

Kent and Medway Multi-Agency Policy, Protocols and Guidance **Amendments for Publication 31st January 2013**

All sections below in **red**, represent additions/changes to the relevant sections of the document.

Protocols Section:

17 **Guidance Notes for Adult Protection Protocol between Adult Social Services in Kent and Medway and Acute Hospital Trusts**

Medway NHS Foundation Trust

Director of Nursing's Office
Windmill Road
Gillingham
Kent ME7 5NY
Tel: 01634 833897 or 833788
OR
Safeguarding Vulnerable Adults Coordinator
Tel: 07884181615.

Contact Number for Police: 101

In office hours: ask for the appropriate Local Special Investigation Unit office

Out of hours: Ask to speak to an officer for advice regarding the possible abuse of a vulnerable adult.

Contact details for Kent Adult Social Services

24 hour contact centre: 08458 247102

Contact Details for Medway Adult Social Services

Day time: 01634 334466
Out of Hours: 08457 626777

Guidance Section:

6 **Guidelines to report adult protection concerns to the Social Services Agencies in Kent and Medway**

These guidelines are designed to assist anyone who has a concern about a vulnerable adult who is or may be a victim of abuse. The protection of vulnerable adults is the moral responsibility of all those in contact with them in whatever capacity. If you are not sure if your concerns may be adult abuse, than you can contact the relevant Adult Social Services Agency in Kent or Medway for a consultation and advice.

No attempts should be made to question the alleged perpetrator, the vulnerable adult or other vulnerable witnesses other than to establish the basic facts and to confirm that abuse has or may have occurred.

Raising an alert begins the process of gathering information to decide if it is appropriate to deal with this as an adult protection referral. Contact should be made to the relevant Adult Social Services Agency where the alleged abuse happened (Kent or Medway). For a consultation or to raise an alert about your concerns, please contact either;

Kent Social Services on: 08458 247102, between 08.30 – 17.00 hours

Medway Council Social Services on: 01634 334466, between 08.30 – 17.00 hours,

or for the Out of Hours Service for Kent and Medway, phone: 0845 7626777 to discuss/report your adult protection concerns.

Information for Statutory, Private and Voluntary Organisations:

All agencies/services involved in the care of vulnerable adults in Kent and/or Medway should have their own adult protection policy and procedures which are consistent with the Multi-agency Safeguarding Adults Policy, Protocols and Guidance for Kent and Medway. Concerns about adult abuse must be reported and recorded in line with the agency's policy and procedures. These concerns may relate to the abuse of a vulnerable adult by anyone including another vulnerable adult. In all cases, the referrer should be prepared to provide information to support the adult protection process. If all of the information is not available, the referral should not be delayed. If the person(s) at risk is funded by another local authority, then that authority must also be informed. To make a referral please refer to Guidance section 7 for the Kent flowchart and Guidance section 7a for the Medway flowchart. The Kent AP1 alert form is Appendix 1 and the Medway AP1 alert form is Appendix 2 to this document.

For the Public:

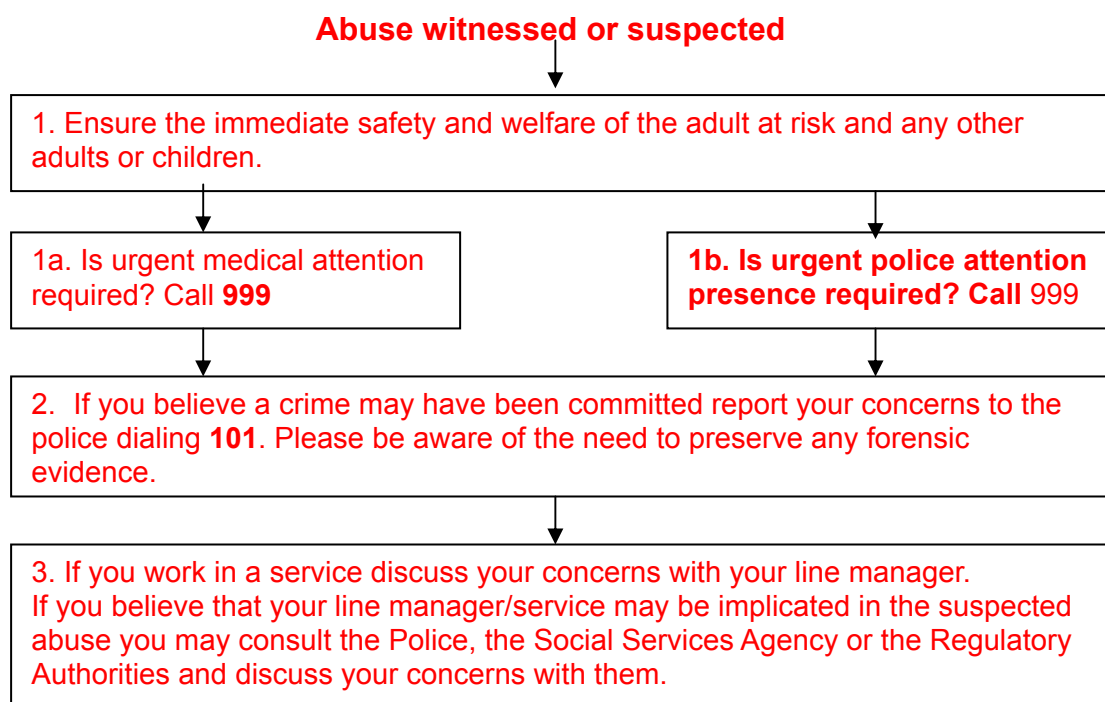
If you are a member of the public you may to complete the relevant alert form AP1 with as much information as you can or you may telephone Kent Social Services on 08458 247102 or Medway Social Services on 01634 334466 between 08.30 – 17.00 hours, or the out of hours service on 0845 7626777 to discuss/report your adult protection concerns.

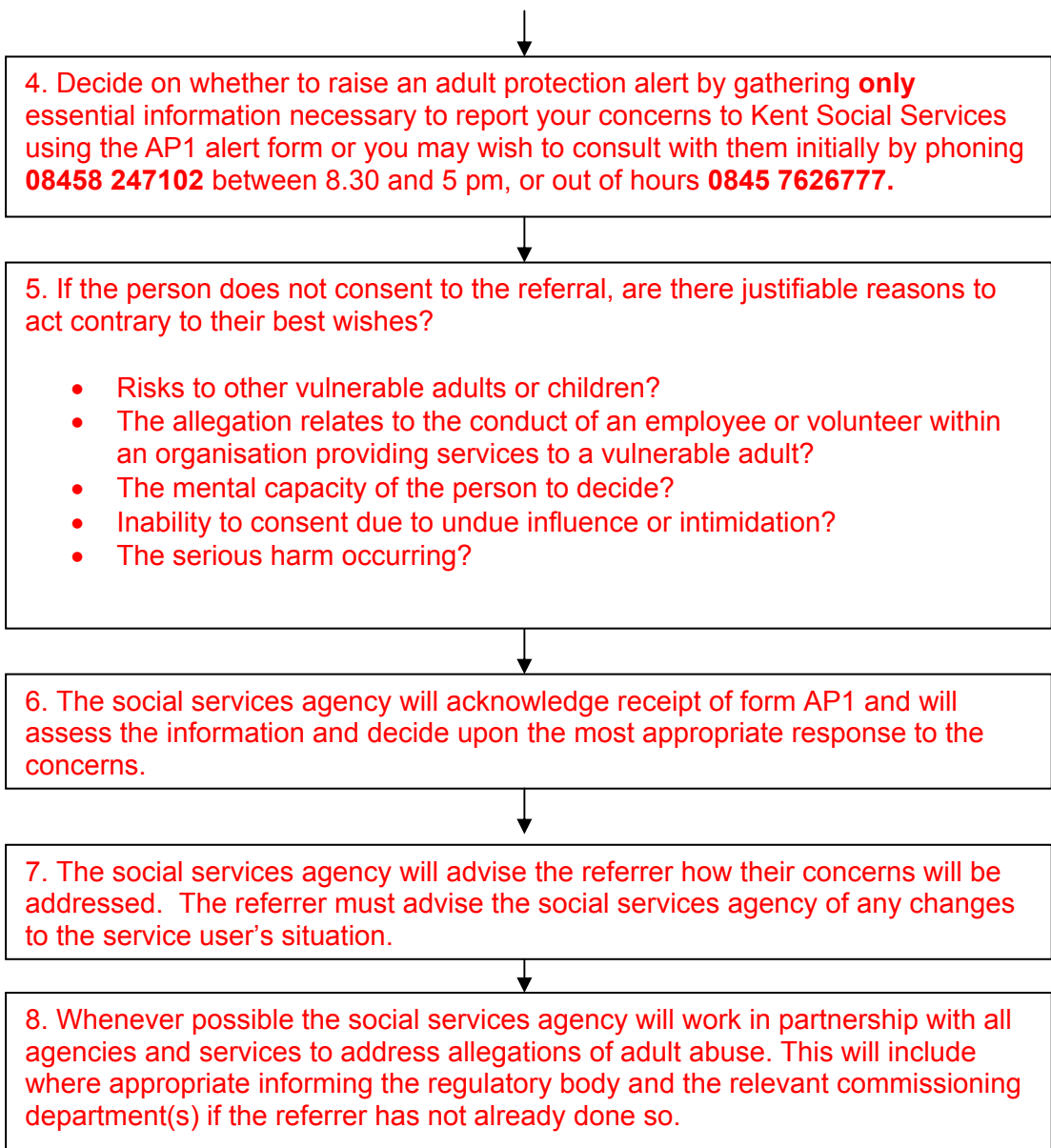
The Social Service Agencies in Kent and Medway will work in partnership with other agencies, services and relevant people to address allegations of adult abuse.

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Flowchart for reporting Adult Protection concerns to Kent Social Services

This section is to support anyone who works with or has contact with vulnerable adults to report their adult protection concerns to Kent Social Services where the alleged abuse has occurred in Kent.





If you have concerns that an issue reported to the Kent Social Services agency has not been appropriately addressed you should contact Kent's Central Duty Team on:

CentralDutyTeam@kent.gcsx.gov.uk (Secure e-mail*)

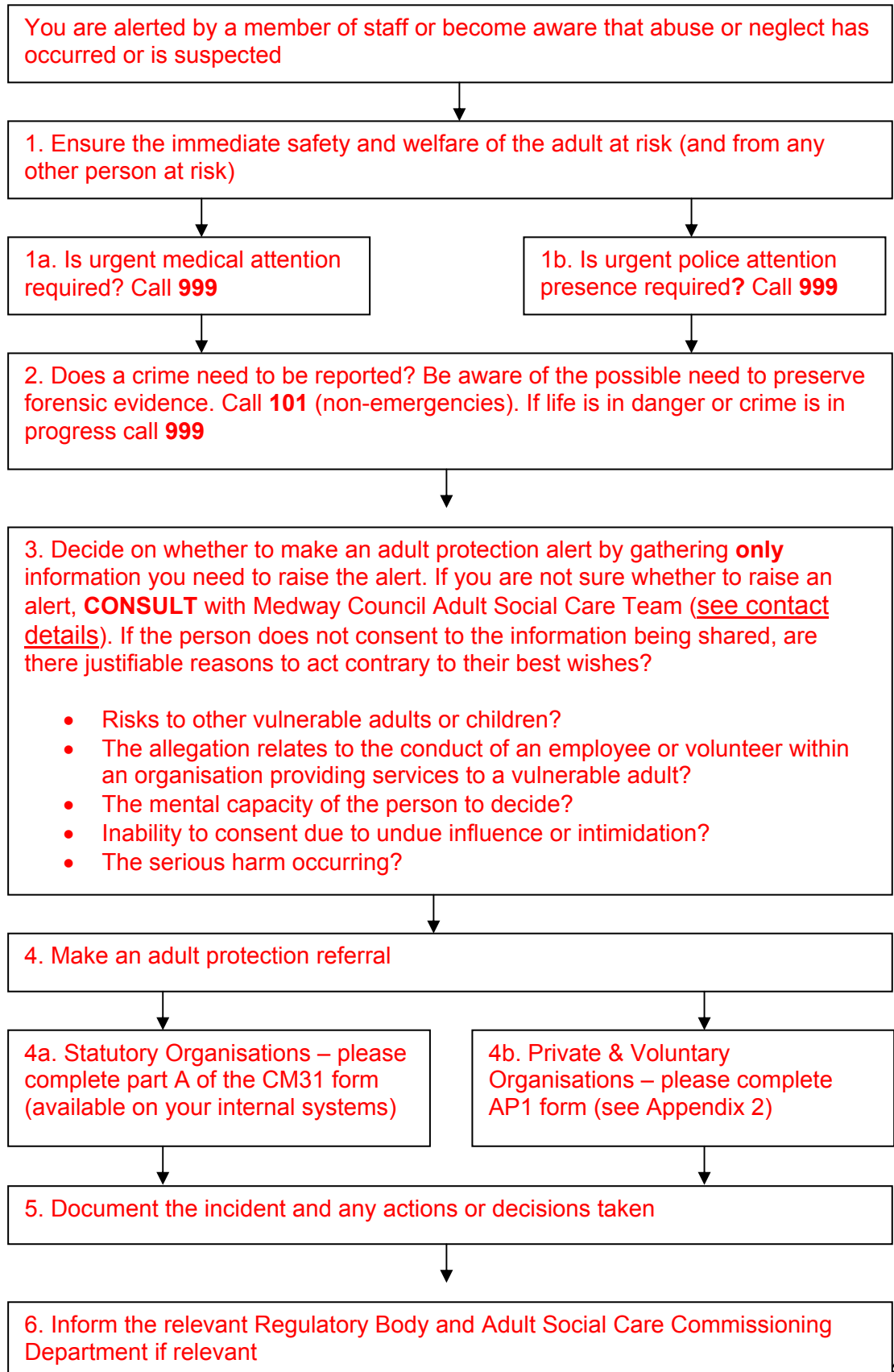
Central.duty@kent.gov.uk (Standard e-mail)

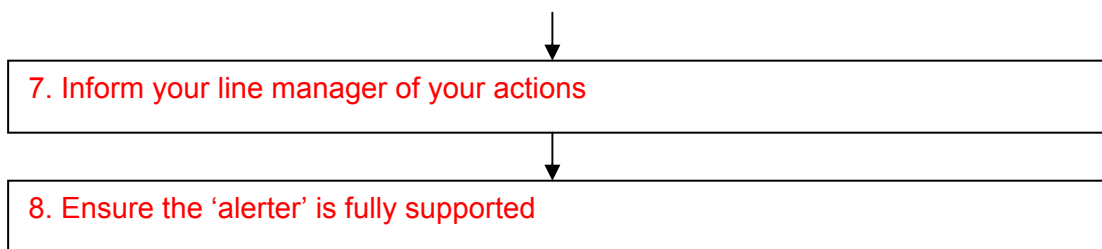
Or by phone on **08458 247102**

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Flowchart for Abuse Witnessed or Suspected that has occurred in Medway

Within an organisation, an employee or volunteer must alert their line manager or designated officer to any safeguarding adult concerns or allegations.





A referral begins a process of gathering facts, assessment of the allegation, assessment of the vulnerable adult's needs and a risk assessment to decide whether the Multiagency Safeguarding Adults policy applies.

Contact details Medway Council Adult Social Care:

Telephone: During working hours (01634) 334466 or out of hours service 08457 626777.

Fax: During working hours (01634) 334504 or out of hours service (01233) 646596.

Secure Email: During work hours: ss.accessandinfo@medway.gov.uk.cjism.net

NB. Before sending any referrals by Fax or Email please telephone first to advise.

To access an electronic version of the AP1 form, see Appendix 2 or follow this link: <http://www.medway.gov.uk/abuse>

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Safeguarding Vulnerable Groups Act 2006 As amended by the Protection of Freedoms Act 2012.

Disclosure and Barring Service (formally ISA)

From December 2012 the Criminal Records bureau (CRB) and the Independent Safeguarding Authority (ISA) will merge into the Disclosure and Barring Service (DBS). This new service will provide a joined up, seamless service to combine the criminal records and barring functions. Further changes will come into force during 2013 and 2014. Details will be published on the DSB website.

The ISA referral guidelines were published on 27th September 2009. They came into force from 12th October 2009. The power/duty to refer information to ISA is under the **Safeguarding Vulnerable Groups Act 2006**. To assist in understanding the referral process the ISA published a guidance document and a referral form which should be used when making a referral to the ISA.

Concerns were expressed by the government and the public that the responsibilities for protecting children and vulnerable adults under the SGVG Act 2006 was focused too much on the State and not sufficiently on employers, voluntary organisations and charities. The government has scaled back the criminal records and barring systems to more proportionate levels. The changes to the systems were included on the **Protection of Freedoms Act 2012**. The changes are being implemented incrementally but from September 2012 the following changes were made.

- New definition of regulated activity.
- Repeal of controlled activity.
- Repeal of registration and continuous monitoring.
- Repeal of additional information.

- Minimum age (16) at which someone can apply for a CRB check.
- More rigorous 'relevancy' test for when the police release information held locally on an enhanced CRB check.

The following elements are **not** changing:

- The Employer or Volunteer Coordinator must make appropriate referrals to the ISA. *(from December 2012 the local authority has the power rather than the duty to refer to the DBS)*
- The Employer or Volunteer Coordinator must not engage in regulated activity someone whom you know has been barred by the DBS.

Everybody within the pre-September 2012 definition of regulated activity will remain eligible for enhanced CRB checks, whether or not they fall within the post-September definition of regulated activity.

The referral guidance documents and the referral form are subject to revision and updating so you are advised to access the up to date versions of the guidance and the form direct from the DBS website.

The guidance sets out:

- the key elements of the referral process
- the circumstances under which a referral should be made
- the legal responsibilities of employers, including the paid and voluntary sector and also employees.
- The responsibilities of Local Authorities, Keepers of Registers and Supervisory Authorities and Health and Social Care Bodies
- the main points of the law in relation to referrals

Definitions of Key terms used within the guidance can be found in section 4 of the guidance.

DBS Referral Guidance

This duty to share information was introduced under the Vetting and Barring Scheme. From 12th October 2009 employers, social services and professional regulators have to notify the ISA of relevant information so that individuals who pose a threat to vulnerable groups can be identified and barred from working with these groups. *(From December 2012 the local authority has the power rather than the duty to refer to the DBS)*

Referral to the DBS must be made when **relevant conduct** has occurred.

***Relevant Conduct** is that which:

- Endangers or harms a child or vulnerable adult or is likely to endanger or harm a child or vulnerable adult;
- If repeated against or in relation to a child or vulnerable adult, would endanger them or would be likely to endanger them;
- That involves sexual material relating to children (including possession of such material);
- That involves sexually explicit images depicting violence against human beings (Including possession of such images), if it appears to DBS that the conduct is Inappropriate; or
- Of a sexual nature involving a child or vulnerable adult, if it appears to DBS that the conduct is inappropriate.

The Responsibilities of Employers or Volunteer Coordinators

The main responsibility for making a referral to the DBS rests with the regulated activity providers. They are employers or volunteer coordinators. They must make the referral when they withdraw a person from regulated activities or would have done so had the person not resigned, retired, been made redundant or been transferred to a non regulated or controlled activity. (This does not apply to temporary suspension without prejudice pending investigation)

***Definition of Regulated Activity Relating to Adults (from September 2012)**

The definition of regulated activity relating to adults no longer labels adults as 'vulnerable'. Instead, the definition identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time. This means that the focus is on the activities required by the adult and not on the setting in which the activity is received, nor on the personal characteristics or circumstances of the adult receiving the activities. There is also no longer a requirement for a person to do the activities a certain number of times before they are engaging in regulated activity.

There are six categories of people who will fall within the definition of regulated activity (and so will anyone who provides day to day management or supervision of those people). A broad outline of these categories is set out below. For more information please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012.

(i) Providing health care

Any health care professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a health care professional. Please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, for further details about what is meant by health care and health care professionals.

(ii) Providing personal care

Anyone who:

- provides physical assistance with eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails because of an adult's age, illness or disability;
- prompts and then supervises an adult who, because of their age, illness or disability, cannot make the decision to eat or drink, go to the toilet, wash or bathe, get dressed or care for their mouth, skin, hair or nails without that prompting or supervision; or
- trains, instructs or offers advice or guidance which relates to eating or drinking, going to the toilet, washing or bathing, dressing, oral care or care of the skin, hair or nails to adults who need it because of their age, illness or disability.

(iii) Providing social work

The provision by a social care worker of social work which is required in connection with any health care or social services to an adult who is a client or potential client.

(iv) Assistance with cash, bills and/or shopping

The provision of assistance to an adult because of their age, illness or disability, if that includes managing the person's cash, paying their bills or shopping on their behalf.

(v) Assistance in the conduct of a person's own affairs

Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example by virtue of an enduring power of attorney. Please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, for the further categories which are covered here.

(vi) Conveying

A person who transports an adult because of their age, illness or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care; or between places where they have received or will be receiving health care, personal care or social care. This will not include family and friends or taxi drivers.

Withdrawal from Regulated Activity

Withdrawing a person from regulated activity in the context of making a referral does not necessarily mean permanently removing them. Once your investigations have established harm or risk of harm to a child or vulnerable adult a decision needs to be made as to the best way of managing this information.

1. Return the individual to work with additional training and / or a warning
2. Dismiss the individual

3. Return the individual to a non regulated activity
4. Continue suspension due to risk of harm while seeking advice

If the decision is to remove the person either through points 2 to 4 above then permission to engage in regulated activity has been withdrawn and referral to the DBS must be made

- Where an individual has left your employ before you made any final disciplinary decision due to harm or risk of harm to a vulnerable adult this information **must** also be referred to the DBS

Responsibilities of Local Authorities Keepers of Registers, Supervisory Authorities, Health and Social Care (HSC) Bodies and Education and Library Boards.

In all cases the trigger to make a referral to the DBS is when there is evidence that an individual who is engaged or may have been engaged in *regulated activity* has:

- engaged in **Relevant Conduct**;
 - satisfied the **Harm Test** (see section 30a)
- or received a caution or conviction for a *relevant offence*.
- and they consider that the DBS may bar the worker

If the above conditions have been met the prescribed information **must** be referred to the DBS by the employer or the volunteer coordinator.

The referral should be made to the DBS when the body (employer or volunteer coordinator) has gathered sufficient evidence as part of their investigations to support their thinking that a person has engaged in *relevant conduct*, satisfied the *harm test* or received a caution or conviction for a *relevant offence*. At this point the body should think the person has a case to answer. Referral at this point will help to ensure that the DBS has sufficient evidence to commence its decision making process while providing adequate safeguarding for vulnerable groups.

All Groups: Making a Referral When There Is No Duty to Refer

The DBS will consider all information referred to it from any source in relation to whether an individual should be included in a barred list. For example:

- Regulated activity providers and other groups may provide information where following an internal investigation there is insufficient evidence to show *relevant conduct* occurred, but they still have concerns about that individual; or
- Where an employer may have concerns about an individual who has left their employ and they know or think that the individual works in *regulated activity* in another setting.

Again there is no duty to refer to the DBS but they may.

Who Will Be Informed If An Individual Is Barred?

Following representations, if an individual is subsequently barred they will be notified in writing and they are Barred. All organisations with a *legitimate interest* in the individual will be notified that the individual is Barred. If the individual is not barred, they and *legitimately interested* parties will be advised in writing.

The DBS does not have the power to inform any other individuals or organisations of the decision including an employer who may have dismissed the individual (as they no longer have a *legitimate interest* in the individual).

A barred person is breaking the law if they seek, offer or engage in regulated activity with a group from which they are barred from working, be it paid or voluntary.

Legitimate Interest

A person or organisation has a legitimate interest in another person if they

- have engaged or are considering engaging them in regulated activity, and
- the person or organisation has registered any interest and

- the registered interest relates to the activity that the person or organisation has permitted the individual to engage in and
- the person or organisation has notified the DBS of the address to which any notification is to be sent or
- if they are a Keeper of Register or Supervisory body as mentioned in the 2006 Act or 2007 Order and the individual concerned is registered with that body.

It will be apparent from this information that neither the ex-employer nor local authority that made the referral to the DBS will be informed of the outcome of the referral. So the records held by the employer and the local authority will be a record that a referral was made by to the DBS in respect of the individual.

Those with a duty or power to refer should send new referrals to the following address:

**Disclosure and Barring Service
PO Box 181, DARLINGTON DL1 9FA**

The DBS Referral Guidance and referral form are now available on: [DBS Referral Form and Guidance](#)

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Examples of Types of Harm to a Vulnerable Adult

Type of Abuse	Definition of Abuse	Examples of Abuse
Emotional / Psychological	Action or inaction by others that might cause mental anguish	Inflexible regimes and lack of choice. Mocking, coercing, denying privacy, threatening behaviour, bullying, intimidation, harassment, deliberate isolation, deprivation.
Financial	Usually associated with the misuse of money, valuables or property.	Unauthorised withdrawals from vulnerable adults account, theft, fraud, exploitation, pressure in connection with wills or inheritance.
Physical	Any physical action or inaction that results in discomfort, pain or injury.	Hitting, slapping, pushing, shaking, bruising, failing to treat sores or wounds, under or overuse or medication, un-prescribed or inappropriate medication, use of restraint or inappropriate restraint, inappropriate sanctions.
Sexual	Coercion or force to take part in sexual acts.	Inappropriate touching. Causing bruising or injury to the anal, genital or abdominal or oral area. Transmission of STD.
Neglect	Failure to identify and/or meet care needs.	Untreated weight loss, failing to administer reasonable care resulting in pressure sores or uncharacteristic problems with continence. Poor hygiene, soiled clothes not changed, insufficient food or drink, ignoring resident's requests, unmet social or care needs.
Verbal	Any remark or comment by others that causes distress.	Demeaning, disrespectful, humiliating, racist, sexist, or sarcastic comments. Excessive or unwanted familiarity, shouting, swearing, name calling.

Guidance notes for the Barring Decision Making Process. (ISA February 2009)

**Kent Social Services AP1 Alert Form (February 2013)
Adult Protection Alert Form for Service Providers and Members of the Public**

Please ensure this form is completed as fully as possible if adult abuse is witnessed or suspected.

This form is designed to be completed as a word document and includes drop down boxes to support completion. There are free text boxes throughout the form and these sections will grow to accommodate the information being added. An electronic name will be considered as a signature within this document.

If you are unable to complete the form electronically a hand written form will be accepted. (Details of where and how to send the AP1 are found at the end of this form). If you require assistance in completing this form, please see the guidance notes on the kent.gov website: **(INSERT LINK TO GUIDANCE NOTES ON WEBSITE)**

AP1 Stage 1 – Alert			
i. Name and Role/Relationship of person completing this form (s)			
i. Do you wish to remain anonymous (s)			
i. Contact Address and Telephone Number (Fax and/or email)			
ii. Name and role or relationship of person who reported the alleged incident (if different from person named above)			
ii. Do they wish to remain anonymous			
ii. Contact Address and Telephone Number			
KCC OFFICE USE ONLY- DATE AP1 RECEIVED (Date of Alert) (s):			
Method of contact: (s)		Source of Contact/Alert: (s)	

Date(s) & Time(s) of Incident(s) if known: (s)					
Client's Details					
Name of client*: (s)		Title:		LA Client ID / Hospital ID / Rio Number/ NHS Number *	
Client's Normal Address*: (s)		Address of where the alleged incident of abuse occurred:			
Postcode* (s)		Location, where did alleged abuse take place?* (s)			
Is this a registered care home*?		Communication needs		Is Support Required?	
Tel No. 1:		Speech (s)			
Tel No 2:		Hearing (s)			
Email:		Visual (s)			
Date of Birth*: (s)		Explanation of Communication Needs			
Date of Death: (s)		Interpreter (s)			
Gender*: (s)		First Language: (s)			
Marital Status*: (s) If other give details		Details of Interpreter required			
Ethnicity*: (s)		Contact details of Advocate			
Sexual Orientation:					
Religion: (s)		Contact details of significant other (s)			
Next of Kin or significant other, address and telephone number (s)		Contact details of nearest relative under MH Act			

Relationship to client (s)		General Practice address and telephone number General Practitioner (if known) (s)	
Is the client aware that this concern is being reported to Social Service Agency*? (s)		If not, reason why?	
Has the client given their consent to this information being shared with social services and / or other agencies*? (More details can be added in text box)			
If no, reason why?			
Information will be shared with other agencies where issues of capacity to give consent are unclear and/or where the safety of other vulnerable people may be at risk or where a crime is suspected.			
To your knowledge has this client been the subject of previous adult protection alerts? (s)			
For Social Services to explain if person has been subject to previous adult protection alert?			
To your knowledge has this setting been the subject of previous adult protection reports?			
Key Professionals if known*?	Contact Address	Telephone, Fax and Email	
Social Services Case Manager			
District Nurse/CPN/Other			
Any other significant professional/s			
Is the vulnerable adult a carer?			
Is the person under a Deprivation of Liberty Safeguards Authorisation? If so please give brief details			
To the best of your knowledge Primary Category of client* (s) (If you are completing by hand please describe whether physical, sensory, learning disability or mental health difficulties experienced)			

Secondary Category of client if relevant :	
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***Details of Allegation -what happened*? (Include information about any witnesses and their contact details. What has triggered the alert now?
Where possible provide details of the vulnerability of the subject of the alert. These may include communication issues, understanding, first language and any essential medical information. (Complete body map if appropriate.)***

Remember to answer-Who, What, When, Where and details of any witnesses.

At this stage, do you have a view of the individual's mental capacity regarding this adult protection alert and related concerns? Is there a known mental disorder?

Please give details:

Type of alleged abuse* Identify all that are relevant (s)

Please tick the **Domestic Abuse** or **HATE Crime** beside any type of abuse that is also related to these

Main category of abuse			Was the alleged abuse between partners?			<input type="checkbox"/>	
	Abuse	Dom Abuse	Hate Crime		Abuse	Dom Abuse	Hate Crime
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional / Systemic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional / Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Injuries Reported

Please describe injury* - When recording an injury you need to try and include the following information:

- Exact site of injury; size of injury (cm or inches); approx shape of injury; colour of injury; is injury clean?
- Is the skin broken? Is there any swelling?
- Are there any scabs / blistering / bleeding present?
- Is mobility restricted; does the site feel hot? Does the client feel pain?:

Please also consider and record psychological impact on Client (if known):

Is there a body map to be made available?
please attach and send with AP 1.

Are there any photographic records of these injuries?
Please attach

Has client been medically examined?

If yes – who by and when?

Is there a need to preserve any potential Forensic Evidence?

If yes are you aware of – or have you been advised of what to do regarding forensic or other evidence? – please advise

Do you consider anyone else to be at risk e.g. other vulnerable adults or children

<p>Information about the main alleged perpetrator / organisation (Please provide, as much information as possible to enable the police to carry out necessary checks. If the identity of the alleged perpetrator(s) is not available do not delay sending the referral to the police if from your consultations a crime has or may have been committed.) If an organisation is alleged to be responsible only limited parts of this section can be completed</p>			
Multiple Perpetrators		Next perpetrator – if yes please copy this page and attach to AP1	
Full name of a person or name of the organisation alleged to be responsible for the abuse. If unknown then state UNKNOWN (S)			
Relationship of primary alleged perpetrator:* (s)			
AKA / Alternative name:		Gender	
DOB:		Age / Estimated age:	
Home Address/Post Code/Telephone No:			
Ethnicity			
Occupation: (If Applicable)			
Is the alleged perpetrator aware of the referral? (s)			
Does the alleged perpetrator pose a possible risk to children? If yes, give details			
Does the alleged perpetrator pose a possible risk to other vulnerable adults? (s) If yes, give details			
Is the alleged perpetrator a vulnerable adult themselves? (s)			
<p>If yes, Vulnerability of Alleged Perpetrator if known: Include communication / understanding / capacity & first language, Physical Disability, Learning Disability, any Mental Health problems & any relevant medical information. Please record if a mental capacity assessment is required in relation to the alleged perpetrator.</p>			
Does the alleged perpetrator care for others? (s)			
Do they live with the vulnerable adult?			
Has the alleged perpetrator been mentioned in previous referral(s) as an alleged perpetrator?			
Details of any professional helper/s (eg Case Manager / Social Worker/CPN/Comm LD Nurses) involved in the care of the alleged perpetrator (if applicable name / role / telephone number):			

<p>Have you taken any immediate action? If so what? Please attach relevant risk assessment or other documents/reports if available</p>	
<p> </p>	
<p>Have you informed any other person/agencies of this alleged incident? Please give details. (Police, CQC, Health, Next of Kin)</p>	
<p>Name and/or role of person informed</p>	<p>Brief summary of contact – e.g. faxed, phoned, emailed etc and date sent.</p>
<p>Name of person completing this alert form*:</p>	<p>Date*</p>
<p>Signature If completed by hand</p>	

*** SEND TO CASE MANAGEMENT TEAM IF YOU KNOW THAT THE VULNERABLE ADULT IS OPEN TO KENT CASE MANAGEMENT**

*** SEND TO CENTRAL DUTY TEAM FOR ALL OTHER CASES**

CentralDutyTeam@kent.gcsx.gov.uk (Secure e-mail*)

***Secure e-mail is accepted from the following addresses:**

@nhs.net @pnn.police.uk @gscx.gov.uk @gsi.gov.uk

Central.duty@kent.gov.uk (Standard e-mail)

Please note if using this email address, it is not secure.

Use social services ID number where this is known or initials of the vulnerable person

If you wish to send client level information, then you will need to password protect the document.

Send the password separately - do not include it in the body of the email.

If you do not have e-mail facility please fax the completed form to 01732 221645 between 08.30 – 17.00 hours

Out of Hours fax: 01233 646596 (Both are safe haven).

If you wish to consult with Kent Social Services to discuss your concerns please call:

08458 247102 between 08.30 – 17.00 hours.

Out of hours service on 0845 7626777.

Appendix 2

Medway Council Adult Protection Alert Form				Form AP1	
Service providers should ensure this form is completed if adult abuse is witnessed or suspected. If a criminal offence is witnessed or reported the police should be contacted as a matter of urgency. Revised February 2013					
Date Completed:		Date incident reported to person completing form:			
Name of person completing this form		Role and Profession	Contact address		Telephone, Fax and E-mail
Name of person who reported the alleged incident		Role, Profession and Relationship	Contact address		Telephone, Fax and E-mail
Name of alleged victim		Date of Birth	Gender	Marital Status	Ethnicity
Current address		Telephone number		SS ID and/or NHS number	
Next of Kin		Contact Address		Telephone, Fax and E-mail	
GP		Practice Contact Address		Telephone, Fax and E-mail	
Key Professionals if known		Contact Address		Telephone, Fax and E-mail	
Care Manager / District Nurse / CPN					
(if other please state)					

**Does the alleged victim have any problems with sight, speech, hearing, language, or mental capacity if known?
Please record if the alleged victim requires an interpreter, support with communication or an independent advocate.**

--	--	--	--	--	--

Is the alleged victim aware that you are contacting another agency?	Yes	No	Unsure	If no, why is this? e.g. understanding, have not been told.	
--	-----	----	--------	--	--

Has the alleged victim given permission to share information?	Yes	No	Unsure		
--	-----	----	--------	--	--

Is the alleged victim purchasing services privately?	Yes	No	Who is funding the service? (where known and applies)	
---	-----	----	--	--

Date of Alleged Incident		Time of Incident	
---------------------------------	--	-------------------------	--

Location of Alleged Incident	
-------------------------------------	--

(please record any details known)	
--	--

Type of alleged abuse (please tick all that you consider to be relevant):

Physical	Psychological	Sexual	Financial	Neglect	Discriminatory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you believe that any of the allegations are domestic abuse?	Yes	No
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Details of allegation:

What happened? Who was involved? Where and when did the alleged abuse take place?

Name(s) of alleged perpetrator(s)	Date(s) of Birth	Gender	Ethnicity
Own home address(es)	Telephone number(s)	Role / Relationship to Service User	
Have you taken any immediate action? If so what?		Have you informed any other person/agencies of this alleged incident? Please give details (Police, CQC, Health).	
Do you consider anyone else to be at risk? E.g. other vulnerable adults and/or children.			
Yes	No	Unsure	
You may be asked to forward any statements, incident/accident reports, body map(s) if relevant:			
Please tick the box if you require extra space and intend to send any additional pages (hard copy only).			<input type="checkbox"/>

Please complete details below when sending a hard copy and keep an original for you own records.

Name	Signed	Date