



# Safeguarding Adults – Policy & Procedure

1.5

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## 1. SAFEGUARDING ADULTS POLICY

This policy sets out the responsibility of SHPCA for safeguarding adults, and defines the responsibilities of staff working in the organisation. The policy is written in line with the Six Principles of Adult Safeguarding outlined in the Care Act 2014 and applies to any person aged 18 years or above (ANNEX 1).

## 2. DEFINITION OF SAFEGUARDING ADULTS AT RISK

The Department of Health's Care and Support Statutory Guidance (DH, 2014) states that:

'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.'

All staff working in the organisation have a responsibility to report suspected or actual cases of abuse, and where appropriate to participate in the safeguarding process.

Local authorities have the lead responsibility for the co-ordination of the safeguarding adult's process. In order to ensure consistency of approach across the local authorities within Hampshire and Isle of Wight, a county wide safeguarding adults policy has been developed by Local Authorities, the NHS, and Hampshire Constabulary.

The multiagency policy can be found at: <https://www.hampshiresab.org.uk/wp-content/uploads/4LSAB-Adult-Safeguarding-Policy-Process-and-Guidance-June-2020-4.pdf#page=4>

NHS providers have statutory responsibilities of their own in relation to safeguarding adults at risk and this document should be read in collaboration with other national and local guidance

### **Definition of an 'adult at risk' is:**

"Someone of 16 years or over who:

- is or may be in need of community care services by reason of mental or other disability, age or illness; and 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".

["Making Decisions" Lord Chancellor's Department 1999].

(allegations of abuse of 16 and 17 year olds will be dealt with by Safeguarding Children & Young People Policy & Procedures)

Characteristics of risk that can increase or decrease vulnerability to abuse or neglect may include:

<ul style="list-style-type: none"> <li>• Personal characteristics of a person at risk that can increase vulnerability may include:</li> <li>• Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions</li> <li>• Communication difficulties</li> <li>• Physical dependency – being dependent on others for personal care and activities of daily life</li> <li>• Low self esteem</li> <li>• Experience of abuse</li> <li>• Childhood experience of abuse.</li> </ul>	<p>Personal characteristics of a person at risk that can decrease vulnerability may include:</p> <ul style="list-style-type: none"> <li>• Having mental capacity to make decisions about their own safety Good physical and mental health Having no communication difficulties or if so, having the right equipment/support</li> <li>• No physical dependency or if needing help, able to self-direct care</li> <li>• Positive former life experiences</li> <li>• Self-confidence and high self-esteem</li> </ul>
<p>Social/situational factors that increase the risk of abuse may include:</p> <ol style="list-style-type: none"> <li>1. Being cared for in a care setting, that is, more or less dependent on others</li> <li>2. Not getting the right amount or the right kind of care that they need</li> <li>3. Isolation and social exclusion</li> <li>4. Stigma and discrimination Lack of access to information and support</li> <li>5. Being the focus of anti-social behaviour.</li> </ol>	<p>Social/situational factors that decrease the risk of abuse may include:</p> <ul style="list-style-type: none"> <li>• Good family relationships</li> <li>• Active social life and a circle of friends</li> <li>• Able to participate in the wider community</li> <li>• Good knowledge and access to the range of community facilities</li> <li>• Remaining independent and active</li> <li>• Access to sources of relevant information</li> </ul>

The definition of “vulnerable” issued by the Criminal Records Bureau 2000 says:

“A person may be considered to be vulnerable if they receive

- accommodation and nursing or personal care in a care home, or
- personal care in their own home through a domiciliary care agency , or
- services provided in an establishment catering for a person with learning difficulties

This may be as a result of one or more of the following

- a substantial learning or physical disability, or
- a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs, or
- a substantial reduction in physical or mental capacity due to advanced age.

These individuals are substantially dependent upon others in performing basic physical functions, may have a reduced or absent ability to communicate with others including those providing services and, as a result, he would be incapable of protecting himself from assault or other physical abuse, or there is a potential that his will or his moral well-being may be subverted or overpowered (imbalance of power).

“Vulnerable adult” also includes frail older people, admitted to hospital and those individuals receiving care from friends, neighbours or family members.

All citizens have the responsibility to report to the Police or Adult Services if abuse is suspected or known to be taking place.

All Staff and volunteers of Southern Hampshire Primary Care Alliance have the responsibility to:

- ensure that staff at all levels are aware of the Safeguarding Adult Policy
- ensure awareness and compliance with the Duty of Candour requirements
- ensure the involvement and support of SHPCA Head of Governance, Quality & Safety.
- refer promptly to the Multi Agency Safeguarding Hub & inform the patients own GP.
- SHPCA will refer to the police in accordance with the local multi-agency policy.
- SHPCA will engage with other agencies in the prevention of abuse and where appropriate in the investigation of suspected abuse.
- SHPCA staff will record all information, discussions, decisions in accordance with this policy.

### 3. SPECIFIC RESPONSIBILITIES WITHIN SHPCA

SHPCA Managers	<ul style="list-style-type: none"> <li>• Will be alert to the potential indicators of abuse or neglect of vulnerable adults and know how to act on concerns</li> <li>• Attend relevant training and maintain the skills to recognise abuse, neglect or exploitation and how to report this as per policy.</li> <li>• Seek advice from the key responsible individual or CCG safeguarding team if unsure how to act in response to concerns about a vulnerable adults.</li> <li>• Keep contemporaneous records in accordance with professional and organisational policy.</li> <li>• Ensure staff have appropriate awareness</li> <li>• Temporary staff are aware of safeguarding policy &amp; who to refer to should abuse or neglect be suspected.</li> <li>• Ensure appropriate agencies are made aware in the event of criminal activity ie police or Hampshire County Council via the multiagency safeguarding hub if abuse or neglect has or has suspicion of occurring.</li> <li>• Support any requests to respond to statutory reviews/enquiries e.g. Section 42 &amp; Section 44. SHPCA will complete referrals or engage in SAR processes as appropriate with the support of the CCG/ICB.</li> <li>• Domestic Homicide Reviews (DHR) - SHPCA will engage in DHR process as appropriate with the support of the CCG/ICB.</li> </ul>
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General Practitioners	<ul style="list-style-type: none"> <li>• Will be alert to the potential indicators of abuse or neglect of vulnerable adults and know how to act on concerns</li> <li>• Take immediate steps to ensure the safety of an individual is paramount working within GMC guidelines.</li> <li>• Attend relevant training and maintain the skills to recognise abuse, neglect or exploitation and how to report this as per policy.</li> <li>• Seek advice from the key responsible individual or CCG safeguarding team if unsure how to act in response to concerns about a vulnerable adults.</li> <li>• Escalates issues to senior managers or Local Authority/CCG safeguarding team should disagreement arise in relation to how a safeguarding issue is being handled.</li> <li>• Keep contemporaneous records in accordance with professional and organisational policy.</li> </ul>
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All staff will need to be aware of this policy and new staff will be made aware at induction. Staff also need to be aware of SHPCA Freedom to Speak Up/Whistleblowing Policy.

All Staff	<ul style="list-style-type: none"> <li>• Will be alert to the potential indicators of abuse or neglect of vulnerable adults and know how to act on concerns</li> <li>• Attend relevant training, supervision and maintain the skills to recognise abuse, neglect or exploitation and how to report this as per policy.</li> <li>• Seek advice from the key responsible individual or CCG safeguarding team if unsure how to act in response to concerns about a vulnerable adults.</li> <li>• Escalates issues to senior managers should disagreement arise in relation to how a safeguarding issue is being handled.</li> <li>• Keep contemporaneous records in accordance with professional and organisational policy.</li> <li>• Make alerts to the MASH where there is a concern regarding abuse and neglect.</li> </ul>
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#### 4. SAFE RECRUITMENT

SHPCA must comply with safe recruitment practice including efficient use of the Disclosure and Barring system with a system in place to repeat the process on a three yearly cycle, including Criminal Records Bureau (CRB) checks for eligible staff and enhanced level checks where appropriate. The safeguarding adults and children responsibility is to be included within all staff job descriptions. As part of our commitment to safe recruitment we ensure that we:

- Detailed application forms
- Robust interviews that cover safeguarding, equality, and diversity knowledge and skills
- Reference checks
- A thorough induction process

- Verification of qualifications and experience
- Risk assessments where indicated

## 5. STANDARDS AND GOOD PRACTICE

SHPCA acknowledges that here is a National Framework of Standards for good practice and outcomes in Safeguarding Adults/Adult Protection work developed by the Association of Directors of Adult Services (ADASS). This has generally been accepted as a model of standards that everyone should endeavour to obtain to Make Safeguarding Personal. <https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal>

(More information for commissioners and providers of health and social care: [https://www.local.gov.uk/sites/default/files/documents/25.142%20Making%20Safeguarding%20Personal\\_03%20WEB.pdf](https://www.local.gov.uk/sites/default/files/documents/25.142%20Making%20Safeguarding%20Personal_03%20WEB.pdf)

Supervision is recognised as a core part of good practice and is part of the requirement of reflective practice for revalidation . SHPCA believes this facilitates good quality, innovative and reflective practice in a safe environment. This can be formal or informal. It is defined as:

“An accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve good outcomes” Promoting effective supervision (Skills for Care and CWDC 2007)

‘A formal process of professional support and learning, which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance consumer protection and safety of care in complex clinical situations. It is central to the process of learning and to the scope of the expansion of practice and should be seen as a means of encouraging self-assessment and analytical and reflective skills’ (DH 2004).

The SHPCA Clinical Lead Director is available to offer Clinical Supervision for staff as appropriate when safeguarding concerns arise within the course of their duties at SHPCA. Support is always offered to any staff member involved in any safeguarding situations. SHPCA recognises that all GPs and Registered Nurses/HCPs working in our services have formal supervision as part of revalidation therefore it may be more appropriate for this to be used for safeguarding supervision.

## 6. TRAINING

Safeguarding training is one of the mandatory training elements for staff and needs to be completed every 3 years in line with the adult and children’s intercollegiate document. [Adult Safeguarding: Roles and Competencies for Health Care Staff | Royal College of Nursing \(rcn.org.uk\)](https://www.rcn.org/uk/standards/roles-and-competencies-for-health-care-staff).

This is as follows for the roles:

- Named Leads – Level 4
- Registered Practitioners: Level 3
- All other practitioners with regular contact with patients/families/cares/public – Level 2
- All staff working in SHPCA – Level 1

## **7. DEFINITIONS OF ABUSE**

### **“No Secrets” definition of abuse:**

“Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”.

Consensus has emerged identifying the following main types of abuse. These appear in “No Secrets”.

### **Physical abuse**

Resulting from acts of commission or omission on the part of others and causing pain, injury or impairment. Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

#### **i. Bodily assaults**

Resulting in injuries such as burns, bruises, abrasions, fractures, dislocations, welts, wounds, rashes, pressure sores or marks of physical restraint.

#### **ii. Bodily impairment**

Manifested in malnutrition, dehydration, emaciation, poor hygiene, drug or alcohol addiction, sleep deprivation, failure to thrive, unexplained fatigue, hypo/hyperthermia, or improper ventilation.

#### **iii. Medical/healthcare maltreatment**

Inappropriate medication, over/under medication, inappropriate administration of medication (method). Provision of health care may be unavailable to an excessive degree, or irregular, improper, inadequate or duplicated in some way.

### **Sexual abuse**

Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented or could not consent or was pressured into consenting. Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

### **Psychological/emotional abuse**

Including emotional abuse, threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. It might include the following, in addition to this definition from “No Secrets”: playing on someone's emotions to make them afraid, uneasy or unnecessarily dependent. This might include bullying, shouting, threats of harm or abandonment, intimidation, persistent ignoring, isolation or withdrawal from social contact or

supportive networks, emotional blackmail, undermining, ridiculing, coercion, verbal, racial abuse, deprivation of contact, blaming or controlling.

### **Neglect, acts of omission and poor professional practice.**

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

#### **Self Neglect**

Covers a wide range of behaviour including neglecting to care for one's personal hygiene, health or surroundings and behaviour such as hoarding. Link to Hants Detailed Guidance:

<http://www.hampshiresab.org.uk/wp-content/uploads/February-2017-Multi-Agency-Safeguarding-Adults-Policy-and-Guidance-2nd-Edition-December-2016-v3.pdf>

#### **Financial or material abuse**

Includes theft, fraud exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

#### **Discriminatory abuse**

Including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment. Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result or deliberate intent and targeting of vulnerable people, negligence or ignorance.

#### **Organisational abuse**

Neglect and poor care practice within a care setting such as a hospital or care home or in relation to care provided in someone's own home ranging from one off incidents to on-going ill-treatment. It can be neglect or poor practice as a result of the structure, policies, processes and practices within a care setting.

#### **Honour based violence**

Honour based violence is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code.

## **8. ASSOCIATED DEFINITIONS**

#### **Hate crime**

The term 'Hate crime' refers to any criminal offence which is perceived by the victim or any other person as being motivated by prejudice or hate, based on the victim's actual or perceived race, religion, sexual orientation, disability or transgender status.

## Hate incident

The term 'Hate incident' refers to any non-criminal incident which is perceived by the victim or any other person as being motivated by prejudice or hate, based on the victim's actual or perceived race, religion, sexual orientation, disability or transgender status.

Hate crime and hate incidents should be regarded as safeguarding issues where they involve a vulnerable adult.

## Bullying

Bullying is persistent unwelcome behaviour, mostly using unwarranted or invalid criticism, nit picking, fault finding, also exclusion, isolation, being singled out and treated differently, being shouted at, humiliated, excessive monitoring.

## Mate Crime

When a person is harmed or taken advantage of by someone they thought was their friend. Mate crime may involve financial, physical, emotional or sexual abuse. Signs of this can be unexplained injuries, bills not being paid/sudden loss of assets, weight loss, isolation from usual contacts, withdrawal from services, changes in behaviour or mood, an overly critical or controlling friend/relative. Adults at risk often do not recognise that they have the subject of Mate Crime.



Mate-Crime-Guidanc  
e-2016.pdf

## Harassment

Harassment is driven by social identity, i.e. gender, race, ethnicity, disability, sexuality, religion, age class etc. it can be physical, verbal or non-verbal, directed at a specific individual(s) or to everyone. It may consist of a single incident or it can be cumulative and often appears disguised or excused.

The St Mungo's definition of harassment is - unwanted conduct which has the purpose or effect of (a) violating that other person's dignity or (b) creating an intimidating, hostile, degrading humiliating or offensive environment.

## Domestic abuse

Domestic violence and abuse is not a single incident or even a series of incidents. It is essentially a pattern of threatening behaviour designed to achieve power and control over a current or ex-partner or family member, which is achieved through the use of physical, sexual, psychological and financial abuse, or through movement restriction and/or social isolation. It is usually a combination of all of those – and is widespread throughout every socio-economic group and can affect anybody, regardless of their gender or sexuality. This can include honour-based violence, forced genital mutilation and forced marriage.

Women are more likely than men to be victims of domestic violence, and children are also affected - they can be traumatised by what they've seen, and there is a strong connection between domestic violence and child abuse.

Domestic violence, also known as domestic abuse, spousal abuse, child abuse or intimate partner violence (IPV).

It is also important to note that areas such as Domestic Violence can also involve Alliance staff.

**The domestic abuse lead for SHPCA is Dr Kathryn Bannell.**

Stranger abuse will warrant a different kind of response than the response to abuse within an ongoing relationship or care setting. Protection and support procedures may still be appropriate to ensure that the victim of the alleged abuse receives the support and services they require.

### **Forced Marriage**

Forced Marriage is a term used to describe a marriage in which one or both of the parties are married without their consent or against their will. A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse. Forced marriage can be a particular risk for people with learning difficulties and people lacking capacity to consent to marriage.

<https://www.nottingham.ac.uk/research/groups/mymarriagemychoice/documents/toolkit.pdf>

Marriage My Choice Toolkit is based on independent research commissioned/funded by the National Institute for Health Research and School for Social Care Research.

In recognition of the particular needs of people with learning disabilities who may be, or have been, forced into marriage, the guidance specifically addresses assessing capacity to consent to marriage and draws upon research undertaken as part of the My Marriage My Choice project. The documents can be found at;

### **Female Genital Mutilation**

The safeguarding agenda upholds the rights of the unborn child and women in a situation of domestic abuse. The agenda also covers Female Genital Mutilation in children and handling concerns for both adults and children under the laws of this country. FGM is illegal in the UK and is an extremely harmful practice. **The FGM Lead for SHPCA is Dr Kathryn Bannell.**

The Government has produced information on FGM and this can be found at:

<https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack/female-genital-mutilation-resource-pack>

## Modern Slavery

Modern Day Slavery is an international crime, affecting an estimated 29.8 million slaves around the world. It is a global problem that transcends age, gender and ethnicities, including here in the UK. Victims found in the UK come from many different countries. Poverty, limited opportunities at home, lack of education, unstable social and political conditions, economic imbalances and war are some of the key drivers that contribute to trafficking of victims. What's more victims can often face more than one type of abuse and slavery, for example if they are sold to another trafficker and then forced into another form of exploitation.

The Government has produced information on Modern Slavery and this can be found at;

[www.gov.uk/government/publications/modern-slavery-training-resource-page/modern-slavery-training-resource-page](http://www.gov.uk/government/publications/modern-slavery-training-resource-page/modern-slavery-training-resource-page)

The Hampshire Safeguarding Adults Board Guidance on Modern Slavery can be found at;

<http://www.hampshiresab.org.uk/wp-content/uploads/Guidance-on-Modern-Slavery.pdf>

## Persons in a Position of Trust

The CCG has a Safeguarding Adults Management Advisor (SAMA) to support the Alliance where there is any concern that a member of staff is neglecting or abusing an adult. The SAMA must be informed of any allegations of this nature. The role of the SAMA is to ensure a fair and robust response and investigation and ensure the person is supported through the process.

Where concerns are raised about someone who works with adults with care and support needs SHPCA will assess any potential risk to adults with care and support needs who use their services, and, if necessary, to take action to safeguard those adults.

Examples of concerns could include allegations that relate to a person who works with adults with care and support needs who has:

- Behaved in a way that has harmed or may have harmed an adult or child.
- Committed a criminal offence against, or related to, an adult or child.
- Behaved towards an adult or child in a way that indicates they may pose a risk of harm to adults with care and support needs. Concerns could also arise from the person's home / personal life, as well as within their work. [Responding To Self-Neglect And Persistent Welfare Concerns \(hampshiresab.org.uk\)](http://hampshiresab.org.uk)

**The Safeguarding Allegations Lead for SHPCA is Dr Kathryn Bannell.**

## 9. WHERE MIGHT ABUSE OCCUR?

**ABUSE CAN** occur in any setting: This document and the associated guidance relate to suspected abuse in all environments, and **WITHIN ALL RELATIONSHIPS, INCLUDING:**

- residential and nursing home settings
- family home
- individual's own home
- day care settings
- social settings
- custodial settings
- public places
- Hospital and Intermediate Care settings

Where individuals live in their own homes with minimal support, or where support is purchased through the use of a direct payment, opportunities for monitoring, or for the individual to raise concerns may be reduced. In such circumstances extra vigilance from people associated with the individual (GP, care manager, neighbours etc) may be necessary.

## 10. PREVENT

The Prevent Programme is a national strategy which aims to stop people from becoming violent extremists or supporting terrorism. It is designed to safeguard people from extremism in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. Prevent aims to deal with all forms of extremism including Far Right racist extremism, animal rights extremism and religious extremism.

The Counter Terrorism and Security Act 2015 introduced a duty on the NHS in England. Healthcare staff will meet and treat people who may be drawn into terrorism. Further information is available here: <http://www.hampshirepreventboard.org.uk/>

See ANNEX 3 for Information on reporting concerns regarding radicalisation,

<http://www.hampshirepreventboard.org.uk/wp-content/uploads/2016/05/Prevent-leaflet-July-2016.pdf>

Channel is the process that supports people at risk of being drawn towards terrorism or violent extremism.

**The Prevent Lead in SHPCA is Lee Busher.**

## 11. ACTION IN RESPONSE TO SUSPECTED OR ALLEGED ABUSE

### DISCLOSURE OR EXPRESSION OF CONCERN

#### IMMEDIATE ACTION to be taken by staff member

**Ensure the safety of the individual** and if in immediate danger, contact the relevant emergency services e.g. police, ambulance, GP

**Preserve evidence** – consider if a crime has or may have been committed and contacting the Police. They may arrange for a Police surgeon (forensic medical examiner) to be involved. Where the person does not have capacity to consent to medical examination, a decision should be made on the basis of whether it is in the person's best interest for a possibly intrusive medical examination to be conducted.

**Support and reassure the person**, recording what is said and/or observed but avoid asking leading questions

#### IF YOU HAVE CONCERNS:

- **Discuss concerns without delay** with a peer at the hub where you are working, together you can **make an initial assessment** of the risk to the person and decide if referral is needed to Multi Agency Safeguarding Hub and/or police. The clinician will be responsible for making the referral.

**Following making the referral** - inform the on call clinical director of concerns and complete an Incident Form and send to [shpca.complaintsincidents@nhs.net](mailto:shpca.complaintsincidents@nhs.net) and to [Kathryn.Banell@nhs.net](mailto:Kathryn.Banell@nhs.net)

- **The Clinician should contact the Multi Agency Safeguarding Hub (MASH) [Reporting Concerns \(portsmouthsab.uk\)](http://portsmouthsab.uk)**

**If an alert is appropriate please call the Multi Agency Safeguarding Hub: 02392 688793.  
Out of Office hours (5pm -8am weekdays, weekends and bank holidays) is: 03005 551373**

**Online referrals can be made here: [Make a professional referral | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)**

**A reference number will be provided.**

Ensure all discussions and decisions are recorded immediately. Complete Incident Form for any Safeguarding Incidents.

**PLEASE REFER TO ANNEX 2a REPORTING ABUSE FLOWCHARTS FOR YOUR SERVICE AREA.**

ON GOING Action for SHPCA which may be appropriate to consider depending on the individual case:

Participate in police and/or Adult Services investigation;

Attend strategy meeting, case conference and review meetings as required;

Ensure liaison between police and HR lead

Continue internal management investigation and seek HR advice on implications of Employment Legislation including ISA referral;

Ensure any staff member(s) implicated in the alleged abuse receive(s) necessary support.

## 12. RESPONSIBILITIES

All organisations providing healthcare have a duty outlined in legislation to make arrangements to safeguard and to co-operate with other agencies to protect adults at risk from harm, abuse or neglect. In compliance with this SHPCA has the following:

**NAMED DOCTOR: Dr Kathryn Bannell is the appointed Adult Safeguarding Lead.**

The named doctor has a critical role in carrying out the statutory duties and responsibilities the organisation has for safeguarding. This includes:

- Developing and ensuring the Adult Safeguarding Policy and Procedure is maintained and meets statutory and contractual requirements.
- Providing teaching and training staff, supporting and advising staff
- Ensures safe recruitment procedures;
- Supports reporting and complaints procedures regarding Adult Safeguarding;
- Advises staff members about any concerns that they have;
- Ensures that staff members receive adequate support when dealing with safeguarding issues, this can include clinical supervision as appropriate.
- Leads on analysis of relevant significant events;
- Determines training needs and ensures they are met;
- Acts as a focus for external contacts including the named GP;
- Has regular meetings with others in SHPCA to discuss particular concerns.

**NAMED NURSE: Lee Busher, Head of Governance & Quality is the Named Nurse.** The Named Professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place.

**MENTAL CAPACITY ACT & DEPRIVATION OF LIBERTY LEAD:** Dr Steph Ma. If there is any question regarding individual capacity in decision making please also refer to the SHPCA MCA Policy see RESOURCES

These are not full-time functions, but instead complement the individual's daily duties.

## 13. MONITORING

**SAFEGUARDING GP LEAD** (Dr Kathryn Bannell) will monitor and report on:

- incidence of abuse;
- the effectiveness of the Safeguarding Adults Policy and procedures.
- Referral procedures

It is essential that all relevant information about an individual should be provided for a provider upon referral in relation to challenging and/or potentially abusive behaviour. This is particularly important to ensure that:

- provider services are able to make an informed decision regarding their ability to provide a meaningful and safe service for each individual;
- provider services have the information to make realistic risk assessments, and formulate realistic risk management procedures for each individual;
- provider services can appropriately support and provide development;
- opportunities for people who pose risks for other vulnerable people;
- provider services can take appropriate action to protect vulnerable adults, including those who may be the subject of future referrals.

It must be recognised that only provider services are in a position to make a final realistic risk assessment in relation to their service

Failure to seek, and provide appropriate known information, which will enable a realistic risk assessment will be considered to be negligent and in circumstances where users of a service may lack capacity may constitute an offence under the Mental Capacity Act 2005. See Section 10.

While it is recognised that information may not be available, and/or behaviour may change over time, every effort must be made to ensure that information relating to risk is as full and current as possible. If, at any time after referral, new information relating to risk of an individual the this **MUST** be communicated to the provider service(s) used by SHPCA.

If information is not provided, and a service is provided on the basis of an incomplete risk assessment, it should be recognised that this is not only putting other vulnerable adults at unacceptable risk, but the individual themselves may be being placed in a position in which they themselves are vulnerable to causing injury or damage to other people.

The duty to care relates to all vulnerable adults, and we have as much as duty to potential abusers to prevent abuse, as to the potential victims.

## 14. RISK MANAGEMENT PROCESSES - PROVIDER SERVICES

Upon referral, each provider will make an assessment of risk in relation to the:

- risk posed to the individual, (including risk of abuse and/or exploitation) in the light of:
  - other service users;
  - environmental factors;
  - requested activities;
  - knowledge, experience and skills of support staff;
  - resource levels.
- risks posed by the individual, (including risk of abuse and/or exploitation) in the light of:
  - other service users;
  - environmental factors;
  - requested activities;
  - knowledge, experience and skills of support staff;
  - resource levels.

Service providers have a responsibility to seek appropriate information, and to explore potential areas of concern which may arise from the referral, or from subsequent observations. Where it is felt that information is incomplete, and/or insufficient to enable a realistic risk assessment, providers should seek clarification. All concerns and contact information must be clearly recorded.

If it is decided that a service is to be provided to an individual who may pose a risk of abuse to other vulnerable adults, service providers must develop risk management procedures in relation to that individual. Such risk management procedures should be developed in consultation with all relevant people, and this must include the care manager.

Procedures and the extent of involvement of others will be variable, depending upon the extent of risk posed, and the potential vulnerability of other service users. If there are significant doubts that the risk can be safely managed, then a service should not be provided.

## 15. ALLEGATIONS MADE AGAINST A VULNERABLE ADULT

There may be instances where allegations are made against an individual who is a vulnerable adult, and who may already be a user of the services. In such circumstances, Adult Services may have a responsibility towards this individual, whether or not the victim is a vulnerable adult.

An alleged abuser who is a vulnerable adult will also need appropriate support, and this should be considered at the time the allegation is reported or referred to Adult Services.

### **On receipt of an allegation:**

Support must be allocated to the individual. Where the individual is an existing user of services, this may be the existing worker, and may be a probation officer, community mental health nurse etc. To avoid conflicts of interest, the supporting individual must not be the person allocated to the alleged victim, if they are a user of the service.

The process in relation to the alleged abuser must be separate to that undertaken in relation to the alleged victim, but clear communication links must be established, to ensure the sharing of relevant information and the coordination of activity where appropriate. SHPCA may be caused by the local authority to support with the completion of a section 42 enquiry (under The Care Act).

## **16. SHARING INFORMATION / CONFIDENTIALITY (SEE ALSO CONFIDENTIALITY POLICY)**

Decisions about sharing information will be concerned with:

- Legal constraints and permissions – see below
- The right to self-determination.
- The right/ability to make decisions.
- The seriousness of the abuse.
- The pervasiveness of the abuse.
- The effect of the abuse on the individual in question and on the others.
- The ability of others (e.g. police, social workers) to make a positive contribution to the situation.
- The need for others to know (e.g. to protect other individuals not involved in the immediate situation).

These decisions about sharing information must be clearly recorded with reasons for decisions clearly stated. Decisions about sharing information must be openly and explicitly discussed at every stage. Safe information sharing requires that a risk assessment be undertaken and clearly recorded at the initial stage and at each subsequent stage to demonstrate that decisions have been made in line with the relevant legislation to protect the vulnerable adult or the public interest. Guidance on the issue of confidentiality is given by the Adult Services Inspectorate in its report on the inspection of services for people who misuse drugs and alcohol as follows:

### **Confidentiality**

"Information should be shared with other agencies on the basis of:

- The 'need to know'.
- Informing the service user from the beginning, of the bounds of confidentiality.
- As far as possible, sharing with the service user the extent to which the information about him/her is shared with others".

(SSI 1995)

## **17. CAPACITY, CONSENT AND BEST INTERESTS**

*"The vulnerable adult's capacity is the key to action since if someone has 'capacity' and declines assistance this limits the help that he or she may be given. It will not however limit the action that may be required to protect others who are at risk of harm. In order to make sound decisions, the vulnerable adult's emotional, physical, intellectual and mental capacity in relation to self determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed..."*

("No Secrets", DoH 2000). Guidance about mental capacity.

**The Deprivation of Liberty Safeguards (DoLS)** are an amendment to the Mental Capacity Act 2005. The DoLS under the MCA allows restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes – but only if they are in a person’s best interests. To deprive a person of their liberty, care homes and hospitals must request standard authorisation from a local authority.

Key sources of guidance are the Mental Capacity Act 2005, the Code of Practice and local guidance on The Mental Capacity Act and the Deprivation of Liberty Safeguards.

**The Mental Capacity Act Lead in SHPCA is Dr Steph Ma.**

Obtaining the consent of the adult at the alert stage: The mental capacity of the adult and their ability to give their informed consent to a referral being made and action being taken under these procedures is significant, but not the only factor in deciding what action to take. The test of capacity in this case is to find out if the person at risk has the mental capacity to make informed decisions about:

- A safeguarding alert
- Actions which may be taken under the multi-agency Safeguarding Policy and Procedures
- Their own safety or that of others, including an understanding of longer-term harm as well as immediate effects
- Their ability to take action to protect themselves from future harm.

Raising an alert when the adult does not want any action:

- If the adult has capacity and does not consent to a referral and there are no public or vital interest considerations, they should be given information about where to get help if they change their mind or if the abuse or neglect continues and they subsequently want support to promote their safety.
- The referrer must assure themselves that the decision to withhold consent is not made under undue influence, coercion or intimidation.
- The adult will need to be informed that an alert will still need to be raised and as a minimum a record must be made of the concern, as well as the adult’s decisions with reasons.
- A record should also be made of what information the person at risk was given.

## **18. LEARNING FROM SAFEGUARDING INCIDENTS**

Systematic monitoring, audit and review of safeguarding incidents that have occurred form a key part of identifying trends and learning outcomes that inform prevention strategies. SHPCA Safeguarding Lead and Named Nurse will disseminate lessons learnt from any investigations as well as learning from the Multi-Agency Safeguarding Board or national sources. There is also a duty of candour for SHPCA to report concerns of a safeguarding nature relating to primary care to the Care Quality Commission. The use of Quasar reporting tool is an additional (not in place of MASH) inhouse reporting process for incidents including HCP feedback. This system will aid in theme and trend analysis of safeguarding incidents.

## 19. LINKS TO OTHER RELEVANT POLICIES:

### Recruitment Policies



SHPCA Employee  
Lifecycle SOP.docx

### Staff Training – Stat and Man



Stat & Mand  
Checklist GPs.docx



Stat & Mand  
Checklist Registered



Stat & Mand  
Checklist HCAs.docx



Stat & Mand  
Checklist A&C.docx

### Freedom to Speak Up (includes whistleblowing)



Freedom to Speak  
Up Staff Guide1.0 Nov

### Complaints Policy



Complaints Policy

### Mental Capacity Act & DOLS Standards (includes Capacity Assessment)



Mental Capacity Act  
Policy 1.2 Feb21.docx

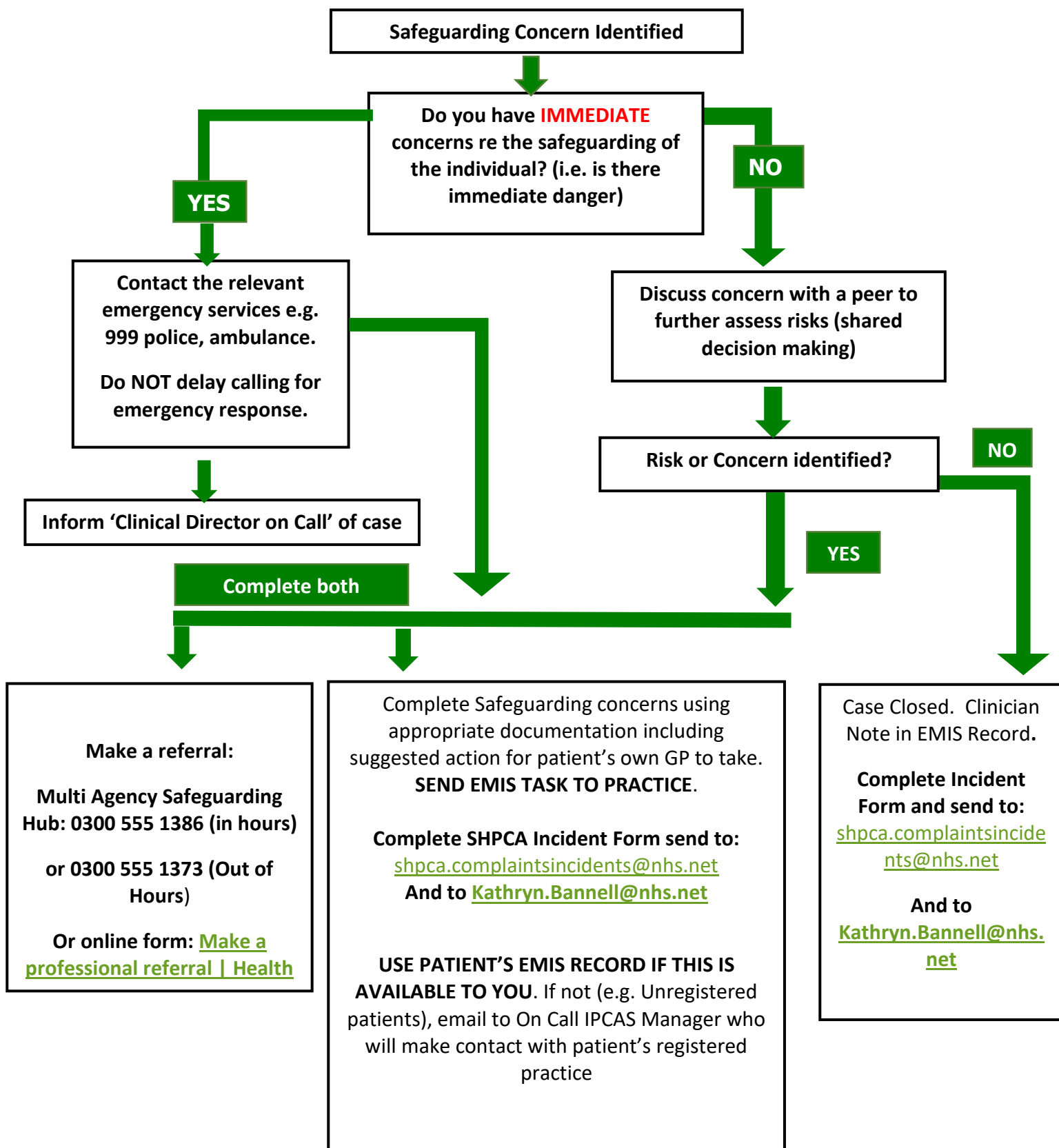
### Mental Capacity Act & DOLS Standards (includes Capacity Assessment)

## ANNEX 1 – SIX PRINCIPLES OF SAFEGUARDING

The following principles are incorporated into the Care Act 2014 statutory guidance and inform SHPCA Adult Safeguarding policy and practice:

<b>Six Principles of Adult Safeguarding</b>		
<b>Principle</b>	<b>Description</b>	<b>Outcome for adult at risk</b>
Empowerment	Presumption of person led decisions and informed consent.	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
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."
Proportionality	Proportionate and least intrusive response appropriate to the risk presented.	"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed." "I understand the role of everyone involved in my life."
Protection	Support and representation for those in greatest need.	"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"
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 to get the best result for me."
Accountability	Accountability and transparency in delivering safeguarding.	"I understand the role of everyone involved in my life."

## ANNEX 2A - REPORTING ABUSE – PROCESS FLOWCHART



ANNEX 2C – Incident Reporting Form

**SIGNIFICANT EVENT/INCIDENT REPORTING FORM**  
 Reporting incidents is important to protect patients from avoidable harm by increasing opportunities for the SHPCA to learn and where we can make improvements to the services.

Please use this form to record events and incidents. Please note this document is subject to confidentiality requirements and should be handled accordingly.

Please email completed form to [shpca.complaintsincidents@nhs.net](mailto:shpca.complaintsincidents@nhs.net) and copy in Head of Governance [lee.busher3@nhs.net](mailto:lee.busher3@nhs.net)

**YOUR INFORMATION**

Name:	
Role:	
Contact details:	

**DETAILS OF EVENT/INCIDENT**

Date of event/incident:	
Location of event/Service involved:	
NHS Number/Case number:	
Patient's Registered GP:	
Who was the event/ incident reported to:	

**Outline of event (Box will expand):**  
 (Describe what happened including names of other people involved, did the event/incident involve factors such as knowledge skills and performance, patient or staff safety, equipment, communication, partnership & teamwork)

--

<b>Please categorise the incident – please select the ONE that is most relevant</b>	<input type="checkbox"/> Patient or clinical. <input type="checkbox"/> Premises or working environment <input type="checkbox"/> Administration <input type="checkbox"/> Information Technology or telephony <input type="checkbox"/> Medical Device <input type="checkbox"/> Abusive aggressive behaviour <input type="checkbox"/> Documentation <input type="checkbox"/> Infection Control Incident <input type="checkbox"/> Medication or prescribing
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<p><b>What is the degree of harm or risk to patient(staff)</b> Please use scoring matrix as below. (Likelihood X Level of Harm)</p>	<p><input type="checkbox"/> No harm / Near Miss  <input type="checkbox"/> Minor      <input type="checkbox"/> Moderate  <input type="checkbox"/> Major      <input type="checkbox"/> Catastrophic</p>
<p><b>Immediate Actions taken:</b></p>	
<p><b>Learning Points Identified:</b>  (Consider: what learning needs have been highlighted by the incident, what went well: what could have been done better?)</p>	
<p><b>Duty of candour:</b> (Consider: Does this apply, who is responsible for taking action. has this been actioned?)</p>	<p><b>Yes/No/Not Applicable</b></p>
<p><b>Feedback to person who reported undertaken:</b></p>	
<p><b>Any other reflections on the event/incident:</b></p>	
<p><b>Signed by reporting person</b></p>	
<p><b>Date</b></p>	
<p><b>Signed by person closing incident</b></p>	
<p><b>Date</b></p>	
<p>(If applicable) was incident reported on Quasar? <b>Quasar reference no:</b></p>	

## ANNEX 3- LOCAL BODIES: HAMPSHIRE SAFEGUARDING ADULTS BOARD

The well-being and safety of local people their main concern and they adopt a zero tolerance stance on the abuse, neglect or discrimination of any person but particularly people at risk or in vulnerable situations in whatever setting.

There is good partnership working at the local level when concerns are raised and services work together effectively to ensure a co-ordinated approach. Any suspicion of abuse or neglect should be reported either to the

**Multi Agency Safeguarding Hub on 0300 555 1386 (0300 555 1373 for Out of Hours) or the police on 101. Online: [Make a professional referral | Health and social care | Hampshire County Council \(hants.gov.uk\)](#)**

In an **emergency and if it is suspected someone is in immediate danger, 999 should always be called.**

Further sources of information to support this policy:

Hampshire Safeguarding Board: <http://www.hampshiresab.org.uk/professionals-area/practice-guidance/>

Basic reporting information can be found at: <http://www.hampshiresab.org.uk/report-abuse/>

This page has some quick reference guides which are useful  
[http://www.hampshiresab.org.uk/professionals-area/hampshire 4sab multiagency safeguarding adults policy guidance/](http://www.hampshiresab.org.uk/professionals-area/hampshire%20sab%20multiagency%20safeguarding%20adults%20policy%20guidance/)

<http://www.hampshiresab.org.uk/wp-content/uploads/One-Minute-Guide-to-Making-Safeguarding-Personal.pdf>



# Preventing terrorism and radicalisation within our communities

## What is Prevent?

Prevent is the name given to a national strategy which aims to stop people from becoming violent extremists or supporting terrorism. Channel is the process that supports people at risk of being drawn towards terrorism or violent extremism.

### All forms of extremism

Prevent aims to deal with all forms of extremism including Far Right racist extremism, animal rights extremism and religious extremism.

By raising your concerns and making a referral, you can help someone who you believe is at risk of radicalisation get support, and can prevent them becoming involved in potentially violent activities, long before any criminal activity occurs.

## Signs of possible radicalisation

- Notable changes in behaviour/mood
- May begin to express extreme political or radical views
- Appear increasingly sympathetic to terrorist acts
- Appearance may change
- Friends may change and may spend excess time on their own or on the internet

## Making a referral

You can speak to your supervisor or Prevent lead about any concerns, or contact one of the numbers below. If the concern is about an individual, refer to the numbers below or in an emergency call the police on **999**.

## Local safeguarding contacts

### Portsmouth

Children: **0845 6710271**  
Adults: **02392 688613**

### Southampton

Children: **02380 833336**  
Adults: **02380 833003**

### Isle of Wight

Children: **01983 814545**  
Adults: **01983 814980**

### Hampshire

Children: **0300 5551384**  
Adults: **0300 5551386**

## Further information

### Home Office

[www.gov.uk/government/organisations/home-office](http://www.gov.uk/government/organisations/home-office)

### Prevent Board

[www.hampshireiowpreventboard.org.uk](http://www.hampshireiowpreventboard.org.uk)

Anti-terrorism hotline **0800 789321**

Crimestoppers **0800 555111**

## **ANNEX 4 – MAKING A RECORD – DETAILED GUIDANCE**

It is vital that a written record of any incident or allegation of abuse (or crime) is made as soon as possible after the information is obtained. Written records must reflect as accurately as possible what was said and done by the people initially involved in the incident. The notes must be kept safe as it may be necessary to make records available as evidence and to disclose them to a court.

### **An accurate record should be made at the time, including:**

- Date and time of the incident
- Exactly what the person at risk said, using their own words (their account) about the abuse and how it occurred or exactly what has been reported to you
- Appearance and behaviour of the person at risk
- Any injuries observed
- Name and details of any witnesses
- Any witness to the incident should write down exactly what they saw
- The record should be factual, but if it does contain opinion or an assessment, it should be clearly stated as such and be backed up by factual evidence
- Information from another person should be clearly attributed to them
- Name and signature of the person making the record.

### **When raising an alert, where possible, provide the following information:**

- Details of the referrer
- Name, address and telephone number
- Relationship to the vulnerable adult
- Name of the person raising the alert if different
- Name of organisation, if referral made from a care setting
- Anonymous referrals will be accepted and acted on. However, the referrer should be encouraged to give contact details.

### **Details of the adult(s) at risk**

- Name(s), address and telephone number
- Date of birth, or age
- Details of any other members of the household including children
- Information about the primary care needs of the adult, that is, disability or illness. Funding organisation, if relevant
- Ethnic origin, religion and cultural needs
- Gender (including transgender and sexuality)
- Communication needs of the adult due to sensory or other impairments (including dementia), including any interpreter or communication requirements
- Whether the adult knows about the referral
- Whether the adult has consented to the referral
- If consent not given, explain the grounds upon which the decision was made to refer What is known of the adult's mental capacity and their views about the abuse, neglect, exploitation and what they want done about it (if that is known at this stage)
- Details of how to gain access to the person and who can be contacted if there are difficulties
- Details of any immediate plan in place to protect the adult from further harm.
- Information about the abuse, neglect or exploitation
- How and when did the concern come to light?

- When did the alleged abuse occur?
- Where did the alleged abuse take place?
- What are the details of the alleged abuse?
- What impact is this having on the adult?
- What is the adult saying about the abuse?
- Are there details of any witnesses?
- Is there any potential risk to anyone visiting the adult to find out what is happening? Is a child (under 18 years) at risk?

**Details of the person causing the harm (if known):**

- Name, age and gender
- What is their relationship to the adult?
- Are they the adult's main carer?
- Are they living with the adult?
- Are they a member of staff, paid carer or volunteer?
- What is their role?
- Are they employed through a personal budget?
- Which organisation do they work or volunteer for?
- Are there other people at risk from the person causing the harm?

**Any immediate/subsequent actions that have been taken, for example:**

- Were emergency services contacted? If so, which?
- What is the crime number if a report has been made to the Police?
- Have Children's Services been informed if a child (under 18 years) is at risk?
- Has the CQC been informed (if a regulated service)?
- Have patient safety incident processes been actioned?

## ANNEX 5 - CONTACT DETAILS – SUPPORTING AGENCIES

### National organisations

**Ann Craft Trust** - <http://www.anncrafttrust.org/>

The Ann Craft Trust, Centre for Social Work, University of Nottingham, University Park, Nottingham, NG7 2RD. A National Association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse. Tel: 0115 9515400 -

### Domestic Violence

National 24hr Domestic Violence Helpline: 0808 2000 247 (correct as of 01/12/2020)

If you or someone you know, is experiencing, or has experienced physical, emotional or sexual violence in the home, the Women's Aid 24 hour national Domestic Violence help line can give you support, help and information over the phone for the cost of a local call, wherever you are in the country. You do not have to be in an emergency situation to contact the help line. This helpline will be able to give information about Refuges. Women's Aid is the key national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK. <http://www.womensaid.org.uk>

### Refuges

A refuge is a safe house where women (and their children) experiencing domestic abuse can live free from violence. A refuge offers temporary accommodation and a breathing space where decisions can be made free from pressure and fear. Staff can discuss practical and legal options available to you and will also provide emotional support. Many local groups also run advice centres, drop in centres or outreach services to more isolated areas as well as local help lines. Hampshire and IOW Police website includes a link to their Domestic Abuse Leaflet. This can be accessed by the following link:

<http://www.hampshire.police.uk/internet/advice-and-information/abuse-against-the-person/advice-general-domestic>

To access information about local refuges contact the local police or Adult Services office.

**MIND Infoline** - <http://www.mind.org.uk/information-support/helplines>

Information re mental health related issues. Help in finding out options and local services.

0300 123 3393

Text: 86463

[info@mind.org.uk](mailto:info@mind.org.uk)

**MIND Legal Advice** - <http://www.mind.org.uk>

[legal@mind.org.uk](mailto:legal@mind.org.uk)

Mind Legal Line, Unit 9, Cefn Coed Parc, Nantgarw, Cardiff, CF15 7QQ

**Respond** - [www.respond.org.uk](http://www.respond.org.uk)

Provides therapeutic intervention for people with learning disabilities who have been abused.

Helpline 0808 808 0700 Thursday 10-4pm,

Respond 3rd Floor, 24-32 Stephenson Way, London NW1 2HD,

020 7383 0700

[admin@respond.org.uk](mailto:admin@respond.org.uk)

**SANELINE** - [www.sane.org.uk](http://www.sane.org.uk)

National helpline for anyone coping with mental illness.

SANE St marks Studio 14 Chillingworth Road, Islington, London N7 8QJ

[info@sane.org.uk](mailto:info@sane.org.uk)

0300 304 700 – 6pm -11pm daily

### **VOICE**

Provides support to people with learning disabilities who have been abused, raises awareness, campaigns and promotes best practice.

Rooms 100-106 Kelvin House, RTC Business Centre, London Road, Derby, DE24 8UP

Helpline text number – 07797 800 642

Email: [helpline@voiceuk.org.uk](mailto:helpline@voiceuk.org.uk)

**Action on Elder Abuse (Aea)** - [www.elderabuse.org.uk](http://www.elderabuse.org.uk)

0808 808 8141 (9am – 5pm).

Action on Elder Abuse, PO Box 60001, SW16 9BY

A confidential helpline service works to protect and prevent the abuse of vulnerable older adults  
Raises awareness of elder abuse and provides information.

**Independent Age** - [www.Independantage.org](http://www.Independantage.org)

0800 319 6789 or 020 7241 8555

**Alzheimer's Disease Society** - [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

Advice and information. Helpline: 0300 222 11 22

Alzheimer's Society. Devon House, 58 St Katharine's Way, London, E1W 1JX

[enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)

**Broken Rainbow** - [www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)

Helpline for survivors - advice for gay, lesbian, transgendered people experiencing violence Tel: 0300 999 5428 or 0800 999 5428

**Care Quality Commission** - <http://www.cqc.org.uk>

Register, regulate and inspect health and social care services. Care Quality Commission National  
Correspondence: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

General enquiries - 03000 616161 (the customer services team are available 8.30am to 5.30pm,  
Monday to Friday) **Fax: 03000 616171**

**Languageline Interpreting Service** - [www.languageline.co.uk](http://www.languageline.co.uk)

0800 169 2879

**Mankind** - <http://new.mankind.org.uk>

01823 334 244 – Week days 10-4pm

Advice for men who are victims. This line can assist access to male refuges

[admin@mankind.org.uk](mailto:admin@mankind.org.uk)

**NHS Direct** - [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Provides health information and health contacts to members of the public and health care  
professionals. Tel: 111

**Practitioner Alliance Against Abuse of Vulnerable Adults. PAVA** - [www.pavauk.org.uk](http://www.pavauk.org.uk)

This organisation seeks to generate positive outcomes in working with vulnerable adults by  
empowering and informing practitioners.

[pavauk@hotmail.com](mailto:pavauk@hotmail.com)

0791 789 2350

PO Box 821 Great Missenden HP16 6AN

**Public Concern At Work** - [www.pcaw.co.uk](http://www.pcaw.co.uk)

020 7404 6609

020 3117 2520

This organisation provides legal advice to individuals concerned about malpractice at work. The  
service is free and strictly confidential.

Suite 301, 16 Baldwin Gardens, London EC1N 7RJ

[whistle@pcaw.co.uk](mailto:whistle@pcaw.co.uk)

[helpline@pcaw.co.uk](mailto:helpline@pcaw.co.uk)

**Relatives And Residents Association** - [www.relres.org](http://www.relres.org)

[info@relres.org](mailto:info@relres.org) This email address is being protected from spambots. You need JavaScript enabled  
to view it.

020 7359 8148

020 7359 8136

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations. 24 The Ivories, 6-18 Northampton Street, London, N1 2HY

**Respect** - [www.respect.uk.net](http://www.respect.uk.net)

0845 122 8609

[info@respect.uk.net](mailto:info@respect.uk.net)

A service for men looking for information and advice to stop their abusive and violent behaviour towards their partner

### **CROWN PROSECUTION SERVICE**

Hampshire & Isle of Wight, 3rd Floor, Black Horse House , 8-10 Leigh Road, Eastleigh, Hants SO50 9FH

023 8067 3800

023 8067 3868

020 7796 8000

### **Local organisations**

Staff supporting people who are deaf should seek the appropriate text-phone number, Type-talk number, Fax number, or e-mail address. If organisations do not have any of these, they should be reminded that this is a requirement of the Disability Discrimination Act.

### **Advocacy**

Advocacy is provided by a range of organisations/projects/individuals. Help to access these might be provided via Adult Services department local offices or local Councils of Community Service or via a number of the organisations listed here.

### **Adult Services**

Contact your nearest Adult Services office and ask to speak to the duty Social Worker. Addresses are listed under Adult Services in the telephone book.

**Age Concern Hampshire** - [www.ageconcernhampshire.org.uk](http://www.ageconcernhampshire.org.uk)

Tel: 0800 328 7154 (Freephone) 1st St Cross Road, Winchester, SO23 9JA

**Age Concern Portsmouth** - [www.ageconcernportsmouth.org.uk](http://www.ageconcernportsmouth.org.uk)

Tel: 023 9286 2121 The Bradbury Centre, 16-18 Kingston Road, PORTSMOUTH, PO1 5RZ

**Age Concern Southampton** - [www.ageconcernsouthampton.org.uk](http://www.ageconcernsouthampton.org.uk)

Tel: 023 8036 8636 Age Concern Southampton, 1 Saxton Gate, Back of the Walls, Southampton. SO14 3HA

### **Carers Direct (Hampshire County Council)**

Tel: 0845 600 4555 – Out of hours service.

Carers Together - [www.carerstogether.org.uk](http://www.carerstogether.org.uk)

9 Love Lane, Romsey, Hampshire, SO51 8DE Tel: 01794 519495 (office hours) Carers Active Listening Line (CALL): 0800 0323456

### **Cisters**

(Support network for adult women who were sexually abused in childhood) PO Box 119, Eastleigh, SO50 9ZF 023 8033 8080

Email: [admin@cisters.wanadoo.co.uk](mailto:admin@cisters.wanadoo.co.uk)

### **Deaf Services Team**

(Voice and Text 'phone) – (Hampshire County Council)

Tel: 01962 845554. Text Phone: 01962 845783 SMS Texting: 07797 877012]

### **Sensory Impairment And Deaf Services (Portsmouth City Council)**

Tel:02392373362 Text Phone: 023 9232 2117

Horizon Resource Centre, Sundridge Close, Cosham, Portsmouth, PO6 3LP

Duty times: 8.30am to 12 noon Monday to Friday

Email: [SensoryTeam@portsmouthcc.gov.uk](mailto:SensoryTeam@portsmouthcc.gov.uk)

### **Sensory Services Team (Southampton City Council)**

Tel: 023 8083 3025 (Voice), 023 8042 0298 (Minicom)

Herbert Collins House, 5 Northleigh Corner, Wide Lane, Southampton, SO18 2HR

### **Domestic Violence**

See contact numbers under 'National Organisations'

### **Hampshire Care Association**

Helpline No. Tel: 023 8025 5794 (for member advice).

### **Hampshire County Council – Employee Support Line**

(confidential counselling service). Tel. 023 8062 6606. Email: [eslhelp@hants.gov.uk](mailto:eslhelp@hants.gov.uk)

### **Southampton City Council – Employee Advisory Resource**

0800 243 458 or Minicom: on 0208 987 6574 or from outside the UK on +44 (0)208 987 6550

### **Hampshire Domiciliary Care Association**

Tel: 023 8025 5794.

### **Local Alzheimer's Disease**

(see under Alzheimer's Disease Society business section in telephone directories).

### **Local Citizens Advice Bureau - Across Hampshire**

(see telephone directories)

### **Local Counselling Services – Across Hampshire**

(some telephone numbers in telephone directories under name of town/city or via other social/health care agencies).

NB. It is inadvisable to direct individuals to counselling services without the advice of key professionals involved with them.

### **Local Law Centres**

(see telephone directories)

### **MIND Portsmouth**

Fratton Community Centre, Trafalgar Place, Fratton, Portsmouth, Hampshire, PO1 5JJ, Tel: 023 9282 7070 – [www.portsmouthmind.org.uk](http://www.portsmouthmind.org.uk)

### **MIND Southampton (Solent Mind)**

54 Henstead Road, Southampton SO15 – Tel 02380 334 977

### **PLOD -Police Link Officers for Deaf People**

Police HQ PLOD Manager: Insp. Malley Cliff Parker

Tel: 01962 871087 Mobile/Text: 07769 871369

### **Local Police link Officers for Deaf People**

**North Hampshire:** Mobile/Text: 07769 885917 Mobile/Fax: 07769 889020/7769 889054

**South West Hampshire:** Mobile/Text: 07769 881144, Mobile/Fax: 07769 889027, Minicom: 02380 674315

**South East Hampshire:** Mobile/Text: 07769 885973, Mobile/Fax: 07769 889061

**Isle of Wight:** Mobile/Text: 07795 301123 Mobile Fax: 07795 307063

### **POLICE – Hampshire Constabulary**

Call 0845 045 4545 and ask for the Public Protection Unit local to your area.

### **Portsmouth Carers Centre**

117 Orchard Road, Southsea, Portsmouth, Hampshire, PO4 0AD Tel: 023 9285 1864 or 023 9275 6780 OOH Emergency Carers: 0845 722 1122

### **Rape Crisis Lines**

- Across Hampshire – Local telephone numbers in business section of telephone directories.

### **Relatives Association (Local Contacts) Portsmouth**

- via Carers Centre; Tel: 023 9285 1864 or 023 92575 6780, Winchester : Via Tel. 01962 845491. Southampton: Via Carers Together Tel: 01794 519495

### **Southampton Carers Association**

91 Exford Avenue, Harefield, Southampton. Tel: 023 8090 6377.

### **Southampton Carers Support Line**

Tel: 023 8023 3344.

Monday – Thursday 5pm – 8.30am Friday 4.30pm – Monday 8.30am and bank holidays

### **Victim Support Hampshire & Isle Of Wight**

77 Leigh Road, Eastleigh, Hampshire, SO50 9DQ [www.victimsupport.org.uk](http://www.victimsupport.org.uk) Tel: 02380 645578

Regional Office: Victim Support South East Region, c/o Lewes Crown Court Centre, The Law Courts, High Street, Lewes, BN& 1YB

Tel: 01273 480130

### **Witness Service**

For specialist vulnerable witness support advice centre.

Linda Henley Portsmouth and Fareham Tel: 02392 855370

Southampton Crown Court Witness service Tel: 023 8033 0928

### **Women's Aid And Women's Advice Centres**

- Across Hampshire - (see telephone directories and see under Domestic Violence, Section 9, p2).

Consider adding:

Stop Domestic Abuse: 03300 165112

Hampton Trust: 023 8000 1061

Safehaven Hub 0300 303 1560

Modern Slavery Line 0800 0121 700 [File a report \(modernslaveryhelpline.org\)](http://modernslaveryhelpline.org)

Prevent line 01202 229337

Hampshire Fire and Rescue Safe and Well referrals: [Safe and Well visit referral - Hampshire & Isle of Wight Fire & Rescue Service, Official website of Hampshire & Isle of Wight Fire & Rescue Service \(hantsfire.gov.uk\)](#)

## Reference list which contains key statutory guidance:

- The Care Act 2014 (updated 2016 DOH)
- Local Government Documents – Making Safeguarding Personal (2014)
- GMC 2009 & NMC web Sites guidelines on confidentiality
- The Mental Capacity Act 2005 code of practise
- Children Act 1989 / 2004
- Working Together to Safeguard Children (2015)
- Promoting the Health and Well-being of Looked After Children (2015)
- 4LSAB Safeguarding Adults. Multi-Agency policy, guidance and toolkit. (Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Boards) May 2015
- NHS England Prevent Training And Competencies Framework (2015)
- Safeguarding Policy NHS England (2015)
- NICE Guidance Looked After Children (2013)
- Domestic Abuse Act (2021)