

Adult Safeguarding Operational Procedures

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Alternative Formats

This documentation can be made available in alternative formats such as large print, Braille, disk, audio tape or in an ethnic-minority language upon request. Requests for alternative formats can be made to the Probation Board using the following contact information:

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1. INTRODUCTION

These procedures are linked to the Health and Social Care Board's Adult Safeguarding Operational Procedures.

<http://www.hscboard.hscni.net/download/PUBLICATIONS/safeguard-vulnerable-adults/niasp-publications/Adult-Safeguarding-Operational-Procedures.pdf>

All adults have a right to live in safety, free from harm and neglect. PBNI is committed to working in partnership with other agencies to help prevent the abuse of adults who are assessed as being at risk of harm.

During the course of their duties, PBNI staff will come into contact with service users who pose a risk to adults at risk of harm (as defined at 3.9) and also service users who are themselves, adults at risk of harm. Adult safeguarding concerns may relate to a PBNI service user as a perpetrator or as a victim.

It is important that PBNI staff identify, assess and manage the risks posed to adults at risk of harm by service users subject to licences or statutory orders. This information should be shared with relevant agencies as appropriate (i.e. PSNI, HSCTs).

It is also important that PBNI staff identify, service users (or potentially members of their family) who are themselves adults at risk of harm and take appropriate action (i.e. refer to HSC Trust Adult Protection Gateway Service) when their needs are unmet.

2. PRINCIPLES

PBNI bases its Adult Safeguarding Procedures on the following underpinning principles:

A Rights-Based Approach: adults have a right to be safe and secure; to be free 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: adults should be empowered 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.

A Person-Centred Approach: adults should be facilitated to fully participate 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 their safety and well-being.

A Consent-Driven Approach (from the victim's perspective): there should be a presumption that adults (at risk of harm/in need of protection) have the ability to give or withhold consent; to make informed choices; to have their choice informed through the provision of information, and the identification of options and alternatives; there should be particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; intervention in the life of an adult against his or her wishes should only occur in particular circumstances, for very specific purposes and always in accordance with the law.

A Collaborative Approach: it is acknowledged 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 and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood.

3. Definitions

3.1 What is Abuse?

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'.

Abuse is the misuse of power and control that one person has over another. It can involve direct and indirect contact and can include online abuse.

The main forms of abuse are:

3.2 Physical Abuse

Physical abuse is the use of physical force or mistreatment of one person by another which may or may not result in actual physical injury. This may include hitting, pushing, rough handling, exposure to heat or cold, force feeding, improper administration of medication, denial of treatment, misuse or illegal use of restraint and deprivation of liberty. Female genital mutilation (FGM) is considered a form of physical and sexual abuse.

3.3 Sexual violence and abuse

Sexual abuse is 'any behaviour (physical, psychological, verbal, virtual/online) perceived to be of a sexual nature which is controlling, coercive, exploitative, harmful, or unwanted that is inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability). Sexual violence and abuse can take many forms and may include non-contact sexual activities, such as indecent exposure, stalking, grooming, being made to look at or be involved in the production of sexually abusive material, or being made to watch sexual activities. It may involve physical contact, including but not limited to non-consensual penetrative sexual activities or non-penetrative sexual activities, such as intentional touching (known as

groping). Sexual violence can be found across all sections of society, irrelevant of gender, age, ability, religion, race, ethnicity, personal circumstances, financial background or sexual orientation.

3.4 Psychological / Emotional Abuse

Psychological / emotional abuse is behaviour that is psychologically harmful or inflicts mental distress by threat, humiliation or other verbal/non-verbal conduct. This may include threats, humiliation or ridicule, provoking fear of violence, shouting, yelling and swearing, blaming, controlling, intimidation and coercion.

3.5 Financial Abuse

Financial abuse is actual or attempted theft, fraud or burglary. It is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which the person did not or could not consent to, or which were invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.

3.6 Institutional Abuse

Institutional abuse is the mistreatment or neglect of an adult by a regime or individuals in settings which adults who may be at risk reside in or use. This can occur in any organisation, within and outside Health and Social Care (HSC) provision. Institutional abuse may occur when the routines, systems and regimes result in poor standards of care, poor practice and behaviours, inflexible regimes and rigid routines which violate the dignity and human rights of the adults and place them at risk of harm. Institutional abuse may occur within a culture that denies, restricts or curtails privacy, dignity, choice and independence. It involves the collective failure of a service provider or an organisation to provide safe and appropriate services, and includes a failure to ensure that the necessary preventative and/or protective measures are in place.

3.7 Neglect

Neglect occurs when a person deliberately withholds, or fails to provide, appropriate and adequate care and support which is required by another adult. It may be through a lack of knowledge or awareness, or through a failure to take reasonable action given the information and facts available to them at the time. It may include physical neglect to the extent that health or well-being is impaired, administering too much or too little medication, failure to provide access to appropriate health or social care, withholding the necessities of life, such as adequate nutrition, heating or clothing, or failure to intervene in situations that are dangerous to the person concerned or to others, particularly when the person lacks the capacity to assess risk.

3.8 Related Definitions

There are related definitions which interface with Adult Safeguarding, each of which have their own associated adult protection processes in place.

- **Domestic violence and abuse**

Domestic violence or abuse is ‘threatening, controlling, coercive behaviour, violence or abuse (psychological, virtual, physical, verbal, sexual, financial or emotional) inflicted on anyone (irrespective of age, ethnicity, religion, gender, gender identity, sexual orientation or any form of disability) by a current or former intimate partner or family member’. Domestic violence and abuse is essentially a pattern of behaviour which is characterised by the exercise of control and the misuse of power by one person over another. It is usually frequent and persistent. It can include violence by a son, daughter, mother, father, husband, wife, life partner or any other person who has a close relationship with the victim. It occurs right across society, regardless of age, gender, race, ethnic or religious group, sexual orientation, wealth, disability or geography.

The response to any adult facing this situation will usually require a referral to specialist services such as Women’s Aid or the Men’s Advisory Project. In high risk cases a referral will also be made to the Multi- Agency Risk Assessment (MARAC) process. Specialist services will then decide if the case needs to be referred to a HSC Trust for action under the safeguarding procedures. If in doubt, anyone with a concern can ring the Domestic and Sexual Violence helpline (0808 802 1414) to receive advice and guidance about how best to proceed.

- **Human Trafficking/Modern Slavery**

Human trafficking/modern slavery involves the acquisition and movement of people by improper means, such as force, threat or deception, for the purposes of exploiting them. It can take many forms, such as domestic servitude, forced criminality, forced labour, sexual exploitation and organ harvesting. Victims of human trafficking/ modern slavery can come from all walks of life; they can be male or female, children or adults, and they may come from migrant or indigenous communities.

The response to adults at risk experiencing human trafficking/modern slavery will always be to report the incident to the Police Service.

- **Hate Crime**

Hate crime is any incident which constitutes a criminal offence perceived by the victim or any other person as being motivated by prejudice, discrimination or hate towards a person’s actual or perceived

race, religious belief, sexual orientation, disability, political opinion or gender identity.

The response to adults at risk experiencing hate crime will usually be to report the incident to the Police Service.

3.9 Adult at Risk of Harm

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 personal characteristics and/or life circumstances.

Personal characteristics may include, but are not limited to, age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. **Life circumstances** may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.

3.10 Adult in Need of Protection

An 'adult in need of protection' 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

AND

C) who is unable to protect their own well-being, property, assets, rights or other interests;

AND

D) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.

In order to meet the definition of an 'adult in need of protection' either (A) or (B) must be present, in addition to both elements (C) and (D).

4. Recognising Adult Safeguarding Concerns

Whilst adult safeguarding is principally the responsibility of the Health and Social Care Trusts and, where a crime is suspected or alleged, the Police Service for Northern Ireland, it is everyone's business.

All PBNI staff should be able to recognise indicators of potential or actual abuse and know how to act in responding to such concerns. Operational staff should be particularly alert to signs and symptoms of potential abuse when visiting the homes of service users.

Appendix 1 sets out the sign and symptoms of abuse. This should be used as a guide not a checklist.

Where a staff member is uncertain but has concerns that there is an adult experiencing harm or abuse, it is important that he/she consults with their line manager immediately.

5. Responding to Adult Safeguarding Concerns

Any staff member who believes or suspects that an adult is experiencing (or is likely to experience) harm or abuse shall immediately discuss their concerns with their line manager. Or in their absence, their line Assistant Director or another member of the senior leadership team.

The Area Manager and staff member shall consider whether the concern is a safeguarding issue. This may involve checking out information whilst being careful not to stray into the realms of investigation.

Where immediate danger exists medical assistance should be sought, if appropriate and reported to the PSNI.

Where discussion confirms the staff member's concerns meet the definition of an adult in need of protection, a referral shall be made to the HSC Trust Adult Protection Gateway Service. In the first instance this should be by telephone (Appendix 2) and followed up within 24 hours by written confirmation on the correct pro forma (Appendix 3). Social Services will be responsible for notifying the police, where appropriate, under the joint protocol arrangements.

Referrals outside of office hours should be made to appropriate Trust's out of hours number (Appendix 2).

Referral to the HSC Trust Adult Protection Gateway Service should be made if one or more of the following characteristics are met:

- The perceptions of the adult(s) concerned and whether they perceive the impact of harm as serious;
- There is a clear and significant impact on the physical, sexual, psychological and/or financial health and well-being of the person affected;
- There is a clear and significant impact, or potential impact, on the health and well-being of others;
- There are serious or repeated acts of omission or neglect that compromise an adult's safety or well-being;
- There is a potential criminal offence against the adult at risk; the action appears to have been committed with the deliberate and harmful intent of the perpetrator(s);
- Concerns about an abuse of trust by individuals in a position of power or authority;
- There has been a previous referral to a regulated service provider for action, and it has not been sufficiently addressed

If PBNI staff have any doubt as to whether the threshold has been reached, the concern should be discussed with the HSC Trust Adult Protection Gateway Service (Appendix 2).

The consent of the adult in need of protection (i.e. victim) should be sought before making a referral to the HSC Trust Adult Protection Gateway Service or contacting the police. The need for consent can, however, be over-ridden if, for example, the individual does not have capacity; there is a potential risk to others or it is in the public interest.

A copy of the referral form must be attached to PBNI's electronic case management system. As should the acknowledgement and outcome from the Health and Social Care trust. Case records should detail any actions or roles to be carried out by PBNI.

6. Case Management Responsibilities

Where adult safeguarding issues are identified in a case being supervised by PBNI (or at the pre sentence stage), where the service user is either a victim or an alleged perpetrator, staff shall remain vigilant to signs of potential abuse during on-going contact.

Staff shall remain in regular contact with Social Services and record details in the case management system.

As part of the supervision process the line manager shall be kept apprised of any current or emerging concerns.

If invited, staff shall attend any relevant meetings convened by Social Services. And, if appropriate, shall invite Social Services to attend PBNI or PPANI convened meetings.

If there are any adult safeguarding issues extant in a service user's circumstances, action to mitigate against the same shall be included in a service user's case plan. For example, referral to addiction services; referral to counselling; referral to a programme for domestic abuse; referral to the MARAC process; referral to PPANI.

Clear and accurate records should be kept in line with PBNI Practice Standards.

7. Sharing Information

Accurate and timely sharing of information between relevant agencies is key to adult safeguarding.

Effective adult safeguarding depends on assessment of risk to an individual. Effective assessment relies on the availability of relevant, accurate and up-to-date information.

It is important that PBNI shares information with relevant agencies about individuals who may present a risk of harm. Wherever possible this should be with the individual's consent but consent is not a prerequisite for the information to be shared.

The Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent.

Principles to be considered when sharing information:

- **Proportionate** (PBNI staff should not share more information than is necessary);
- **Relevant** (what is the purpose of the disclosure?);
- **Adequate and accurate** (the information must be easily understood and up-to-date);
- **Timely** (information should be shared in a timely manner to reduce the risk of missed opportunities);
- **Secure** (information should be shared in a secure way and in line with PBNI's policy);
- **Recorded** (information sharing decisions should be recorded and reasons for doing so cited).

Appendix 1

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

Possible indicators of emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

Possible indicators of financial abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts

- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

Possible indicators of institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

Possible indicators of neglect

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

Possible indicators of domestic violence

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones

- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

Possible indicators of human trafficking/modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

Appendix 2

Health and Social Care Trust

Adult Safeguarding Regional Reporting Numbers

HSC Trust	Adult Safeguarding Number/Email address	Out of Hours Number
Belfast	028 9504 1744 adultsguarddutydesk@belfasttrust.hscni.net	028 9504 9999
Northern	028 94413659 AdultSafeguarding@northerntrust.hscni.net	028 9504 9999
Western	028 7161 1366 adultsafeguarding.referral@westerntrust.hscni.net	028 9504 9999
South Eastern	028 9250 1227 adultprotectiongatewayteam@setrust.hscni.net	028 9504 9999
Southern	028 3756 4427 / 4428 adultsafeguard.team@southerntrust.hscni.net	028 9504 9999

Trust Adult Safeguarding Specialists:

Belfast H&SC Trust
South Eastern Trust
Northern H&SC Trust
Southern Trust
Western Trust

Roberta Myers, Ciara Mooney
 Jenny Fitzsimons
 Randal McHugh
 Helen McCormick
 Gavin Hamilton

Appendix 3

REGIONAL ADULT SAFEGUARDING PROCEDURE

APP1 ADULT AT RISK OF HARM CONCERN

For completion by all organisations required to have an Adult Safeguarding Champion

PLEASE ENSURE SECTIONS 1 & 2 ARE FULLY COMPLETED FOR ALL CONCERNS

Name:	Date of Birth: <i>(if not known, please give approx age)</i>	Date of Referral:
Address:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Service/Client Group:
Postcode:	Ethnicity:	
Telephone No:	Is this person known to the Trust? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>	H&C / Reference No:

SECTION ONE

Section 1 – completed by person reporting the concern

Details of Person reporting the concern <i>(person bringing the concern to your agency's attention)</i>			
Name:		Relationship to adult at risk of harm:	
Job title and agency:		Contact Number:	
Who was the first person to note the concern			
Name:	Relationship to adult at risk of harm:	Contact number:	Date:

Source/Origin of Concern			
<input type="checkbox"/> GP	<input type="checkbox"/> Housing Provider	<input type="checkbox"/> Learning Disability Hospital	<input type="checkbox"/> Regulated Care Home
<input type="checkbox"/> RQIA	<input type="checkbox"/> MARAC	<input type="checkbox"/> Adult Mental Health Hospital	<input type="checkbox"/> Supported Living
<input type="checkbox"/> PSNI	<input type="checkbox"/> Day Care	<input type="checkbox"/> Acute General Hospital	<input type="checkbox"/> Self
<input type="checkbox"/> Prison	<input type="checkbox"/> Homecare Worker	<input type="checkbox"/> Non Acute Hospital	<input type="checkbox"/> Carer
<input type="checkbox"/> Benefits Branch	<input type="checkbox"/> RESW	<input type="checkbox"/> Other Trust	<input type="checkbox"/> Anonymous

<input type="checkbox"/> Vol. Organisation	<input type="checkbox"/>		<input type="checkbox"/> Other <i>Specify</i>
Location of incident			
<input type="checkbox"/> Day Care	<input type="checkbox"/> Own Home	<input type="checkbox"/> Public Place	<input type="checkbox"/> Adult placement
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Residential home	<input type="checkbox"/> Supported living	<input type="checkbox"/> Adult Hostel
<input type="checkbox"/> Non acute hospital	<input type="checkbox"/> Acute general hospital	<input type="checkbox"/> Mental Health Hospital	<input type="checkbox"/> Learning Disability Hospital
<input type="checkbox"/> Prison	<input type="checkbox"/> Short Break	<input type="checkbox"/> Other <i>specify</i>	

Key Contacts			
	Name	Address	Contact number
Key Worker			
Care Manager			
G.P.			
Family/Carer			
Significant other			
Other			
What is the PRIMARY form of suspected, admitted or known harm or abuse? (tick one only)			
<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual (Incl. violence)	<input type="checkbox"/> Psychological	<input type="checkbox"/> Neglect
<input type="checkbox"/> Financial	<input type="checkbox"/> Exploitation	<input type="checkbox"/> Institutional	
Does the PRIMARY form of alleged harm or abuse also relate to the following definitions?			
<input type="checkbox"/> Domestic & sexual violence	<input type="checkbox"/> Hate crime	<input type="checkbox"/> Modern slavery/Human Trafficking	
INCIDENT REPORT			
Background information			
<u>Home circumstances</u>			
Does the adult at risk of harm live alone?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person who is suspected to have caused harm live with the adult at risk of harm?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the adult at risk of harm present location different from home address?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes give present location			
Provide details of the supports available to the adult at risk of harm			
<u>Factors precipitating incident</u>			
<u>Issues of capacity and communication needs of adult at risk</u>			
Incident Report – Location/Date/ Time (please give exact details of what has been reported and if appropriate include names of any witnesses and note injuries on APP1 body chart).			
Details of any witnesses:			
1. Name:			
Address:			
Contact No:			

2. Name:
Address:
Contact No:

Describe the impact of the incident on the adult at risk of harm:

Adult At Risk of Harm's Knowledge Of Referral

Does the adult at risk of harm know that a referral may be made? Yes No N/K

Is the adult at risk of harm able to give informed consent? Yes No

Has the adult at risk of harm consented to a referral? Yes

If no please give details:

Record adult at risk of harm or carer's views regarding reporting to PSNI

Have You Taken Any Emergency Action to Avoid Immediate Serious Risk?

Was immediate protection needed for adult at risk of harm? Yes No
If Yes give details:

Are there any children or other adults at risk? Yes No
If Yes give details:

Was immediate protection required? Yes No
If Yes give details:

Is there a need for a DASH to be completed? Yes No N/K

Details of Person/Persons Suspected of Causing Harm

Name: _____ Date of Birth: _____ M F

Address: _____

Is the person(s) suspected of causing harm aware an allegation has been made against them?

Yes No N/K

Is the person(s) suspected of causing harm known to the adult at risk of harm? Yes No N/K

If yes please specify below:

Family member Another service user Paid carer Trust employee

Other

(specify)

Provide any known information about the capacity of the person alleged to have caused the harm.

Any Additional Information Relevant to the Report

(Please note the views of others you have consulted and note any difference of opinion)

Signature
Print

Date