**Reporting a safeguarding concern GUIDANCE**

This guidance is intended to help referrers complete this referral for an individual adult, it includes advice on what information you may want to include when making a referral.

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| **Person Raising the Concern**  **These are your details** |
| * **These details should remain anonymous to the Adult at Risk. (A professional should not choose to remain anonymous unless it would pose a risk to their job).**   We will respect your right to confidentiality and not share your details when discussing the safeguarding concern with the Adult at Risk. Please be mindful that depending on the details you provide they may work out that you submitted the concern. |
| **Team (Optional):**  Please select your team from the drop-down list. |
| **Title:**  **First Name:**  **Middle Name:**  **Surname:** |
| **Relationship to the adult at risk:**  This is your relationship to the Adult at Risk, please select the most relevant from the drop-down list. |
| **Job title:**  Here you can be more specific about what your role is. This is in relation to the Adult at Risk if you are a friend, family member etc. we do not need to know your role in your private life. |
| **Email:**  **Telephone:**  These are essential. Please provide a direct telephone and email so we can easily contact you to discuss the concern further. We have 24 hours to ensure immediate safety and make a Section 42 determination as per the safeguarding policy and procedures. |
| **Organisation address**  Where you work. |
| **Safeguarding Concerns Manager**  This means your line manager or the safeguarding lead for your organisation. If they are not going to be contactable in the next 24 hours, please click add a different safeguarding concerns manager. This could be another manager in the organisation or someone else at a senior level.  On receipt of the safeguarding concern, the safeguarding adults service has 24 hours to ensure immediate safety and make a Section 42 determination as per the safeguarding policy and procedures. This is why it is important to add a secondary contact. |
| **Adult at Risk details**  The person experiencing or at risk of abuse and/or neglect. A staff member at your organisation is not deemed to be an Adult at Risk, unless they have care and support needs, they are experiencing or at risk of abuse/neglect and due to their care and support needs they are unable to protect themselves. Please follow your own organisational processes for ensuring staff safety. |
| **Title:**  **First Name:**  **Middle Name:**  **Surname:**  **Date of Birth:**  These are essential. Please try to ensure details are correct as it allows us to retrieve electronic social care records which are needed to make safeguarding enquiries. If you are not sure, put unknown. |
| **Gender:**  **Sexuality:**  **Ethnicity:**  **Religion:**  If known, please record. |
| **Telephone:**  **Can the Adult at Risk be contacted via the telephone number provided?**  Select unknown if you’re not sure if the Adult at Risk has access to the phone, has communication issues etc. |
| **NHS:**  Please provide the person’s NHS number if you have it, it’s really useful for retrieving electronic social care records on Systmone. |
| **Address:**  For the Adult at Risk. |
| **Can the Adult at Risk be contacted via the address provided?**  If the Adult at Risk is not at their home address but at a different address for example at a relatives, hospital, assessment bed etc then please document this here.  **Details of how to gain access to the person and who to contact if there are difficulties:**  e.g.  Mrs Jones will be able to let you in.  Please knock loudly as Mr Peters has hearing loss, he will let you in.  Please allow time for Mr Finch to let you in he has mobility issues.  Mrs Reed has a key safe which you can use. The number is 12345. Call Jean, neighbour on 079123345789 if there are any issues. |
| **Is the Adult at Risk known to mental health services?** |
| **Does the Adult at Risk meet the Section 42 criteria?**  Section 42 (1) of the Care Act 2014.  There is reasonable cause to suspect that an adult in Bradford (whether ordinary resident or not).   1. has care and support needs (whether or not the local authority is meeting those needs) AND 2. is experiencing, or at risk of abuse and/or neglect. AND 3. As a result of their needs are unable to protect themselves against abuse and/or neglect, or the risk of it.   If a professional speak to your line manager or safeguarding lead for guidance. If a member of the public and you are not sure, then click Yes. |
| **Communication needs of the adult at risk due to sensory or other impairments (including dementia), including any interpreter or communication requirements:** |
| **What are the primary care needs of the Adult at Risk? e.g. disability or illness:** |
| **Funding authority if relevant:**  The organisation that funds their care. |
| **Is the Adult at Risk aware of the alleged safeguarding concern raised on their behalf?**  **Has the Adult at Risk consented to the safeguarding concern being raised?**  **If not, on what grounds was this decision made?**  There are certain circumstances where consent may be overridden (see Page 39-39 of the Joint Multi Agency Safeguarding Policy and Procedures) including:   * The adult lacks the mental capacity to make that decision – this must be   properly explored and recorded in line with the Mental Capacity Act.   * Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent. * Other people are, or may be, at risk, including children. For example, others within in care homes, nursing homes, hospitals or receiving care from a domiciliary provider. * Sharing the information could prevent a serious crime. * A serious crime has been committed. * The risk is unreasonably high, and duty of care has to be considered. * Staff are implicated. * There is a court order or other legal authority for taking action without consent. |
| **If No, is reporting the safeguarding concern in the public interest?**  See above for examples – staff implicated, serious crime, others at risk, risk to life etc.  **Is there evidence to suggest that there is a serious risk of harm to the Adult at Risk which would prevent them from consenting to the safeguarding concern being raised?**  **Is there any information which you have that suggests that the Adult at Risk cannot consent to the safeguarding concern because of any of the following: Undue influence, coercion and/or control of a third party?**  **Has the person's mental capacity to consent to the safeguarding concern been questioned by you or anyone else? If so, provide details (please refer to MCA Code of Practice 4.35).**  Decision: to consent to make a safeguarding referral.  **Has the person's capacity to make the decision to report the safeguarding concern been assessed?**  **If so, who performed the assessment? What was the outcome?** |
| **What are the desired outcomes of the Adult at Risk? (What does the Adult at Risk wish to happen as a result of the safeguarding concern?)**  Making Safeguarding Personal (MSP) is a person-centred approach which means that adults are encouraged to make their own decisions and are provided with support and information to empower them to do so.  What are the desired outcomes of the Adult at Risk? (What does the Adult at Risk wish to happen in order to make them feel safe?) If Adult at Risk is unable to provide their views, wishes and outcomes due to lack of capacity to make this decision, where possible, gain views and wishes from their representative or advocate. The representative/advocate should be considering what they think the Adult at Risk would want to happen, not their own views. Please record their name, relationship and contact number so we can contact them during safeguarding enquiries. |
| **If we need to visit, are there any risks we should know about?**  For example:  Son can be verbally aggressive, go out with another person.  Mr Ward has a dog; he puts it in a separate room before speaking with people as it can be territorial.  Pests and/or vermin infestation. |
| **Person Alleged To Have Caused Harm (PATCH)**  **Who is causing the abuse or neglect** |
| **Title:**  **First name:**  **Middle names:**  **Surname:**  **Date of birth:**  **Address:**  **Ethnicity** |
| **Relationship to Adult at Risk**  This is essential information. |
| **Are they living with the adult at risk?**  **Are they the main carer of the adult at risk?** |
| **Are they a member of staff, paid carer, or volunteer?**  **If so, what is their job role?**  **Are they employed through a personal budget?**  **Which organisation are they employed by?**  This is essential information. |
| **Is the person alleged also a vulnerable adult?**  **Does the person alleged have any care and support needs?**  e.g. a disability or illness  **Are they aware of the concern?** |
| **Are there other people at risk from the person causing the harm?**  **Details of risk to others**  Please consider if another safeguarding concern needs to be raised for any other identified Adults at Risk. Please detail any risks to others. |
| **Add person alleged to have caused harm**  Please select this if there is another PATCH involved. |
| **Details of the abuse**  What happened? |
| **How and when did the concern come to light?**  The date the concern was identified or reported to you? Who was present at the time of the incident or who reported it? |
| **Please provide details of alleged abuse, what happened?**  Please provide:   * Dates * Who was present? * What happened? |
| **Alleged abuse location**  Where did the abuse or neglect happen? |
| **Are there details of any witnesses?**  Friends, family, other service users, members of staff etc. Name, role and contact numbers required. |
| **What impact is this having on the Adult at Risk?**  What’s been the impact on both their psychological and physical wellbeing? Has there been any changes to their mood, behaviour etc. Has any medical assistance been sought? |
| **What is the adult at risk saying about the abuse?**  **Alleged abuse location type**  **Alleged abuse date** |
| **Categories of alleged abuse**  Multiple selections can be made. |
| **Are there any other vulnerable adults at risk?**  Separate safeguarding concern/s need to be made for each adult.  **Is a child (under 18 years) at risk?**  **Are the children's services aware if there are concerns to a child?**  Please detail any names and ages. Any actions taken to safeguard them.  If there are any risks to children, then a referral needs to be made to Bradford Council Children Services.    If you are a professional then during working hours, please call Bradford Council Children Services on 01274 433 999, the Multi- Agency Referral Form (MARF) can only be completed when outside of working hours.  If you are a member of the public, please contact Bradford Council Children Services on 01274 434 999.  For more information see [Safeguarding Children | Bradford Council](https://www.bradford.gov.uk/children-young-people-and-families/safeguarding-children/safeguarding-children/) |
| **Have the police been informed?** |
| **Immediate Safety Plan**  **What have you done to ensure the adult is safe?** |
| **What are the details of any immediate plans that have been put in place to safeguard the adult at risk from further harm?**  What have you done to safeguard the adult from harm? This includes actions in relation to PATCH. Examples include:   * Medical assistance. * Police involvement. * Changes to someone’s care plan, please be specific. * Any changes to levels of observations, please detail what they were changed from. E.g. Increase in observations from 2 hourly to hourly. * Any changes to their risk management plan.   **Date of actions:**  Please put any dates that these actions were completed.  **Who put these measures in place?**  Name, role to Adult at Risk. |
| **What is the crime number if a report has been made to the police?**  When were they contacted?  How were they contacted? 101, 999 etc. 101 webchat can be used for non-emergencies and provides a transcript of the conversation. 999 should be used for emergencies. Please seek consent and consider wavering this if there is overwhelming public interest i.e. risk to others etc.  What is the log number/crime reference?  What has the police response been? |
| **Were other emergency services contacted? If so, which? What action was taken?** |
| **Has this concern been reported to the CQC or another regulatory body?**  **CQC reference number:** |

**Frequently Asked Questions (FAQ)**

1. How do I submit a safeguarding referral?

Follow this link [Safer Bradford - Adults](https://www.saferbradford.co.uk/adults/) and press ‘report a concern’. Select whether you are reporting a concern about an adult or an organisation. This website has lots of other useful resources such as the Joint Multi Agency Safeguarding Policy and Procedures. You can make a referral to Bradford Council commissioning team if you are concerned about a care provider or care home’s quality of care that they are providing vulnerable adults.

1. I’m having difficulty making a referral using the online form, what should I do?

Please contact one of business support officers either by telephone 01274 431077 or by email [safeguarding.adults@bradford.gov.uk](mailto:safeguarding.adults@bradford.gov.uk) they will be happy to provide some guidance or submit a concern on your behalf.

1. The online for has timed out, what’s happened?

We are aware that the form times out after 45 minutes, we are working with developers to resolve this issue, sorry for the inconvenience. In the meantime, we would suggest using this guide and Microsoft Word to write down information before copying it to the referral.

1. I feel that a person requires social care advice, information and/or support with things like housing issues, information about community services, arranging care provision or an increase in care provision, what should I do?

Please contact the Independent Advice Hub on 01274 435400, they would be best placed to provide this information, advice and signposting.

1. I’m worried about someone’s mental health, who should I contact?

Please contact Single Point of Access on 01274 256131 or raise with their GP. If they are experiencing a mental health crisis, then please consider contacting 999, attending A&E or contacting First Response on 01274 221181.

1. The abuse didn’t occur in Bradford; do I still submit a referral?

No, you need to submit a safeguarding concern to the local authority for the area where the abuse occurred.

**Types of Abuse and/or Neglect. GUIDANCE**

**Common types of abuse/neglect where some guidance is required on what information needs to be included when submitting a safeguarding concern. This is not an exhaustive list of all the types of abuse or neglect.**

**Health related guidance on medication errors, falls and pressure ulcers can be found here:**

[Safer Bradford - Resources](https://saferbradford.co.uk/learning-resources/resources/#P)

**Physical abuse between service users**

Examples of physical abuse as assault, hitting, slapping, punching, kicking, hair – pulling, biting, pushing. It can be intentional or unintentional.

* Details need to be given about their relationship, if they normally get on well, or any possible intentions of targeting one service user to another. How long has this been happening?
* Do the police need to be contacted?
* What actions / support has been provided to mitigate the risk? See below:
* Physical health checks/referrals: GP contacted, urine tests, check for signs of infection, pain causing change in behaviour. Checked for injuries – is there any redness, bruising, pain, is medical attention needed?
* Mental health checks/referrals: medication reviews, PRN medication, mental health team referrals, care home liaison, GP. Check for impact – how does the person feel after the incident, do they recall it, are they anxious or upset?
* Update risk assessments, positive behaviour support plans and care plans (specify what changes have been made).
* Implement or review Antecedent-Behaviour-Consequence (ABC) charts.
* Review the level of observations. Document specific changes and length of time, i.e. observations increased from hourly to every 30 minutes, permanent change/next 24 hours.
* Review staff presence in communal areas. Document specific changes, i.e. staff member to now be present in lounge area.
* Contacted family and gained their views.
* Contacted allocated social worker.
* CQC referral.

*If concern relates to a service user’s specific behaviour, then impact on other service users will need to be considered. For example, if the behaviour has resulted in one or more service users being assaulted then separate concerns need to be put in for each individual service user who has been assaulted and affected by the physical abuse.*

*The person responsible for the**acts of abuse, will need to be documented as the Person Alleged To Have Caused Harm (PATCH) not the Adult at Risk (AaR).*

*Remember if the physical abuse is towards a staff member this would not meet the Section 42 criteria because the staff member is not an Adult at Risk and so a referral does not need to be made. Please follow your own organisational processes for ensuring staff safety.*

**Neglect and acts of omission**

Medication errors

Failure to administer medication (medication errors) can be a quality of care issue or a safeguarding issue. It is a safeguarding concern when there has been a significant physical or mental health impact on the service user due to not receiving essential medication. This includes a controlled drug or a medication that needs to be given at a specific time or a Pro Re Nata (PRN) medication when a service user requires it. A referral needs to be made when there are concerns about PATCH for example, they have made multiple errors for the same service user or PATCH has received medication re-training but continues to make errors or the error could have been picked up by other staff members, but they failed to do so.

Details needed on the referral:

* The type of medication.
* How many doses have been missed, provide specific dates.
* The impact this has had on the individual service user. How has their health / behaviour deteriorated as a result?
* Is the Adult at Risk able to recognise that they have not had their medication? Can they call for help and inform staff that they have not had their medication?
* How many times has the staff member performed medication errors? Also, what actions have been taken? Has there been any documentation provided by the worker to show evidence of any training? Do they need renewal of any training? Will there be any disciplinary actions taken?

*A safeguarding concern does not need to be submitted for low level pain relief or medication where a missed dose or double dose has had no impact on the service user and where the medication error was not intentionally made. Examples include paracetamol, statins, vitamins.*

*Controlled drugs:* [*https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation*](https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation)

*Last updated 02 12 2019.*

*Please see health related guidance*

[*https://saferbradford.co.uk/learning-resources/resources/#H*](https://saferbradford.co.uk/learning-resources/resources/#H)

*Health related guidance – safeguarding concerns*

Shortage of staffing resulting in neglect of care.

You will need to consider the impact on the service user. For example,

* Failure to provide or allow access to food, are they missing meals, being left without food and drink.
* Not having personal cares completed.
* Poor record keeping, so things are not being passed on during hand overs.
* Providing care in a way that the person dislikes.
* Refusing access to service users.
* Ignoring or isolating a person.
* Lack of supervision for service users.

Please consider making a referral to CQC or Bradford Council Contracts and Commissioning Team and/or Bradford Integrated Care Board (ICB).

Falls

Appropriate equipment not being in place, or up to date risk assessments not completed. Staff not following the correct observation levels or not completing timely and appropriate checks.

*Please see health related guidance*

[*https://saferbradford.co.uk/learning-resources/resources/#H*](https://saferbradford.co.uk/learning-resources/resources/#H)

*Health related guidance – safeguarding concerns*

Falsifying documentation

Intentionally changing information on documents intending to mislead someone, which in turn impacts on the persons care and support needs.

Pressure ulcers

Pressure ulcers can develop for many reasons, some are due to the person’s ill health, and this is a contributing factor. All health organisations have their own procedures for reviewing how a pressure ulcer may have developed.

Such cases will only become a safeguarding concern if there is a clear element of neglect and act of omission which resulted in the pressure ulcer developing.

Please refer to Safeguarding Adults Protocol: Pressure Ulcers and the Interface with a Safeguarding Enquiry, DOH&SC January 2018 and health related guidance.

[*https://saferbradford.co.uk/learning-resources/resources/#H*](https://saferbradford.co.uk/learning-resources/resources/#H)

*Health related guidance – safeguarding concerns*

Details needed on the referral:

- Current physical health

- Care plan details about how a person’s skin integrity is being maintained and if this has been followed

- Details about liaising with any health colleagues – GP, district nurses, tissue viability nurses etc.

- Details about any changes to a person’s care plan or risk assessment to treat the pressure sore and/or prevent further deterioration.

**Psychological abuse**

Verbal abuse

A service user who experiences verbal abuse from another person can be affected psychologically. It is important to record on the referral what was said and the impact on the person. It is important to consider if the words used fall into discriminatory abuse or is a hate crime, the latter may need police involvement so this needs to be explored with the service user. Please note on the referral about the intent of the verbal abuse, for example it could be unintentional and the Person Alleged To Have Caused Harm (PATCH) may not have an awareness/control over what they are saying if they have a cognitive impairment.

**Financial abuse**

You need to consider if that person is unable to protect themselves from financial abuse due to their care and support needs, i.e. they need support to manage their finances. Provide contact details for anyone that supports them to manage finances and if they hold Lasting Power of Attorney in relation to finances. If the Person Alleged To Have Caused Harm PATCH) ~~PATCH~~ is a person in a position of trust this needs to be reported as there could be other vulnerable adults at risk. Please consider reporting to the police, consent can be overridden if there is a risk to others.