15. Disseminating/Reviewing policy and procedures

This Safeguarding Adults Policy and Procedure will be clearly communicated to staff, trustees, volunteers, service users, parents and carers. The Designated Named Person will be responsible for ensuring that this is done.

16. Review

The Safeguarding Adults Policy and Procedures will be reviewed annually by the Board of Trustees. The Designated Named Person for Safeguarding Adults will be involved in this process and can recommend any changes. The safeguarding lead will also ensure that any changes are clearly communicated to staff, trustees and volunteers. It may be appropriate to involve service users in the review and service users and parents/carers need to be informed of any significant changes.

In addition to an annual review of the policy and procedure, the Board of Trustees will have Safeguarding as a standard agenda item at each of their meetings throughout the year.

Date: July 2022

Review Date: July 2023

Signed by Board Member:

Chris Botham



HAPPY HEALTHY COMMUNITIES

ADULT SAFEGUARDING/INCIDENT REPORT FORM

This form will be used by members of staff or volunteers to record disclosures, suspicions of abuse or incidents. This form:

- **MUST be signed off and emailed to the Manager** and forwarded Designated Safeguarding Lead

In case of allegations against staff/ volunteers report **MUST** be made to CEO- Ben Feasey

Designated Safeguarding Lead

Ben Feasey
01404 549045
safeguarding@actioneastdevon.org.uk

Deputy Safeguarding Lead

Chris Botham
01404 549 045

CARE DIRECT

0345 6000 388

MASH

0345 155 1071

LADO

01392 384 964

Details of Adult:

Name _____

Address _____

Phone number _____

Age _____ Date of birth _____

Gender Female Male

Brief details about the adult:

E.g., family circumstances, physical and mental health, any communication difficulties.

Do you have any concerns over adult concerned mental capacity?

Has adult concerned consented to any referral	yes	no
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Please outline any concerns regarding the adult concerned ability to consent to referral/intervention.

Details of another person(s) involved:

Name and contact details of individual(s) involved in the Incident/Near Miss.

Name: _____	Name: _____
Telephone No: _____	Telephone No: _____
E-mail address: _____	E-mail address: _____
Name: _____	Name: _____
Telephone No: _____	Telephone No: _____
E-mail address: _____	E-mail address: _____

Witness Details

Enter witness details: *(Each witness will be required to complete a statement)*

Name of witness	Status		Contact Details
	Employee	3rd Party	

Name of witness	Status		Contact Details
	Employee	3rd Party	

Details of any children involved (please note if children are affected a MASH referral must be made)

Name:	_____
Telephone No:	_____
E-mail address:	_____
Name of parent/carer:	_____
Telephone No:	_____
E-mail address:	_____

Has a referral been made? (e.g., Care direct/MASH)			Yes	No
If yes; to what agency:				
Contact details:				
Contact name	Place of work	Position	Contact phone No/email	
Outcome:				

Summary of Incident/Safeguarding/Disclosure:

Please provide details of the nature of the incident/allegations/suspicions (include if anyone was injured or)
State exactly what you were told/observed and what was said. Use the person's own words as much as possible.

Are you recording: (Please tick one)	
• Disclosure made directly to you by the person at risk?	
• Disclosure or suspicions from a third party?	
• Your suspicions or concerns?	
• Your description of the incident	

Nature of Report

<input type="checkbox"/> Aggressive Behavior	<input type="checkbox"/> Assault	<input type="checkbox"/> Allegations
<input type="checkbox"/> Anti-Social Behavior	<input type="checkbox"/> Arson	<input type="checkbox"/> Alcohol/Drugs/Medication
<input type="checkbox"/> Abuse	<input type="checkbox"/> Concern for family member	<input type="checkbox"/> Criminal damage
<input type="checkbox"/> Depression/Anxiety	<input type="checkbox"/> Data Protection	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Financial Exploitation	<input type="checkbox"/> Health Issues	<input type="checkbox"/> Kept in custody
<input type="checkbox"/> Lone Working	<input type="checkbox"/> Mental Health issues	<input type="checkbox"/> Medical emergency/accident
<input type="checkbox"/> Neglect	<input type="checkbox"/> Physical	<input type="checkbox"/> Self-Harm
<input type="checkbox"/> Theft	<input type="checkbox"/> Violence	<input type="checkbox"/> Other

Medical action taken

<input type="checkbox"/> No action taken	<input type="checkbox"/> First aid on site	<input type="checkbox"/> Required an ambulance
<input type="checkbox"/> Sent/taken to hospital	<input type="checkbox"/> Attended Doctor	<input type="checkbox"/> Detained in hospital over 24 hrs.

Doctor's name

(if applicable)

Name of hospital/medical center *(if*

applicable)

Where emergency services were contacted, please provide log numbers & names of police/ambulance etc.

Individuals made aware

<input type="checkbox"/> Line manager	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Head of Safeguarding
<input type="checkbox"/> Support Worker	<input type="checkbox"/> Police/Emergency Services	<input type="checkbox"/> Other

Action Taken: Has a referral been made?

<input type="checkbox"/> Ambulance	<input type="checkbox"/> Arrested	<input type="checkbox"/> Awaiting Counselling
<input type="checkbox"/> Banned from service	<input type="checkbox"/> Counselling ongoing	<input type="checkbox"/> Emergency Services
<input type="checkbox"/> Fire Brigade called	<input type="checkbox"/> Issues dealt with supervision	<input type="checkbox"/> LADO contacted
<input type="checkbox"/> Manager notified	<input type="checkbox"/> No further action required	<input type="checkbox"/> Out of hours called Yes/No
<input type="checkbox"/> Police intervention	<input type="checkbox"/> Referral to Specialist Agency	<input type="checkbox"/> Referral to MASH/Gateway
<input type="checkbox"/> Social Worker notified Yes/No	<input type="checkbox"/> Taken to A&E	<input type="checkbox"/> Training Issue

Please provide a brief description (details of discussions with agency inc. date of meetings etc)

Implications

Are there any long-term implications for the service as a result of this report?
(E.g., if a building was destroyed by fire there could be housing issues for the current tenants/damage to alarms etc)

YES	NO	N/A

Documentation

Have photographs been taken for investigation purposes?

YES	NO	N/A

How will the service continue to be managed?

What will be changed to reduce the likelihood of this Incident/Near Miss occurring again?

Any other relevant information

Declaration: I confirm that the details given in this section are to the best of my knowledge correct and true

Print full name

Signature

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Date

Your Position Supervisor/ Manager/Head of Service (Please State)

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Safeguarding Adult Referral Form

Devon Safeguarding Adults Board

SAFEGUARDING ADULT REFERRAL FORM

Safeguarding Adults means helping people who have care and support needs live free from abuse and neglect. These people are or may be unable to protect themselves from abuse or neglect because of their mental health, physical health and/or learning disabilities, age or illness.

Where an adult is, or may be, at risk of harm from abuse or neglect then a Safeguarding Adult referral should be made to Care Direct using this form. Concerns can be rung through to Care Direct on 0345 155 1007 and must be followed up in writing using this form.

Care Direct is open 08:00 – 20:00 Mon-Fri, 09:00 – 13:00 Saturday. The Emergency Duty Service can be contacted out of hours on 0345 6000 388.

A copy of this form must be sent to *your Organisation's Safeguarding Lead* (if appropriate) and to Care Direct customerservicecentreperformancesecure-mailbox@devon.gcsx.gov.uk (You will receive an automated response from the Care Direct mailbox, please check address if you do not or contact them directly, Safeguarding concerns will be responded to within 48 hours)

If you are concerned a crime has been committed or the individual is at immediate risk, you MUST call 999

Details of individual being referred:			
Last Name		NHS Number if known:	
First Names		Electronic Record Number (note from which organisation)	
Date of Birth	dd/mm/yyyy	Gender	
Ethnicity			
Any communication needs (signing, first language interpreter)			
Is this individual known to any other agencies – if so, please provide Names and Contact details of any professionals known to be involved with the individual e.g. – Health; Mental Health; Learning Disability; Adult Social Care; Police; Fire; Housing; Domiciliary Care; Other?			
Name & Contact Details of individual's GP:			

Individual's contact details –			
Home Address		Current Address (<i>if different from Home Address</i>)	
Individual's telephone contact details - (please note which is their preferred form of contact)			
Mobile Phone Number		Home Phone Number	
Individual's personal email address if applicable:			
Does the individual have a relative/friend who can provide support? Yes / No		Name of relative/ friend: Contact details (including address if possible) of relative/friend:	
Has the relative / friend been informed (with the individual's consent)?		Yes / No If not, why not?	
Details of Referrer:			
Referrer's Name			
Referrer's relationship to individual / job title			
Referrer's contact details		Telephone Address Email address	
Mental Capacity – all people aged 16 and over are presumed to have capacity			
Do you have any reason to doubt the individual has the capacity to agree to the referral? If so, assess their capacity to consent to this referral.			
If the individual has capacity, have they given valid consent to this referral following a discussion about safeguarding.		Yes / No	
If the individual has capacity but declined to consent to the referral, has this referral been made without consent due to possible: a) Significant risk to life and/or limb or b) Significant risk to others		Yes / No If yes – please outline the nature of the risks:	
If a capacity assessment has been completed which concluded that the individual lacks capacity to consent to this referral, please confirm that: a) consultation has occurred with family and/or friends (if appropriate)		Yes / No If not – why not?	

b) a decision to refer has been made in the individual's best interests	
If you reasonably believe on the balance of probabilities that: a) the individual lacks capacity to consent to this safeguarding referral, or b) The individual was (i) unavailable or (ii) declined to engage in any conversation (or assessment of capacity), Then please state your rationale for concluding that making this referral is in the individual's best interests:	a) Yes or No b) bii) c)

Please provide a summary of the nature of the safeguarding concerns:	<i>(Please include as much information as possible and note that this box will expand as you type into it. It is essential that you identify factual information and opinion – eg Mrs Jones had several bruises on her right forearm; it was my opinion this looked like finger-tip bruising)</i>
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What type of abuse or neglect are you concerned the individual may be experiencing: Physical; Psychological; Sexual; Financial; Organisational; Discriminatory; Domestic, Honor-based abuse; Forced Marriage; Female Genital Mutilation; Neglect; Self-Neglect; Modern Slavery.

Are there any witnesses? Yes / No

If so, please provide Names and Contact details of any witnesses
Name:
Contact Details:

Provide brief details about the person or organisation thought to pose a risk of abuse or neglect:

Name of person/organisation	
Relationship to individual	
Contact details including address and telephone number (if known)	
Is the person/organisation (who is thought to pose a risk) aware of this referral?	

Risks:

Risk to the Individual:

Please identify the risks to the individual and summarise what actions have you taken to minimise

the risks to the individual? (If this has been reported to Police, please add the Reference Number)	
Risk to Others:	
Are there children under 18 years who are also at risk? If yes, you MUST complete a MASH referral Date MASH referral completed?	Yes / No Date completed: dd/mm/yyyy
Is there anyone else who may be at risk – If yes, what actions have you taken to minimise the risks. This might include the completion of further Safeguarding referrals.	Yes / No
What does the individual hope will happen as a consequence of this referral? <i>(Making Safeguarding Personal)</i>	

Date Safeguarding Concern Raised:	
Signature of Individual raising the referral:	
Date outcome of concern advised to referrer:	

Following referral:

You will receive an automated receipt from Care Direct on receipt of this referral form. If you have not received an email receipt within 24 hours, you MUST contact Care Direct and may need to re-send the written referral form.

DCC SAFEGUARDING HUB:
The Safeguarding Team from DCC will contact you and provide feedback, which will also be copied to the organisation's safeguarding lead where requested. This will explain whether:

- the referral has met the threshold for s42 Safeguarding Enquiry and who the Enquiry has been allocated to
- or/
the referral has not met the threshold for a s42 Enquiry; if appropriate, an explanation will be provided

If you have concerns about the outcome of this referral, please contact your organisation's safeguarding lead.