



Keeping Adults Safe A Shared Responsibility

Resource Pack



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Resource 1.3 Sample Adult Safeguarding Policy Statement

A sample adult safeguarding policy statement is a statement of your intention to keep adults safe while in the care of your organisation.

It should be a simple statement, which reflects the nature and activities of your organisation such as:

Our commitment to safeguard

Abuse is a violation of an individual's human and civil rights; it can take many forms. The staff and volunteers in (organisation name) are committed to practice which promotes the welfare of adults at risk and safeguards them from harm.

Staff and volunteers in our organisation accept and recognise our responsibilities to develop awareness of the issues that cause adults harm, and to establish and maintain a safe environment for them. We will not tolerate any form of abuse wherever it occurs or whoever is responsible. We are committed to promoting an atmosphere of inclusion, transparency and openness and are open to feedback from the people who use our services, carers, advocates, our staff and our volunteers with a view to how we may continuously improve our services/activities.

We will endeavour to safeguard the adults we work with and care for by:

- Adhering to our adult safeguarding policy and ensuring that it is supported by robust procedures;
- Carefully following the procedures laid down for the recruitment and selection of staff and volunteers;
- Providing effective management for staff and volunteers through supervision, support and training;
- Implementing clear procedures for raising awareness of and responding to abuse within the organisation and for reporting concerns to statutory agencies that need to know, while involving adults at risk and their carers appropriately;
- Ensuring general safety and risk management procedures are adhered to;
- Promoting full participation and having clear procedures for dealing with concerns and complaints;
- Managing personal information, confidentiality and information sharing; and
- Implementing a code of behaviour for staff and volunteers.

We will review our policy, procedures, code of behaviour and practice at regular intervals, at least once every three years.

Author:	
Publication date:	
Approved by:	
Effective from:	
For attention of and action by:	Members of the Senior Management Team, Management Committee/Group; managers and leaders; staff and volunteers, service users; carers and advocates; and visitors.
Review date:	
Adult Safeguarding Champion	(Name and Contact details)

Resource 2.2 Sample Employment Application Form

APPLICATION FORM

Candidate Reference Number:	
JOB TITLE	Return to:

PERSONAL DETAILS (Please complete using block capitals and black ink)			
Surname		Forename	
Address			
		Postcode	
Home Tel No		Work Tel No	
Mobile No			
May we contact you at work?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Email address			
Where did you see this vacancy advertised?			

CURRENT OR MOST RECENT EMPLOYER			
Name			
Address			
Postcode		Tel No	
Position held and brief outline of duties			
Date Started		Date Left	
Reason for leaving			
Job Title		Salary	
Notice period (if applicable)			

PREVIOUS EMPLOYMENT Please give details of employment (paid or unpaid) over the last 10 years.

Please give your most recent first

Name & Address of Employer and Nature of Business	Dates of Employment		Position Held	Reason for leaving
	From	To		

EDUCATION Please give details of all qualifications obtained, along with grade and date achieved.

Please give your most recent first

Level: Secondary/Further/Higher	Dates		Course details and exam results	Date Obtained
	From	To		

PROFESSIONAL QUALIFICATIONS (Held or working towards)

Professional Body/College/University	Dates		Course details and exam results	Date Obtained
	From	To		

Ability

Qualifications

REFERENCES Please give details of two referees; one must be your current or most recent Line Manager or School or College. References from family or friends are not acceptable

REFERENCE 1		REFERENCE 2	
Name		Name	
Job Title		Job Title	
Organisation		Organisation	
Address		Address	
Postcode		Postcode	
Tel No		Tel No	
Email address		Email Address	

DECLARATION OF CONVICTIONS

See attached - Declaration and Consent Form

DECLARATIONS Please ensure you sign and date this declaration before returning your application form.

DATA PROTECTION ACT DECLARATION - The information on the application form will be held and processed in accordance with the requirements of the Data Protection Act 1998.

I understand that the information is being used to:

- Process my application for employment;
- Form the basis of a computerised record on the recruitment system for processing and monitoring purposes;
- Form the basis of a manual job file with other application forms and will be used for processing;
- If appointed, form the basis of a manual and computerised employment record.

I declare that the information provided on this form is true and complete to the best of my knowledge and belief. I understand that any false or omitted information may result in dismissal or other disciplinary action if I am appointed.

Signature _____

Date _____

Please note:

All information received will be dealt with in confidence, consistent with our commitment to safeguard vulnerable adults

Resource 2.3 Sample Volunteer Application Form

Volunteer Application Form

Name of organisation:			
Address			
Postcode		Tel No	

Please note that the information given below will be used to match potential volunteers to the most appropriate roles available at the time of application to volunteer with *(name of organisation)*

PERSONAL DETAILS (Please complete using block capitals and black ink)

Surname		Forename	
Address			
		Postcode	
Home Tel No		Work Tel No	
May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Mobile No			
Email address			

Please tick the volunteer roles you would be interested in:

Role Title 1 Role Title 2 Role Title 3 etc

(Or list geographical area/sites available to volunteer in).

When would you be available to volunteer with us? *(Please tick)*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

What motivated you to apply for a volunteer role in (name of organisation)?

--

What previous work experience, including voluntary work do you have?

Do you have any hobbies or interests relevant to the role?

What skills, knowledge and experience do you feel you could bring to a voluntary role in our organisation?

Are there reasonable adjustments that we could make as part of your recruitment process that would enable you to enjoy equality of opportunity in seeking a volunteer role with us?

Please specify:

Please provide names and addresses of two people who we could contact for a reference. (Someone who is not a relative, but has known you for 2 years within the last 5 years).

REFERENCE 1		REFERENCE 2	
Name		Name	
Address		Address	
Postcode		Postcode	
Work Tel No		Work Tel No	
Home Tel No		Home Tel No	

Signed _____

Date _____

Thank you for your interest, we will be in touch soon.
 Please return completed form to:
 Volunteer Organiser, (*name and address of organisation*)

PLEASE NOTE:

All information received will be dealt with in confidence, consistent with our commitment to safeguard adults

Resource 2.4 Declaration and Consent Form

We are committed to safeguarding adults at risk and to ensuring equal opportunity for all applicants. Information about criminal convictions is requested to assist the selection process and will be taken into account only when the conviction is considered materially relevant to the position applied for.

You have applied for a position that is defined as Regulated Activity under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012. This post is not open to anyone who is included on the Adult's Barred List.

OR

You have applied for a position that is eligible for an Enhanced Disclosure Check under the Safeguarding Vulnerable Groups (NI) Order 2007, as amended by the Protection of Freedoms Act 2012.

(Select as appropriate)

It also falls within the position of an 'excepted' position under The Rehabilitation of Offenders (Exceptions) Order (NI) 1979. This means that you must tell us about all offences and convictions, including those considered 'spent', which are not protected. If you leave anything out it may affect your application.

This information **will** be verified through an AccessNI **Enhanced Disclosure Check (EDC)** if you are considered to be the preferred candidate and are being offered the position. The EDC will tell us about your criminal record history (and, if the post is regulated activity, if your name has been included in a Barred List). It is to make sure that individuals who are considered a risk to adults are not appointed.

The information received will be treated confidentially and will be assessed alongside normal selection criteria to determine suitability for the position. A separate meeting will be held with you if clarification is required to discuss any issues around your disclosure before a final decision is reached. After the decision has been made the information will be destroyed.

Please complete the attached form and return it with your application. The form also asks you to give your written consent to the AccessNI Check and to agree to further enquiries being made relevant to the declaration, which will only be obtained if you are the preferred candidate. If you do not consent we will not accept your application.

Applicants can also submit a separate statement of disclosure if they wish. This may include details such as the particular circumstances around the conviction(s); how circumstances may have changed; and what has been learnt from the experience. Applicants can contact the Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO) for more information.

Declaration of Criminal Convictions, Cautions and Bind-Over Orders

In Confidence

1. Are you included in the Adult's Barred List? YES NO
(If yes, please give details)

2. Do you have any cases pending? YES NO
(If yes, give please give details)

3. Do you have any convictions, cautions, informed warnings, diversionary youth conferences or bind-over orders that are not subject to 'filtering' (as defined by the Rehabilitation of Offenders (Exceptions) Order(NI) 1979, as amended in 2014)? YES NO
If yes, please provide details below giving as much information as you can, including, if possible, the offence, the approximate date of the court hearing and the court which dealt with the matter.

4. Have you ever been the subject of an Adult Abuse investigation which alleged that you were the perpetrator? YES NO
If yes, please list full details below including the name of policy unit or HSC Trust involved in the investigation. If possible please provide the approximate date/s.

Declaration and Consent

I declare that the information I have given is complete and accurate. I understand that I will be asked to complete an AccessNI Disclosure Certificate Application Form if I am considered to be the preferred candidate. I consent to the appropriate AccessNI check being made and I agree to enquiries relevant to this declaration.

Signed:

Date:

Print Name:

Any surname previously known by:

Position applied for:

Resource 2.6 Sample Employee Reference Request Form

Reference Request Form

In Confidence

Name of applicant	
Position applied for	

1	In what capacity do you know the applicant, e.g. line manager, supervisor, professional colleague?				
2	How long have you known the applicant?				
3	Length of Service	Start date	/ /	End Date	/ /
4	Reason for Leaving				
5	Most recent position held				
6	Summary of main duties				
7	Please comment on the following areas as relevant to the post. Please be as specific as possible.				
	<ul style="list-style-type: none">• Applicants main strengths				
	<ul style="list-style-type: none">• Areas for improvement				
	<ul style="list-style-type: none">• Applicant's ability to meet the competencies and skills of the post (see job description)				
8	Please detail any concerns about any aspects of his/her work, where relevant to the post				

9	Please detail any particular supervision or support needs that the applicant may have had if different to above		
10	Has the applicant been subject to any formal action in relation to discipline or competence at any time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give details			
11	Has the applicant had a satisfactory attendance record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please give details			
12	Do you have any concerns about the applicants suitability to work with adults at risk	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please give details			

I am aware that this reference will be made available to the applicant, if requested.

Signature

Date

Position Held

Organisation/Business

Tel No

Email Address

Note: We may contact you to clarify any of the information provided.

Resource 2.7 Sample Volunteer Reference Request Form

Volunteer Reference Form

In Confidence

_____ has expressed an interest in becoming a volunteer, and has given your name as a referee.

1 How long have you known this person?

2 In what capacity?

3 What attributes does this person have that would make them a suitable volunteer?

4 Please rate this person on each of the following? (please tick one)

	Poor	Average	Good	V/Good	Excellent
Responsibility					
Self motivation					
Can motivate others					
Commitment					
Trustworthiness					
Reliability					

5 Do you have any concerns about the applicant's suitability to work with adults at risk?

YES

NO

If yes, please give details

NOTE: We may contact you to clarify any of the information provided. Please indicate a convenient time for us to do this:

I am aware that this reference will be made available to the applicant, if requested.

Signature

Date

Tel No

Email Address

Resource 3.1 Sample Induction Checklist

What	Who	Date
About the Organisation <ul style="list-style-type: none"> ▪ aims, philosophy and ethos ▪ people we work/volunteer with ▪ work/volunteering we do ▪ limitations of the organisation ▪ structure: departments/teams ▪ management 		
The Building <ul style="list-style-type: none"> ▪ toilets, cloakrooms, parking, etc. ▪ where to get tea/coffee/lunch ▪ health and safety rules 		
The Job/Role <ul style="list-style-type: none"> ▪ worker's/volunteer's area of responsibility ▪ line management ▪ days/hours of work/volunteering and breaks ▪ relevant organisational policies and procedures, including the safeguarding policy ▪ code of behaviour 		
The Support System <ul style="list-style-type: none"> ▪ who will supervise worker/volunteer, where and when to find them ▪ support available ▪ supervision/support meetings ▪ resources, facilities, equipment ▪ training ▪ complaints procedure ▪ reasonable adjustments, if required 		
Fellow Workers/Volunteers <ul style="list-style-type: none"> ▪ who and what they do ▪ team meetings ▪ working/volunteering with others 		
Other Information <ul style="list-style-type: none"> ▪ settling in – probationary/trial period ▪ claiming expenses ▪ key stakeholders and their roles 		
<p>Employee/Volunteer: I confirm that I have completed all items in the induction checklist and, where indicated, read and understood policies and procedures.</p> <p>Signature _____ Date _____</p> <p>Line Manager: I confirm that all items in the induction checklist have been completed by (name) either with me, or a member of (organisation) authorised by me.</p> <p>Signature _____ Date _____</p>		

Resource 3.2 Support/Supervision/Appraisal Checklist

1. Generally:

How do you feel your work is going?

- What's going well?
- What's not been going so well? Why? What would help?
- Is there anything that has happened which you are unsure about? Are there particular situations that you would like to talk through?

2. Workload:

What is your workload like? E.g. is it too much, too little or about right?

3. Objectives/actions:

Let's review the objectives we set last time which we need to review.

Last meeting you raised issues of... let's talk about...

4. Relationships:

How are you getting on with the rest of the team – staff/volunteers? People who use our services, their carers, family and advocates.

5. Personal development

Are there things you would like to learn more about/undertake further training on?

6. Ideas for improvement

Do you have any ideas of how the organisation could improve how it provides its services or its conditions for staff/volunteers?

7. Developments to job/role:

Are there any particular projects/new areas of work you would like to explore?

8. Objectives/action

Are there any actions that we should set ourselves between now and next time we meet? Is there any particular issue that you would like me to bring to the team/management?

9. Adult safeguarding

Are there any adult safeguarding issues you would like to raise that we have not yet discussed?

Resource 4.1 Sample Form for Recording and Reporting Concerns, Disclosures and Allegations or Suspicions of Abuse

ADULT ABUSE REPORT FORM

Please answer all relevant questions as fully as you can.

Work location	
Name of Adult	
Age/Date of Birth	
Gender	
Names of carer(s) (if known)	
Home Address (if known)	

PLEASE COMPLETE THOSE SECTIONS BELOW THAT ARE RELEVANT

1 Disclosure by adult at risk
When was the disclosure made (dates and times)?
Who did the adult make the disclosure to?
What did the adult actually say?

2 Indicators

Describe any signs or indicators of abuse (with times and dates)

Has the adult alleged that any particular person is the abuser
(if so, please record details and the relationship, if any, to the adult below)

3 Concerns expressed by another person about an adult at risk

Record the concerns that were passed to you (with dates and times) and if possible ask the person who expressed the concerns to confirm that the details as written are correct.

4 Details of any immediate action taken, e.g. first aid, etc

5 Has the adult expressed any reservations about you talking to your Line Manager/Adult Safeguarding Champion/appointed person about the matter?

6 Does the adult have any particular needs, e.g. communication, etc?

Signatures

To be signed by the person reporting the concern

Name _____

Job title _____

Signed _____ Date _____

Date received and actioned by Line Manager

Name _____

Signed _____ Date _____

Date received and actioned by Adult Safeguarding Champion/appointed person

Name _____

Signed _____ Date _____

Action taken by Adult Safeguarding Champion/appointed person

Signed _____ Date _____

Resource 5.1 Sample Risk Register

Identify MAIN RISKS to people, property and/or organisation's work and reputation	Evaluate the seriousness of these risks		Assessed Level of Risk	Risk Owner	How can you manage these risks				Action Completed (date)	By Whom	Review
	Likelihood of it happening Unlikely Possible Likely	Impact of it happening Minor Moderate Major	Combination of likelihood and impact Low Medium High		Stop the Activity Action needed	Reduce the Risk Action needed	Finance Risk Action needed	Transfer the Liability Action needed			How and when will you review the risks in this area?
A)											
B)											

Resource 5.2 Sample Accident/Incident/Near Miss Record Form

ACCIDENT/INCIDENT/NEAR MISS

Please circle one of the above

REPORT FORM Ref No:

Name (<i>person involved/injured</i>)		Date	Time
<i>If more than 1 person has been involved, please use separate forms for each person.</i>			
Status			
Service User <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Other <input type="checkbox"/>			
If Other, please specify			
Details of Accident/Incident/Near Miss <i>(Please include what happened prior, event details and what was done immediately/by whom? Please include a drawing if helpful and use extra sheets if necessary).</i>			
Details of injuries or damages and any first aid/medical treatment given			
Name of person reporting			Date
Job title			

Manager Section

Long Term Action Plan <i>(What action is to be carried out to prevent the Accident/Incident/Near Miss happening again)</i>		
Is a risk assessment (or support plan) review required as a result of this Accident/Incident/Near Miss?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Action to be carried out by <i>(name)</i>		By Date:
Line Manager Section Reviewed by <i>(name)</i>		Date:
RIDDOR ¹ Report confirmed by <i>(name)</i>		Date:

¹ The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), place a legal duty on employers, self-employed people, people in control of premises to report work-related deaths, major injuries or over-three-day injuries, work related diseases and dangerous occurrences (near miss accidents).

Resource 7.1 Sample Service User Health Form

SERVICE USER HEALTH FORM

In Confidence

Name (organisation)	
Activity	
PERSONAL DETAILS	
Name (adult)	
Address	
Tel No	
Medical card number	
Are you taking any medication/treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please detail	
CONTACTS FOR EMERGENCIES	
Should be in a position to collect you if necessary	
CONTACT 1	CONTACT 2
Name	Name
Address	Address
Relationship to you	Relationship to you
Home Tel No	Home Tel No
Work Tel No	Work Tel No
Other Tel No	Other Tel No
DOCTORS CONTACT DETAILS	

Name		
Address		
Tel No		
MEDICAL DETAILS		
Do you have any medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Do you have any allergies, including allergies to food and medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Do you have hearing loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Are you visually impaired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Are there any issues related to your:		
Physical health	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Mental health and emotional well being	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		

Awareness and decision making skills	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Personal care and daily tasks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Administration of medicines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Walking and movement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Communication and sensory functioning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please detail		
Any other relevant information		
Please detail		

CONSENT	
<input type="checkbox"/>	I agree that the information provided may be shared with other staff/volunteers/professionals who can contribute to providing me a service or activity or care.
<input type="checkbox"/>	I understand that I may withdraw my consent to share information or have further assessment at any time, but that this may affect ability to provide full services for me.
If there is any information on this form which you do not wish to be shared, please specify	
1) Which information you do not wish to share	
2) Who do you not wish to share information with	
Signature	
Date	
Print Name	
IS SIGNED BY SOMEONE OTHER THAN THE ADULT	
What is your relationship to the adult?	
On what grounds do you have the authority to sign on his/her behalf? ²	

² This should not be construed as being able to consent on behalf of the adult to whom this form relates.

Appendix 6 Organisational self assessment checklist

Standard 1 – The organisation has a written adult safeguarding policy supported by robust procedures and guidelines.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 There is a written policy statement of the organisation's intention to keep adults safe from harm.						
2 There is an outline of the procedures and guidelines that the organisation will implement to meet this commitment, in line with the minimum standards.						
3 The adult safeguarding policy is supported by other organisational policies, procedures and guidelines aimed at promoting safe and healthy working practices.						
4 The policy is 'owned' at all levels within the organisation and the person(s) with responsibility for its approval, implementation and review is named.						
5 The policy, procedures and guidelines are subject to regular review; at least once every three years.						
6 Everyone involved in the organisation is aware that the policy exists, what it aims to achieve and the steps that will be taken to achieve those aims.						

Standard 2 – The organisation consistently applies a thorough and clearly defined method of recruiting staff and volunteers in line with legislative requirements and best practice.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 There is a clear job description for staff and role description for volunteers and a personnel/volunteer specification outlining the key skills and abilities and qualifications, if any, required.						
2 There is an open recruitment process.						
3 There is an application form that covers past work/volunteering.						
4 There is a declaration form requesting information on previous convictions which are not protected, and investigations, if any.						
5 A consent form for an AccessNI disclosure check is completed if required.						
6 There is an interview process appropriate to the post/role and task.						
7 Written references are sought (and followed up when necessary).						
8 If a professional qualification is a requirement of the post, a registration check is made with the appropriate Professional Regulatory Body.						
9 Where required, an appropriate AccessNI disclosure check is carried out.						
10 The post is approved by management.						

Standard 3 – There are procedures in place for the effective management, support, supervision and training of staff and volunteers.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 There is an induction process for staff and volunteers.						
2 There is a probationary period for staff and trial period for volunteers.						
3 Relevant training is provided appropriate to the post/role.						
4 There is a robust structure and process for support and supervision appropriate to the post/role.						
5 There is an annual appraisal for staff and review for volunteers.						
6 Comprehensive, written records are kept of: training completed; support and supervision; and annual appraisals/reviews.						

Standard 4 – The organisation has clearly defined procedures for raising awareness of, responding to, recording and reporting concerns about actual or suspected incidents of abuse.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 The policy outlines what constitutes adult abuse, where abuse can occur and who abuses.						
2 There is a written procedure outlining how staff and volunteers respond to, record and report adult safeguarding concerns.						
3 There is a system to communicate the reporting procedure to staff and volunteers to ensure they are familiar with it.						
4 There is an Adult Safeguarding Champion or appointed person who has responsibility for dealing with adult safeguarding concerns which come to light within the organisation.						
5 There is a procedure for the Adult Safeguarding Champion or appointed person to report adult safeguarding concerns to the appropriate authorities.						
6 There is a written procedure outlining how staff and volunteers respond to and report allegations made against staff and volunteers.						
7 There is a whistleblowing policy and procedure.						

Standard 5 – The organisation operates an effective procedure for assessing and managing risks with regard to safeguarding adults.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 A risk assessment is carried out to identify and evaluate risks to adults using services or participating in activities.						
2 The identified risks are managed by putting in place risk-reducing measures.						
3 All identified risks and risk-reducing measures are recorded and reviewed at least once per year.						
4 The organisation should recognise that all adults have the right to take risks and should provide help and support to enable them to identify and manage potential and actual risks to themselves and others.						
5 The organisation has a procedure in place for reporting, recording and reviewing accidents, incidents and near misses, which should in turn inform practice and the risk assessment and management procedure.						

Standard 6 – There are clear procedures for receiving comments and suggestions and for dealing with concerns and complaints about the organisation.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 The organisation has an ethos of inclusion, transparency and openness which is communicated to all involved in the organisation, including adults at risk.						
2 There are appropriate procedures in place to share concerns or make complaints about the organisation.						
3 Complaints procedures are communicated appropriately to everyone in the organisation, including adults at risk.						

Standard 7 – The organisation has a clear policy on the management of records, confidentiality, and sharing of information.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 The policy is based on an expectation of confidentiality in the recording, use and management of personal information.						
2 The policy informs staff and volunteers what information needs to be recorded.						
3 The policy informs staff and volunteers how written records should be secured, stored and eventually disposed of.						
4 The policy outlines what and how information is shared with relevant people within and outside of the organisation.						
5 Adults involved with the organisation should have access to information held about them.						

Standard 8 – There is a written Code of Behaviour which outlines the behavior expected of all involved in the organisation.

Checklist	Supporting Evidence	Fully met?	If not fully met: action needed			Attained Date
			What?	By whom?	By when?	
1 The Code of Behaviour (Code) contains positive statements about how staff and volunteers are expected to behave towards adults at risk of harm.						
2 The Code outlines behaviours to be avoided.						
3 The Code outlines unacceptable behaviours.						
4 The Code contains guidelines relating to physical contact and intimate care.						
5 The Code contains guidelines relating to physical intervention and restraint.						
6 The Code contains guidelines relating to diversity and additional care and support needs.						
7 The Code contains guidelines on the handling of money.						
8 The Code contains guidelines on the use of technology, including photography.						
9 The Code outlines sanctions in the case of staff and volunteers breaching the Code.						
10 The Code sets out an expectation that everyone in the organisation should relate to each other in a mutually respectful way.						
11 The Code is tailored to organisational activities or services.						