



# Section 3

## Forms and Documentation

April 2007 To be reviewed April 2008

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# Introduction

# Introduction

This Section contains documentation to be used by practitioners in the Safeguarding Adults process.

## Forms

This Section contains the Safeguarding Adults Notification, Outcome and Review Form. Guidance notes are available to assist in completing the Form along with timescales for completion.

Other Referral Forms also available in this Section include:

- Protection of Vulnerable Adults (PoVA) List Referral Form
- Multi-Agency Public Protection Arrangements (MAPPA) Referral Form
- Non-MAPPA Referral Form

These Forms have been included should there be a need to consider a referral to these processes.

## Safeguarding Adults Templates

Included in this Section are agenda templates for use in Safeguarding Adults Strategy Discussion Meetings and Safeguarding Adults Assessment/Investigation Meetings.

These templates are intended to act as guides only, and it is recognised that not all parts of the templates may be appropriate or necessary for every meeting. The Safeguarding Manager chairing the meeting should make any decisions regarding content of the agenda prior to each meeting taking place. The templates should also assist the Safeguarding Manager in structuring the meetings.

Also included in this Section is a Safeguarding Adults Report template. It is good practice for written reports to be provided at Safeguarding Adults Meetings. The template in this Section acts as a guide for preparing such reports. Reports should be taken to the meeting, with enough copies for all attendees. If someone is unable to attend a meeting, a Report should be forwarded to the Safeguarding Manager, at least 24 hours prior to the meeting.

An Action Plan template and a Safeguarding Plan template are also included in this Section. Both templates are intended to act as a guide to assist in developing Action Plans and Safeguarding Plans as part of the Safeguarding Adults process.

## Other Documentation

Protection of Vulnerable Adults (PoVA) List documentation is available in this Section, for information purposes only. It includes:

- information for people who have been provisionally listed
- a copy of the letter a person would receive if they have been provisionally listed
- a Provisional listing observation form which the person provisionally listed has the option to complete.

# Forms

# Safeguarding Adults Notification, Outcome and Review Form

## Guidance Notes

The Notification, Outcome and Review Form contains confidential information.

The Safeguarding Manager is responsible for storing the Form in a secure place.

The Form is divided into four parts:

1. Part A – Notification of Alert
2. Part B – Safeguarding Adults Strategy Discussion Meeting
3. Part C – Conclusion of the Safeguarding Adults Assessment/Investigation
4. Part D - Review

## Part A – Notification of Alert

To be completed when an Alert has been made and a decision taken to consider a case under the Safeguarding Adults Procedures.

It is to be completed within 24 hours of the Alert.

It is to be completed by the Responsible Person and signed and dated by the Safeguarding Manager confirming the decision to be taken following the Alert. It is to be forwarded to the Safeguarding Adults Team **immediately** upon completion, regardless of whether the process continues to Strategy Discussion Meeting or not.

Any documentation or evidence supporting the decision to be taken at this stage, should also be forwarded with the Part A.

The information obtained from Part A will provide data about the alleged victim/adult at risk, alleged perpetrator (if appropriate) and the Alert.

## Part B – Safeguarding Adults Strategy Discussion Meeting

To be completed following the conclusion of the Safeguarding Adults Strategy and Discussion Meeting which ordinarily takes place within 5 working days of the Alert being raised.

It is to be completed by the Safeguarding Manager who has co-ordinated the Strategy Discussion Meeting. The Safeguarding Manager must sign and date the Form, confirming the outcome of the Meeting. It is to be forwarded upon completion to the Safeguarding Adults Team, regardless of whether the process continues to further Assessment or Investigation.

The minutes and Action Plan from the Strategy Discussion Meeting should be forwarded with the Part B. Any documentation or evidence supporting the outcome at this stage should also be forwarded with the Part B.

Part B will provide information on how the Strategy Discussion Meeting was conducted, who was involved and any decisions/actions agreed as part of the outcome.

## Part C – Conclusion of the Safeguarding Adults Assessment/Investigation

To be completed once a decision has been taken to conclude the assessment or investigative process, ordinarily within 8 weeks of the Notification.

It is to be completed by the Safeguarding Manager managing the Assessment or Investigation. The Safeguarding Manager must sign and date the Form, confirming the outcome of the Assessment/Investigation. It is to be forwarded upon completion to the Safeguarding Adults Team.

The minutes from the final meeting and the Safeguarding Plan, if appropriate, should be forwarded with the Part C. Any documentation or evidence supporting the final outcome of the Assessment or Investigation should also be forwarded with the Part C.

The information obtained from Part C will identify the outcome of the assessment or investigative process, such as abuse was substantiated, not substantiated or not determined/inconclusive, as appropriate. It will also provide information on any outcomes relating to the process, at this stage. Finally it will indicate whether a Review has been arranged.

## Part D – Review

To be completed **only** if a decision is taken at the final Safeguarding Adults Assessment/Investigation Meeting, that a Review is necessary.

It is to be completed by the Safeguarding Manager after the Review takes place, a maximum of 6 months from the final Safeguarding Adults Assessment/Investigation Meeting. The Safeguarding Manager must sign and date the Form, confirming the outcome of the Review. It is to be forwarded upon completion to the Safeguarding Adults Team.

Part D of the Form must be completed regardless of how the Review takes place, whether a Review Meeting is held or the Safeguarding Manager gathers information to update on outcomes.

Part D of the Form must be completed **each time** a Review takes place, as more than one Review may be necessary.

If a Review Meeting is held, the minutes from that meeting should be forwarded with the Part D. Any documentation or evidence supporting the outcome of the Review should also be forwarded with the Part D.

The information obtained from Part D is crucial in that it provides final confirmation or clarity of outcomes from the assessment or investigative process. It can also provide information about the effectiveness of the Safeguarding Plan.

**Each** Part of the Form should be returned to the Safeguarding Adults Team **immediately** upon completion, either electronically or in an envelope marked:

**“Personal – to be opened by the addressee only”**

**FAO Safeguarding Adults Co-ordinator**

**Safeguarding Adults Team**

**Leechmere Training Centre**

**Carrmere Road, Sunderland**

**SR2 9QT**

When completing any part of the Form please ensure that all information recorded is legible and attach any additional sheets as necessary. Please remember to sign and date each Part.

If there are any questions or difficulties in completing any Parts of this Form, please contact: The **Safeguarding Adults Team 0191 566 1736**

# Part A

## NOTIFICATION OF ALERT (STRICTLY CONFIDENTIAL)

To be completed following an Alert considered under the Safeguarding Adults Procedures. To be completed and forwarded to the Safeguarding Adults Team within 24 hours of the Alert being made.

Part A completed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Workplace address: \_\_\_\_\_

Contact no: \_\_\_\_\_ Date: \_\_\_\_\_

Is the concern about more than one named person? Yes  No

If more than one named person, there should be a separate Part A completed for each

Is the concern about a group of unnamed adults, eg: residents/service users? Yes  No

Is the concern of a general nature, not relating to a specific incident of abuse? Yes  No

**If the answer to either of the 2 questions above is 'yes' please complete the relevant sections of the Form, as appropriate.**

## 1. DETAILS OF ALLEGED VICTIM/ADULT AT RISK

Name of alleged victim/adult at risk: \_\_\_\_\_

Please tick here if the name of alleged victim/adult at risk is not known

Please tick here if the concern is regarding a group of unnamed adults/service users

Address of alleged victims/adult/s at risk: \_\_\_\_\_

Postcode: \_\_\_\_\_

Gender: Male  Female  Not known

Age: 18-30  31-50  51-65  66-75  76-89  90+

Does the alleged victim/adult at risk have capacity to consent to this Notification?\* Yes  No  Not known

Is the alleged victim/adult at risk aware of this Notification? Yes  No  Not known

\*If the alleged victim/adult at risk does not have mental capacity there will be a need to consider the criteria for using an Independent Mental Capacity Advocate (IMCA), if appropriate.

Has a Safeguarding Adults Notification been made about this adult before? Yes  No  Not known

If the answer is yes to the above question please provide details/dates of previous Notifications

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Has a Safeguarding Adults Notification been made about this service/provider before? Yes  No  Not known

If the answer is yes to the above question please provide details/dates of previous Notifications

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**Ethnic Origin of Alleged Victim/Adult at Risk:**

- |   |  |  |  |
|---|--|--|--|
| White British <input type="checkbox"/>      | Black African <input type="checkbox"/>       | Pakistani <input type="checkbox"/>                       | Mixed White and Black African <input type="checkbox"/> |
| White Irish <input type="checkbox"/>        | Black Caribbean <input type="checkbox"/>     | Bangladeshi <input type="checkbox"/>                     | Mixed White and Asian <input type="checkbox"/>         |
| Other White <input type="checkbox"/>        | Other Black <input type="checkbox"/>         | Other Asian <input type="checkbox"/>                     | Mixed White and Chinese <input type="checkbox"/>       |
| Chinese <input type="checkbox"/>            | Indian <input type="checkbox"/>              | Mixed White and Black Caribbean <input type="checkbox"/> | Other Mixed Background <input type="checkbox"/>        |
| Other Ethnic Group <input type="checkbox"/> | Information Unknown <input type="checkbox"/> | Information Withheld <input type="checkbox"/>            |  |

**Nature of Alleged Victim/Adult at Risk's Vulnerability:**

- |   |  |  |
|---|--|--|
| Learning Disability <input type="checkbox"/>    | Sensory Impairment – hearing loss <input type="checkbox"/> | Substance Misuse <input type="checkbox"/>    |
| Physical Disability <input type="checkbox"/>    | Sensory Impairment – visual loss <input type="checkbox"/>  | Mental Health Needs <input type="checkbox"/> |
| Older Person <input type="checkbox"/>           | Sensory Impairment – dual loss <input type="checkbox"/>    | Dementia <input type="checkbox"/>            |
| Other (please specify) <input type="checkbox"/> | _____  |  |

**Care Funded by (if alleged victim/adult at risk is a service user):**

- Adult Services  Sunderland Teaching Primary Care Trust  Self-funded
- Other (please specify)  \_\_\_\_\_

**2 DETAILS OF ALLEGED PERPETRATOR(S)**

This section to be filled in where appropriate.

If not appropriate indicate here and go to Section 3 Not Appropriate

\*Name of alleged perpetrator \_\_\_\_\_ Name not known

Current Address: \_\_\_\_\_

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\_\_\_\_\_ Postcode: \_\_\_\_\_ Not known

Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/> Not known <input type="checkbox"/>												
Age:	18-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-65 <input type="checkbox"/> 66-75 <input type="checkbox"/> 76-89 <input type="checkbox"/> 90+ <input type="checkbox"/>												
Is the alleged perpetrator a vulnerable adult? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></span>													
If the answer to the above question is yes, please tick the nature of the vulnerability, if known:													
Learning Disability <input type="checkbox"/> Physical Disability <input type="checkbox"/> Older Person <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Sensory Impairment – hearing loss</td> <td style="padding-left: 5px;"><input type="checkbox"/></td> <td style="border-right: 1px solid black; padding-right: 5px;">Substance Misuse</td> <td style="padding-left: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Sensory Impairment – visual loss</td> <td style="padding-left: 5px;"><input type="checkbox"/></td> <td style="border-right: 1px solid black; padding-right: 5px;">Mental Health Needs</td> <td style="padding-left: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">Sensory Impairment – dual loss</td> <td style="padding-left: 5px;"><input type="checkbox"/></td> <td style="border-right: 1px solid black; padding-right: 5px;">Dementia</td> <td style="padding-left: 5px;"><input type="checkbox"/></td> </tr> </table>	Sensory Impairment – hearing loss	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>	Sensory Impairment – visual loss	<input type="checkbox"/>	Mental Health Needs	<input type="checkbox"/>	Sensory Impairment – dual loss	<input type="checkbox"/>	Dementia	<input type="checkbox"/>
Sensory Impairment – hearing loss	<input type="checkbox"/>	Substance Misuse	<input type="checkbox"/>										
Sensory Impairment – visual loss	<input type="checkbox"/>	Mental Health Needs	<input type="checkbox"/>										
Sensory Impairment – dual loss	<input type="checkbox"/>	Dementia	<input type="checkbox"/>										
If the alleged perpetrator is a vulnerable adult do they have mental capacity? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></span>													
If the alleged perpetrator does not have mental capacity there will be a need to consider the criteria for using an Independent Mental Capacity Advocate (IMCA), if appropriate.													
<b>Care funded by (if the alleged perpetrator is a service user):</b>													
Adult Services <input type="checkbox"/> Sunderland Teaching Primary Care Trust <input type="checkbox"/> Self-funded <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____													
Has a Safeguarding Adults Notification been made about this adult before? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></span>													
If the answer is yes to the above question please provide details/dates of previous notifications													
_____													
_____													
_____													
Are others at risk? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></span>													
Are there any Safeguarding Children issues? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></span>													
If the answer is yes to the above question are Safeguarding Children aware? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/> Not known <input type="checkbox"/></span>													
<b>Ethnic Origin of Alleged Perpetrator:</b>													
White British <input type="checkbox"/> White Irish <input type="checkbox"/> Other White <input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/>	Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other Black <input type="checkbox"/> Indian <input type="checkbox"/> Information Unknown <input type="checkbox"/>	Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> Information Withheld <input type="checkbox"/>	Mixed White and Black African <input type="checkbox"/> Mixed White and Asian <input type="checkbox"/> Mixed White and Chinese <input type="checkbox"/> Other Mixed Background <input type="checkbox"/>										
Other (Please Specify) <input type="checkbox"/> _____													

**Relationship of Alleged Perpetrator to Alleged Victim:**

Spouse or partner <input type="checkbox"/>	Son or daughter in-law <input type="checkbox"/>	Other service user <input type="checkbox"/>
Ex-spouse or ex-partner <input type="checkbox"/>	Other relative <input type="checkbox"/>	Volunteer/Befriender <input type="checkbox"/>
Main family carer (informal) <input type="checkbox"/>	Friend or acquaintance <input type="checkbox"/>	Paid worker or paid carer <input type="checkbox"/>
Adult son or daughter <input type="checkbox"/>	Neighbour <input type="checkbox"/>	Other professional – Nurse, GP, District Nurse, Care Manager etc. <input type="checkbox"/>
Child (under 18) <input type="checkbox"/>	Stranger <input type="checkbox"/>	Institution (including health setting and residential or nursing care and domiciliary care agency) <input type="checkbox"/>

Is the alleged perpetrator currently living with the alleged victim? Yes  No  Sometimes  Not known

If the alleged perpetrator is currently caring for others as employer, employee or volunteer, please state:

Alleged perpetrator’s job title/role: \_\_\_\_\_

Alleged perpetrator’s employer: \_\_\_\_\_

Alleged perpetrator’s regulatory body, if appropriate e.g. CSCI, Healthcare Commission: \_\_\_\_\_

**\*Please note:** If more than one alleged perpetrator you must fill this section in for each one.

**3 THE ABUSE**

**Type of Abuse Suspected or Risk of Abuse**

Physical Abuse <input type="checkbox"/>	Sexual Abuse <input type="checkbox"/>	Institutional Abuse <input type="checkbox"/>	Discriminatory Abuse <input type="checkbox"/>
Psychological Abuse <input type="checkbox"/>	Financial/ Material Abuse <input type="checkbox"/>	Neglect <input type="checkbox"/>	Multiple – please also record the types of abuse against the relevant category <input type="checkbox"/>

If there has not been a specific incident of abuse, please provide details of why/how the person may be at risk of the above abuse indicated:

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**Location of Suspected Abuse/Where the adult may be at risk:**

- |   |  |   |
|---|--|---|
| Alleged victim's/adult at risk's own home (owner/occupier) <input type="checkbox"/>   | Alleged victim's/adult at risk's relatives home <input type="checkbox"/> | College or adult education or work place <input type="checkbox"/> |
| Alleged victim's/adult at risk's parents home <input type="checkbox"/>  | Alleged perpetrator's own home <input type="checkbox"/>                  | Day centre or service <input type="checkbox"/>                    |
| Residential care home (mental health, learning disabilities, physical disabilities or older persons) <input type="checkbox"/> | Nursing care home <input type="checkbox"/>                               | Short break service <input type="checkbox"/>                      |
| Extra care sheltered scheme <input type="checkbox"/>  | Sheltered accommodation <input type="checkbox"/>                         | Acute hospital <input type="checkbox"/>                           |
| Specialist or community hospital <input type="checkbox"/>   | Adult placement scheme <input type="checkbox"/>                          | General hospital <input type="checkbox"/>                         |
| Supported accommodation <input type="checkbox"/>  | Independent healthcare <input type="checkbox"/>                          | Community group <input type="checkbox"/>                          |
| Public place/public transport <input type="checkbox"/>  | Other (please specify) <input type="checkbox"/>                          | _____   |

Name/address of location: \_\_\_\_\_

If sheltered or supported accommodation, is property regulated by Supporting People? Yes  No

**4 NOTIFICATION DETAILS**

**Source of the Alert (who/where concern was raised):**

(Please tick as many as apply)

- |  |   |   |  |
|--|---|---|--|
| Alleged victim /adult at risk <input type="checkbox"/>             | Alleged perpetrator <input type="checkbox"/>              | Main family carer <input type="checkbox"/>            | Other family member including relatives and in-laws <input type="checkbox"/> |
| Main family carer <input type="checkbox"/>                         | Friend <input type="checkbox"/>                           | Member of the public <input type="checkbox"/>         | Other service user <input type="checkbox"/>                                  |
| Voluntary agency <input type="checkbox"/>                          | Police <input type="checkbox"/>                           | Formal advocate <input type="checkbox"/>              | GP <input type="checkbox"/>  |
| Volunteer <input type="checkbox"/>                                 | Adult Services <input type="checkbox"/>                   | Independent service provider <input type="checkbox"/> | CSCI <input type="checkbox"/>  |
| Independent healthcare provider (Non-NHS) <input type="checkbox"/> | Specialist or community hospital <input type="checkbox"/> | General Hospital <input type="checkbox"/>             | Acute hospital including A & E <input type="checkbox"/>                      |
| Counselling or therapy <input type="checkbox"/>                    | Complaints <input type="checkbox"/>                       | Other STPCT <input type="checkbox"/>                  | Prison or probation <input type="checkbox"/>                                 |
| Neighbour <input type="checkbox"/>                                 | Anonymous <input type="checkbox"/>                        | Paid worker: <input type="checkbox"/>                 | 24-Hour Safeguarding Adults Helpline <input type="checkbox"/>                |

Other (Please Specify)  \_\_\_\_\_

**Basis of Alert:**

Disclosure  Observation e.g. signs and symptoms/change in behaviour   
 Witness of incident  Other (Please specify)  \_\_\_\_\_

**5 DECISION**

**This section must be agreed by the Safeguarding Manager who will confirm the decision to be taken by signing and dating at the bottom of the Form**

Name of Safeguarding Manager: \_\_\_\_\_

Position in Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Decision**

1. To convene a Safeguarding Adults Strategy Discussion Meeting or;

Basis for decision:

2. \*Not to convene a Safeguarding Adults Strategy Discussion Meeting

Basis for decision:

Please identify any other action(s) taken, if appropriate

**\* Please attach any additional information as evidence to support decision taken and/or to provide evidence of any other action(s) taken**

Signature of Safeguarding Manager: \_\_\_\_\_

Date Part A Completed: \_\_\_\_\_

**Please complete and return Part A of the Form, immediately upon completion to:  
 The Safeguarding Adults Co-ordinator  
 Safeguarding Adults Team  
 Leechmere Training Centre  
 Carrmere Road  
 Sunderland  
 SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part A, as necessary. Additional Information Attached: Yes  No

# Part B

## SAFEGUARDING ADULTS STRATEGY DISCUSSION MEETING (STRICTLY CONFIDENTIAL)

To be completed following the conclusion of the Safeguarding Adults Strategy Discussion Meeting.

To be completed and forwarded to the Safeguarding Adults Team ordinarily within 5 working days of the Alert being raised.

Part B completed by: \_\_\_\_\_

Job title: \_\_\_\_\_

Agency (please be specific): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Name of alleged victim/adult at risk: \_\_\_\_\_

Address of alleged victim/adult at risk: \_\_\_\_\_

\_\_\_\_\_

Date of Notification of Alert (Part A): \_\_\_\_\_

Date of Strategy Discussion Meeting: \_\_\_\_\_

Was the **alleged victim/adult at risk** present at the Strategy Discussion Meeting? Yes  No

Has the alleged victim/adult at risk the mental capacity to make his/her own decisions? Yes  No

If the answer to the above question is no, do they fit the criteria to involve an Independent Mental Capacity Advocate (IMCA)? Yes  No

If the answer to the above question is yes, has a referral been made to the Mental Capacity Advocacy Service? Yes  No

If it is not appropriate for the use of an IMCA, have other advocacy services been considered? Yes  No

If an advocate has been requested please provide details:

Independent Service: \_\_\_\_\_

Informal (family/friend): \_\_\_\_\_

If the **alleged perpetrator** does not have capacity, do they fit the criteria to involve an Independent Mental Capacity Advocate (IMCA)? Yes  No

If the answer to the above question is yes, has a referral been made to the Mental Capacity Advocacy Service? Yes  No

If it is not appropriate for the use of an IMCA, have other advocacy services been considered?

Yes  No

If an advocate has been requested please provide details:

Independent Service: \_\_\_\_\_

Informal (family/friend): \_\_\_\_\_

Name of agency/organisation/service co-ordinating the Strategy Discussion Meeting:

\_\_\_\_\_

Name of Chairperson of the Strategy Discussion Meeting and Job Title:

\_\_\_\_\_

## 1 AGENCIES INVOLVED IN STRATEGY DISCUSSION MEETING

(Please tick as many as apply)

Adult Services <input type="checkbox"/>	Commission for Social Care Inspection <input type="checkbox"/>	Independent Care Home <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Police <input type="checkbox"/>	Independent Day Service <input type="checkbox"/>	Northumberland Tyne & Wear NHS Trust <input type="checkbox"/>
Sunderland Royal Hospital <input type="checkbox"/>	Voluntary Agency <input type="checkbox"/>	Independent Home Care Agency <input type="checkbox"/>	Education/community services <input type="checkbox"/>
Alleged victim/adult at risk <input type="checkbox"/>	Family member(s)/relatives/carer of alleged victim/adult at risk <input type="checkbox"/>	Independent advocate for alleged victim/adult at risk <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged victim/adult at risk <input type="checkbox"/>
Alleged perpetrator <input type="checkbox"/>	Family member(s)/relatives/carer of alleged perpetrator <input type="checkbox"/>	Independent advocate for alleged perpetrator <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged perpetrator <input type="checkbox"/>
Housing association/Housing Strategy/Sheltered Housing Scheme <input type="checkbox"/>	Safeguarding Adults Team <input type="checkbox"/>	Financial representative including Welfare Rights, Receivership Administrative Team or bank/building society <input type="checkbox"/>	Representative from Domestic Violence services <input type="checkbox"/>
Community Mental Health Partnership <input type="checkbox"/>	Learning Disabilities Partnership <input type="checkbox"/>	Sunderland City Council <input type="checkbox"/>	Other Local Authority <input type="checkbox"/>
Childrens Services <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/> _____		

## 2 OUTCOME OF STRATEGY DISCUSSION MEETING

1. *No Further Action or,	Basis for decision:
2. Decision to Undertake a Safeguarding Adults Assessment/ Investigation or,	Basis for decision:
3. *Other Action to be Taken	Basis for decision:  Please identify what other action is to be taken:

\*Please attach any additional information as evidence to support decision taken and/or to provide evidence of any other action(s) taken.

Has a referral to the PoVA List been made? Yes  No  being considered

Has a referral to MAPPAs or Non-MAPPAs been made? Yes  No  being considered

Signature of Safeguarding Manager: \_\_\_\_\_

Date Part B Completed: \_\_\_\_\_

Minutes of the Strategy Discussion Meeting Attached   
To follow:  by (date) \_\_\_\_\_

Action Plan produced at the Strategy Discussion Meeting Attached   
To follow:  by (date) \_\_\_\_\_

Please complete and return Part B of the Form, immediately upon completion to:

**The Safeguarding Adults Co-ordinator**  
**Safeguarding Adults Team**  
**Leechmere Training Centre**  
**Carrmere Road**  
**Sunderland**  
**SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part B, as necessary. Additional Information Attached: Yes  No

# Part C

## CONCLUSION OF THE SAFEGUARDING ADULTS ASSESSMENT/ INVESTIGATION (STRICTLY CONFIDENTIAL)

To be completed once a decision is taken to conclude the Safeguarding Adults Assessment/Investigation.

To be completed and forwarded to the Safeguarding Adults Team ordinarily within 8 weeks of the Notification.

Part C completed by: \_\_\_\_\_

Job title: \_\_\_\_\_

Agency (please be specific): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Notification of Alert – Part A completed:

Date of Safeguarding Adults Strategy Discussion Meeting – Part B completed:

Name of alleged victim/adult at risk: \_\_\_\_\_

Address of alleged victim/adult at risk: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

### Dates of Meetings held during Assessment/Investigation:

Dates	Minutes forwarded to the Safeguarding Adults Team	Action Plan forwarded to the Safeguarding Adults Team
1. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
2. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
3. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
4. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
5. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>
6. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> Pending <input type="checkbox"/>

Other: \_\_\_\_\_

Name of agency/organisation/service managing the Safeguarding Adults Assessment/Investigation: \_\_\_\_\_

Name of Chair of Assessment/Investigation Meetings and job title: \_\_\_\_\_

\_\_\_\_\_

# 1 AGENCIES ATTENDING ASSESSMENT/INVESTIGATION MEETINGS

(Please tick as many as apply)

Adult Services <input type="checkbox"/>	Commission for Social Care Inspection <input type="checkbox"/>	Independent Care Home <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Police <input type="checkbox"/>	Independent Day Service <input type="checkbox"/>	Northumberland Tyne & Wear NHS Trust <input type="checkbox"/>
Sunderland Royal Hospital <input type="checkbox"/>	Voluntary Agency <input type="checkbox"/>	Independent Home Care Agency <input type="checkbox"/>	Education/ community services <input type="checkbox"/>
Alleged victim/ adult at risk <input type="checkbox"/>	Family member(s) /relatives/carer of alleged victim/ adult at risk <input type="checkbox"/>	Independent advocate for alleged victim /adult at risk <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged victim/adult at risk <input type="checkbox"/>
Alleged perpetrator <input type="checkbox"/>	Family member(s) /relatives/carer of alleged perpetrator <input type="checkbox"/>	Independent advocate for alleged perpetrator <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged perpetrator <input type="checkbox"/>
Housing association/ Housing Strategy/ Sheltered Housing Scheme <input type="checkbox"/>	Safeguarding Adults Team <input type="checkbox"/>	Financial representative including Welfare Rights, Receivership Administrative Team or bank/ building society <input type="checkbox"/>	Representative from Domestic Violence services <input type="checkbox"/>
Community Mental Health Partnership <input type="checkbox"/>	Learning Disabilities Partnership <input type="checkbox"/>	Sunderland City Council <input type="checkbox"/>	Other Local Authority <input type="checkbox"/>
Childrens Services <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/> _____		

## 2 OUTCOMES FOR ALLEGED VICTIM/ADULT AT RISK OR SERVICE

**Action (please tick as many as apply)**

**Timescale**

Removed from property or service



\_\_\_\_\_

Increased monitoring



\_\_\_\_\_

Community care assessment and services



\_\_\_\_\_

Management of access to finances



\_\_\_\_\_

Counselling or support



\_\_\_\_\_

Advocacy



\_\_\_\_\_

Management of access to alleged perpetrator



\_\_\_\_\_

Action under the Mental Health Act



\_\_\_\_\_

Civil Action



\_\_\_\_\_

Referred to complaints procedure



\_\_\_\_\_

Guardianship



\_\_\_\_\_

Court of Protection



\_\_\_\_\_

Referral to specialist services



\_\_\_\_\_

No further action



\_\_\_\_\_

Other (please specify): \_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 3 OUTCOMES FOR ALLEGED PERPETRATOR/AGENCY OR SERVICE

Not Applicable:

**Action (please tick as many as apply)**

**Timescale**

Police Action

\_\_\_\_\_

Criminal Prosecution

\_\_\_\_\_

Disciplinary Action

\_\_\_\_\_

Action by commissioning or placing authority

\_\_\_\_\_

Action by regulatory body/CSCI

\_\_\_\_\_

Action by Healthcare Commission

\_\_\_\_\_

Referred to PoVA List

\_\_\_\_\_

Referred to MAPPA/Non-MAPPA

\_\_\_\_\_

Carer's assessment offered

\_\_\_\_\_

Management action e.g. increased supervision, training

\_\_\_\_\_

Counselling or support

\_\_\_\_\_

Removed from property or service

\_\_\_\_\_

Community care assessment and services

\_\_\_\_\_

Action under the Mental Health Act

\_\_\_\_\_

Case review

\_\_\_\_\_

Management of access to alleged victim

\_\_\_\_\_

No further action

\_\_\_\_\_

Other (please specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4 OUTCOME OF THE INVESTIGATION

Alleged abuse was:

- Substantiated
- Not Substantiated
- Not determined/Inconclusive
- Not applicable

Date case closed: \_\_\_\_\_

(this refers to the conclusion of the assessment/investigation)

## 5 SAFEGUARDING PLAN

Following the conclusion of the Assessment or Investigation is the adult still at risk or is there the possibility of on-going risk? Yes  No

If the answer is yes to the above question, a Safeguarding Plan should have been produced at the last Assessment/Investigation Meeting.

Has a Safeguarding Plan been produced? Yes  No

If a Safeguarding Plan has been produced, it needs to be forwarded along with the Part C, to the Safeguarding Adults Team.

## 6 REVIEW

Is there a need to hold a Review? Yes  No

If yes please indicate:

1. Reason for the Review:

To review Safeguarding Plan

To update/confirm outcomes/actions set at last Assessment/Investigation Meeting

Other (please specify): \_\_\_\_\_

2. Structure of the Review:

Review Meeting (Meeting must be held if reviewing Safeguarding Plan)

Gathering of information to update outcomes

Timeframe for Review: \_\_\_\_\_

(must be held no later than 6 months following the last Assessment/Investigation Meeting)

## 7 INFORMED OF DECISION AND OUTCOME

All relevant people should be informed that the issues have been addressed

Note: Please state if/where not applicable

Alleged victim/adult at risk Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Carer/family members Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Relevant Staff/volunteers Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Alerter Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

Other (please specify): Date \_\_\_\_\_ By whom \_\_\_\_\_ N/A

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Please indicate here if you feel it would be beneficial to review this case in the Safeguarding Adults Reflective Practice Sub-Group Yes  No

If you have indicated Yes, a member of the Safeguarding Adults Team will contact you to discuss further

Signature of Safeguarding Manager: \_\_\_\_\_

Date Part C completed: \_\_\_\_\_

Minutes of the last Assessment Investigation meeting Attached  To follow:  by (date) \_\_\_\_\_

Safeguarding Plan: Attached  N/A  To follow:  by (date) \_\_\_\_\_

Please complete and return Part C of the Form, immediately upon completion to:

**The Safeguarding Adults Co-ordinator**  
**Safeguarding Adults Team**  
**Leechmere Training Centre**  
**Carrmere Road**  
**Sunderland**  
**SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part C, as necessary. Additional Information Attached: Yes  No

# Part D

## REVIEW (STRICTLY CONFIDENTIAL)

To be completed **only** if a decision is taken at the conclusion of the Safeguarding Adults assessment/investigation, that a Review is necessary.

To be completed following the Review and forwarded to the Safeguarding Adults Team no later than 6 months following the conclusion of the Assessment or Investigation.

Part D needs to be completed each time a Review takes place.

Part D completed by: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency (please be specific): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Name of alleged victim/adult at risk: \_\_\_\_\_

Address of alleged victim/adult at risk: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Date case closed (Conclusion of the Assessment/Investigation) Part C completed: \_\_\_\_\_

Date of Review: \_\_\_\_\_

Name of agency/organisation/service co-ordinating the Review: \_\_\_\_\_

\_\_\_\_\_

## 1 FORMAT OF REVIEW

Please indicate the format in which the Review took place:

**Review Meeting convened.** (A meeting must be convened if a Safeguarding Plan was produced at conclusion of Assessment/Investigation).

Please go to [Section 2 - Review Meeting](#)

**Review Outcomes.** Gathering of information to update/review outcomes of Assessment/Investigation. Please go to [Section 3 - Review Outcomes](#)

## 2 REVIEW MEETING

Name of Chairperson of Review Meeting and job title: \_\_\_\_\_

### Agencies attending Review Meeting (please tick as many as apply)

Adult Services <input type="checkbox"/>	Commission for Social Care Inspection <input type="checkbox"/>	Independent Care Home <input type="checkbox"/>	Legal Services <input type="checkbox"/>
Sunderland Teaching Primary Care Trust <input type="checkbox"/>	Police <input type="checkbox"/>	Independent Day Service <input type="checkbox"/>	Northumberland Tyne & Wear NHS Trust <input type="checkbox"/>
Sunderland Royal Hospital <input type="checkbox"/>	Voluntary Agency <input type="checkbox"/>	Independent Home Care Agency <input type="checkbox"/>	Education/ community services <input type="checkbox"/>
Alleged victim/ adult at risk <input type="checkbox"/>	Family member(s) /relatives/carer of alleged victim/ adult at risk <input type="checkbox"/>	Independent advocate for alleged victim /adult at risk <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged victim/adult at risk <input type="checkbox"/>
Alleged perpetrator <input type="checkbox"/>	Family member(s) /relatives/carer of alleged perpetrator <input type="checkbox"/>	Independent advocate for alleged perpetrator <input type="checkbox"/>	Mental Capacity Advocacy Service (IMCA) for alleged perpetrator <input type="checkbox"/>
Housing association/ Housing Strategy/ Sheltered Housing Scheme <input type="checkbox"/>	Safeguarding Adults Team <input type="checkbox"/>	Financial representative including Welfare Rights, Receivership Administrative Team or bank/ building society <input type="checkbox"/>	Representative from Domestic Violence services <input type="checkbox"/>
Community Mental Health Partnership <input type="checkbox"/>	Learning Disabilities Partnership <input type="checkbox"/>	Sunderland City Council <input type="checkbox"/>	Other Local Authority <input type="checkbox"/>
Childrens Services <input type="checkbox"/>	Other (Please Specify): <input type="checkbox"/> _____		

### Outcome of Review Meeting:

**In relation to the Safeguarding Plan:**

**In relation to updating outcomes from the Safeguarding Adults Assessment or Investigation:**

(If applicable)

Minutes of the Review Meeting

Attached

To follow:  by (date) \_\_\_\_\_

Revised Safeguarding Plan (if applicable)

Attached

To follow:  by (date) \_\_\_\_\_

### 3 REVIEW OUTCOMES

Agencies/Individuals contacted to review/update/confirm outcomes:

Updated outcomes:

## 4 CONCLUSION OF THE REVIEW

### Decision:

\*No need for further reviews – Safeguarding Process concludes or;

Basis for Decision:

Please identify any other action(s) to be taken, if appropriate:

Date Safeguarding Process Concludes:

\*\*To set another review date – Safeguarding Process continues or;

Basis for Decision:

Date of Next Review:

To re-institute the Safeguarding Adults Procedures by making a new Notification

Basis for Decision:

Date Part A Completed:

\*Please attach any additional information as evidence to support decision taken and/or to provide evidence of any other action(s) taken, if appropriate.

\*\* If another Review is to be arranged, then Part D will need to be completed again, at the conclusion of that Review.

Signature of Safeguarding Manager: \_\_\_\_\_

Date Part D completed: \_\_\_\_\_

Please complete and return Part D of the Form, immediately upon completion to:

**The Safeguarding Adults Co-ordinator**  
**Safeguarding Adults Team**  
**Leechmere Training Centre**  
**Carrmere Road**  
**Sunderland**  
**SR2 9TQ**

Please remember to attach any additional information to be sent in with the Part D, as necessary. Additional Information Attached:

Yes  No

# Protection of Vulnerable Adults (PoVA) List



The Manager  
Ground Floor Area E  
Mowden Hall  
Staindrop Road  
Darlington DL3 9BG

## PRIVATE AND CONFIDENTIAL

Form for the referral to the Secretary of State requesting that consideration be given to an employee/ex-employee being placed on the PoVA list. To be completed in line with The Protection of Vulnerable Adults Scheme's 'A Practical Guide'.

**Please note:** this is the maximum information required, therefore please complete as much as possible but it is appreciated that a referral may only be at suspension stage. If any more information is required we will be in touch. Please also note that the text boxes can be expanded or you can add continuation sheets.

### 1. Details of person being referred ("the person"):

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Maiden name or alias: \_\_\_\_\_

Title: Ms/Miss/Mr/Other: \_\_\_\_\_

Date of birth: \_\_\_\_\_

National Insurance Number (if known): \_\_\_\_\_

Position held: \_\_\_\_\_

Dismissed, suspended or resigned? \_\_\_\_\_  
If resigned please confirm that the individual would have been dismissed or considered for dismissal. \_\_\_\_\_

Last Known Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## INCIDENT AND RELATED DETAILS

<p>2. Evidence attached of the person's employment in a care position, e.g. copy of letter of employment and/or application form. Include details of the person's normal duties (e.g. personal care of vulnerable adults).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p>
<p>3. Length of the person's employment in post/with your organisation (including dates).</p>	
<p>4. Details of the person's employment history. Including details (post/length of service) of previous/other jobs (where known) and of any previous disciplinary action or complaints against the person.</p>	
<p>5. Details of the person's relevant skills, qualifications and training received; e.g. RGN/NVQ Level 2 etc.</p>	
<p>6. Summary of alleged misconduct, to include the nature of the abuse (physical, sexual, financial, neglect etc).</p>	
<p>7. Explanation of how the person harmed, or put at risk of harm, the vulnerable adult(s), i.e. the conduct/misconduct.  Please use an extra sheet if necessary, clearly labelling the section it refers to.</p>	

<p>8. Impact of the alleged abuse on the victim(s). E.g. physical – injuries, STDs, pregnancy; emotional – changes in eating and sleeping patterns; or behavioural – dress or attitude.</p> <p>Give details of whether the victim(s) has given those details or whether it is based on an assessment of the impact - with details of who was involved in that assessment.</p>	
<p>9. Background details on the victim(s), e.g. age; medical condition; level of care needed to assist his/her daily life; level of capacity; and, mobility.</p>	
<p>10. Details of the care relationship between the person and the victim (e.g. personal/domiciliary carer, care assistant, Nurse, home manager, volunteer). Include details of the care usually provided (e.g. help with getting up, dressing, medication etc.)</p>	
<p>11. Evidence of alleged misconduct.</p> <p>List of documentation provided: e.g. Witness statement, hearing notes, etc.</p> <p>Please number documentation according to the list.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>Etc.</p>

<p>12. Details of investigations, and their conclusions, carried out to date.</p> <p>Include copies of relevant papers (statements, minutes of meetings, notes from disciplinary hearings), signed if possible.</p> <p>In the case of suspension pending investigation, describe planned investigation activities.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>Etc</p>
<p>13. Details of the action taken against the person, e.g. suspension, dismissal or transfer to alternative employment not involving contact with vulnerable service users.</p> <p>Please use an extra sheet if necessary, clearly labelling the section it refers to.</p>	
<p>14. Information on Police involvement or any other agency, e.g. CSCI, Local Adult Protection Team, Social Services, voluntary or independent sector agency.</p>	
<p>15. Details of proposed further action, e.g. give dates of any scheduled or Adult Protection investigations and/or disciplinary hearings.</p> <p>Please use an extra sheet if necessary, clearly labelling the section it refers to.</p>	
<p>16. Any other information considered relevant to the referral.</p> <p>Include here brief details of any other employees involved in the abuse, and complete additional referral forms for them as appropriate.</p>	

---

## 17. Employer Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

CSCI registration number: \_\_\_\_\_

**Note:** Please enclose a copy of the certificate with referral

Type of Establishment: \_\_\_\_\_  
e.g. care home.

Include details of the number and nature of service users, and of the care provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Guidance for completion:

Please provide as much information at this stage as you can as missing information may delay consideration of the case. Additional sheets may be used to provide extra information and/or supporting evidence, but must be clearly labelled as to which section it relates to on the form.

In addition to the above information, a referral to the PoVA list from a provider of care should be accompanied by a copy of either:

- a. their registration certificate issued by the Commission for Social Care Inspection or the Care Standards Inspectorate for Wales; or
- b. the standard letter from the Commission for Social Care Inspectorate saying that the provider's application for registration has been received and is being processed.

Once completed, the form and all its supporting papers should be sent (hard or electronic copy) to:

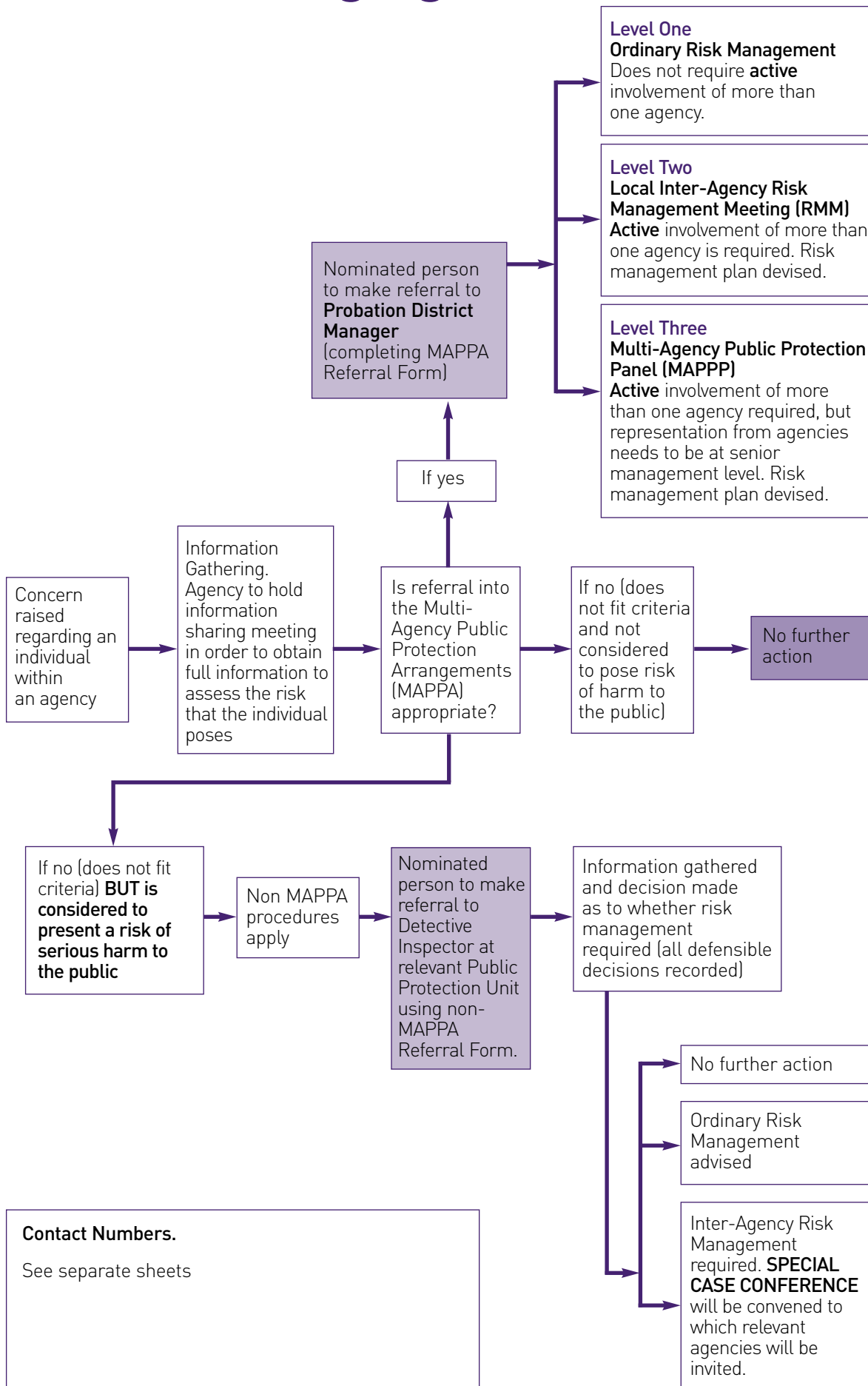
**The Manager  
Protection of Vulnerable Adults List  
Ground Floor E  
Mowden Hall  
Staindrop Road  
Darlington  
County Durham  
DL3 9BG**

**Email: [pova.mail@dfes.gsi.gov.uk](mailto:pova.mail@dfes.gsi.gov.uk)**

**Advice line: 01325 391328**

**Note:** When sending material through the post, those making referrals should have due regard to the confidential nature of the material. If the individual is provisionally listed pending consideration for full listing on PoVA (and the PoCA list where it applies) full details of information will be copied to the individual to enable them to make direct written representation to the Secretary of State. You should also be prepared to assure yourself that the material safely reaches the Manager of the PoVA list.

# MAPPA/Non MAPPA Procedures for Referring agencies



# Form 1

Fax to Probation District Unit covering the area in which the offender is living.

## Multi-Agency Public Protection Arrangements (MAPPA) Referral Criminal Justice and Court Services Act 2000 Sections 67 & 68

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Address: \_\_\_\_\_

Previous Address (if applicable): \_\_\_\_\_

CRO Number (if known): \_\_\_\_\_ PNC ID (if known): \_\_\_\_\_

CRAMS (if known): \_\_\_\_\_ Any Other Ref No: \_\_\_\_\_

### Status (circle relevant category)

**Category 1 Registered Sex Offender** (convicted or cautioned since 1st September 1997 or in custody for a like offence at that point in time)

**Category 2 Violent or other Sex Offender** (sentenced to 12mths or more imprisonment since 1st April 2001 or in custody for a relevant offence at that time and subject to post-release licence)

**Category 3 Other offender** (must have conviction for a relevant offence and must be considered by Responsible Authority to pose a risk of serious harm to the public)

Agency Making Referral: \_\_\_\_\_

Name of Referrer: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Contact Tel No: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

# Form 2

**RESTRICTED**

## Non-MAPPA Referral

Fax to Det Inspector of the Police Public Protection Unit covering the area in which the subject of this referral is living

For referral of cases which do not fit the Multi-Agency Public Protection Arrangements

## Crime & Disorder Act 1998 Section 115

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Address: \_\_\_\_\_

Previous Address (if applicable): \_\_\_\_\_

Any Previous Convictions: \_\_\_\_\_ Yes  No  (if yes complete below if known)

CRO Number (if known): \_\_\_\_\_ PNC ID (if known): \_\_\_\_\_

CRAMS (if known): \_\_\_\_\_

Any Other Ref No: \_\_\_\_\_

Agency Making Referral: \_\_\_\_\_

Name of Referrer: \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Contact Tel No: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

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**Additional information/Risk factors /Imminence of risk**

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**Names/contact details of any other agencies able to supply information regarding the person outlined in the referral.**

# Multi-Agency Public Protection Arrangements

## Contact Details

### Police Area Command – Sunderland

DI Paul Foggin  
Public Protection Unit  
Farrington Hall Police Station  
Primate Road  
Sunderland

Tel: 01661 872 555 Ext. 66944  
Fax: 0191 866 203

### Probation District Unit – Sunderland and Wearside Area

Ian Sammut-Smith  
District Manager  
South of Tyne District Unit  
Warwick Street  
Gateshead

Tel: 0191 478 9978  
Fax: 0191 478 9979

### Northumbria MAPPA Unit

Wynne McLean  
Area Manager Public Protection  
National Probation Service –Northumbria  
MAPPA Unit, Block 45  
Northumbria Police Headquarters  
Ponteland,  
Newcastle upon Tyne

Tel: 01661 868286  
Fax 01661 868497

Jackie Coleman  
Detective Sergeant,  
Northumbria Police  
MAPPA Unit, Block 45  
Northumbria Police Headquarters  
Ponteland  
Newcastle upon Tyne

Tel: 01661 868486  
Fax: 01661 868497

## Other Police Area Commands

NAME	TELEPHONE NUMBER	FAX NUMBER	ADDRESS
DI Arthur Cowell South Shields	01661 872555 Ext 65810	0191 563 5868	Jarrow Police Station, Clervaux Terrace Jarrow NE32 5UP
DI Shaun Tumelty Gateshead	01661 872555 Ext 64309	0191 221 9303	Whickham Police Station, Front Street Whickham NE16 4HE
DI Nigel Wilkinson North Shields	01661 863863 Ext 63862	0191 258 7980	Unicorn House Suez Street North Shields NE30 1BB
DI Peter Reeve Newcastle	01661 872555 Ext 62763	0191 221 8933	Etal Lane Police Station, Etal Lane Westerhope Newcastle upon Tyne NE5 4ZW
DI Gary Stephenson Northumberland	01661 872555 Ext 63666	01670 863669	Bedlington Police Station, Schalksmuhle Road Bedlington NE22 7LA

## Other Probation District Units

NAME	TELEPHONE NUMBER	FAX NUMBER	ADDRESS
Jan Kelly District Manager North of Tyne District Unit <b>Newcastle Area</b>	0191 2130611	0191 213 1361	6 Lansdowne Terrace, Gosforth Newcastle upon Tyne NE3 1HW
Karin Harper District Manager North of Tyne District Unit <b>Northumberland and North Tyneside Area</b>	0191 2130611	0191 213 1361	6 Lansdowne Terrace Gosforth Newcastle upon Tyne NE3 1HW
Maureen Gavin District Manager South of Tyne District Unit <b>Gateshead and South Tyneside Area</b>	0191 4789978	0191 478 9979	Warwick Street Gateshead NE8 1PZ

# **Safeguarding Adults Templates**

# Safeguarding Adults Strategy Discussion Meeting

## Minutes

THE INFORMATION CONTAINED IN THESE MINUTES IS STRICTLY CONFIDENTIAL AND IS NOT TO BE SHARED WITH ANYONE OUTSIDE OF THE MEETING WITHOUT THE AGREEMENT OF THE SAFEGUARDING MANAGER/CHAIR.

---

## SAFEGUARDING ADULTS STRATEGY DISCUSSION MEETING

Meeting held on: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Meeting held in respect of:** (Insert name, address, DOB if appropriate or name of service/organisation as appropriate).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

### Those Present:

Name	Job Title	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Apologies for Absence:

Name	Job Title	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Safeguarding Manager/Chair: \_\_\_\_\_

Job Title/Agency: \_\_\_\_\_

# AGENDA

## 1. Introductions

## 2. Apologies

## 3. Statement of Confidentiality:

Persons attending the meeting have agreed that the main objective and focus of the meeting is the safeguarding of the person(s) concerned. It is agreed by everyone in attendance that matters discussed at this meeting will remain confidential, unless otherwise agreed. If Police are in attendance, a statement should be made by them before the meeting starts, in relation to matters of disclosure and evidence.

## 4. Purpose of Meeting

- Chair to explain briefly the purpose of the meeting.
- Chair to explain the structure of the meeting.
- Chair to hand out prepared agenda asking for any addition points if necessary.
- Chair to clarify with the participants their role in this meeting.

## 5. Views of the alleged victim/adult at risk (if appropriate)

- If the person has capacity and is present at the meeting, his or her views to be communicated.
- If the person has capacity and is not present at the meeting, his or her views to be communicated via a Care Manager, advocate, or carer.
- If the person is deemed to lack capacity, their interests should be represented by an appropriate person which may include an Independent Mental Capacity Advocate.

## 6. Details of the Allegation or Concerns of Abuse or Risk of Abuse

- To include circumstances surrounding the Alert and a summary of how the Alert was raised.

## 7. Background Information

- Information on any previous Alerts or concerns.
- Any other information relevant to the current concern.

## 8. Views of Professionals and Others Involved

- The Chair to introduce any Reports or information forwarded by professionals or others unable to attend, as appropriate.

## 9. Decision

- When all information has been presented, discussion and agreement around whether or not to continue with the safeguarding process by proceeding to further assessment or investigation.

## 10. Action Plan

- If decision to proceed to further assessment or investigation, Action Plan to be produced.
- To include feedback to Alerter, alleged victim/adult at risk, carer (family members), where appropriate.

## 11. Any Other Business

## 12. Date of Next Meeting (if appropriate)

Signature of Safeguarding Manager/Chair: \_\_\_\_\_

Date: \_\_\_\_\_

# Safeguarding Adults Assessment/ Investigation Meeting

## Minutes

THE INFORMATION CONTAINED IN THESE MINUTES IS STRICTLY CONFIDENTIAL AND IS NOT TO BE SHARED WITH ANYONE OUTSIDE OF THE MEETING WITHOUT THE AGREEMENT OF THE SAFEGUARDING MANAGER/CHAIR.

---

## SAFEGUARDING ADULTS STRATEGY DISCUSSION MEETING

Meeting held on: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

**Meeting held in respect of:** (Insert name, address, DOB if appropriate or name of service/organisation as appropriate).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

DOB: \_\_\_\_\_

### Those Present:

Name	Job Title	Agency
------	-----------	--------

_____	_____	_____
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_____	_____	_____
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_____	_____	_____
-------	-------	-------

_____	_____	_____
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### Apologies for Absence:

Name	Job Title	Agency
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_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Name of Safeguarding Manager/Chair: \_\_\_\_\_

Job Title/Agency: \_\_\_\_\_

# AGENDA

## 1. Introductions

## 2. Apologies

## 3. Statement of Confidentiality:

Persons attending the meeting have agreed that the main objective and focus of the meeting is the safeguarding of the person(s) concerned. It is agreed by everyone in attendance that matters discussed at this meeting will remain confidential, unless otherwise agreed. If Police are in attendance, a statement should be made by them before the meeting starts, in relation to matters of disclosure and evidence

## 4. Purpose of Meeting

- Chair to explain briefly the purpose of the meeting.
- Chair to explain the structure of the meeting.
- Chair to hand out prepared agenda asking for any addition points if necessary.
- Chair to clarify with the participants their role in this meeting.

## 5. Views of the alleged victim/adult at risk (if appropriate)

- If the person has capacity and is present at the meeting, his or her views to be communicated.
- If the person has capacity and is not present at the meeting, his or her views to be communicated via a Care Manager, advocate, or carer.
- If the person is deemed to lack capacity, their interests should be represented by an appropriate person which may include an Independent Mental Capacity Advocate.

## Update on Current Situation

- To update on anything, relevant, that may have occurred since the last Safeguarding Adults meeting.

## 6. Review of Previous Action Plan

- The Chair to review the Action Plan produced at previous meeting and update on any actions.
- Record outcome and date of completed actions.
- Record any outstanding actions/reasons why.

## 7. Views of Professionals and Others Involved

- The Chair to introduce any Reports or information forwarded by professionals or others unable to attend, as appropriate.

## 8. Decision

- When all information has been presented and the Action Plan reviewed, discussion and agreement around whether or not to continue the safeguarding process, by calling another Assessment/Investigation Meeting.

## 10. Action Plan

- If decision is to continue the safeguarding process, a revised Action Plan to be produced which should incorporate any outstanding actions from the previous Action Plan.
- To include feedback to Alerter, alleged victim/adult at risk, carer (family members), where appropriate.

### 11.Safeguarding Plan

- If decision is to conclude the Assessment or Investigation but the risk remains or there is the possibility of on-going risk, a Safeguarding Plan must be produced.

### 12.Outcome and Lessons Learned

- If decision is to conclude the Assessment or Investigation, the Chair will review the outcome and consider any lessons to be learned from the process, if appropriate.

### 13.Date of Next Meeting (if appropriate)

Signature of Safeguarding Manager/Chair: \_\_\_\_\_

Date: \_\_\_\_\_

# Safeguarding Adults Action Plan

Actions agreed to be carried out during the Safeguarding Adults process

Action Point	Action	By Whom (name/agency)	Date to be completed by
1.			
2.			
3.			
4.			
5.			

Signature of Safeguarding Manager/Chair: \_\_\_\_\_

Printed name: \_\_\_\_\_

Job title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

# Safeguarding Adults

## Safeguarding Plan

A Safeguarding Plan must be produced at the last Assessment/Investigation Meeting if risk of abuse remains or there is the possibility of on-going risk

Action Point	Safeguarding Measure	By Whom (name/agency)	Date to be completed by
1.			
2.			
3.			
4.			
5.			

Signature of Safeguarding Manager/Chair: \_\_\_\_\_

Printed name: \_\_\_\_\_

Job title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

# Safeguarding Adults Report Template

To aid consistency it would be useful if all professionals use this format when preparing Reports to take to Safeguarding Adults meetings.

The level of detail will vary from agency to agency.

The Report should be typed and enough copies made available to everyone involved in the meeting.

---

## 1. Report Author

- Including name, job title, agency.

---

## 2. Date/Time/Venue of Safeguarding Adults meeting

- indicating if the meeting is a Strategy Discussion Meeting or an Assessment/Investigation Meeting.

---

## 3. Known details of the alleged victim/adult at risk

- if the meeting is in relation to a service/organisation, then any details known about the particular service or organisation.

---

## 4. Known details of the alleged perpetrator (if appropriate)

---

## 5. Known details of the Alert and of the alleged abuse or concern

- including any information of previous Alerts or concerns.

---

## 6. Details of your current professional involvement

- include any information relating to past involvement if appropriate.

---

## 7. Recommendations about future actions

- including any recommendations in relation to safeguarding measures.

---

## 8. Conclusions

- including any professional opinions or views.
-



# Other Documentation

To: The Manager  
Protection of Vulnerable Adults  
Ground Floor Area E  
Mowden Hall  
Staindrop Road  
Darlington  
County Durham  
DL3 9BG



Ref: VXL ref no

## PROVISIONAL LISTING OBSERVATIONS

Title (Mr, Mrs, Miss, Ms, Dr etc: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

DOB: \_\_\_\_\_

NI Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**I have received your letter and information regarding the provisional listing of my name on the Protection of Vulnerable Adults (PoVA) List. I understand the consequences of my provisional inclusion on this List.**

Please tick the relevant box(es):

- My observations are attached
- I intend to make observations at a later date\*
- I do not intend to make any observations

\* If observations are to follow, please indicate the date you intend to submit them (we would normally expect to receive them within a month from the date of this form)

I will submit my observations by (date): \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note:** If we have not heard from you further by the date indicated, we shall assume that you have changed your mind about submitting observations. The Secretary of State will therefore continue his consideration of your case in the light of the information available.

Please return this form by: date

## PRIVATE AND CONFIDENTIAL

### Address



The Manager  
Protection of Vulnerable Adults  
Ground Floor Area E  
Mowden Hall  
Staindrop Road  
Darlington  
County Durham DL3 9BG

General Advice Line 01325 391328  
Local fax: 01325 392178  
E-mail: PoVA.MAIL@dfes.gov.uk

29 March 2007

Dear **Name of Individual**

### CARE STANDARDS ACT 2000: PROVISIONAL INCLUSION ON THE PROTECTION OF VULNERABLE ADULTS (PoVA) LIST

#### PoVA Reference Number: **VXLref no**

1. You have been referred to the Protection of Vulnerable Adults List (the PoVA List) by **Name of referring organisation** following your **dismissal/resignation** from your post as a position held at **place of work**. In the light of this information, a decision has been made to provisionally include you on the PoVA List
2. This letter is to inform you that you have been provisionally included on the PoVA List and to make you aware of the options available to you before the Secretary of State goes on to decide whether or not to confirm you on the List.
3. **The inclusion of your name on the List could have serious consequences for you if you intend to pursue a career working with vulnerable adults.** Therefore, you are strongly advised to read all the information included with this letter. You should carefully consider the options open to you if you wish to submit a case setting out why you should not be confirmed on the List.
4. The following information is enclosed to help you decide what to do next:
  - information Note on the PoVA Scheme, including what it means to be provisionally listed and what it means if you are confirmed on the List
  - copies of correspondence from **Name of referring organisation** relating to referral of your name to the PoVA List.
5. Also enclosed is a "Provisional Listing Observations" Form. You should complete and return this form to us to confirm that you have received this letter and understand the consequences of your provisional listing. If you wish to submit observations, these can be included with the form or you can indicate on the form the date by which you will send your observations to us. Whatever choice you make, **it is important that the Observations Form is returned to this office within 28 days of the date of this letter.** Otherwise the Secretary of State will continue his consideration of the case on the basis of the information held.

6. If you require further clarification about the operation of the PoVA Scheme after reading all the information provided, you can contact this office on the telephone number above. However, we will not be able to discuss details about your individual case by telephone so any observations you wish to make **must be submitted in writing.**

Yours sincerely

**Your name**

Protection of Vulnerable Adults

# Information for people who have been provisionally listed on the Protection of Vulnerable Adults (PoVA) list



## The PoVA List and what it means for you to be provisionally listed

1. The Department of Health maintains and operates the Protection of Vulnerable Adults List (the PoVA List). The PoVA List contains the names of individuals who the Secretary of State considers to be unsuitable to work with vulnerable adults. This would normally be as a result of an individual's dismissal, resignation or suspension from a care position, in circumstances which suggest that vulnerable adults have been harmed or put at risk of harm by the actions of that individual. Inclusion on the PoVA List means you may not be offered employment in a care position within an organisation that cares for vulnerable adults, as defined by Part VII of the Care Standards Act 2000 – see Annex A.
2. Providers of care services consult the PoVA List when considering the appointment of people to paid or unpaid posts which would enable them to have regular contact with vulnerable adults. Should a check be made against your name, the organisation will be informed that you are presently provisionally included on the PoVA List and that you must not be employed in a care position within an organisation that cares for vulnerable adults.

## What will happen if you are confirmed on the PoVA List

3. If you go on to be confirmed on the List, you will be committing an offence under Section 89 of the Care Standards Act 2000 if you knowingly apply for, offer to do, accept, or do any work in a care position. Care positions are those presently specified in section 80(2)(a) and 80(2)(c) of the Care Standards Act 2000 – see Annex A. In this context, work could include paid or unpaid activity (which includes volunteering) allowing you to have contact with vulnerable adults in a care home or through a domiciliary care agency operated within the public, private or voluntary sectors.
4. Before you can be confirmed on the PoVA List, the Secretary of State will need to be of the opinion that the referring organisation reasonably considered you to be guilty of misconduct which harmed, or placed at risk of harm, a vulnerable adult (whether or not in the course of your employment), and that you are unsuitable to work with vulnerable adults in future.

## What happens next

**(Please note:** If you have been **suspended** from your post and are awaiting the outcome of an investigation by your employer, **the following paragraphs 5-8 are for information only.** You are not required to take any action at this stage as we will write to you again once your employer has completed their investigations and told us what action they intend to take against you. If your employer's action means that we would go on to consider confirming your name on the List, we will provide you with details of the referral and offer you the opportunity to submit written observations.)

5. You will have received copies of correspondence from the organisation that referred you to the PoVA List. You will also have been invited to submit written observations as to why you should not be confirmed on the PoVA List. You should complete the "Provisional Listing Observations" form and return it to us with your observations, or indicate on the form when you will be able to submit your observations. We would normally expect to see your written observations within one month of receiving the form from you. The form should be returned to us within 28 days of the date of this letter.
6. Observations you submit will be shared with the referring organisation for comment. We will similarly afford you the opportunity to see and comment on further correspondence received from the referring organisation. This process of information gathering and exchange will continue until the Secretary of State is satisfied that he has sufficient information to enable a decision to be made.
7. You should note that some people may be included on the List even though the facts which the Secretary of State takes into account do not lead to a criminal conviction for an offence.
8. If you make no observations, and do not indicate that you intend to make observations within a reasonable period, the Secretary of State will go on to make his decision about confirming you on the List in the light of the information held.

### The Secretary of State's Decision

9. The Secretary of State will be looking to make his decision about whether you should be confirmed on the PoVA List as soon as possible. We will write to you as soon as a decision is made. If the decision is that you should be confirmed on the List, we will explain the options open to you if you wish to appeal against that decision.

### What you can do if you are provisionally listed on the PoVA List for more than nine months.

10. If you are provisionally listed for more than nine months you may, with the leave of the Care Standards Tribunal, have the issue of your inclusion determined by the Tribunal instead of the Secretary of State. However, if you are the subject of any civil or criminal proceedings in connection with the allegations which are the subject of the referral, you will not be able to apply to the Tribunal for leave until six months after those proceedings have been disposed of.
11. The Tribunal is an independent body established by the Care Standards Act 2000 and, amongst other things, decides on appeals against decisions taken by the Secretary of State to include people on the PoVA and PoCA Lists. The Lord Chancellor appoints members of the Tribunal. If your name has been provisionally listed for more than nine months and you would like to seek permission for the Tribunal to decide your case, you should write to the Secretary, Care Standards Tribunal, 18 Pocock Street, London, SE1 0BW.

## ANNEX A - DEFINITIONS

For the purposes of this letter, the following definitions apply:

### **“care position” :**

- A position that would enable workers employed in care homes carried on by registered providers, including workers supplied to such homes by employment agencies and businesses, to have regular contact in the course of their duties with care home residents, and
- A position that would enable workers employed by domiciliary care agencies carried on by registered providers, including workers supplied to such agencies by employment agencies and businesses, to provide personal care in their own homes to persons who by reason of illness, infirmity or disability are unable to provide it for themselves without assistance, and
- Adult placement carers who provide or intend to provide care and support to an adult (which may include personal care or accommodation in the home of the adult placement carer) as part of an Adult Placement Scheme; the registered provider or registered manager of such a scheme; and any other person employed for the purposes of an Adult Placement Scheme in a position such as to enable him to have regular and unsupervised contact in the course of his duties with an adult who is, or who may be, placed as a part of such a scheme.

### **“provider of care” or “organisation that cares for vulnerable adults” or “referring organisation” :**

- a. any person (or organisation) who carries on a care home
- b. any person (or organisation) who carries on a domiciliary care agency
- c. Adult Placement Schemes.

