

# Safeguarding Vulnerable Adults Policy and Procedure



Nov 2020

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## 1. POLICY

### 1.1 PURPOSE

The aim of this document is to promote the safety and protection of vulnerable adults in line with statutory guidance set out by the Department of Health in No Secrets (2000) and The Safeguarding Vulnerable Groups Act (2006). It sets out the definitions of abuse and vulnerability and outlines Hope's policy and procedure in the prevention and investigation of abuse. In order to ensure optimum safeguarding of Hope clients, this policy and procedure will be reviewed and updated annually.

### 1.2 DEFINITIONS

#### **Vulnerable Adult**

'Vulnerable adult' is defined as a person aged 18 years and over:

- Who is or may be in need of community care services by reason of mental or other disability, age or illness
- Who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

#### **Abuse**

'Abuse' is defined as 'a violation' of an individual's human and civil rights by any other person or persons. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Abuse can be:

- A single act or repeated acts
- Physical, verbal or psychological
- An act of neglect or an omission to act
- When a vulnerable person is persuaded to enter into a financial or sexual transaction to which he/she had not consented, or cannot consent.

#### **Significant Harm**

'Significant harm' is defined as:

- Ill treatment (including sexual abuse and forms of ill treatment that are not physical)
- The impairment of, or an avoidable deterioration in, physical or mental health and the impairment of physical, intellectual, emotional, social or behavioural development. (*Law commission 1995*).

### 1.3 RESPONSIBILITY FOR SAFEGUARDING

The Safeguarding Vulnerable Groups Act 2006 provides a legislative framework to ensure that everyone working with children or vulnerable adults is registered with the Independent Safeguarding Authority (ISA) vetting and barring scheme. All staff working in these areas can be checked and either registered or if unsuitable, barred from working with these clients groups. Under the scheme,

Hope is defined as a Regulated Activity Provider (RAP), in that it is responsible for the management or control of regulated activity with vulnerable groups and makes arrangements for people to work in that activity (paid or unpaid). Consequently all staff working in areas of 'regulated activity' are required to be registered with the ISA.

### **Reporting to relevant public bodies**

With the aim of ensuring that vulnerable adults who are at risk of abuse, receive protection and support (in line with the Human Rights Act 1998), local Social Services departments are responsible for investigating and taking action when a vulnerable adult is believed to be suffering abuse. The Health Act 1999 requires partnership working to ensure appropriate policies, procedures and practices are in place within all providers of health and social care. In addition, Section 7 of the Local Authority Social Services Act 1970 provides guidance on the development of coherent strategies in all areas of the statutory, voluntary and private agencies that work with vulnerable adults. Consequently, where there are concerns regarding abuse of vulnerable adults, Hope has a duty to ensure that referrals are made to the local Social Care Team. Where a criminal act has been reported, such incidents may also require reporting to the police.

In line with legal requirements, where appropriate and following an investigation, the Police, Social Care Team and any other public body will make a referral to the ISA.

There are some behaviours, which whilst not requiring referral to the police or Social Care teams, may give cause for concern and require internal investigation by Hope and referral to the ISA vetting and barring scheme. If relevant staff choose to leave Hope's employment prior to completion of an internal investigation, Hope will have a legal obligation to refer such cases to the ISA who will decide whether the case needs further investigation and whether the individual involved will be 'barred' from the ISA register.

In co-operating with the above guidance, Hope will underpin its commitment to safeguarding and protecting vulnerable adults by:

- Ensuring that all staff working in areas of 'regulated activity' as defined by the Schedule 4 of the Safeguarding Vulnerable Groups Act 2006 are registered with the Independent Safeguarding Authority.
- Ensuring that all trustees, (defined by the same act as in positions of responsibility) are registered with the Independent Safeguarding Authority.
- Ensuring that a specific trustee is named as responsible for ensuring that (where appropriate) staff are registered with the Independent Safeguarding Authority.
- Providing workers with an up-to-date Safeguarding Vulnerable Adults Policy and Procedures which will be mandatory to use and implement.
- Training workers at all levels to act responsibly when they have a concern about a vulnerable adult in line with this policy and procedure. Induction processes for all new staff will ensure that all staff are aware of the existence of this policy and procedure, and other related policies and make clear their basic requirements should they have a concern.
- Providing a nominated safeguarding person within Hope, identified at a senior management level to oversee all aspects of safeguarding and

protecting throughout Hope's services and to make recommendations for the improving of policy and practice across the organisation.

- Management staff to meet at least four times a year to assist the nominated person to fulfil requirements within the organisation as a whole, and to take an active part in ensuring implementation to all staff.
- Discussing the contents of this policy at staff and client meetings and will involve identifying ways of addressing disincentives to reporting concerns.

All Hope staff and volunteers have a responsibility to work in the interests of the individual client's and to act in a way which promotes and safeguards their well-being. Accordingly, they must take all reasonable steps to protect vulnerable adults from abuse, understand the risk factors, types of abuse and indicators (physical, sexual, emotional/psychological, financial, neglect and discriminatory) (see appendix and know how to respond when they witness it or when it is disclosed to them). All staff and volunteers working within agencies have a responsibility to address vulnerable adult abuse. Ignoring abuse is not an option.

All managers have a responsibility to ensure:

- They have an operational knowledge of Hope's Safeguarding Vulnerable Adults Policy and Procedure.
- That the staff they supervise have the appropriate support, training and supervision to recognise and alert the appropriate person when they have any concerns and suspicions of abuse.
- That the staff they supervise are aware of both the policy and procedures in this document.
- They are able and prepared to refer any concerns to Social Care or the Police as required by the procedures that follow in part 2 of this document.
- They are able and prepared to refer any concerns to the Independent Safeguarding Authority as appropriate.
- That where other simultaneous procedures apply (e.g. grievance, complaints, disciplinary) the welfare and safety of the vulnerable adult remains paramount.

#### **1.4 GUIDANCE PRINCIPLES**

All Hope staff and volunteers will adhere to the following principles in working with vulnerable adults:

- The human and civil rights of vulnerable adults will be promoted and protected.
- The independence, well-being and choices of vulnerable adults will be actively promoted.
- Vulnerable adults will be assumed to have capacity except where it is established that this is not the case. Where a vulnerable adult lacks the mental capacity to make decisions, assistance will be offer on a multi-disciplinary basis to safeguard his/her best interests.
- A vulnerable adult who has mental capacity has the right to take risks. Hope recognises and accepts that an individual has the right to self-determination that may involve a degree of risk. Hope will undertake and record risk assessments to monitor this.
- Vulnerable adults have a right to receive the protection of the law, have access to justice and be appropriately supported through the criminal justice

process. Hope will provide suitable advice and support to enable this to occur.

- Vulnerable adults' views will be considered and where possible they will be fully involved in actions taken under the procedures. A vulnerable adult has the right to an advocate to assist them in this process.
- When intervention is necessary to reduce risk to a vulnerable adult, account will be taken of the disruption to the clients and every effort will be made to minimise this disruption and to keep it in proportion to the identified risks.
- Confidentiality relating to vulnerable adults will be ensured when it is practicable, and personal information will only be shared with other agencies with the permission of the individual concerned or in line with what is permitted by the law and local policy or protocols.
- Hope will work to promote awareness and understanding of the law, guidance and new initiatives relating to safeguarding vulnerable adults.

## 2 PROCEDURE

### 2.1 OVERVIEW OF THE PROCESS

The prevention and investigation of abuse will be carried out in accordance with the following process:

- **The alerting role**  
This describes the stage at which adult protection concerns are first recognised.
- **The referral role**  
This describes the notification of concerns to one or more of the statutory investigating or regulatory agencies (e.g. Social Care, the Commission for Social Care Inspection, the Police).
- **Investigation**  
Any investigations will be undertaken by the investigating or regulatory agencies. 'Investigation' describes the process of exploring concerns to ensure a full understanding of the situation so that appropriate action can follow. Investigations can have many strands, including one or more of the following issues: criminal justice, protection of others, regulation, contracts, employee discipline, care management, health and safety or professional practice.

**Hope staff should not undertake any investigation. Their duty is to report only.**

### 2.2 THE ALERTING ROLE

All Hope staff and volunteers who work with, or have contact with, vulnerable adults must:

- Be alert to the possibility of abuse.
- Know who they should report any concerns or suspicions to.
- Be able to share their concerns with appropriate people.

In addition, staff are required to recognise and report oppressive, abusive, discriminatory or otherwise poor care practices.

**No suspicion of abuse should ever be ignored.**

Staff may become aware of possible abuse when they:

- Witness an abusive act
- Are told about abuse by someone else
- Are told about the abuse by the client
- Find evidence of abuse
- Recognise several of the abusive indicators and become concerned.

Staff who become aware of possible abuse should do the following:

- Try and ensure the immediate safety of the alleged victim. If there is a major injury, appropriate healthcare should be arranged (e.g. an ambulance or a visit to an accident and emergency department).
- Contact their line manager so that the matter can be reported in accordance with the policy and procedures in this document.
- Record clearly, factually and accurately any information about allegations, concerns and disclosures of abuse as soon as possible (see Hope's 'Recording Information Policy'), When recording any disclosure, record the actual words used by the person.
- Take the necessary steps to preserve any evidence of abuse, which may be used to assist an investigation, by keeping it safe and free from contamination.
- Co-operate with any investigation undertaken in accordance with these procedures.

### **2.3 DO'S AND DONT'S WHEN ABUSE IS DISCLOSED**

<b>Do</b>	<b>Don't</b>
Listen carefully, stay calm and be sympathetic.	Question or out pressure on the person for more details.
Be aware that medical evidence may be needed.	Act in a way that may prevent the person talking about the abuse in future.
Reassure the person that the information will be treated seriously.	Promise to keep secrets.
Tell the person it was not their fault.	Make promises you can't keep (e.g. 'it won't happen again').
Explain the referral process and that a line manager has to be informed.	Question the alleged abuser.
Advise that the matter will be referred on if they consent.	
Explain that in some circumstances the matter may have to be referred without their consent on a 'need to know' basis, but that their wishes will be made clear if this occurs.	

### **3 HOW TO RECORD INFORMATION**

Good recording is essential to all aspects of health, social care and investigative work. In dealing with issues of abuse good recording is central to ensuring that evidence is protected, showing what action has been taken and what decisions have been made. Hope's 'Recording Information Policy' provides full details of all aspects of recording information. (Appendix 6)

### **4. CONCERNS ABOUT EMPLOYEES, VOLUNTEERS OR WORK EXPERIENCE PLACEMENTS.**

4.1 All staff have a responsibility to report any suspicions of poor or abusive practice.

This procedure should be followed by all staff when concerns are raised or allegations made regarding the conduct of a worker:

- The concern must be passed immediately to the relevant line manager; unless it is believed that that person may be involved or colluding with the abusive practice, in which case the 'Whistle Blowing Procedure' will be used.
- The relevant Line Manager must contact Hope's Chief Executive Officer immediately in case suspension is required.
- If the concern is about a volunteer, they must be asked to stop work immediately pending a full investigation.
- The safeguarding representative should be notified
- If the vulnerable adult has a social worker, they should also be notified.

Where a concern has been raised in good faith about an organisation or a worker, the person raising the concern should be supported, whatever the outcome. When suspected abuse is reported to managers, any necessary action should be taken immediately to ensure the safety of the alleged victim and other service users. It is initially for the manager to consider whether it is appropriate for the worker to continue to work while a referral is being made. Suspension should certainly be considered in situations where:

- There is any possibility of further incidents or abuse.
- Continuing to work might compromise evidence.
- Continuing to work would adversely affect the worker, colleagues or clients.

In the event of an allegation or allegations being made against a member of staff, this must be dealt with in accordance with Hope's Disciplinary Procedure.

**No disciplinary investigation should be undertaken prior to a referral to Social Care, the Commission for Social Care Inspection or the Police.**

### **4.2 RISK ASSESSMENT**

All clients undertake a risk assessment which includes identification of risks to vulnerable adults (appendix 7). In all situations where abuse has been alleged or suspected (even if a referral is not made) staff should undertake an assessment of risks in line with Hope's Risk Assessment Protocol. This is to ensure that anyone who made need to be aware of specific or general risks is informed of them as soon as they are identified. It is equally important that any information that might affect the risk assessment is shared immediately.

Risk assessments should consider all factors that might reasonably be considered to have a potentially harmful effect on clients, carers, staff or the public. The risk assessment must identify the actual or potential impact of the identified concerns and the probability of them occurring. Once these issues have been identified the assessment will show what steps have been taken to address or mitigate these risks.

### **4.3 MAKING A REFERRAL**

Where a concern about abuse has been raised then a referral should be made immediately, and in all instances within one working day of the abuse being suspected or disclosed.

Staff who make a referral should follow up the verbal referral with written information by completing section 1 of the Safeguarding Incident Report Form (appendix 2) and giving it to their line manager. It is the line manager's responsibility to complete section 2 of the Safeguarding Incident Report Form and make the referral to Social Care as appropriate. Assistance is available from Hope's safeguarding representative. If the line manager is not available, the safeguarding representative should be contacted, and in their absence, the duty manager.

Referrals should always be made by telephone, and managers should ensure that the referral is received by someone who is able to act upon the information given, it is not safe or acceptable for referrals to be made only by letter, fax, and email or by leaving messages on answering machines or mobile telephones.

Referrals should be followed up in writing within 48 hours and the outcome of the referral established and documented within 3 days. A copy of the referral will be stored in the clients file. A further copy will be kept by the safeguarding representative who will notify supporting people that a referral has been made.

Where concerns or allegations relate to the behaviour of a paid worker or volunteer then these should be reported through the line management arrangements to the appropriate manager who deals with that person, as well as through the routes detailed in these procedures as necessary.

### **4.4 REFERRAL INFORMATION**

When a referral is made, the following information (if available) should be provided:

- Personal details of the vulnerable person (name, date of birth, address, gender, race, faith, culture and current whereabouts).
- Referrer's name, address, contact number, role and the nature of their involvement.
- The details of what has occurred (what, where, when and how it came to light).
- Details of the alleged abuser (name, address, current whereabouts) and their relationship to the alleged victim.
- Nature of the abuse and its impact on the alleged victim.
- Details of any witnesses.
- Whether immediate action is required to protect the vulnerable adult.
- Whether other people may be at risk.

- Details of any action already taken (e.g. a call to the emergency services, crime number and interim protection measures).
- Details of other agencies involved and the nature of their involvement.
- Whether the vulnerable adult is aware of the referral being made.
- Whether the vulnerable adult has given consent to the referral being made.
- The views of the alleged victim.
- Any view about the mental capacity of the alleged victim.
- Whether the matter has already been referred to another agency.
- Any known language or communication issues (e.g. the need for an interpreter).

**If the alleged abuser is a vulnerable adult.**

In cases where the alleged abuser is a vulnerable adult they should be referred to the social work team of the local Social Care Authority. This person may need an assessment (e.g. under the Mental Capacity Act 2005, Community Care or under the Mental Health Act 1983) in their own right to ascertain whether they require any specialist services. If the incident is subject to a criminal investigation the person may need assistance to ensure they are appropriately represented and that they receive appropriate assistance in accordance with the Police and Criminal Evidence Act 1984.

**Outcomes of referrals**

There are several possible outcomes for referrals. The decision on any outcome will be taken by the local safeguarding board.

**5 INVESTIGATIONS**

The investigating role is likely to be assumed by public departments such as Social Care teams and the Police as appropriate. **Hope staff and volunteers should not undertake any investigations. The duty of Hope staff is to report only.**

**5.1 CHILD PROTECTION REFERRAL**

In any case where it appears that a child may be at risk of harm, a referral must be made immediately in accordance with Hope’s Safeguarding and Child Protection Policy and Procedure.

**5.2 CHANGES TO POLICY AND PROCEDURE**

This policy will be reviewed annually and updated in accordance with legislations as required. Staff will be informed of any amendments made to this policy.

**6. Recognising types of abuse and indicators**

**a) Overview of factors that can be linked to abuse**

There are certain situations and factors that put people at risk of abuse. If one or more of these factors is present, it does not mean that abuse will occur but may increase the possibility of abuse:

- Living in the same household as an abuser.
- A previous history of abuse.
- The existence of financial problems
- A member of the household experiences emotional or social isolation.

- Where there has been a change of lifestyle, e.g. illness, unemployment or employment.
- Where an adult is dependent on others for their personal and practical care.
- Where the vulnerable person exhibits difficult and challenging behaviour.
- Where the carer has difficulties such as debt, alcohol or mental health problems.

**b) Specific types of abuse and their indicators**

The different types and indicators of abuse are listed below. The presence of one or more indicators does not establish that abuse has occurred and will require further consideration.

**c) Physical Abuse**

This may include shaking, pinching, slapping, force-feeding, biting, burning or scalding. It may also involve causing physical discomfort and the withholding of care, or the use of inappropriate care such as inappropriate restraint, improper administration or denial of medication.

**Indicators**

- A history of unexplained falls or minor injuries.
- Bruising on soft parts of the body.
  - Clustered as if from repeated striking
  - In well protected areas – thigh, inside upper arm.
- Finger marks
- Burns of an unusual kind or in unusual places.
- Injuries, bruises, fractures at different stages of healing or where it is difficult to identify an accidental cause.
- Injuries shaped like an object.
- Injuries to head and face.
- A reluctance to seek GP/services' help or assistance.
- Frequent attendance at a hospital accident and emergency department.

**d) Sexual Abuse**

This covers any form of sexual activity, including sexual and non-sexual contact that the adult does not want, to which they have not consented, could not consent, or were pressured in to consenting to. This includes being encouraged or enticed to touch the abuser, or coercing the victim into watching or participating in pornographic videos, photographs or internet images. Any sexual relationship that develops between adults where one is in a position of trust, power or authority in relation to the other (e.g. a social worker/residential worker/health worker etc.) will be regarded as abuse.

**Indicators**

- Withdrawal, choosing to be alone.
- Explicit or untypical sexual language and behaviour
- Self-inflicted injuries.
- Self-neglect.

**e) Psychological/emotional Abuse**

This includes the use of intimidation, rejection, threats, shouting, indifference and the withdrawal of approval. It also includes oppressive language, the denial of choice, deprivation of dignity or privacy and the denial of human and civil

rights, for example, the right to follow one's own spiritual and cultural beliefs and sexual orientation. It also includes withdrawal from services or supportive networks, harassment, being threatened or intimidated or being made to fear for your own well-being.

#### **Indicators**

- Change in appetite/unusual weight loss or gain.
- Inability to sleep.
- Low self-esteem.
- Confusion, fearfulness or agitation.
- Unexplained uneasiness, particularly in the presence of the alleged perpetrator.

#### **f) Financial or Material Abuse**

This covers the inappropriate use, exploitation or misappropriation of property, possessions or financial resources. It includes theft, deception, false accounting, fraud, exploitation or pressure in connection with wills, property, inheritance or financial transactions.

#### **Indicators**

- Unexplained or sudden inability to pay bills.
- Unexplained or sudden withdrawals from accounts
- Large withdrawals from accounts
- Inconsistency between standard of living and income.
- Unwillingness or reluctance to take up assistance which is needed.

#### **g) Neglects or acts of omission**

This is withholding, either deliberately or unintentionally, of help or support necessary to carry out daily living tasks. This would include ignoring medical and physical care needs or a failure to provide access to health, social or educational support. It could also include the withholding of medication, nutrition and heating and keeping the person in isolation. Neglect could include a failure to intervene in situations that are dangerous to the person or to others, especially in cases when the person lacks the mental capacity to assess risks.

Neglect is an insidious process and it is often hard to determine the point at which a person starts to become neglected. For this reason, it is all the more important that any aspects of poor care and treatment are challenged at the earliest opportunity, rather than allowing the person concerned to suffer harm through their continuation.

#### **Indicators**

- Inadequate physical care both of the person and the environment.
- Frequently using emergency or out-of-hours services in preference to mainstream medical services.

#### **h) Discriminatory Abuse**

This is abuse motivated by discriminatory and oppressive attitudes towards race, gender, cultural background, religion, disability, or sexual orientation. It may also be the motivating factor behind other types of abuse. Such instances may be a

denial of being allowed to follow one's religion, lack of appropriate food, denial of the opportunity to develop relationships and denial of healthcare.

### **Indicators**

- Being treated unequally to other users in terms of the provision of care, treatment or services.
- Being isolated.
- Derogatory language and attitude by carers.
- Dismissive language by staff.

### **i) Institutional Abuse**

Abuse within an institution can be personal or institutional. The personal abuse issues would fall into the types of abuse listed above. Institutional abuse occurs when routines and rituals mean residents have to sacrifice their rights to meet the needs of the institution. Professionals should ensure that daily activities are centred on the clients and not the institution. Abuse can be perpetrated by an individual or group of staff embroiled in the accepted customs and practices of the institution. The policies of all establishments should ensure that routines do not neglect a person's ability to receive personal and individualised care and that a client's rights to privacy, dignity, choice and fulfilment are met.

### **Indicators**

- Inflexible daily routines, for example, set bedtimes and/or deliberate waking.
- Dirty bed linen.
- Inappropriate use of power, control, restrictions or confinement.
- Misuse of residents' finances.
- Failure to record incidents or concerns.

# INCIDENT REPORT FORM

## Safeguarding Children, Young People or Vulnerable Adults



To be completed for any incident/complaint/observed behaviour/activity/concern that would suggest a child, young person or vulnerable adult may be in need of safeguarding, support services.

### **SECTION ONE** Completed by person identifying the concern

<b>Staff Name</b>	
<b>Date/Time of incident</b>	
<b>Subject/s of Concern:</b> Name, D.O. Address	
<b>Others Involved:</b> Name, D.O.B. Address	
<b>Parties Known to SSD (Please give details)</b>	
<b>Previous Form submitted:</b> <input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Details of Incident/ Concern:</b> Include information from the person of concern and/or person reporting the concern (as appropriate)	
<b>Signed:</b>	<b>Date:</b>

**This section is to be passed to Line Manager within the same working day**

## **SECTION TWO** - Completed by Line Manager

### **Details of Concerns raised about the child, young person or vulnerable adult**

<b><u>Nature of client/vulnerability</u></b> (please tick)	(please tick)	<b><u>Type of Alleged Abuse</u></b>
Vulnerable Adult		Psychological/Emotional
Child		Sexual
Young Person		Discriminatory
Elderly Person		Financial
Mental Health issues		Neglect
Learning Disability		Physical
Sensory Impairment		Domestic Violence
Physical Disability		Harassment/Bullying
Frailty		Institutional
Substance Misuse		Multiple abuse

**Details of the Concern** (highlighting potential/actual risk to the child, young person or vulnerable adult)

### **Immediate action taken by Hope as a result of concerns raised:**

- a) Information clarified with staff/clients reporting incident  
 Yes  No
- b) Contacted other agencies used by client re: further information  
 Yes  No
- c) Discussion with Safeguarding Representative  
 Yes  No
- d) Other (please give details)  
 Yes  No

### **Follow up action to be taken by Hope as a result of concerns raised** (please give details)

- a) Child protection referral (please see section 3)  
 Yes  No
- b) Monitoring (commence or continue significant event/incident record)  
 Yes  No
- c) Other  
 Yes  No

**Signature of Line Manager:**

**Date:**

**SECTION THREE** Only completed when referral made to Social Services

<b>Name of person making the referral:</b>
<b>Date &amp; Time of referral:</b>
<b>SSD Office Address and Contact details:</b>
<b>Name/Role of SSD worker who took the referral:</b>
<b>Information given to Social Services:</b>  a) Section 1 information <input type="checkbox"/> Yes <input type="checkbox"/> No b) Section 2 information <input type="checkbox"/> Yes <input type="checkbox"/> No c) Additional Information (please give details below) <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Referral Outcome Summary</b>  a) What action has been agreed by Social Services? (Please include timescales)  b) What action has been agreed by Hope? (Please include timescales)
<b>Information Sharing</b>  Have all appropriate staff been informed of the referral and its implications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate who has been informed:  If No, please give reasons:
<b>Documentation</b> Has the referral been copied and submitted in the clients file? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the referral been followed up in writing to SSD involved? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a copy been passed to the Safeguarding Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Outcome Information</b> (to be obtained within 48 hours by referrer)
<b>Person making this statement:</b> Signature:  Date:



## Recording Significant Events/Incidents

Please record service user information in date order of significant events/observations. Events recorded should be done so bearing in mind the impact of any incident that could affect the welfare, health and well-being of a child/young person/vulnerable adult or increase the risk of significant harm to that child/young person/vulnerable adult.

Events to be recorded should be as follows:

- Family changes, e.g. birth of siblings, changes of partners of parents
- New relationships/loss of relationships
- Change of address
- Health problems of client/family members
- Illness
- Mental health issues
- Accidents
- Any incidents involving the client, a child/young person/vulnerable adult
- Self-harming
- Absenteeism from college/employment etc.
- Withdrawal from services (other agencies)
- Unemployment
- Offending/re-offending
- Use of drugs/alcohol
- Appearance
- Domestic violence
- Injuries received
- Aggressive/Violent behaviour

This list is not exhaustive and any other event not listed should also be recorded if concern is raised. This information should be documented accurately and concisely as it may be reviewed to be shared with other agencies, used in case conferences and court of law.

# Significant Events/Incident Record

Client Name:

Date	Significant Eent	Comments/ Actions	Where else recorded	Print name/Sign

