**REFERRAL OF AN ALLEGATION AGAINST AN ADULT WHO WORKS WITH ADULTS WITH CARE AND SUPPORT NEEDS**

**TO BE COMPLETED WITHIN 24 HOURS OF BECOMING AWARE OF THE CONCERN**

A Person in a Position of Trust is anyone who carries out work, be that paid or unpaid, on behalf of an agency which has access to children or adults with care and support needs or has access to privileged information about children or adults with care and support needs as part of their work.

**The criteria :-**

A person who works with adults with care and support needs in a position of trust, whether an employee, volunteer or student (paid and unpaid) and

Where those concerns or allegations indicate that a person in a position of trust poses a risk of harm to adults with care and support needs. These concerns or allegations could include, for example that the person in a position of trust has**:**

• **behaved in a way that has harmed, or may have harmed, a child and/or adult with care and support needs**

**•** **possibly committed a criminal offence against children, or related to a child, or and/or adult with care and support needs**

**•** **behaved towards a child/children/ and/or adult with care and support needs in a way that indicates s/he may pose a risk to children/adult with care and support needs .**

**•** **behaved or may have behaved in a way that indicates they may not be suitable to work with children and/or adult with care and support needs**

When making a referral ***you must make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint*** - this is helpful as we just want the allegations that highlight those incidents where there is a risk of harm.

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future**.**

**Adult at risk definition**

‘an adult at risk.’ An adult at risk of abuse or neglect is defined as someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs - is unable to protect themselves. All partners should be using this definition when raising a concern about abuse/neglect of an adult.

**Six key principles underpin all adult safeguarding work**

**Empowerment**

People being supported and encouraged to make their own decisions and informed consent.

I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

**Prevention**

It is better to take action before harm occurs.

I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

**Proportionality**

The least intrusive response appropriate to the risk presented.

I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

**Protection**

Support and representation for those in greatest need.

I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

**Partnership**

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

Decisions on sharing information ***must be justifiable and proportionate, based on the potential or actual harm to adults or children at risk and the rationale for decision-making should always be recorded.***

If a local authority is given information about such concerns they should give careful consideration to what information should be shared with employers (or student body or voluntary organisation) to enable risk assessment.

When sharing information about adults, children and young people at risk between agencies it should only be shared:

• where relevant and necessary, not simply all the information held

• with the relevant people who need all or some of the information

• when there is a specific need for the information to be shared at that time

Allegations against people who work with adults at risk must not be dealt with in isolation. Any corresponding action necessary to address the welfare of adults with care and support needs should be taken without delay and in a coordinated manner, to prevent the need for further safeguarding in future.

|  |
| --- |
| **Is the person aware of the referral?**  |
| **If not, why?** |
| **What are their views about this being shared with their employer?**  |

|  |
| --- |
|  |
| Title  | Miss/Mr/Mrs/Ms | First Name |  |
| Middle Name |  | Surname  |  |
| Date of Birth  |  | Ethnicity  |  |
| Home Address |  |
| Current Job role and brief description of responsibilities  |  |
| Employing Agency |  |
| Length of Service  |  |
| Previous Employment & Job Roles |  |
| Have allegations been made against this individual previously?  | [ ] Yes [ ] No [ ] Not known |
| If Yes – please specify here |  |

**Details of adult with care and support needs – to whom the allegation relates**

|  |  |  |
| --- | --- | --- |
| **Adult at risk** | **Adult at risk** | **Adult at risk** |
| Name |  |  |  |
| Date of Birth  |  |  |  |
| Ethnicity  |  |  |  |
| EclipseCare first PER number |  |  |  |
| Home Address |  |  |  |
| Care home address (if applicable) |  |  |  |
| Relationship to Adult |  |  |  |

**Details of other child(ren) and/or adults with care and support needs who live in the same household as Person in Position of Trust**

|  |  |  |
| --- | --- | --- |
| **Child** | **Child/Adult 2** | **Child/Adult 3\*** |
| Name |  |  |  |
| Date of Birth  |  |  |  |
| Ethnicity  |  |  |  |
| Eclipse PER number |  |  |  |
| Home Address |  |  |  |
| Care home address (if applicable) |  |  |  |
| Relationship to Adult |  |  |  |

\*\*(If there are more than 3 children/adults – please add details below)

**Details of the allegation**

|  |  |
| --- | --- |
| Please explain how the referral meets the criteria and the key principles as identified above? |  |
| Date of Alleged Incident  |  |
| Date of when the referrer became aware of the incident |  |
| Date of Referral made to LADO |  |
| Details of Referrer  | Name  |  |
| Job Title |  |
| Contacts Details -Mobile numberEmail address |  |
| Has this allegation been referred through MASH | [ ] Yes [ ] No [ ] n/a |
| **Description of allegation/details of concerns*****(Please provide full names of any person referenced within this referral, not initials)*** |
| **Any other known positions of trust held?** **(Please include paid and voluntary roles)** [ ] Yes [ ] No [ ] n/a |
| **Other agencies involved and contact details**[ ] Yes [ ] No [ ] n/a |
| **Action taken by Organisation/Employer to date:** |
| **Which section of the criteria does the concerns fall under and why?** |

Thank you for completing the form, please email your completed form to LADO@wolverhampton.gov.uk / 01902 550661