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|  **REFERRAL OF AN ALLEGATION AGAINST AN ADULT WHO WORKS IN A POSITION OF TRUST (PoT) WITH ADULTS WITH CARE AND SUPPORT NEEDS**  |

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

**TO BE COMPLETED WITHIN 24 HOURS OF BECOMING AWARE OF THE CONCERN**

**REFERRALS TO BE SENT VIA SECURE EMAIL TO: PIPOT@walsall.gov.uk**

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| **REFERRER DETAILS** |
| **Date of referral** |  |
| **Referrer name**  |  |
| **Referrer Contact Details** |  |

**Criteria for PoT:**

(Tick those which apply)

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

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

**And the person has:**

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

**Details of Person in Position of Trust (against whom allegations have been made)**

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| **Name of Person in a Position of Trust** | **Surname:** **First Name:** **Mr/Mrs/Ms/Miss** **Alias:** |
| **Date of Birth** |  |
| **Ethnicity** |  |
| **Home Address** |  |
| **Current Job Role and brief description of responsibilities**  |  |
| **Current employment Status (e.g. permanent, Full time)** |  |
| **Employing Agency****Address &****Contact Details** |  |
| **Manager Contact Details at Employing Agency** |  |
| **Length of Service in current post** |  |
| **Previous Employment and Job Role**  |  |
| **Does the person have a professional registration? (e.g. NMC, HCPC)** |  |
| **Does the Person in the Position of Trust know you are making this referral?** |  |
| **If not, why not?** |  |
| **Have any allegations been made against this individual previously?** |
| **[ ]  Yes** **[ ]  No** **[ ]  Not Known** |
| **If yes, please specify** |  |

**Details of child(ren) or adult with care and support needs – to whom the allegation relates**

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|  | **Child/Adult 1**  | **Child/Adult 2** | **Child/Adult 3\*** |
| **Name** |  |  |  |
| **DOB** |  |  |  |
| **Mosaic Ref** |  |  |  |
| **Home Address** |  |  |  |
| **Care Home Address** **(if applicable)**  |  |  |  |
| **Ethnicity** |  |  |  |
| **Relationship to Adult** |  |  |  |

**Details of family members who live in the same household as Person in Position of Trust**

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|  | **Child 1**  | **Child 2** | **Child 3\*** |
| **Name** |  |  |  |
| **DOB** |  |  |  |
| **CareFirst ID** |  |  |  |
| **Address** |  |  |  |
| **Ethnicity** |  |  |  |
| **Relationship to Adult** |  |  |  |

(**\***If there are more than 3 children/adults – please add details at the end of this referral)

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| **Information about the incident/concern** |

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| **Date of alleged incident:** |
| **Date information became known to referrer:** |
| **Description of allegation/details of concerns:** Please include any action taken to date and details of where the incident occurred ***Please provide full names of any person referenced within this referral.******Please do not use initials to identify a person.*** |
| **Was the victim a child or adult with care and support needs?** |
| **Are there adult or children’s safeguarding procedures currently in process?** |
| **Police Crime Reference Number (if applicable) and details of action taken/outcome** |
| **Is the Employer aware?** |
| **Action taken by Organisation/Employer to date:** |

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| **Internal use only** |

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| **Management Decision** |
| Not Adult POT, referred to another process/procedure (specify) | Yes/No |
| Advice Only | Yes/No |
| Request further information from referrer | Yes/No |
| Initiate PoT procedures | Yes/No |
| Refer to LADO  | Yes/No |

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| **Actions & Recommendations of Manager:**Name of manager: Date: |

To be completed by Manager – PoT Case Recording to be maintained securely within database

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| Date/Time | Recording | Outcome/Action | Contact Details |
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