# Safeguarding Adults

Policy and Procedures

# Version Control

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# Safeguarding Adults

# Policy and Procedures

This Policy applies to all persons involved with the KGT Trust.

**Policy**

The Government’s policy objective is to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

Therefore, Safeguarding responsibilities and protecting people is a governance priority for the KGT Trust and we will take all reasonable steps to protect people who come into contact with the charity from harm.

This includes:

* people who benefit from the charity’s work
* staff
* volunteers
* those who come into contact with the charity through its work

To do this we will:

* make sure all trustees, employees, volunteers and beneficiaries know about safeguarding
* have appropriate policies and procedures in place
* ensure organisations we work with/are linked with have appropriate policies and procedures in place prior to making any agreements
* know to spot and refer or report concerns
* have a clear system of referring or reporting to relevant organisations as soon as concerns are identified or suspected
* set out risks and how the charity will manage them in a risk register which is regularly reviewed
* be quick to respond to concerns and carry out appropriate investigations
* not let one trustee dominate the work of the charity – trustees should always work together

Additionally, we will be alert to:

* physical abuse
* psychological or emotional abuse
* sexual abuse
* financial or material abuse
* domestic abuse
* neglect
* self-neglect
* discriminatory abuse
* modern slavery
* organisational abuse
* discrimination of any on the grounds in the Equality Act 2010
* people may target the charity
* a charity where its culture may allow poor behaviour
* people may abuse a position of trust they hold within the charity

The KGT Trust Safeguarding Policy and Procedures documents will therefore make it clear how we will protect people from harm, make sure people can raise safeguarding concerns, handle allegations or disclosures and report them to the relevant authorities.

***Staff awareness***

Copies of the Policy and Procedures document will be provided to all staff, volunteers and beneficiaries alongside the charities Code of Behaviour Policy. Where necessary, any additional staff/volunteers will be encouraged to attend appropriate training courses.

## Safeguarding is everyone’s responsibility

Safeguarding vulnerable adults is a part of the wider role of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific vulnerable adults who are suffering or are at risk of suffering significant harm. As adults and/or professionals or volunteers, everyone has a responsibility to safeguard vulnerable adults and promote their welfare.

Some of the most vulnerable adults and those at greatest risk of social exclusion, will need co-ordinated help from health, education, social care, and quite possibly the voluntary sector and other agencies, including justice services.

For those vulnerable adults who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard and promote their welfare and – where necessary – to help bring to justice the perpetrators of crimes against them.

The KGT Trust will therefore:

* be alert to potential indicators of abuse or neglect
* be alert to the risks which individual abusers, or potential abusers, may pose to vulnerable adults
* share and help to analyse information so that an assessment can be made of the individuals needs and circumstances
* contribute to whatever actions are needed to safeguard and promote the individual’s welfare

The KGT Trust will use the following principles to benchmark existing adult safeguarding arrangements to see how far they support this aim and to measure future improvements:

**Empowerment** - Presumption of person led decisions and informed consent.

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

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

**Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.

**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.

**Further explanation of the Principles in practice:**

**Empowerment** We give individuals relevant information about recognising abuse and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime and any necessary support. In doing so we consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

**Protection** Our local complaints, reporting arrangements for abuse and suspected criminal offences and risk assessments work effectively. Our governance arrangements are open and transparent and communicated to our citizens.

**Prevention** We can effectively identify and appropriately respond to signs of abuse and suspected criminal offences. We make staff aware, through provision of appropriate training and guidance, of how to recognise signs and take any appropriate action to prevent abuse occurring. In all our work, we consider how to make communities safer.

**Proportionality** We discuss with the individual and where appropriate with partner agencies the proportionality of possible responses to the risk of significant harm before we take a decision. Our arrangements support the use of professional judgement and the management of risk.

**Partnership** We have effective local information-sharing and multi-agency partnership arrangements in place and staff understand these. We foster a “one” team approach that places the welfare of individuals above organisational boundaries.

**Accountability** The roles of all agencies are clear, together with the lines of accountability. Staff understand what is expected of them and others. Agencies recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

These Principles are not separate but integral to wider Government Policy stating that safeguarding is everybody’s business with communities playing a part in preventing, detecting and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves. Safeguards against poor practice, harm and abuse need to be an integral part of care and support. We should achieve this through partnerships between local organisations, communities and individuals.

**Roles and Responsibilities**

**Safer Organisations**

The continuum of adult safeguarding outlines the wide range of organisations involved in people’s lives, from the small community activity groups through to larger organisations and statutory services. All organisations should ensure that any service they deliver is underpinned by the principles of respect and treating others with dignity (see section 4). This is the first and crucial step to ensuring that services are high quality, that the focus is on the individual receiving the service which may help to provide support and that harm is prevented. Increasing levels of need and risk are likely to lead to greater targeting of service provision, which, in turn, requires a heightened awareness of risk of harm and more robust measures will be required to prevent harm.

Within this policy the term **‘safeguarding’** is used in its widest sense, that is, to encompass both activity which **prevents** harm from occurring in the first place and activity which **protects** adults at risk where harm has occurred or is likely to occur without intervention.

All Adult Safeguarding activity must be guided by **five underpinning principles:**

**A Rights-Based Approach:** To promote and respect an adult’s right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.

**An Empowering Approach:** To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.

**Person-Centred Approach:** To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in his or her safety and well-being.

*The European Convention on Human Rights* can be accessed at: http://www.echr.coe.int/Documents/Convention\_ENG.pdf 2

The *Human Rights Act 1998* can be accessed at: http://www.legislation.gov.uk/ukpga/1998/42/contents

Relevant Conventions include The *UN Convention on the Rights of Persons with Disabilities*, the *UN Convention on the Elimination of Discrimination Against Women* (CEDAW), and the *EU Istanbul Convention* on domestic and sexual violence against women 4

The *UN Principles for Older Person’s (1991)* can be accessed at: http://www.un.org/documents/ga/res/46/a46r091.htm 8 **A** A 3

**Consent-Driven Approach:** To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

**Collaborative Approach:** To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

An **‘Adult at risk of harm’** is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect may be increased by their: a) personal characteristics AND/OR

b) life circumstances

**Harm** is the impact on the victim of abuse, exploitation or neglect. It is the result of any action whether by commission or omission, deliberate, or as the result of a lack of knowledge or awareness which may result in the impairment of physical, intellectual, emotional, or mental health or well-being.

**The Northern Ireland Adult Safeguarding Partnership (NIASP)**

The NIASP is a regional collaborative body led by the Health and Social Care Board (HSCB). It is supported in its work by all its constituent members, who have made a commitment to adult safeguarding. The membership is drawn from the main statutory, voluntary, community, independent and faith organisations involved in adult safeguarding across the region and includes representation from service providers and users. The NIASP is responsible for promoting and supporting a co-ordinated 7 and multi-agency approach and for creating a culture of continuous improvement in adult safeguarding practice and service responses. The NIASP strategy promotes ownership of adult safeguarding issues within all partner organisations and across all professional groups and service areas.

**Adult Safeguarding Policy**

The **Adult Safeguarding Policy** will clearly demonstrate the organisation’s commitment to a zero tolerance of adult harm. The policy must be owned and supported by senior management and be accessible to all within the organisation.

A key element of the adult safeguarding policy will be the nomination of **Adult Safeguarding Champions** (ASC)13. An ASC must be accessible to all service areas in the organisation as a source of advice and guidance. The nominated ASCs should be senior people within the organisation, suitably trained, experienced and skilled to carry out the role (see section 15).

The role of the **Adult Safeguarding Champion** is: •

-to provide information and support for staff on adult safeguarding within the organisation; •

-to ensure that the organisation’s adult safeguarding policy is disseminated and support implementation throughout the organisation; •

-to advise within the organisation regarding adult safeguarding training needs;

-to provide advice to staff or volunteers who have concerns about the signs of harm, and ensure reporting to HSC Trusts where there is a safeguarding concern (see section 10); •

-to support staff to ensure that any actions take account of what the adult wishes to achieve

The term Adult Safeguarding Champion is intended to encompass the roles of the ‘Nominated Manager’ referred to in the Volunteer Now Standards and Guidance document ‘Safeguarding Vulnerable Adults – a Shared Responsibility’ and the role of the ‘Alerting Manager’ in the NIASP Adult Safeguarding Strategic Plan 2013-2018.

• to establish contact with the HSC Trust Designated Adult Protection Officer (DAPO) (see section 11), PSNI and other agencies as appropriate;

-to ensure accurate and up to date records are maintained detailing all decisions made, the reasons for those decisions and any actions taken;

-to compile and analyse records of reported concerns to determine whether a number of low-level concerns are accumulating to become significant; and make records available for inspection. • •

-to ensure any serious concerns are passed to the relevant HSC Trust Adult Protection Gateway Service for assessment and decision-making

**Legal Requirements**

Where there are statutory requirements linked to safeguarding or quality of service provision, all organisations will need to be assured that they are fully compliant with the requirements of the law.

Of particular relevance to adult safeguarding is the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, which seeks to protect children and vulnerable adults from harm caused by those who work closely with them. Schedule 2 of this Order contains a definition of Regulated Activity, and anyone engaging in Regulated Activity should have their suitability checked through Access NI prior to employment.

The **Disclosure and Barring Service**14 (DBS) is responsible for maintaining the list of individuals barred from engaging in Regulated Activity with children and vulnerable adults across England, Wales and Northern Ireland. A regulated activity provider must refer anyone to the DBS who has harmed or poses a risk of harm to a child or a ‘vulnerable adult’ and who has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left. The DBS will decide whether the person should be barred from working in regulated activity with children, or adults, or both. It is an offence to knowingly engage a barred person in regulated activity and it is an offence to

engage or offer to engage in regulated activity if you are barred.

**Information and Record Management**

Information associated with adult safeguarding is likely to be of a personal and sensitive nature and its use is governed by the common law duty of confidentiality. At all times ‘personal data’ and ‘sensitive personal data’ must be managed in accordance with the law, primarily the Data Protection Act 2018 (DPA) and the Human Rights Act 1998 which, among other things, gives individuals the right to respect for private and family life, home and correspondence.

The eight principles of the DPA state that personal data must be:

• processed fairly and lawfully and only for purposes compatible with the reason(s) for which the information was originally obtained;

• adequate, relevant and not excessive for the purposes for which it is processed;

• accurate and kept up to date;

• not kept for longer than is necessary;

• processed in line with the rights of the data subject; held securely; and not transferred to other countries outside the EEA without adequate protection.

Good records management standards and practices are required for the organisation to ensure confidentiality and that the security of service user information is respected.

**Abuse** is ‘a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to another individual or violates their human or civil rights’

**Information Sharing**

The adult must be involved from the beginning of safeguarding procedures unless there are exceptional circumstances, and where possible their consent should be sought prior to concerns being shared on an inter-agency basis. The adult’s (or their representative’s) views and wishes including their desired outcomes must be considered as part of the ongoing procedures (Enquiry). Where the adult has mental capacity to make decisions about Safeguarding Concerns, involvement of family, friends or informal carers should be agreed with the adult. In any case where the adult does not have mental capacity, family, friends or informal carers must be consulted in accordance with the Mental Capacity Act 2005.

**Capacity and Safeguarding**

The consideration of mental capacity is crucial at all stages of safeguarding adults’ procedures as it provides a framework for decision making to balance independence and protection. For example, this could mean determining the ability of a vulnerable adult to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive, or consensual; or determining how much a vulnerable adult can be involved in making decisions in a given situation. Legislation underpinning practice in this area is guided by the application of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect vulnerable people who may not be able to make their own decisions.

One of the five main principles of the [Mental Capacity Act 2005](https://adults.ccinform.co.uk/legislation/mental-capacity-act-2005/) is that an individual has the right to make an unwise decision – this doesn’t mean that they lack mental capacity to make decisions. The issue comes when there is a concern over someone’s safety. For instance, self-neglect is a notoriously difficult area of practice, for this reason. If a person has capacity, and seems to be choosing to live in a situation where their personal safety is at risk, where does the right to choose stop and the duty of care start?

Capacity should not be viewed as a barrier to safeguarding. However, caution must be exercised not to contravene an individual’s wishes, feelings and rights.

**Only a qualified practitioner can assess someone’s mental capacity and as such, staff of the Charity will not undertake this action.**

**Forms of Abuse and Neglect**

**Physical Abuse** Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

**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.

**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.

**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.

**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.

**Discriminatory Abuse** Including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational 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 organisation.

**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.

**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.

**Domestic Abuse** Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can be, but not limited to: psychological, sexual, financial and emotional.

Hate Crime

Hate crime involves any criminal offence which is perceived by the victim or any other person to be motivated by hostility or prejudice based on a personal characteristic. The definition covers five main strands:

* disability
* gender identity
* race
* religion or faith
* sexual orientation

Mate Crime

Mate Crime is the exploitation, abuse or theft from an adult by those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'.” Mate crime is most prevalent when the victim suffers with a mental disability and is especially common when that disability is Autism or Asperger’s.

## Reviewing the Policy and Procedure

This policy and procedure will be reviewed every year, this will include checking telephone numbers, accuracy of personnel details, and any updates required by a change in local or national policy.

**Procedures**

You may have concerns about a vulnerable adult because of something you have seen or heard, or someone may choose to disclose something to you.

If an adult discloses information to you:

* Do not promise confidentiality, instead agree with them that you would ask for their consent before sharing information (see ‘information sharing’ above)
* Listen to what is being said, without displaying shock or disbelief.
* Accept what is said.
* Reassure them, but only as far as is honest, don’t make promises you may not be able to keep *eg:* *‘Everything will be alright now’*, *‘You’ll never have to see that person again’*.
* Do not interrogate them; it is not your responsibility to investigate.
* Do not ask leading questions, ask open questions such as *‘Anything else to tell me?’*
* Do not ask them to repeat the information for another member of staff.
* Explain what you have to do next and who you have to talk to.
* Take notes if possible or write up your conversation as soon as possible afterwards.
* Record the date, time, place any non-verbal behaviour and the words used by them (do not paraphrase).
* Record statements and observable things rather than interpretations or assumptions.

***What to do if you have concerns about a vulnerable adult***

**REFERRAL PATHWAY FOR SAFEGUARDING CONCERNS**

If there is a clear and immediate risk of harm or a crime is alleged or suspected, the matter should be referred directly to the Designated Safeguarding Officer who may contact the PSNI or HSC Trust Adult Protection Gateway Service for either advice or action.

**HSC Trusts** will be the lead agency in terms of the co-ordination of joint Adult Protection responses. Within each HSC Trust, responsibility for the Adult Protection rests with the Executive Director of Social Work, and the lead profession within HSC Trusts is social work.

Whatever the nature of your concerns, you MUST **discuss them with a designated member of staff**. This is:

**Ann** (Trustee and Designated Safeguarding Officer) at [ann@kthleengrahamtrust.org](mailto:ann@kthleengrahamtrust.org)

or **Michelle** (Trustee and Secretary) at [michelle@kathleengrahamtrust.org](mailto:michelle@kathleengrahamtrust.org)

The Designated Member of Staff will ask you to complete a referral form (Appendix A) and will follow the Process Chart below, which, may involve contact with social care (below) for advice.

Advice will always be taken in regard to capacity and consent to share information.

Following these discussions, if you still have concerns, you, under the guidance of the designated member of staff or the designated member of staff should ring (not email):

**Adult Protection Gateway Service**

**Western HSC Trust 028 71611366 Out of Hours 028 95049999**

**Belfast HSC Trust 028 95041744 Out of Hours 028 95049999**

**Northern HSC Trust 028 94413659 Out of Hours 028 95049999**

***What information will you need when making a referral?***

You will be asked to provide as much information as possible, such as their full name, date of birth, address, GP, languages spoken, any disabilities they may have, details of next of kin. Do not be concerned if you do not have all these details, you should still make the call.

You should follow up the verbal referral in writing, within 48hrs.

Once the referral has been accepted by local authority adult social care, the lead practitioner role falls to a social worker. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

**Process Chart Where There Are Concerns  
About A Vulnerable Adult**

Person has concerns about the welfare of an adult

Person discusses with designated member of staff (social care may be consulted for advice)

Still has concerns

No longer has concerns

Person refers to Initial Response Service and follows up in writing within 48hrs

No further adult protection action, although may consider other agencies which could offer support

Social worker and manager decide on next course of action

## Allegations Involving a Members of Staff / Volunteer

The KGT Trust is committed to having effective recruitment and human resources procedures, including checking all staff and volunteers to make sure they are safe to work with vulnerable adults. However, there may still be occasions when there is an allegation against a member of staff or volunteer. Allegations against those who work with vulnerable adults, whether in a paid or unpaid capacity, cover a wide range of circumstances.

All allegations of abuse of vulnerable adults by those who work with or care for them must be taken seriously. All reports of allegations must be submitted immediately to a Designated Member of Staff. The following procedure should be applied in all situations where it is alleged that a person who works with vulnerable adults has:

* Behaved in a way which has harmed a vulnerable adult, or may have harmed them
* Possibly committed a criminal offence against or related to a vulnerable adult
* Behaved towards a vulnerable adult or adults in a way which indicates that he/she is unsuitable to work with them

The allegations may relate to the persons behaviour at work, at home or in another setting. The Designated Member of Staff will discuss the matter to determine what steps should be taken and where necessary obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded.

If the allegation is not patently false and there is cause to suspect that an adult is suffering or is likely to suffer significant harm, the Designated Member of Staff will immediately refer the matter to the Local Authority Social Care Team as listed above (See Page 13)

Some allegations may be so serious as to require immediate referral to the Police, but common sense and judgement must be applied in reaching a decision about what action to take.

Some allegations may be less serious and at first sight might not seem to warrant consideration of a police investigation or enquiries by the Local Authority Social Care Team. However, it is important to ensure that even apparently less serious allegations are followed up and the Designated Member of Staff should be informed of all allegations that come to the attention of Charity staff and appear to come within the scope of this procedure so that he or she can consult Police and social care colleagues as appropriate.

Where such allegations are made, consideration must be given to the following three strands:

* The police investigation of a possible criminal offence
* Enquiries and assessment by Children’s Social Care Services as to whether the adult is in need of protection or in need of services
* Consideration by an employer of disciplinary action in respect of the individual

***References –***

* **[](https://www.health-ni.gov.uk/)**
* **Adult Safeguarding: Prevention and Protection in Partnership key documents**

Date published: 09 July 2015

Topics:

* [Social services](https://www.health-ni.gov.uk/topics/social-services)
* [Safeguarding children, young people and adults at risk of harm from abuse, exploitation and neglect](https://www.health-ni.gov.uk/topics/social-services/safeguarding-children-young-people-and-adults-risk-harm-abuse-exploitation)

This policy is for all organisations working with, or providing services to, adults across the statutory, voluntary, community, independent and faith sectors. It sets clear and proportionate safeguarding expectations across the range of organisations.

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf>

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj7joDcudHpAhUkSRUIHS-eDe0QFjAAegQICRAB&url=https%3A%2F%2Fwww.charitycommissionni.org.uk%2Fstart-up-a-charity%2Fthings-to-consider-before-starting-a-charity%2Fworking-with-children-and-vulnerable-adults%2F&usg=AOvVaw3pmgJZsjKS4xhm839tLrBl>

<http://www.niccy.org/>

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<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwj7joDcudHpAhUkSRUIHS-eDe0QFjAMegQIBhAB&url=https%3A%2F%2Fwww.nidirect.gov.uk%2Farticles%2Fdisclosure-and-barring-protecting-children-and-vulnerable-adults&usg=AOvVaw2rR5cgvmjA8_VLzEhRraft>

**Appendix A**

***Safeguarding Referral Form***

About the Vulnerable Adult

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name (include ‘known as’ name) |  | DOB |  | |
| Languages spoken by them |  | | | |
| Details of any Disabilities |  | | | |
| Address |  | | | |
| Telephone No |  | | | |
| Have they given consent to share information? |  | | | |
| GP details |  | | | |
| Name of their Next of Kin/Carer and their Relationship to the Vulnerable Adult |  | Are they aware of the Referral? | |  |
| Telephone No of Next of Kin/Carer |  | | | |
| Address of Next of Kin/Carer |  | | | |

About the Person with the Concern

|  |  |
| --- | --- |
| Full Name of Person with Concern |  |
| Telephone No |  |
| Address |  |
| Position in the Charity |  |

If the Person making the Referral is **NOT** the Person with the Concern, add details below:

|  |  |
| --- | --- |
| Full Name of Person making the Referral |  |
| Telephone No |  |
| Address |  |
| Position in the Charity |  |

***Safeguarding Referral Form***

|  |  |
| --- | --- |
| **Please give details of your concern, in as much details as possible, and include where the information originated:** | |
| **Date of Incident/Concern:** | **Date of Referral:** |