



## **SAFEGUARDING ADULTS POLICY & PROCEDURE**

<b>Policy</b>	<b>Safeguarding Adults Policy &amp; Procedure</b>
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# **SAFEGUARDING ADULTS POLICY & PROCEDURE**

## **1 INTRODUCTION**

- 1.1 All adults have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.
- 1.2 This policy is informed by the Norfolk Multi-Agency Safeguarding Adults Policy (2015) and the Norfolk Safeguarding Adults Procedures (2015) and sets out how we as an organisation will effectively respond to known or suspected cases of abuse.
- 1.3 Holt & District Dementia Support is committed to ensuring that all clients and carers using its services are protected from abuse and that any allegations of abuse are dealt with thoroughly.

## **2 PURPOSE**

- 2.1 The purpose of this policy is to:
  - 2.1.1 Provide Trustees, Committee Members and Volunteers with an overview of adult protection and procedures to enable all members to make informed and confident responses to specific adult protection issues.
  - 2.1.2 Set out the duties and responsibilities to be exercised by Trustees, Committee members and Volunteers working on behalf of Holt & District Dementia Support in relation to Safeguarding Adults.
  - 2.1.3 Provide a clear procedure that will be implemented where adult protection issues arise.

## **3 DEFINITIONS**

- 3.1 **Safeguarding**
  - 3.1.1 Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It describes a process in which people and organisations work together to prevent and stop both the risks and experience of abuse or neglect. At the same time it includes a positive element of promoting the well-being of all adults and where those adults have a limited capacity to make decisions about their own safety, that due regard is paid to their views, wishes, feelings and beliefs when deciding on any action.
- 3.2 **Multi-Agency Safeguarding Hub (MASH)**
  - 3.2.1 Multi-agency working has been identified as the key to early and effective identification of risk, improved information sharing, joint decision making and coordinated action in relation to safeguarding. The MASH is a hub which brings together key staff from all these agencies to ensure close working.
- 3.3 **Adult**
  - 3.3.1 For the purpose of this policy 'adult' means a person aged 18 years or over.

### 3.4 **An 'at risk' adult**

- 3.4.1 An Adult who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (*Definition from 'No Secrets' March 2000 Department of Health*). The term at risk replaces the earlier designation of vulnerable adult.
- 3.4.2 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) 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.
- 3.4.3 This can include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent level of risk fluctuates. It may include an individual who may be at risk as a consequence of their role as a carer in relation to any of the above.
- 3.4.4 It may also include victims of domestic abuse, hate crime and anti-social abuse behaviour. The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.
- 3.4.5 Many at risk adults may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

### 3.5 **Abuse**

- 3.4.1 Abuse of an at-risk adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where an at-risk person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.
- 3.4.2 The types of abuse can be categorised as follows:-
1. Physical abuse
  2. Neglect & acts of omission
  3. Psychological abuse
  4. Discriminatory abuse
  5. Financial abuse
  6. Organisational abuse
  7. Modern slavery
  8. Self-neglect
  9. Domestic abuse
  10. Sexual abuse & exploitation-sexual trafficking, Female genital mutilation (FGM), forced marriage, honour-based violence.

### 3.5 **Significant harm**

- 3.5.1 It is important to consider the meaning of 'Significant Harm'. The Law Commission, in its consultation document 'Who Decides', issued in Dec 1997 suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

## 4 **DUTIES AND RESPONSIBILITIES**

### 4.1 **Trustees**

- 4.1.1 Trustees have a duty to put in place the policies, processes and training to ensure that Holt & District Dementia Support is able to safeguard those clients living with dementia and their carers who access their services.
- 4.1.2 The Trustees in conjunction with the Working Committee are responsible for monitoring the policy and processes on a continuous basis to ensure they are effective and fit for purpose and for formally subjecting them to a review on an annual basis.

### 4.2 **The Chair (or Vice Chair)**

- 4.2.1 The Chair is the Designated Adult Safeguarding Lead for Holt & District Dementia Support and will take responsibility for responding to and reporting allegations of abuse should an incident occur. In the absence of the Chair the Vice Chair will assume that responsibility.

### 4.3 **Working Committee Members**

- 4.3.1 The Working Committee has a duty to support the Trustees in putting in place the correct policy, processes and training to ensure that all those who access the services of Holt & District Dementia Support are protected by robust safeguarding arrangements and in conjunction with the Trustees, to monitor the implementation of those processes in practice.

### 4.4 **Coordinator**

- 4.4.1 Co-ordinators have a responsibility to support Committee members or volunteers involved with a safeguarding incident, to ensure that the correct procedures are followed.

### 4.5 **All Volunteer Members**

- 4.5.1 All volunteer members working on behalf of the organisation have a duty to promote the welfare and safety of at risk adults.
- 4.5.2 Volunteers may receive disclosures of abuse and observe adults who are at risk and as such have a responsibility to act in accordance with agreed procedures to safeguard the individual concerned.
- 4.5.3 All volunteers have a responsibility to access training on safeguarding adults as part of their membership of Holt & District Dementia Support and to ensure that they are familiar with both the organisation's safeguarding policy and procedure.

## 5 TYPES OF ABUSE

5.1 Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

5.2 Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

5.3 Evidence of any one indicator from the following list from the Office of the Public Guardian should not be taken on its own as proof that abuse is occurring. The following possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time:

<https://www.gov.uk/government/publications/safeguarding-policy>

### 5.3.1 Types of physical abuse:

This includes assault, hitting, slapping, pushing, giving the wrong (or no) medication, restraining someone or only letting them do certain things at certain times.

### 5.3.2 Types of neglect and acts of omission:

This includes ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, or not giving someone what they need to help them live, such as medication, sufficient nutrition and heating. It can also include poor care leading to pressure ulcers and falls.

### 5.3.3 Types of psychological or emotional abuse:

This includes emotional abuse, threats of harm or abandonment, depriving someone of contact with someone else, humiliation, blaming, controlling, intimidation, putting pressure on someone to do something, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or support works.

### 5.3.4 Types of discriminatory abuse:

This includes types of harassment, insults or unequal treatment because of someone's race, gender or gender identity, age, disability, sexual orientation or religion. It may include denying access to communication aids or not allowing access to an interpreter, signer or lip-reader.

### 5.3.5 Types of financial or material abuse:

This includes theft, fraud, internet scamming, putting pressure on someone about their financial arrangements (including wills, property, inheritance or financial transactions) or the misuse or stealing of property, possessions or benefits.

### 5.3.6 Types of organisational abuse:

This includes neglect and poor care in an institution or care setting such as a hospital or care home, or if an organisation provides care in someone's home. The abuse can be a one-off incident or repeated and reflective of on-going ill treatment. The abuse can be through neglect

or poor professional practice and result from inadequate structure, policies, processes and practices within an organisation. It includes issues such as not providing adequate food and drink, assistance with eating or not offering choice or promoting independence; misuse of medication; failing to provide care with dentures, spectacles or hearing aids; not taking account of individuals' cultural, religious or ethnic needs; lack of respect and privacy; failing to respond to abuse appropriately.

#### 5.3.7 **Modern slavery:**

This covers slavery (including domestic slavery), human trafficking and forced labour. Traffickers and slave masters use whatever they can to pressurise, deceive and force individuals into a life of abuse and inhumane treatment.

#### 5.3.8 **Types of self-neglect:**

This covers a wide range of behaviour which shows that someone isn't caring for their own personal hygiene, health or surroundings. It includes behaviour such as hoarding, inability to avoid self-harm and inability to manage one's own affairs.

#### 5.3.9 **Types of domestic violence or abuse:**

Domestic violence or abuse includes any incident or pattern of incidents of controlling, coercive or 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. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.

##### 5.3.9.1 **Coercive behaviour is the core feature of domestic abuse and can include:**

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

##### 5.3.10 **Types of sexual abuse:**

This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, taking sexual photographs, making someone look at pornography or watch sexual acts, sexual assault or sexual acts the adult didn't consent to or was pressured into consenting to. It also includes acts of female genital mutilation, forced marriage and other acts of exploitation.

#### 5.4 **Multiple forms of abuse:**

Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of at risk people, negligence or ignorance.

## 6 CHILDREN

- 6.1 It is essential that the needs of any children within an abusive or domestic violence situation where there is an at-risk adult involved are considered and acted upon. Please contact the local social services Safeguarding Children's team.

## 7 LEGAL FRAMEWORK

- 7.1 DH 2000 'No Secrets' which can be accessed via the following link:  
<https://www.gov.uk/government/publications/no-secrets-guidance-on...>  
This and its subsequent legislation has now been superseded by the Care Act 2014 which sets out the statutory framework for safeguarding adults and its amendments in 2016:  
<https://www.gov.uk/government/publications/care-act-2014-part-1...>
- 7.2 The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).  
<https://www.legislation.gov.uk/ukpga/1998/42/contents>
- 7.3 The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.  
<https://www.gov.uk/government/collections/mental-capacity-act>.
- 7.4 The Deprivation of Liberty Safeguards Code of Practice 2008 was an adjunct to the Mental Capacity Act 2005 and put in place a number of safeguards to ensure that in situations where individuals may be unable to make a decision themselves about their own treatment, care and where they live, that these decisions are made in their best interests and that their views and beliefs are taken into consideration in arriving at those decisions. This legislation was reviewed and amended in May 2019 following a number of appeals to the Supreme Court that have affected the interpretation of this legislation. This new set of safeguards is described as the 'Liberty Protection Safeguards'. These were due to be implemented in 2020 but the implementation date has now been put back to April 2022.  
<https://www.gov.uk/government/publications/deprivation-of-liberty...>  
<https://www.mentalcapacitylawandpolicy.org.uk/resources-2/liberty-protection-safeguards-resources>
- 7.5 The Public Interest Disclosure Act 2015 (PIDA) provides a framework for whistle-blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation should they raise genuine concerns about malpractice in accordance with the Act's provisions.  
<https://www.gov.uk/.../publications/the-public-interest-disclosure-act>

## 8 THE ROLE OF KEY INDIVIDUAL AGENCIES

### 8.1 Care Quality Commission (CQC)

- 8.1.1 The role of the CQC is to monitor, inspect and regulate services to make sure they meet the fundamental standards of quality and safety. For safeguarding, this is done by:
- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect.

- Using Intelligent Monitoring of information it receives about safeguarding (intelligence, information and indicators) to assess risks to adults and children using services and to make sure the right people act at the right time to help keep them safe.
- Acting promptly on safeguarding issues that are discovered during inspections, raising them with the provider and, if necessary, referring safeguarding alerts to the local authority or the police.
- Speaking with people using services, their carers, families and staff as a key part of their inspections to identify any safeguarding issues.
- Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that that they maintain improvements.
- Publishing their findings about safeguarding in its inspection reports, and awarding services an overall rating within the key question 'Is the service safe?'
- Supporting the local authority's lead role in conducting inquiries or investigations regarding safeguarding children and adults.
- Explaining its role in safeguarding to the public, providers and other partners so that there is clarity about what it is responsible for and how its role fits with those of partner organisations.

[https://www.cqc.org.uk/.../20150710\\_CQC\\_New\\_Safeguarding\\_State](https://www.cqc.org.uk/.../20150710_CQC_New_Safeguarding_State)

## 8.2 Social Services

- 8.2.1 The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect.

Local authorities have new safeguarding duties. They must:

- **Lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **Make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **Establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy. This is the MASH.
- **Carry out Safeguarding Adults Reviews** when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
- **Arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

<https://www.scie.org.uk/care-act-2014/safeguarding-adults>

## 8.3 Police

- 8.3.1 The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

## 9 RESPONSE TO A DISCLOSURE OR SUSPICION OF ABUSE

- 9.1 Concerns about abuse should be raised and reported to Social Services whether related to a single incident or repeated incidents of abuse. Where issues of abuse relate to neglect and poor standards of care these may result in a severe deterioration in both physical and mental health and even death if ignored.
- 9.2 Volunteers who have concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the Social Services.
- 9.3 Where these concerns relate to an at risk adult living in their own home, with family or with informal carers these concerns must be reported to Social Services and addressed through the adult protection process. A risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.
- 9.4 It is important that at risk adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
- 9.5 This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that an at-risk adult has been abused.
- 9.6 Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.
- 9.7 A full written record shall be made as soon as possible of the nature of the allegation and any other relevant information including:
- Date and time of when the alleged abuse occurred
  - The place where the abuse happened
  - Name of the complainant and where different the name of the adult who has allegedly been abused
  - Nature of the alleged abuse
  - A description of any injuries observed
  - The account of the alleged abuse
  - Your name and the names of others present at the time the allegation was made (Appendix 1).

## 10 PROCEDURE TO FOLLOW IN RESPONSE TO AN ALLEGATION OR SUSPICION OF ABUSE

- 10.1 Any suspicion, allegation or incident of abuse must be reported by the Volunteer Alerter to the Designated Holt & District Dementia Support Adult Safeguarding Lead on that working day wherever possible and no later than 24 hours. The Safeguarding Lead will assess the need for the issue raised to be reported to the Social Care Centre Expertise 24 hour service following the maxim **'Speak up'**
- 10.2 The designated Safeguarding Lead will make reference to the Norfolk Safeguarding Adults Board Safeguarding Adults Procedures – Appendix 2 – Referrers Checklist - telephone number 0344 800 8020 and report the matter to the appropriate local adult social services i.e. **Social Care Centre Expertise 24 hour service** either on **0344 800 8020** or by email: **SCCE@norfolk.gov.uk**. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported.

10.3 In the event of an incident or disclosure:

**DO**

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them on 999
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your Co-ordinator for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

10.4 **DON'T**

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic.

10.5 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated H&DDS Safeguarding Lead.

**11 CONFIDENTIALITY**

11.1 Adult protection raises issues of confidentiality which must be clearly understood by all.

11.2 Committee members and volunteers have a responsibility to share relevant information about the protection of at-risk adults with health and social care professionals, particularly investigative agencies and adult social services.

11.3 Clear boundaries of confidentiality will be communicated to all.

- 11.4 All personal information regarding an at-risk adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only document the details required in the initial contact form.
- 11.5 If an adult confides in committee member or volunteer and requests that the information is kept secret, it is important that the committee member or volunteer tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
- 11.6 Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.
- 11.7 Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the at risk adult is the priority.
- 11.8 Where a disclosure has been made, the committee member or volunteer must let the adult know the position regarding their role and what action they will have to take as a result.
- 11.9 The committee member or volunteer must assure the adult that they will keep them informed of any action to be taken and why. The adult's involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

## **12 TRAINING**

- 12.1 Holt & District Dementia Support is committed to ensuring that all its volunteers have the knowledge and skills to recognise possible adult abuse and to know the correct procedures to follow to safeguard the at risk adult.
- 12.2 Formal training will be made available to all volunteers within six months of commencing volunteering with the organisation and all volunteers will be expected to attend. Failure to attend may result in the individual being asked to leave the organisation. In the interim information on safeguarding will be made available to all new volunteers as part of induction.

## **13 RECRUITMENT OF VOLUNTEERS**

- 13.1 Holt & District Dementia Support organises its recruitment of volunteers in accordance with its Recruitment policy. This policy takes account of the need to safeguard and promote the welfare of at-risk adults, including arrangements for appropriate checks on new committee members and volunteers.

## **14 COMPLAINTS**

- 14.1 Holt & District Dementia Support has a Complaints Procedure that will be followed if members of the organisation or the public submit a complaint about the implementation of this policy and procedure.

## 15 REFERENCES

- 15.1 Office of the Public Guardian Safeguarding guidance  
<https://www.gov.uk/government/publications/safeguarding-policy>
- 15.2 Department of Health, No Secrets report, 2000  
<https://www.gov.uk/government/publications/no-secrets-guidance-on...>
- 15.3 Department of Health, Care Act, 2014  
<https://www.gov.uk/government/publications/care-act-2014-part-1...>
- 15.4 Human Rights Act , 1998  
<https://www.legislation.gov.uk/ukpga/1998/42/contents>
- 15.5 Mental Capacity Act 2005  
<https://www.gov.uk/government/collections/mental-capacity-act>.
- 15.6 Deprivation of Liberty Safeguards, 2008  
<https://www.gov.uk/government/publications/deprivation-of-liberty...>
- 15.7 Public Interest Disclosure Act 2015  
<https://www.gov.uk/.../publications/the-public-interest-disclosure-act>
- 15.8 Care Quality Commission Statement on Safeguarding Adults, 2015  
<https://www.cqc.org.uk/.../20150710> **CQC New Safeguarding State**
- 15.9 Care Act 2014- Safeguarding Adults  
<https://www.scie.org.uk/care-act-2014/safeguarding-adults>
- 15.10 Norfolk Social Services ‘Speak Up’ guidance  
[www.norfolk.gov.uk/speakup](http://www.norfolk.gov.uk/speakup)
- 15.11 The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people  
<http://www.cpa.org.uk/index.html>
- 15.12 Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults.  
<http://www.elderabuse.org.uk>
- 15.13 CarersMatterNorfolk  
Freephone 0800 083 1148  
Available 8am – 8pm Monday to Friday, 4 – 8pm Saturdays and 8 12noon Sundays.
- 15.14 Carers Uk Advice line  
Carers UK Line 0808 808 7777 (10am – 4pm Monday and Tuesday)
- 15.15 Public Concern at Work  
0207 404 6609 (9am – 4.30pm Monday to Friday)  
[www.pcaw.org.uk](http://www.pcaw.org.uk)

## **Appendices**

## Safeguarding Adults Record

*Initial cause for concern form which must be discussed with Holt & District Dementia Support's Adult Safeguarding Lead or a member of the H&DDS Committee as soon as possible and at the latest within 24 hours of the cause for concern being raised.*

Date:

Time:

Name of individual cause for concern is about:

Age: (if known)

Address: (if known)

Describe your concern and action taken:

Observations to support cause for concern:

Description and location of any visible marks, bruising etc:

Name of alleged abuser, relationship with adult/ child (if known):

Any other information known:

Name of person completing form:

Signature:

Date:

Name of H&DDS Co-ordinator:

Signature:

Date:

Name of H&DDS Adult Safeguarding Lead :

Signature:

Date:

## Norfolk Social Services – Reporting a Concern

### Referrers Checklist

<b>This Checklist is to assist you to have adequate information when you are making a referral as we know that it is often a very stressful conversation and you may forget vital information when you make the call. Referrals will still be accepted even if all essential information is not available.</b>	<b>Essential</b>	<b>Desirable</b>
Referrals will be considered when some of this information is not available. Essential		√
Name of Alerter (You can remain anonymous)		√
Contact details of Alerter		√
Relationship to Victim		√
Organisation of Alerter	√	
Name (of at risk Adult)	√	
Address of at risk Adult	√	
Address, if different, of place of alleged abuse	√	
Contact details of Vulnerable Adult	√	
Details of category of risk (Older, Frail, Mental Health, Learning Difficulties etc.)	√	
Date of Birth or Age		√
Gender		√
Ethnicity		√
Religion		√
Capacity and understanding		√
Communication needs (sensory loss, Language, other)		√
Name of Alleged Perpetrator		√
Address of Alleged Perpetrator		√
Date of Birth of Alleged Perpetrator		√
Nature of abuse/incident	√	
When did it happen?	√	
Where did it happen?	√	
Was anyone else involved?		√
Was the incident witnessed?		√
Have you had previous concerns regarding this person? If so what?		√
Does the vulnerable adult know you are making this referral?	√	
Have you done anything to assist the Vulnerable Adult at this time? (What actions have been taken?)	√	
How do you want to be contacted in the future?	√	