Worcestershire Safeguarding Adults Board

CONFIDENTIAL AND RESTRICTED

**ALLEGATIONS AGAINST PEOPLE WHO WORK IN POSITIONS OF TRUST (PoT) WITH ADULTS REFERRAL/REPORTING FORM**

# Date Referral sent:

Date of alleged

incident:

**REFERRER DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Family Name |  | First Name/s |  |
| Position |  | Email address |  |
| Agency |  | Tel. No/Mobile |  |
| Address |  | | |

This referral applies to allegations or concerns raised about a person, whether an employee, volunteer, or student, paid or unpaid who works with or cares for adults with care and support needs These individuals are known as People in Position of Trust (person in a PoT) and the process is the Position of Trust (PoT) process.

# Criteria for PoT:

*Tick those which apply*

**Concern/allegation is identified in connection with:**

|  |  |
| --- | --- |
|  | The person ina PoT's own work/voluntary activity (with Adults and/or Children) (for example where a worker or volunteer has been accused of the abuse or neglect of an adult with care and support needs or child) |
|  | The person in a POT’s life outside work i.e. concerning adults with care and support needs the family, social circle (for example where a son is accused of abusing his older mother and he also works as a domiciliary care worker with adults with care and support needs or where a woman is convicted of grievous bodily harm and also works at a residential home for people with learning disabilities) |
|  | The person in a PoT's life outside work i.e. concerning risks to children, the individual’s own children or other children (for example where a woman who works in-a host authority with women who suffer domestic abuse and lives in the neighboring authority is subject to child protection procedures involving her own children due to domestic abuse by her husband) |

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***And the person*** *has·*

|  |  |
| --- | --- |
|  | Behaved in a way that has harmed or may have harmed an adult with care and support needs |
|  | Possibly committed a criminal offence against or related to an adult/s with care and support needs |
|  | Otherwise behaved towards an adult with care and support needs or a way that indicates that they are unsuitable to work with adults with care and support needs |
|  | Behaved in a way that has harmed children or may have harmed children which means their ability to provide a service to adults with care and support needs must be reviewed. |
|  | May be subject to abuse themselves which means their ability to provide a service to adults with care and support needs must be reviewed. |
|  | Behaved in a way which questions their ability to provide a service to an adult with care and support needs which must be reviewed e.g. conviction for grievous bodily harm, against someone who is not an adult w1th care and support needs |

**PERSON IN A POSITION OF TRUST DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DETAILS OF THE EMPLOYEENOLUNTEER BEING REFERRED for POSITION OF TRUST | | | | | | | | | | | | |
| Family Name | |  | | | | First Name/s | | | |  | | |
| Date of Birth | |  | | | | Gender | | | |  | | |
| Home Address | |  | | | | | | | | | | |
| ID Number (if known) | |  | | | | Tel. No | | | |  | | |
| Current Address (if different} | |  | | | | | | | | | | |
| Race | | | | Religion | | | | | Language | | | |
| Gender | | | | Sexuality | | | | | Disability | | | |
| Other Household Members (including non-Family) | | | | | | | | | | | | |
| Name | M/F | | DOB | | ID | | Relationship to  Child/Young Person /Adult | | | | First Language | Parental Responsibility |
| Yes I No |
|  |  | |  | |  | |  | | | |  |  |
|  |  | |  | |  | |  | | | |  |  |
|  |  | |  | |  | |  | | | |  |  |
| Organisation and Address Person in Position of Trust Works/Volunteers for: | | | | | | | |  | | | | |
| Is the organisation named above CQC Registered? | | | | | | | |  | | | | |

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|  |  |
| --- | --- |
|  |  |
| Job Title & Role: |  |
| Does the Person in Position of Trust have a Professional Registration?  *e.g. NMC, HCPC, GMC etc.-)* |  |
| Manager Contact Details at Employing Organisation: |  |
| Current employment status (e.g. permanent/temporary/agency/full time /part time/zero hours): |  |
| Has this person been referred to the Adult Safeguarding Lead before?  When? What were the concerns and the outcome?  e.g. managed as an advice issue or went to a POT meeting |  |
| Does the Person in Position of Trust know you are making this referral? | . |
| If not why not? (please note there may be some situations where the adult may be placed at greater risk if the PoT is informed immediately. See PoT policy for further detail)) |  |

**Incident and Concern Details**

|  |  |
| --- | --- |
| Brief description of concerns: |  |
| Was the victim a child or adult with care and support needs? |  |
| Are there adult or children's safeguarding  procedures currently in process? |  |
| Police Crime Reference Number *(if applicable)* | Person in Position of Trust:  Child (if applicable): |

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**ALLEGED VICTIMS DETAILS**

I No. of Alleged Victims

|  |  |  |
| --- | --- | --- |
| 1st Adult / Child / Young Person / Other Individual | | ID Number if applicable: |
| Full Name:  Gender: | | DOB: |
|  | |  |
| Current/Past Local Authority Involvement specify): | Indicate if Child in need/ Child Protection/Not applicable | |
| if a child) Parent's names and DOB:  *if different)* | Adult/ Child's Relationship to the Alleged Person in Position of Trust: | |

|  |  |  |
| --- | --- | --- |
| 2nd - Adult/ Child/ Young Person / other individual | | ID Number if applicable: |
| Full Name:  Gender: | | DOB: |
|  | |  |
| Current/Past LA Involvement· | Indicate if Child in need/ Child Protection/Not applicable | |
| if a child) Parent's names and DOB:  *if different)* | Adult/ Child's Relationship to the Alleged Person in Position of Trust: | |
| 3rd Adult *I* Child *I* Young Person *I* other individual | | ID Number if applicable: |
| Full Name:  Gender: | | DOB· |
|  | |  |
| Current/Past LA Involvement: | Child in need / child protection | |
| if a child) Parent's names and DOB·  *if different)* | Adult *I* Child's Relationship to the Alleged Person in Position of Trust: | |

*~copy and paste here victims information If* more *than 3 vIctm1s·-*

Please provide names of key individuals connected to the Alleged Person in Position of Trust as the Adult Safeguarding Lead will need to consider who to invite to the POT meeting:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job role/title | Name and Job role | Organisation | Telephone Number | Email Address |
| Supervisor/Line manager |  |  |  |  |

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HR/Personnel |  |  |  |  |
| Provider Manager |  |  |  |  |
| Police contact |  |  |  |  |
| Contract and Commissioning contact for  provider |  |  |  |  |
| CQC for provider |  |  |  |  |
| Health Professional |  |  |  |  |
| Others |  |  |  |  |
|  |  |  |  |  |

# Please provide names of key individuals connected to the Alleged Victim{s) as the Adult

Safeguarding Lead will need to consider who to invite to the POT meeting:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job role/title | Name and  job role | Organisation | Telephone  Number | Email Address |
| Social Worker |  |  |  |  |
| Health Professional |  |  |  |  |
| Advocate |  |  |  |  |
| Provider |  |  |  |  |
| Voluntary  Agency |  |  |  |  |
| Contract and Commissioning contact for provider |  |  |  |  |
| Others |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For Completion byAdult Safeguarding Lead - POT Case Recording (record name after each entry or group

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of entries)

|  |  |
| --- | --- |
| Adult Safeguarding Lead ADVICE | Adult Safeguarding Lead ACTIONS |
|  |  |
|  |  |
| Date referral received; | Date advice given: |

|  |  |
| --- | --- |
| Adult Safeguarding Lead decision: | |
| Not Adult POT. referred to another  process/procedure (specify). | Initiate POT procedures |
| Request further information from referrer (Referrer to action) | Request further information from other  sources (ASL to action) |
| Refer to other ASL for management | Refer to LADO if appropriate |
| ASL DECISION DATE: |  |

For Completion by ASL- POT Case Recording (record name after each entry or group of entries)

|  |  |  |  |
| --- | --- | --- | --- |
| Date/Time | Recording | Outcome/Actions | Contact Details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |