

Safeguarding Adults Policy

April 2024

Summary Information/Record of Approval		
<i>Policy Area:</i>	Risk Management and Patient Treatment and Care	
<i>Accountable Person:</i>	Director of Clinical Services	
<i>Originated by:</i>	Head of Patient and Family Services Team	
<i>Approved by committee:</i>	Clinical Review Group Meeting	Date: 30/04/2024
<i>Reviewed and Approved by:</i>	Chief Executive Officer	Date: 01/05/2024
<i>E&D statement</i>	This policy has been reviewed and complies with the provisions of the Equality Act 2010	
<i>Mandatory Read</i>	Yes	
<i>Date of next review:</i>	April 2027	

Document History		
Version and Date	By	Comments
V15 02/2024	Patient and Family Services Team Leader	Annual review – complete rewrite and new format.
v14 01/2023	Deputy Director of Clinical Services	Annual review and updated as follows: references to HOD removed and changed to Team Manager for Social Care Team and reference to Suicidal Intent Policy.
v13 01/2022	Jutta Widlake	Updated to add a section on digital safeguarding.
v12 12/2021	Jutta Widlake	Updated to add reference to specific COVID 19 references; expand on PiPoT and organisational abuse criteria; some minor changes re types of abuse and contact details; add

Document History		
Version and Date	By	Comments
		more explicit reference to link adult safeguarding practice with that of child safeguarding Nb: no major legal update
v11 11/2019	Helen Koffi-Young and Jutta Widlake	Updated to: Add Equality and Human Rights Assessment <ul style="list-style-type: none"> • Further clarify categories of abuse (e.g. how more recent types of abuse fit with the ten categories as listed in the Care Act 2014) and include more about Honour based violence; PREVENT and add statement about County Lines and Criminal Offence of Wilful Neglect • Add statement about Making Safeguarding Personal • Include Duty to Refer re Homeless act • Responsibilities – add role of Exec Safeguarding Lead and named Lead Safeguarding Nurse • Review statement re Hospital team's adherence to both Derriford and St Luke's policies • Add Livewell Southwest and St Luke's Hospice Final Guidance about Safeguarding and DBS Risk Assessment for Compassionate Friends, Final Version November 19, as Appendix F Add Plymouth Hospitals' revised Safeguarding flowchart, Version July 2019, as Appendix E.
v9 10/2018	Helen Koffi-Young and Jutta Widlake	The whole document has been changed and updated to reflect legislation
v8 03/2017	Jutta Widlake	Insertion of key principles in section 2, and revision of references (as requested by CCG).
Distribution:	Electronic Copies issued to: Master Policy Folder (docx format) Staff Web Pages	
Scope:		

Policy Statement

1. The purpose of this Policy is to ensure that St Luke's staff:
 - Have an overview of the legal framework underpinning adult safeguarding.
 - Have an awareness of some of the signs, situations and circumstances of adult abuse and neglect.
 - Understand their role and responsibility to raise and report adult safeguarding concerns in the context of the organisational and Plymouth; Devon; and Cornwall Safeguarding Adults Partnership procedures.

General Principles

2. Sharing of information.

Information can be shared without consent if this is necessary for the purpose of protecting an individual from harm or risk of harm. Information sharing should not be a barrier to safeguarding. Bring your concerns for discussion with your line manager and next steps can be agreed.

3. St Luke's Hospice supports the principles of dignity, fairness, respect and equality as set out in Human Rights Act 1998. The Act protects our rights including the right to basic freedoms and protections in law in the UK. The full sixteen 'Articles' or protections can be read here:

<https://www.legislation.gov.uk/ukpga/1998/42/schedule/1>.

4. Examples of Human Rights include:
 - The prohibition of torture and inhuman treatment (you should never be tortured or treated in an inhuman or degrading way, no matter what the situation)
 - No discrimination: everyone's rights are equal. (You should not be treated unfairly – because, for example, of your gender, race, disability, sexuality, religion or age).
 - As employees of St Luke's there is a statutory responsibility to protect the rights of others. This means we need to understand what abuse and neglect look like and what to do about it.

5. This Policy should be read in conjunction with St Luke's Child Safeguarding Policy. 'When staff are providing services to adults, they should ask whether there are children in the family and take actions to respond if the children need help or protection from harm. Additional parenting support could be particularly needed where the adults have mental health problems, misuse drugs or alcohol, are in a violent relationship, have complex needs or have learning difficulties'. (Working Together, 2023). We might also include 'or living with life limiting illness' when thinking about relevance to St Luke's work.
6. Plymouth Safeguarding Children Partnership protocols <https://plymouthscb.co.uk/> or call 01752 668000 sets out what to do if you are worried about a child. In the first instance, speak to your line manager or another manager as soon as possible. **Do not ignore it, report it!**
7. If your concerns relate to a Cornwall child, your concerns will need to be reported using the Cornwall Safeguarding Adults protocols. Please report to your line manager within St Luke's in the first instance for initial support and to agree actions <https://www.cornwall.gov.uk/health-and-social-care/childrens-services/child-protection-and-safeguarding/>.
8. If your concerns relate to a Devon child, your concerns will need to be reported using the Devon Safeguarding Adults Partnership protocols. Please report your concerns to your St Luke's line manager in the first instance for support and to agree actions <https://www.devon.gov.uk/educationandfamilies/child-protection/>.
9. This Policy should be read in conjunction with St Luke's Equality and Diversity policy. Equality Act 2010 makes it law that every private, public and voluntary organisation must not discriminate against their employees or the people that use their services because of their 'particular characteristics'.
10. We have a responsibility to notice when discrimination is taking place and do something about it. To do nothing is an act of 'omission' and can contribute to abuse. This applies to staff, patients and their families and anyone we come into contact with. It is against the law to discriminate against anyone because of:
 - age
 - gender reassignment
 - being married or in a civil partnership

- being pregnant or on maternity leave
 - disability
 - race including colour; nationality; ethnic; or national origin
 - religion or belief
 - sex
 - sexual orientation.
11. You can read more about the protected characteristics:
<https://www.gov.uk/discrimination-your-rights> and types of discrimination
<https://www.gov.uk/discrimination-your-rights/how-you-can-be-discriminated-against>.
12. Cultural competency – It is important to understand how safeguarding concerns may manifest in different communities. It is ok to ask questions from a place of respectful uncertainty if this helps to understand potential barriers to accessing support.

Adult Safeguarding – What it is and Why it Matters

13. Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.
14. Care Act 2014 is the legislation which states that safeguarding duties apply to an adult who:
- Has needs for care and support (whether or not the local authority is meeting any of those needs) and;
 - Is experiencing, or at risk of, abuse or neglect; and
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.
15. Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met,

regardless of whether the adult lacks mental capacity or not, and regardless of setting.

Which Adults are at Risk?

16. People aged 18 or over who:
17. May rely on other people or services for care and support with day-to-day tasks because of their age, physical or learning disability, mental health or need involvement in substance misuse.
18. May lack mental capacity.
19. May not be able to speak up for themselves.
20. May neglect themselves and/or their home.

Adults at Risk can be:

21. Physically abused
22. Psychologically abused
23. Financially abused
24. Sexually abused
25. Discriminated against
26. Neglected or self – neglecting.

Abuse can take many forms such as:

27. Shouting or swearing, which makes a person fearful.
28. Hitting, slapping or pushing.
29. Unwanted touching, kissing or sexual intercourse or sexual contact to which a person cannot consent.
30. Not being cared for properly or denied privacy, choice or social contact.
31. Money or property taken without permission or under pressure.
32. Pressure to sign over money or property or financial transactions to which a person cannot consent.
33. Domestic abuse, which includes incidents of controlling, coercive or threatening behaviour, so called honour based violence and female genital mutilation.
34. Modern Slavery, encompassing human trafficking, forced labour and domestic servitude.
35. Being radicalised.
36. Online and digital abuse including grooming and being asked to generate sexual abuse imagery.

Abuse can take many forms such as:

37. Organisational abuse - Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
38. Neglect and acts of omission including - ignoring medical, emotional or physical care needs; failure to provide access to appropriate health, care and support or educational services; the withholding of the necessities of life, such as medication, adequate nutrition and heating.
39. This is not an exhaustive list but a guide to the sort of behaviours which should give rise to us raising a safeguarding concern when noticed. **If in doubt, do not ignore it.** Talk to your line manager or another manager immediately about your concerns. We encourage you to be curious about a situation and would rather a concern is dismissed rather than that no action is taken.

Making Safeguarding Proposal

40. The following is taken from Care Act 2014 Statutory Guidance (14.7 and 14.8):
“Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult’s wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.”
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#safeguarding-1>.
41. We have a duty on behalf of the organisation to promote the adult’s wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.
42. Making safeguarding personal means it should be person-led and outcome-focused. If we have concerns, it means talking to the person about how best to

respond to their safeguarding situation, in a way that enhances their involvement, choice and control as well as improving quality of life, wellbeing and safety.

Six key principles underpin all adult safeguarding work when making safeguarding personal

43. Empowerment - People being supported and encouraged to make their own decisions with informed consent. "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens".
44. Prevention - It is better to take action before harm occurs. "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".
45. Proportionality - The least intrusive response appropriate to the risk presented. "I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed".
46. Protection - Support and representation for those in greatest need. "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want".
47. Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me".
48. Accountability - Accountability and transparency in delivering safeguarding. "I understand the role of everyone involved in my life and so do they".

Mental Capacity Act 2005 and Code of Practice

49. Where appropriate, people should be allowed the time to make a decision themselves.
50. To ensure that adults are properly involved in decision making, their decision specific mental capacity may need to be considered. The statutory principles of the Mental Capacity Act 2005 are:
 - A person must be assumed to have capacity unless it is established that they lack capacity.

- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

51. The Mental Capacity Act (MCA) sets out a further 2-stage test of capacity:

- Does the person have an impairment of their mind or brain, whether as a result of an illness, or external factors such as alcohol or drug use?
- Does the impairment mean the person is unable to make a specific decision when they need to? People can lack capacity to make some decisions but have capacity to make others. Mental capacity can also fluctuate with time – someone may lack capacity at one point in time but may be able to make the same decision at a later point in time.

52. The MCA says a person is unable to make a decision if they cannot do one or more of these things:

- understand the information relevant to the decision;
- retain that information for long enough to make the decision;
- use or weigh up that information as part of the process of making the decision;
- communicate their decision in any way.

53. Speak to your line manager or another manager immediately if you are in any doubt. Remember, we encourage professional curiosity and prefer you to check something out and it be incorrect than to ignore it.

Deprivation of Liberty Safeguards (DoLS)

54. DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and, in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.
55. A person is deprived of their liberty if (1) they lack capacity to consent to their care and residence
56. AND (2) are not free to leave
57. AND (3) are under continuous supervision and control
58. AND (4) this is attributable to the state. It doesn't matter whether the person has tried to leave.
59. This applies to all settings; however, the DoLS office only takes applications from care homes and hospitals.
60. Deprivation of liberty in any other setting should be brought to the attention of the commissioning organisation who will seek court authorisation.
61. Further training will be given to those responsible for decision making / making applications for DoLS. However, if you have concerns about the rights of someone you are working with, speak to your line manager or another manager immediately.

Liberty Protection Safeguards

62. The Mental Capacity (Amendment) Act 2019 stated Deprivation of Liberty Safeguards (DoLS) is to be replaced with a brand new scheme called the Liberty Protection Safeguards (LPS). This has not been completed in Parliament and is expected to be outstanding into 2025.

What to do if you have concerns

63. Plymouth Adult Safeguarding framework states that we need to report when there is suspected abuse or neglect of an adult at risk by a third party. A referral should be made to Plymouth City Council; Devon County Council; and Cornwall Council, who are the responsible lead agency for adult safeguarding under the Care Act 2014.
64. No matter your role with St Luke's, if you have noticed something that gives you concern **do not ignore**. Your first step is to speak with your line manager or

another manager immediately. Call 01752 964200 if you cannot contact your immediate line manager and ask to speak to Patient and Family Support Services Manager or another manager.

65. Do not worry about getting it wrong. We would rather something was explored then dismissed as of no concern, than not raised at all. If you suspect something illegal has taken place we must report to the Police.
- You must tell the person that you have worries about them (if safe to do so). Tell them you must talk to your line manager about the safeguarding concern. Do not promise to keep information to yourself.
 - Talk to your line manager about the worry or situation.
 - Make a referral to the Local Authority. If we are not sure if the situation is an adult safeguarding matter, we can seek advice by calling 01752 304401. Guidance will be given about next steps. Remember that you might hold a piece of crucial information that leads to an abusive situation being correctly identified. The process from here on will be guided by the Local Authority.
 - Local Authority will carry out screening, decision making and any other referrals such as to the Police.
 - They will decide next steps, planning & safeguarding plan. Strategy discussion/meeting may take place.
 - If deemed appropriate, the Local Authority must carry out an Enquiry in accordance with Care Act 2014 Section 42.
 - They must Consider Outcomes (Case Conference Process).
 - And finally make a Review of Safeguarding Plan which we may be asked to participate in.
 - Recording of actions and outcomes should be on SystemOne or as set out in Organisational Information and Records Policy for your area of work. Process for recording in SystemOne is not included here. Discuss with your line manager to agree which forms should be used.

Allegations against persons in a position of trust (including St Luke's staff or volunteers).

66. For the purposes of this policy and procedure a person in a position of trust is someone who works with or cares for adults in a paid or voluntary capacity. This includes 'Shared Lives carers' (previously known as 'adult foster carers').
67. Concerns should be reported as a safeguarding adults concern. If it is decided that a safeguarding enquiry is required, the Safeguarding Adult's process must be followed.

Compliance

68. This Policy supports compliance with:
- Care Quality Commission requirements under the Health and Social Care Act 2008 (Regulated Activities Regulations 2014); and
 - The Health and Safety at Work (etc) Act 1974.
 - Data Protection Act 2018 (c12; schedule 8.4)

Monitoring and Review

69. This Policy will be reviewed every three years by the Clinical Review Group or more frequently if recommended practice or regulations require it.

Training, Education and Development Required

70. There is a mandatory requirement for St Lukes staff to complete Level 1 Safeguarding Adults and Safeguarding Children training. The requirement for additional training (Level 2-5) is dependent upon role and safeguarding responsibilities.
71. The Safeguarding Lead, in consultation with the Head of Education and Development and Registered Manager, will develop procedures and training by which the requirements of this Policy will be met. These procedures will consider national and local legislation and policy guidance for Safeguarding Adults.

Accountabilities and Authorities

72. Broad managerial and professional responsibilities are set out in the Governance Policy. The following are accountabilities particular to this Policy.

Executive Safeguarding Lead – Director of Clinical Services

73. Act as Executive Lead for the Hospice, reporting directly to the Trust Board on safeguarding concerns.
74. Are responsible for governance arrangements in relation to safeguarding adults and the processes for safeguarding adults at risk.
75. Works in partnership with other organisations at strategic level, to ensure the organisation complies with national and local safeguarding adult requirements.

Safeguarding Lead / Safeguarding Nurse / Designated Lead Officer Director of Clinical Services

76. Acts in the role of Designated Lead Officer for Safeguarding Adults in the absence of the Executive Safeguard Lead Officer. Acts as Designated Lead Officer for Safeguarding Adults at St Luke's Hospice, as part of a Safeguarding Team. The Team consists of Patient & Family Support Services Manager, Social Workers, Director of Clinical Services and Head of Quality and Compliance.
77. Is the organisational lead for managing Care Act section 42 Safeguarding enquires.
78. Promotes best practice in all aspects of safeguarding.
79. Supports individuals and clinical teams through safeguarding enquiries and/or investigations.
80. Maintains and regularly reviews the corporate training record in relation to all clinical staff and reports regularly to the Director of Clinical Services.
81. Develops and is responsible for ensuring delivery of relevant training programs.
82. Leads internal investigations into staff?

Registered Manager and Caldicott Guardian - Head of Quality & Compliance:

83. In case of Plymouth City Council Adult or Children's Services making formal enquiries in response to a reported concern (i.e. where information of patient's and significant others' personal data is shared with other services) ensures that all procedures affecting access to person-identifiable health/social care data are dealt with appropriately.
84. Monitors the organisation's compliance with the requirements as set out by the Care Quality Commission in relation to adults at risk.
85. Reports all allegations of abuse to the Care Quality Commission by means of a statutory notification.

Head of Safeguarding – Patient and Family Support Services Manager

86. Supports the Designated Lead Officer for Safeguarding Adults at St Luke's Hospice, as part of a Safeguarding Team. The Team consists of Patient & Family Support Services Manager, Social Workers, Director of Clinical Services and Head of Quality and Compliance.
87. Leads in all practice issues regarding adults at risk as they emerge.
88. Formally reviews and supervises individual cases internally as required.
89. Advises on the evaluation and review of policy and procedure.
90. Actively supports training delivery and development of staff in collaboration with the St Luke's Hospice Head of Education.
91. Monitors compliance including relevant audit with the aim of improving the practice surrounding adults at risk.

Clinical Staff

92. Attend mandatory training as relevant to your role and safeguarding responsibilities.
93. Identify and report adult safeguarding concerns to line manager agreeing appropriate action in line with this policy.
94. CQC safeguarding report pro-forma (Appendix D) is to be completed after the steps above and sent to Head of Quality and Compliance via internal email.

Line Managers in Clinical Areas

95. Monitor that staff within their area of responsibility attend mandatory safeguarding training.
96. Ensure that their own training and knowledge of safeguarding is up to date.
97. Identify any training needs for themselves or team members.
98. Explore through supervision that staff are alert to indicators of neglect, abuse or self-neglect and feel confident in process to follow where there are concerns.
99. Safeguarding issues to be explored routinely in supervision and multi-disciplinary team meetings.
100. Audit team records and case notes checking they are accurate and timely and being alert for any indicators of abuse or neglect.

Volunteers in clinical areas:

101. Complete mandatory training.
102. Ensure your own safety and check as far as is practical, that the person you are concerned about is safe.
103. In an emergency call 999.
104. Contact line manager immediately to discuss concerns. Contact Patient and Family Support Service Manager or next available manager if line manager is not available on 01752 964200.
105. Further actions including recording to be agreed with line manager / Safeguarding lead.
106. CQC safeguarding report pro-forma (Appendix B) is to be completed after the steps above and sent to Head of Quality and Compliance via internal email.

Managers in non- clinical areas

107. As for managers in clinical areas 100-105 as relevant to your setting. Contact Patient and Family Support Services Manager or next available safeguarding lead 01752 964200 as needed to discuss.

Staff and Volunteers in non - clinical areas

108. As 101-106 above.

Whistle Blowing or Poor Medical Practice

109. If your concerns have been raised but you are not satisfied with the response St Luke's Whistle Blowing Policy and Raising and Responding to Concerns

About Poor Medical Practice Policy can be consulted and support safe escalation of concerns.

110. Plymouth Safeguarding Adults Partnership has an escalation process when Professional Disagreement exists or for Complaints about the Safeguarding process which can be found here <https://www.plymouth.gov.uk/plymouth-multi-agency-adult-safeguarding-guidance#2-safeguarding-framework>

References

Ref No:	Source
1	Care Act 2014 https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
2	Care Act Statutory Guidance 2023 https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance
3	Data Protection Act 2018 https://www.legislation.gov.uk/ukpga/2018/12/schedule/8/crossheading/safeguarding-of-children-and-of-individuals-at-risk
4	Deprivation of Liberty Safeguards https://www.gov.uk/government/statistics/mental-capacity-act-2005-deprivation-of-liberty-safeguards-2021-22
5	Equality Act 2010 https://www.legislation.gov.uk/ukpga/2010/15/contents
6	Human Rights Act 1998 https://www.legislation.gov.uk/ukpga/1998/42/schedule/1
7	Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents
8	Mental Capacity Act 2005 Code of Practice https://assets.publishing.service.gov.uk/media/5f6cc6138fa8f541f6763295/Mental-capacity-act-code-of-practice.pdf
9	The Mental Capacity (Amendment) Act 2019 https://commonslibrary.parliament.uk/research-briefings/cbp-9341/
10	Plymouth Safeguarding Children Partnership https://plymouthscb.co.uk/
11	Working Together to Safeguard Children https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf

List of Associated Policies

Confidentiality Policy

Consent Policy

Equality and Diversity Policy

Deprivation of Liberty Safeguards Policy

Raising Concerns about Poor Practice (Whistle Blowing) Policy

Raising and Responding to Concerns about Poor Medical Practice

Right to Privacy/Dignity Policy

Risk Management Policy

Safeguarding Children Policy

Assessment and Management of Patients Expressing Suicidal Intent and/or Attempting Suicide Policy (formally Suicidal Prevention Policy)

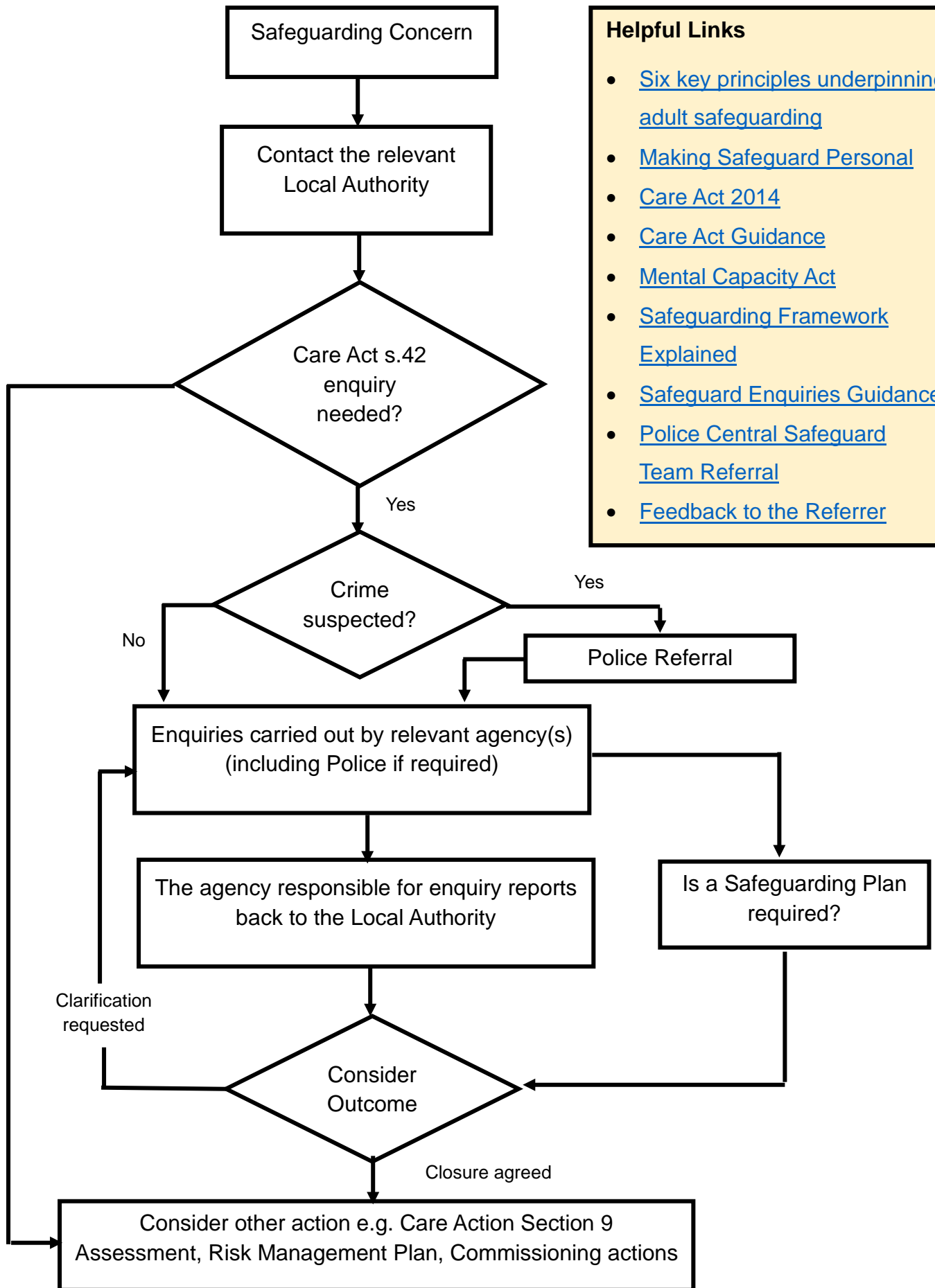
This Policy should be read in conjunction with St Luke's Child Safeguarding Policy and St Luke's Equality and Diversity Policy.

Appendices

**Appendix A
Safeguarding Framework**

**Appendix B
CQC Safeguarding Concern Notification Form**

Appendix A
Safeguarding Framework



- Helpful Links**
- [Six key principles underpinning adult safeguarding](#)
 - [Making Safeguard Personal](#)
 - [Care Act 2014](#)
 - [Care Act Guidance](#)
 - [Mental Capacity Act](#)
 - [Safeguarding Framework Explained](#)
 - [Safeguard Enquiries Guidance](#)
 - [Police Central Safeguard Team Referral](#)
 - [Feedback to the Referrer](#)

Appendix B

CQC Safeguarding Concern Notification Form

CQC Safeguarding Concern Notification Form – please complete on referral to local authority Social Services and pass this form to the Head of Quality and Compliance.

NHS Number	
Date of Referral to Safeguarding	
Identified initials and DoB	
Where the abuse occurred	
Date of abuse	
Time of abuse	
Age of person harmed	
Type of abuse	
Does the victim have mental health needs?	
Gender	
Ethnicity	
Disability	
Religion	
Sexuality	
Name of abuser	
Alleged abuser's relationship to victim	
Has the Safeguarding Team been informed?	
Have they accepted the referral/is S42 investigation happening?	
Name of Local Authority	
Precis of concern	
What has been done to protect the individual	