

## **SAFEGUARDING VULNERABLE ADULTS POLICY**

### **1 AIM**

- 1.1 The purpose of this policy is to outline the duty and responsibility of staff, volunteers and trustees working on behalf of the organisation in relation to Safeguarding Vulnerable Adults.
- 1.2 All adults have the right to be safe from harm and must be able to live free from fear of abuse, neglect and exploitation.

*“Abuse is a violation of an individual’s human and civil rights by any other person or person’s”* Department of Health Guidance (2011)

### **2 OBJECTIVES**

- 2.1 To explain the responsibilities the organisation and its staff, volunteers and trustees have in respect of vulnerable adult protection.
- 2.2 To provide staff with an overview of vulnerable adult protection
- 2.3 To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

### **3 CONTEXT**

- 3.1 For the purpose of this policy ‘adult’ means a person aged 18 years or over.
- 3.2 **What do we mean by abuse?**
  - 3.2.1 Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.
  - 3.2.2 Concerns about abuse may be raised and reported to the social services agency as a result of a single incident or repeated incidents of abuse. However for some clients the issues of abuse relate to neglect and poor standards of care. They are ongoing and if ignored may result in a severe deterioration in both physical and mental health and even death.

- 3.2.3 Anyone who has concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the social services agency.
- 3.2.4 Where these concerns relate to a vulnerable adult living in their own home, with family or with informal carers they must be reported to the social services agency. These reports must be addressed through the adult protection process and a risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.
- 3.3 **Who is included under the heading 'vulnerable adult?'**
- 3.3.1 An Adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (*Definition from 'No Secrets' March 2000 Department of Health*)
- 3.3.2 This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.
- 3.3.3 *It may also include victims of domestic abuse, hate crime and anti social abuse behaviour.* The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.
- 3.3.4 Many vulnerable adults may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.
- 3.3.5 It is important to consider the meaning of 'Significant Harm'. The Law Commission, in it's consultation document 'Who Decides,' issued in Dec 1997 suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

## **4 LEGAL FRAMEWORK**

- 4.1 Local area Multi-Agency Adult Protection Policy, Protocols and Guidance (May 2005): See local Authority website and follow links to Adult Protection.
- 4.2 Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998
- 4.3 Data Protection Act 1998, Freedom on Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008
- 4.4 The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.
- 4.5 The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).
- 4.6 The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

## **5 THE ROLE OF STAFF, VOLUNTEERS AND TRUSTEES**

- 5.1 All staff, volunteers and trustees working on behalf of the organisation have a duty to promote the welfare and safety of vulnerable adults.
- 5.2 Staff, volunteers and trustees may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff/volunteers to make informed and confident responses to specific adult protection issues.

## **6 TYPES OF ABUSE**

- 6.1 Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.
- 6.2 Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

- 6.3 The Department of Health in its 'No Secrets' 2000 report suggests the following as the main types of abuse (See Appendix 1 for further information):
- 6.3.1 **Physical abuse** - including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
  - 6.3.2 **Sexual abuse** - 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.
  - 6.3.3 **Psychological abuse** - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
  - 6.3.4 **Financial or material abuse** - including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
  - 6.3.5 **Neglect and acts of omission** - including 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.
  - 6.3.6 **Discriminatory abuse** - including race, sex, culture, religion, politics, that is based on a persons disability, age or sexuality and other forms of harassment, slurs or similar treatment, hate crime.
  - 6.3.7 **Institutional abuse** - Institutional abuse although not a separate category of abuse in itself, requires specific mention simply to highlight that adults placed in any kind of care home or day care establishment are potentially vulnerable to abuse and exploitation. This can be especially so when care standards and practices fall below an acceptable level as detailed in the contract specification.
  - 6.3.8 **Multiple forms of abuse** - Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

## 6.4 Domestic abuse

### 6.4.1 Home Office Definition 2004

‘Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members, regardless of gender or sexuality.’

### 6.4.2 Women’s Aid Definition

‘Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can also include forced marriage and so-called “honour crimes”. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently “violent”.

6.4.3 Most research suggests that domestic violence occurs in all sections of society irrespective of race, culture, nationality, religion, sexuality, disability, age, class or educational level.

6.4.4 Both definitions would therefore also include incidents where extended family members may condone or share in the pattern of abuse e.g. forced marriage, female genital mutilation and crimes rationalized as punishing women for bringing ‘dishonour’ to the family.

6.4.5 It is important to recognise that Vulnerable Adults may be the victims of Domestic Abuse themselves or be affected by it occurring within their household. This is likely to have a serious effect on their physical and mental wellbeing.

6.4.6 Where Vulnerable Adults are victims of Domestic Abuse, they may need extra support to plan their future. The violence or threat of violence may continue after a victim has separated from the abuser. It is important to ensure that all the vulnerable people in this situation have appropriate support to enable them to maintain their personal safety.

6.4.7 A separate Domestic Abuse Protocol is in place for each local authority between Police, Social Services and Health.

6.4.8 Incidents reported by the police through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse. (*See Joint Police, Social Services and Health protocol for dealing with cases of domestic abuse where vulnerable adults are involved*)

## **7 CHILDREN**

- 7.1 It is essential that the needs of any children within an abusive or domestic violence situation where there is a vulnerable adult involved are considered and acted upon. Please contact the Lead for Safeguarding or Senior Manager and/or the local social services Safeguarding Children's team.

## **8 PROCEDURE IN THE EVENT OF A DISCLOSURE**

- 8.1 It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.
- 8.2 This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused.
- 8.3 Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.
- 8.4 A full record shall be made as soon as possible of the nature of the allegation and any other relevant information using a Cause for Concern form (Appendix 2)
- 8.5 This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

## **9 RESPONDING TO AN ALLEGATION**

- 9.1 Any suspicion, allegation or incident of abuse must be reported to the Designated Adult Protection Lead or Senior Manager on that working day where possible.
- 9.2 The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

## 10 RESPONDING APPROPRIATELY TO AN ALLEGATION OF ABUSE

### 10.1 In the event of an incident or disclosure:

#### DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen
- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality; immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

#### DON'T

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume Information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

10.2 It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer.

## 11 CONFIDENTIALITY

- 11.1 Vulnerable adult protection raises issues of confidentiality which must be clearly understood by all.
- 11.2 Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.
- 11.3 Clear boundaries of confidentiality will be communicated to all.
- 11.4 All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.
- 11.5 If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.
- 11.6 Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.
- 11.7 Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.
- 11.8 Where a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result.
- 11.9 Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.
- 11.10 This policy needs to be read in conjunction with other policies for the organisation including:
- Confidentiality
  - Disciplinary and Grievance
  - Data Protection
  - Recruitment and Selection
  - Safeguarding children and young people

## **12 THE ROLE OF KEY INDIVIDUAL AGENCIES**

### **12.1 Adult Social Services**

12.1.1 The Department of Health's 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

12.1.2 All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

### **12.2 The Police**

12.2.1 The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

### **12.3 ROLE OF DESIGNATED VULNERABLE ADULT PROTECTION OFFICER**

12.3.1 The role of the designated officer is to deal with all instances involving adult protection that arise within the organisation. They will respond to all vulnerable adult protection concerns and enquiries.

12.3.2 The designated Vulnerable Adult Protection Lead for the organisation is Hilary Bone, Should you have any suspicions or concerns relating to Adult Protection, contact 01344 898550 and ask for Hilary or Carolyn

### **12.4 Role of Line Manager**

12.4.1 The role of the line manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed.

12.4.2 The line manager could, if agreed with the staff member dealing with the incident, make contact with the designated Adult Protection Lead in the first instance.

12.4.3 The line manager must ensure that all staff within their team are familiar with the organisation's vulnerable adult protection procedures and ensure that all staff undertakes training, where appropriate.

## 12.5 Training

12.5.1 Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with vulnerable adult protection responsibilities.

## 12.6 Complaints procedure

12.6.1 The organisation has a complaints procedure available to all staff, volunteers and trustees.

## 12.7 Recruitment procedure

12.7.1 The organisation operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on new staff, volunteers and trustees in all circumstances.

## 13 REFERENCES, INTERNET LINKS AND FURTHER SOURCES OF INFORMATION

### 13.1 'No Secrets' report

13.1.1 The first national policy developed for the protection of vulnerable adults, for use by all health and social care organisations and the police. It introduced guidance around local multi-agency arrangements and was issued under Section 7 of the Local Authority Social Services Act 1970. Its implementation is led by local authorities with social services responsibilities. It has been regularly updated the most recent of which being published in March 2000.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_4002849](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_4002849)

13.2 Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults.

<http://www.elderabuse.org.uk>

13.3 The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people

<http://www.cpa.org.uk/index.html>

## Appendix 2 Types of abuse and indicators

### Types of physical abuse

- Hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Restricting movement (e.g. tying someone to a chair)

### 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 carer
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

### Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Masturbation of either or both persons
- Sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

### **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 known individual

### **Types of psychological and emotional abuse**

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way

### **Possible indicators of psychological and emotional abuse**

- An air of silence when a certain 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 a paid or unpaid carer to attract unnecessary treatment

## Types of financial abuse

- Theft of money or possessions
- Fraud
- Preventing a person from accessing their own money or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Someone moving into a person's home and living rent free without agreed financial arrangements
- False representation, using another person's bank account, cards or documents.
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority

## 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 adult at risk'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

### Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Failure to provide care in the way the person wants
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Failure to allow choice and preventing people from making their own decisions
- Failure to allow use of glasses, hearing aids, dentures, etc.
- Failure to ensure appropriate privacy and dignity

### Possible indicators of neglect and acts of omission

- 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

### Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as the **'protected characteristics' under the Equality Act 2010**)
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

### **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

### **Types of institutional abuse**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### **Possible indicators of institutional abuse**

- Lack of flexibility and choice for adults 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 or unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

What are the key agencies involved when reporting different types of abuse?

Type of investigation or assessment	Agency Responsible
Criminal (including, assault, theft, fraud, hate crime and domestic violence, bogus officials, wilful neglect)	Police
Fitness of a registered provider or manager under the Care Standards Act 2000	Commission for Social Care Inspection
Breach of service regulations relevant to the service	Commission for Social Care Inspection
Unresolved serious complaint in a health setting	Health Care Commission
Breach of rights of person detained under The Mental Health Act	Health Care Commission
Breach of terms of employment or disciplinary procedures	Employer
Breach of professional code of conduct	Professional Regulatory Body
Breach of Health and Safety Legislation	Health and Safety Executive
Complaint regarding failure of service (including neglect of provision of care and failure to protect one service user from the actions of another)	Service provider, such as a Manager or proprietor of service or complaints department
Breach of contract to provide care	Service Commissioner
Bogus callers or rogue traders	Trading Standards Officers
Misuse of Enduring Power of Attorney	Office of the Public Guardian
Misuse of appointeeship or agency status in dealing with DWP administered benefits	Department of Work and Pensions
Inappropriate decisions about the care and wellbeing of an adult without mental capacity Which are not in the adult's best interests	Court of Protection
Assessment of need for health and social care provision (service users and carers).	'Councils with Social Services responsibilities', or health trusts.

**Appendix 2  
Cause for Concern Reporting Form**

This form is to be completed on all occasions when there is cause for concern in relation to the welfare of an adult receiving assistance from the Licensed Trade Charity.

Name of person at risk: .....

<b>Details of the person reporting concerns</b>
Full Name .....
Contact Details .....
<b>Details of person at risk:</b>
Full Name: .....
DOB: .....
Home Address:.....
.....
Contact number :.....

Do these concerns relate to a specific incident?  
If YES complete Section A; if NO complete Section B



Section A:

Date and Time of Incident: .....

Place of Incident .....

Brief circumstances of incident, to include any precipitating factors and injuries sustained (if applicable)

Names(s) of potential witnesses

.....  
.....  
.....

Section B:

Details of concern (specific or cumulative?), give dates, nature of concern and actions taken:

Any other relevant information

Signed.....Date.....

Discussed with Designated Person at LTC: (Y/N) Agreed.....
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Form passed to Designated Person at LTC: (Y/N) Date.....
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**For attention of Designated Person**

Refer issue onto social care authorities or police: YES/NO Date.....
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Basis of Decision/Further action agreed (if any) ..... ..... ..... ..... ..... .....
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