

Appendix 2: Suggested forms for recording people in positions of trust cases

Partner Organisations of Suffolk Safeguarding Adults Board and Providers they commission may choose to use these forms their own design or other recording systems. However, each is required to meet the recording requirements set out in Section 8 of this Protocol.

ALLEGATIONS AGAINST PEOPLE WHO WORK IN POSITIONS OF TRUST WITH ADULTS WITH CARE AND SUPPORTNEEDS REFERRAL FORM

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 and the process is the Position of Trust process.

Confidential and Restricted Form		Reference Number	
Date referral sent		Date of alleged incident	

REFERRERS DETAILS			
Family Name		First Name/s	
Position		Email Address	
Agency		Tel. No/Mobile	
Address			

Criteria for Referral – tick those that apply	
<input type="checkbox"/>	The People in Positions of Trust'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)
<input type="checkbox"/>	The People in Positions of Trust's life outside work i.e. concerning adults with care and support needs in 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 in a residential home for people with learning disabilities)
	The Person in Position of Trust'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 neighbouring authority is subject to child protection procedures involving her own children due to domestic abuse by her husband)
And the person has:	
	Behaved in a way that has harmed or may have harmed an adult with care and support needs.
	Behaved in a way that has harmed or may have harmed an adult 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 with care and support needs.

PERSON IN A POSITION OF TRUST DETAILS (Personal details of the Employee/Volunteer being referred)			
Family Name		First Name	
DOB		Gender	
Home Address			
ID Number		Tel./Mobile No	

Current Address (If different from above)						
Other Household Members (including non-family members)						
Name	M/F	DOB	Relationship to Adult	First Language	Parental Responsibility	
					Yes	No
Organisation & Address Person in Position of Trust Works/Volunteers for						
Is the organisation named above CQC Registered?			Yes or No			
Job Title & Role						
Does the Person in Position of Trust have a Professional Registration? (e.g NMC, HCPC, GMC)			Yes / No State: NMC / HCPC / GMC / (specify)			
Manager Contact Details at Employing Organisation			Name: Address: Email: Telephone:			
Current employment status						
Has this person been referred into the Person in a Position of Trust Referral Process 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?	Yes/No
If not why not? (please note there may be situations where the adult may be placed at greater risk if the Person in a Position of Trust is informed immediately)	

INCIDENT / CONCERNS DETAILS

Brief Description of Concerns	
Was the Victim a child or adult with care and support needs?	Child / Adult with care and support needs / Other (please state)
Are there adult or children's safeguarding procedures currently in process?	Adult Safeguarding Procedures: Yes / No Children's Safeguarding Procedures: Yes / No
Police Crime Reference Number (if applicable)	

ALLEGED VICTIM'S DETAILS

No of Alleged Victims	
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1st Adult / Child / Young Person / other individual	
Full Name	
DOB	
Gender	
Current/Past LA Involvement	
Child in Need/Child Protection	
If a Child Parents Names and DOB (if different)	
Child/Adults Relationship to the Alleged Person in a Position of Trust	
2nd Adult / Child / Young Person / other individual	
Full Name	
DOB	
Gender	
Current/Past LA Involvement	
Child in Need/Child Protection	
If a Child Parents Names and DOB (if different)	

Child/Adults Relationship to the Alleged Person in a Position of Trust	
3rd Adult / Child / Young Person / other individual	
Full Name	
DOB	
Gender	
Current/Past LA Involvement	
Child in Need/Child Protection	
If a Child Parents Names and DOB (if different)	
Child/Adults Relationship to the Alleged Person in a Position of Trust	
Copy and paste here victims information if more than 3 victims	

Please provide names of key individuals connected to the alleged Person in a Position of Trust as the Safeguarding Lead / Managing Officer will need to consider who to invite to the People in Positions of Trust meeting

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Job Role/ Title	Name and Job Role	Organisation	Telephone Number	Email Address
Supervisor/ Line Manager				
HR				
Provider Manager				
Police Contact				
Contract & Commissioning Leads				
CQC				
Health Professionals				
Others				

Please provide names of key individuals connected to the alleged Victim(s)
Safeguarding Lead / Managing Officer will need to consider who to invite to the
People in Positions of Trust meeting

Job Role/ Title	Name and Job Role	Organisation	Telephone Number	Email Address
Social Worker				
Health Professional				
Advocate				
Provider				
Voluntary Agency				

Job Role/ Title	Name and Job Role	Organisation	Telephone Number	Email Address
Contract & Commissioning Leads				
Others				

This form should be sent without to delay to Local Authority Safeguarding Manager at XXXXXX If you wish to discuss the case before making a referral please telephone the XXXXXX

For Completion by Local Authority Lead for Position of Trust

Advice Given	Actions Taken
Date referral received	

Local Authority Lead for Position of Trust Decision

Not PoT - referred to another process / procedure: Specify <input type="checkbox"/>	Initiate Person in Position of Trust Procedures <input type="checkbox"/>
Request further information from referrer (Referrer to action) <input type="checkbox"/>	Request further information from other sources (Local Authority Lead to action) <input type="checkbox"/>
Refer to other Local Authority Manager for management <input type="checkbox"/>	Refer to LADO <input type="checkbox"/>

Decision Date	

For Completion by People in Positions of Trust Lead - People in Positions of Trust Case Recording (record name after each entry or group of entries)

Date/Time	Recording	Outcome/Actions	Contact Details