

Safeguarding Adults Policy and Procedure

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Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	February 2008	Heather Sweetman/Joyce Sims		New Policy
2	April 2010	Lucy Connolly		Revision necessary to bring into line with the multi agency policy

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1 Introduction & Scope

This policy and procedure has been developed with reference to the Department of Health's "No Secrets" guidance (2000), it reflects the expectations as detailed in the Local Authorities Multi-agency Policy and Procedures for North Yorkshire County Council and City of York County Council.

York Hospital Foundation Trust, referred to hereafter as the 'Trust' has a duty of care to protect patients from abuse and takes a zero tolerance approach towards abuse.

This policy has been developed to safeguard vulnerable adults within the Trusts care. They aim to promote protection from abuse of people aged 18 years or older who are in receipt of hospital care or services and to ensure appropriate action is taken where abuse is suspected, disclosed or witnessed.

The policy applies to all employees of the Trust and any volunteers or contractors working within the Trust. The procedures detail what action individuals should take if abuse has occurred, is suspected or disclosed. In addition there may be instances where safeguarding adults concerns arise regarding a visitor, relative or carer. These procedures should also be followed in this instance.

2 Definitions

Vulnerable Adult

The term vulnerable adult refers to anyone who is over the age of 18 and who is or maybe in need of community care / health services by reason of mental or other disability, age or illness and is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation (No Secrets 2000).

Abuse

Abuse is a violation of an individuals' human and civil rights by any other person or persons (No Secrets DOH 2000). Abuse may consist of a single act or repeated acts, abuse may happen intentionally or unintentionally and can take place in any relationship or setting.

There are currently seven forms of abuse;

- **Physical** (including hitting, slapping, pushing, kicking, the misuse of medication, restraint or inappropriate sanctions)
- **Sexual** (including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting)
- **Financial** (including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse of misappropriation of property)
- **Neglect** (or acts of omission, ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating)
- **Discriminatory** (including racist, sexist, based on a persons disability and other forms of harassment)
- **Psychological** (including emotional abuse, threats of harm or abandonment, forced marriage, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks)
- **Institutional** (is different in that it is about who abuses and how that abuse comes about, it can include any of the forms described above)

Terms from multi agency policy

- **Alerter**, the term alerter is used to identify the person who is witness to, suspects or has abuse disclosed to them. It is their job to report it to someone senior. Everyone must regard themselves as a potential alerter.
- **Safeguarding Manager**, the individual with lead responsibility for Safeguarding adults at the Trust (referred to hereafter as the Assistant Chief Nurse).

3 Policy Statement

The Trust has a duty of care to protect patients from abuse and takes a zero tolerance approach towards abuse.

The Trust has a duty of care to ensure appropriate action is taken when abuse is disclosed, suspected or witnessed. The procedure for this is detailed at Appendix A.

The Trust must proactively look to minimise and prevent abuse. A regular review of Adverse Incident Forms, Disciplinary Cases, Serious Untoward Incidents, Complaints and performance information (for example Nursing Care Indicators) will be undertaken to identify areas of concern or poor practice. From this information priorities for training will be identified.

Staff will be trained to be able to discharge their duties under the safeguarding adult procedure and a training needs analysis has been completed for all roles in the organisation. (The TNA is lodged with the Corporate Learning and Development Team CLAD)

Recruitment and disciplinary practices will be consistent with appropriate legislation e.g. requirements for vetting and barring processes (see relevant HR policy)

4 Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at an unreasonable or unfair disadvantage over others.

In the development of this policy, the Trust has considered its impact with regard to equalities legislation and a copy of that assessment is attached at Appendix B.

5 Accountability

The Board of Directors will provide an annual statement to the Lead Agencies Safeguarding Adults Board(s) (for their catchment area)

The Chief Nurse has Board level responsibility for safeguarding adults

The Trusts designated Safeguarding Manager is the Assistant Chief Nurse (Workforce and Safeguarding)

The Trust will establish a Safeguarding Adults Committee; this will be responsible for ensuring safeguarding adult procedures and processes are in place and operating effectively across the organisation.

All employees of the Trust have a contractual responsibility to adhere to the policies and procedures of the Trust and should therefore;

- Be aware of and follow the Safeguarding Adults Policy and Procedure
- Be aware of what action to take if abuse is disclosed, suspected or witnessed
- Ensure they are trained to the appropriate level as their role requires and to seek the relevant training (as identified in the training needs analysis and their individual mandatory training profiles)

6 Consultation, Assurance and Approval Process

6.1 Consultation Process

The following groups/individuals have been consulted in the development of this policy;

- Executive Board
- Chief Nurse
- Corporate Nursing Team
- Directorate Managers
- Matrons
- Bed/duty Managers
- Discharge Liaison Team
- City of York Safeguarding Adults Board
- Health Care Partnership Group (commissioning)

6.2 Quality Assurance Process

Following consultation with relevant stakeholders, this policy has been quality assured by the Risk and Assurance Committee (In

Governance terms this Committee is responsible for quality assuring all RMSAT policies).

6.3 Approval Process

Under the Trusts Governance Structure the Risk and Assurance Committee is responsible for the approval of this policy.

7 Review and Revision Arrangements

The policy will be reviewed two years from the date of issue. If new standards, guidance or legislation is introduced in the intervening period then a review will be undertaken earlier.

For future revisions the Assistant Chief Nurse and Safeguarding Adults Committee will be responsible for the review of this policy prior to its formal approval.

The Trusts Compliance Unit will notify the Assistant Chief Nurse of the need to review the policy 6 months in advance of its date of expiration.

8 Dissemination and Implementation

8.1 Dissemination

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

The policy is available on Horizon and a copy is published on the Trusts website.

8.2 Implementation of Policies

This policy will be implemented through the statutory and mandatory training programme, with level 1 and 2 training delivered as part of that programme.

The Assistant Chief Nurse and members of the Corporate Nursing team are available to provide advice and support in relation to the implementation of this policy.

9 Document Control including Archiving Arrangements

9.1 Register/Library of Policies

All policies will be registered and a library kept by the Compliance Unit.

9.2 Archiving Arrangements

The Compliance Unit will manage the archiving arrangements of all policies.

9.3 Process for Retrieving Archived Policies

To retrieve a former version of this policy from Horizon, the Compliance Unit should be contacted.

10 Monitoring Compliance With and the Effectiveness of Policies

This policy will be monitored for compliance with the minimum requirements outlined in the table below.

10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met, the policy will be monitored as follows:

Minimum Requirements	Monitoring
Standard 3 – Criterion 3 – Safeguarding Adults (NHSLA Risk Management Standards)	
1.3.3. a (duties)	The Assistant Chief Nurse will take a random sample of safeguarding adult referrals and audit annually to ensure that individuals discharge their duties accordingly. This audit will be reported to the internal Safeguarding Adults Committee
1.3.3. b (local arrangements)	The Assistant Chief Nurse will undertake an annual audit of safeguarding investigations to ensure that where abuse occurs action is taken and lessons are learnt. This audit will be reported to the internal Safeguarding Adults Committee

1.3.3. c (training)	Attendance at statutory and mandatory training will be monitored for level 1 and 2 training (CLAD to provide numbers on a quarterly basis)
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10.2 Standards/Key Performance Indicators

In the context of the multi agency policy and procedures the following key performance indicators will be reviewed for compliance annually. There is an expectation that the Trust will have;

- Formally adopted and ratified the Safeguarding Adults Multi-agency Policy and Procedure
- Written local procedures that tell staff what their duties are under the multi agency policy and procedure
- An implementation plan in place for ensuring that all staff are aware of the procedures, with any relevant training.
- Recognition of accountability for and ownership of Safeguarding Adults (SA) work at Executive body level
- A lead director for implementing SA work
- An annual report on SA work to your organisations executive body
- A representative at the appropriate level of seniority on the SA Board
- The ability to provide an annual statement to the SA Board for it's endorsement
- A clear, well publicised policy of zero tolerance of abuse within the organisation
- Effective arrangements for monitoring SA work
- A sound internal SA reporting and decision making framework in relation to any concerns that an adult may be experiencing any form of abuse. The framework is consistent with the multi agency "No Secrets" policy.

- A SA training strategy for the workforce and volunteers
- An information strategy to ensure all service users and carers are aware of the SA policy and procedures
- Complaints procedures are cross referenced with SA procedures
- Recruitment and disciplinary practices are consistent with appropriate legislation – e.g. requirements for vetting and barring processes
- Quality assurance and governance processes are cross referenced with SA issues
- There is a procedure for staff to raise concerns about abusive practice and protection for staff that do so.

11 Training

Any theoretical training requirements identified within this policy are outlined within the mandatory training profiles accessed via the Statutory & Mandatory Training Link that can be found on the home page of Horizon or on Q:\York Hospitals Trust\Mandatory Training. You will be required to create your own mandatory training profile using the tool and support materials available in these areas and agree your uptake of this training with your line manager. The training identification policy and procedure document describes the processes related to the review, delivery and monitoring of mandatory training, including non attendance

12 Trust Associated Documentation

Disciplinary Policy and Process

Adverse Incident Reporting Policy

Serious Untoward Incident Policy

Policy and Procedure for Criminal Records Bureau Disclosures

Concerns and Complaints Policy

13 External References

Department of Health No Secrets 2000

City of York Council Multi Agency Policy and Procedure

North Yorkshire Multi Agency Policy and Procedure

14 Appendices

Appendix A – Procedure to follow when abuse is disclosed suspected or witnessed

Appendix B – Equality Impact Assessment Tool

Appendix C – Procedural Flow Chart

Appendix D – Body Map

Appendix E – Multi agency alert form (referral from)

Appendix A – Action to be taken if abuse is disclosed suspected or witnessed (A flow Chart summarising this process is attached at Appendix C)

Examples of potential abuse (this list is not exhaustive)

- You note unexplained bruising on a patients body
- Bruising appears to represent finger marks or handprints
- A patient tells you that they are being abused by their carer (money is being taken from them, they have been touched inappropriately, they do not let them out of their room)
- A patient is admitted with pressure sores or looks malnourished
- You witness a colleague take something from a patient or handle a patient in an inappropriate way

The role of the alerter (level 1 training)

If you suspect that a patient you are caring for/or that you have come into contact with is/or has been the victim of abuse, or they have disclosed to you that they have been abused then you have a duty to bring this to the attention of someone in authority e.g. your line manager, supervisor or the person in charge of the shift (referred to a line manager hereafter). If it is not appropriate for concerns to be raised directly with your line manager then concerns may be raised with someone in authority from another area or directly with the corporate nursing team. You must ensure that the patient you are caring for is safe and report your concerns **immediately**.

Alerting is not a choice but an obligation. When abuse is suspected or someone discloses abuse, it is essential that this information is shared, you must not promise to keep it a secret. You should remain non-judgemental, listen and allow the discloser to talk freely. As soon as possible after the event you must document what you were told, what you saw, what you agreed and who you have reported this to; this should be recorded on an Adverse Incident Report Form (AIRs form), you may need to complete an additional sheet to attach to the AIRS form to capture all of the information.

Role of the line manager (Level 2 training)

Upon receipt of the 'alert' the line manager is responsible for ensuring steps have been taken to safeguard the vulnerable adult and to ensure that the AIRS form has been completed. The line manager must report the incident to the matron, head of service for their patch (during working hours), if it is not clear who to report to then contact must be made with the Assistant Chief Nurse or any member of the Corporate Nursing Team. Out of hours incidents must be reported to the bed/duty manager. Reporting to these individuals must happen as soon after the incident, disclosure or event so that timely decision making can be made.

All line managers (generally staff at band 6 and above will be trained at level 2).

Role of the Matron, Bed/Duty Manager, Assistant Chief Nurse, Corporate Nursing Team (Decision makers) (Level 2 training)

Where a potential safeguarding incident has taken place it is the Trusts responsibility to respond to this appropriately.

At this stage the decision maker should consider what additional evidence, documentation may need completing. Consideration should be given to the completion of a body map (attached at Appendix C); photos may need to be taken (if the person has physical signs). Staff may be required to complete witness statements.

In some instances safeguarding incidents require referral to the Local Authority or other outside agencies, at this stage the 'decision makers' must consider if the incident is health only, or whether it involves other agencies.

Health only incidents

Consideration must be given as to how this incident is best dealt with and under which process it will be managed and investigated, for example the complaints process, disciplinary process or serious untoward incident process.

The decision making and rationale must be clearly documented on the AIRS form. The form should be processed in the usual way but a **copy of the form and any attachments (including body maps, witness statements etc) must be forwarded to the Assistant Chief Nurse.**

Multi agency incidents

Where the alleged abuse occurred outside the hospital and may involve other agencies, it will be necessary to make a referral to the Local Authority. A referral in this set of circumstances can only be made if the individual consents to that referral taking place.

It is the right of adults who have capacity to make their own choices, irrespective of how unwise we consider that decision to be (Mental Capacity Act 2005). Where adults lack capacity to safeguard themselves, the multidisciplinary team responsible for the individual will need to make those decisions. In doing so they will act as a decision maker and make best interest decisions on the individual's behalf. In some instances it may be necessary to involve an advocate.

However in the following circumstances, the allegations must be referred and investigated irrespective of whether the individual consents to the referral or not;

- Where a crime is suspected (the police must also be informed on 0845 60 60 24 7)
- Allegations involve a member of staff, paid carer or volunteer
- There is a risk of serious harm to that person or any other vulnerable adult

In making a decision to refer the referrer must;

- Complete the multi agency 'referral/alert' form attached at Appendix D
- Forward a copy of the referral form to the Assistant Chief Nurse
- Inform the patient that a referral will be made to the Local Authority
- Telephone the referral to the appropriate Local Authority for the geographical area that the patient resides, this must be within **24 hours** of the allegation, incident or disclosure.

City of York referrals should be phoned through on 01904 555111
North Yorkshire County Council referrals to 01609 536993
Out of hours all referrals should be phoned through to 0845 034 9417

Where referrals are made to the Local Authority, the local authority safeguarding manager will determine what action needs to be taken. They may ask for further feedback from the Trust (in order to make their decision) and they will require this within the following 24 hours. They may decide to convene a 'Strategy meeting' to determine how the investigation will proceed, where this is the case any local investigation should be put on 'hold' until the strategy meeting has taken place. This will avoid unnecessary stress for the individuals concerned, so that they are interviewed only once as part of the process.

Conducting investigations under the multi agency framework requires individuals to be specially trained at level 3. The Assistant Chief Nurse, Matron for the Emergency Department and the Matron in Elderly Medicine are all trained at level 3. Any one of these individuals could be called upon to conduct the investigation (or part of it) for the Local Authority and they will be a member of the strategy meeting.

Assistant Chief Nurse (Level 4 training)

The Assistant Chief Nurse and in her absence the Corporate Nursing Team are available for advice in relation to Safeguarding Adults.

The Assistant Chief Nurse will maintain a database of all alleged incidents and referrals.

The Assistant Chief Nurse is trained in the multi agency context to chair multi agency strategy meetings where asked to do so by the local authority or commissioners of our services.

Assistant Chief Nurse (Safeguarding Manager) ext 5933

Corporate Nursing Team Secretary ext 5324

Appendix B – Equality Impact Assessment Tool

To be completed when submitted to the appropriate committee for consideration and approval.

Safeguarding Adults Policy

		Yes/ No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (incl transgender)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	Yes	Under national guidance these procedures would only apply to individuals over the age of 18
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	Yes	Individuals under the age of 18 are covered by a separate policy
4.	Is the impact of the document/guidance likely to be negative?	No	

Name of policy: Safeguarding Adults Policy and Procedure

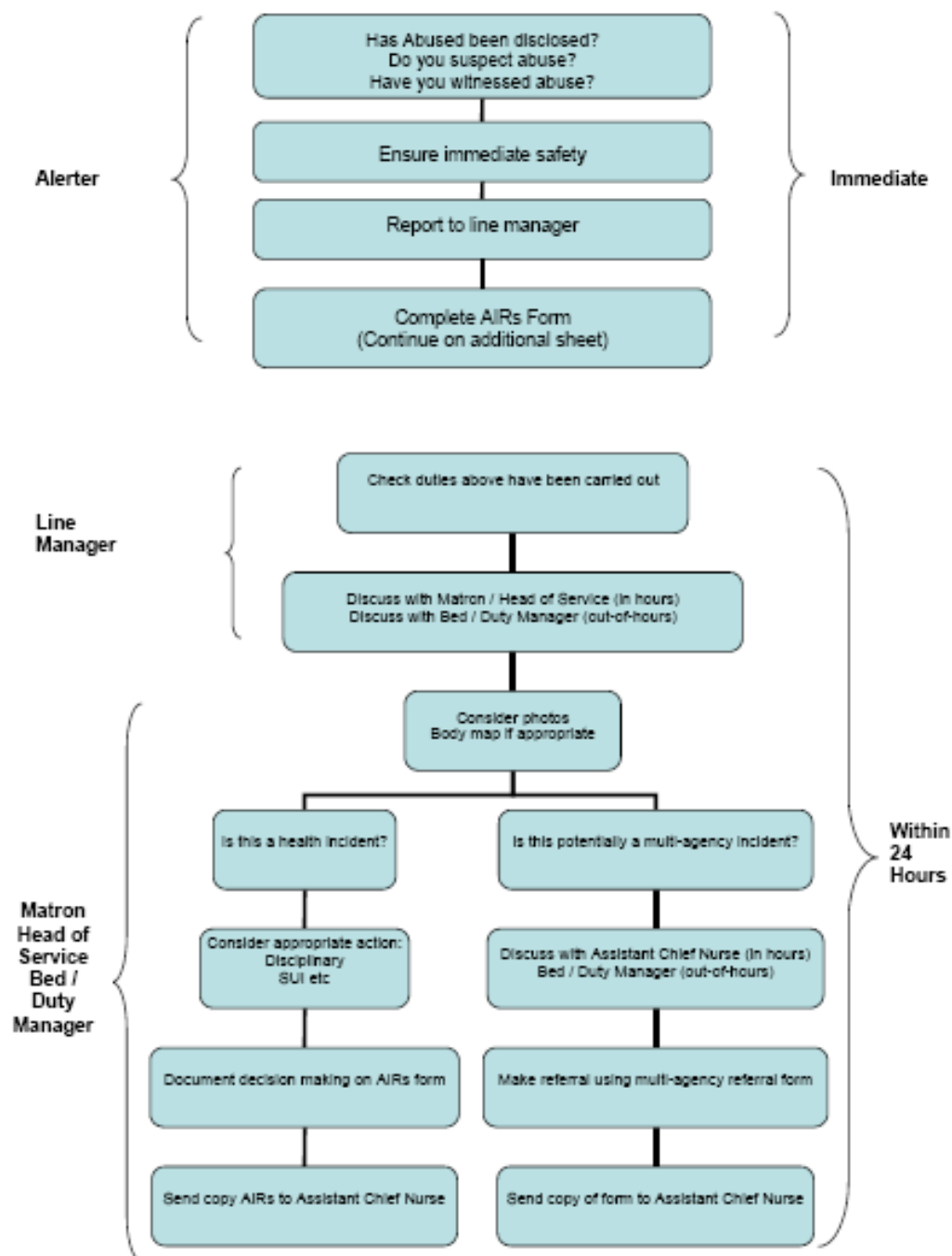
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5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

Appendix C – Procedural Flow Chart

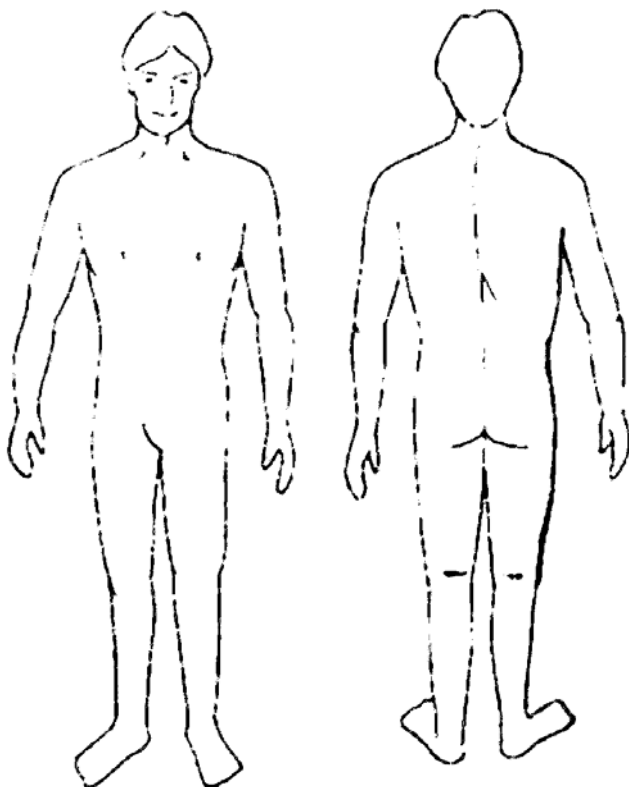


Appendix D - Body Map – To be used in conjunction with Safeguarding Adult Referrals

Please give a detailed description of any cuts, bruising or other injuries

Body Marking / Injuries Observed

(Please indicate by drawing and numbering on Body Map any cuts, bruising or other injuries including the colour of bruises and give a brief description)



Photographs Taken Yes ☐ No ☐ If yes by whom

Photographs taken _____ Number of

Please note: - Photographs will only be released if and when the undersigned gives written permission to release the Medical Records.

Signed:

CONFIDENTIAL: Please retain in Medical and Psychiatric Notes

Appendix E – Safeguarding Adults Alert/Referral Form

This form should be completed in accordance with the Multi-Agency Policy and Procedure which can be found at www.northyorks.gov.uk/safeguarding

Completed forms should be sent to:
North Yorkshire County Council, Fax number: 01609 532009

City of York Council, Fax number: 01904 554055

Date of the Alert:	Time of the Alert:
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1 Tell us who the vulnerable person is you are concerned about:

(please complete as much of this as is known – if not known put N/K)

Name:

Gender:

Home address:

Contact address:

Telephone No:

Age:

Date of Birth:

Ethnic Origin/Nationality:

Religion:

Primary Client Group (please see list of options at the end of this form):

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Communication and access needs:
Is the vulnerable person aware of the referral? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If No, why not?</i>
In your opinion, does the vulnerable person have mental capacity? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Has a Safeguarding referral about this vulnerable person been made before? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>
Is the vulnerable person involved with any other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/> <i>If Yes, please provide details:</i>

2 Details of vulnerable person's main contact

Name:	
Relationship to vulnerable person:	
Is Relative/Carer aware of this referral? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contact address:	Telephone No:

	Mobile No: Email:
County:	Postcode:
Are they willing to be contacted? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known <input type="checkbox"/>	

3a Details of the concern(s) being raised

Location of alleged incident/concern
(please see list of options at the end of this form):

Date and Time of alleged incident/concern:

Brief factual details of the alleged incident/concern:

This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate. (Please continue on a separate sheet if required).

Please indicate the type of abuse suspected (please tick more than one if appropriate):

<i>Neglect</i> <input type="checkbox"/>	<i>Emotional</i> <input type="checkbox"/>	<i>Financial</i> <input type="checkbox"/>	<i>Physical</i> <input type="checkbox"/>	<i>Sexual</i> <input type="checkbox"/>
<i>Discrimination</i> <input type="checkbox"/>	<i>Institutional</i> <input type="checkbox"/>			

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atory	onal			
And do you consider this abuse:				
<i>Hate Crime</i> <input type="checkbox"/>	<i>Domestic Violence</i> <input type="checkbox"/>	<i>Domestic Violence Between Partners</i> <input type="checkbox"/>		

3b Current situation

Where is the vulnerable person now in relation to the alleged perpetrator?

Are there other people who may be at risk of harm? Yes ☐ No ☐
☐ Not Known ☐

If Yes, please describe the risk that remains and names of others potentially at risk (please only refer to identified risk that relates directly to the concern)

If you are concerned about the vulnerable person's welfare have you contacted their GP or the ambulance service? Yes ☐ No ☐
 If No, why not

If criminal activity is suspected have police been contacted? Yes ☐ No ☐

If Yes, what was the outcome?

Police Crime/Ref No:

Who else has been informed of this concern?

4 Details of alleged perpetrator(s) involved (if known)
(please complete as much of this as is known and continue on a separate sheet if necessary)

Name:

Gender:

Address:

Occupation/Position/Title/Organisation:

Date of Birth:

What is the relationship of the alleged perpetrator to the vulnerable person?
(please see list of options at the end of this form)

Does the alleged perpetrator live with the vulnerable person? Yes

☐ No ☐

Is this alleged perpetrator considered to be a vulnerable person?

Yes ☐ No ☐ Not Known ☐

Are they aware of this alert? Yes ☐ No ☐

If yes, what is their response, and are there any hazards to be aware of?

5 Details of person completing this form / person making the referral

Name:

Organisation *(if applicable):*

Contact address:

Telephone No:

Mobile No:

Email:

County:

Postcode:

Relationship of the referrer to the vulnerable person:

(please see list of options at the end of this form)

Date completed:

Completed forms should be sent to:

Completed forms should be sent to:

North Yorkshire County Council, Fax number: 01609 532009

FOR LOCAL AUTHORITY USE:

Decision made following referral:

Further Action under Safeguarding procedures ☐

No Further Action under Safeguarding procedures ☐

Comments:

Safeguarding Manager:

Team:

Alert allocated to:

SWIFT No:

**Have you advised the
Alerter/Referrer of the Decision?**
Yes ☐ No ☐

Date of Decision:

Guidance Notes for completing this form:

Section 1 - Primary Client Group: Please enter one of the following:

Carer (& not a Service User in own right)	Mental Health
Dementia	Physical Disability
Dual Sensory Loss	Substance Misuse
Frailty and/or Temporary Illness	Visual Impairment
Hearing Impaired	Other Vulnerable Person
Learning Disability	

Section 3a - Location of alleged incident/concern: Please enter one of the following:

Own Home	Other Health Setting
Care Home	Supported Accommodation
Care Home with Nursing	Day Centre/Service
Respite/Short-term break Home	Public Place
Alleged Perpetrators Home	Education/Training/Workplace Establishment
Mental Health Inpatient	Other

Setting

Acute Hospital

Not Known

Community Hospital

Section 4 – Relationship of the alleged perpetrator to the vulnerable person:

Please enter one of the following:

Main Carer

Self-Directed Care Staff

Partner

Other Social Care Staff

Other family member

Other professional

Health Care Worker

Other Vulnerable Adult

Volunteer/ Befriender

Neighbour/Friend

Domiciliary Care staff

Stranger

Residential Care staff

Not Known

Day Care staff

Other

Social Worker/Care
Manager

Section 5 – Details of the person completing this form: Please enter one of the following:

Residential Care Staff

Family member

Day Care Staff	Friend/neighbour
Social Worker/Care Manager	Other service user
Self -Directed Care Staff	Care Quality Commission
Other Domiciliary Staff	Housing
NHS - Primary/Community Health Staff	Education/Training/Workplace Establishment
NHS - Secondary Health Staff	Police
NHS - Mental Health Staff	Other
Self Referral	