

# SOUTHAMPTON VOLUNTARY SERVICES



## SAFEGUARDING ADULTS POLICY 2010

Policy & Procedures to ensure the Prevention and Protection of Vulnerable Adults from Abuse

### Principle

**No one shall be subjected to torture or to inhuman or degrading treatment or punishment**

*Human Rights Act 1998*

### Acknowledgement

This Policy template was developed following the guidelines as set out on the Safeguarding Adults Policy of 2010 produced by Hampshire County Council, Southampton City Council and Portsmouth City Council and Hampshire Constabulary.

### Amendment History

<b>Version III November 2010</b>	
<b>Version II April 2009</b>	
<b>Version 1 2005</b>	

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## **1. AIM OF THIS POLICY**

The aim of this policy is to outline the practice and procedures for paid and voluntary staff in SVS to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the vulnerable adult and the worker, recognising the risks involved in lone working.

The policy covers all staff and areas of work with specific guidance for projects regularly in contact with vulnerable adults.

## **2 PRINCIPLES UNDERPINNING THIS POLICY**

The policy and procedures set out the principles which guide SVS in safeguarding adults.

### **2.1 The dignity challenge**

This policy seeks to promote the 10 core principles of the Department of Health Dignity in Care Campaign (launched in November 2006) in **all** settings.

The 10 point Dignity Challenge:

1. A zero tolerance of all forms of abuse.
2. Supporting people with the same respect you would want for yourself or a member of your family.
3. Treating each person as an individual by offering a personalised service.
4. Enabling people to maintain the maximum possible level of independence, choice and control.
5. Listening & supporting people to express their needs & wants.
6. Respecting people's right to privacy.
7. Ensuring people feel able to complain without fear of retribution.
8. Engaging with family members and carers as care partners.
9. Assisting people to maintain confidence and a positive self-esteem.
10. Acting to alleviate people's loneliness and isolation.

**2.2** The policy will make sure all staff and volunteers understand their role in relation to safeguarding adults. We will make sure they are competent in preventing, recognising and acting on abuse and neglect.

**2.3** We will keep the interests of service users and carers at the centre of any safeguarding activity

**2.4** Everyone at SVS has a responsibility to prevent, recognise and act on abuse and neglect.

- 2.5 Everyone at SVS will work according to the SVS Safeguarding Policy and with others to safeguard vulnerable adults from abuse and neglect.

### 3 DEFINITIONS

#### 3 a. DEFINITION OF VULNERABLE

*The Police Act 1997 (Enhanced Criminal Record Certificates)  
(Protection of Vulnerable Adults) Regulations 2000*

In these Regulations '**vulnerable adult**' means a person aged 18 or over who is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below.

- (2) The services are:
- a. Accommodation and nursing or personal care in a care home
  - b. Personal care or nursing or support to live independently in his/her own home
  - c. Any services provided by an independent hospital, independent clinic, independent medical agency or NHS body;
  - d. Social care services
  - e. Any services provided in an establishment catering for a person with learning difficulties
- (3) The conditions are:
- a. A learning or physical disability;
  - b. A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
  - c. A reduction in physical or mental capacity
- (4) The disabilities are:
- a. A dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions;
  - b. Severe impairment in the ability to communicate with others;
  - c. Impairment in a person's ability to protect him/herself from assault, abuse or neglect

*Law Commission, 'Making Decisions' Lord Chancellors Dept 1999*

A '**Vulnerable Adult**' is defined as someone over 16 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/herself or unable to protect him/herself against significant harm or exploitation'

#### 2 b. DEFINITION OF ABUSE

What follows in this section is based on the guidance given in “No Secrets” to assist in defining the term “vulnerable adult” and in defining what constitutes abuse.

Definition is crucial. Agreement on what constitutes abuse/a vulnerable adult must be reached in order that all agencies are clear as to which situations require that this policy and procedure be followed. The importance of revisiting definition throughout the assessment/investigation process cannot be overstated. This is important in order to achieve clarity about the purpose of intervention, focussed intervention by the most appropriate individuals/professionals and clarity about the level of risk in a situation.

“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”.***

A definition of significant harm in a consultation paper issued by the Lord Chancellor's Department states:

*" 'Harm' should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'. These latter categories may be very important to an individual's ability to recover from an illness **or have the best possible quality of life**".*  
(Making Decisions, 1999).

The Centre for Policy on Ageing states that:

**“Abuse** is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (*for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources*). The threat or use of punishment is also a form of abuse. .... In many cases, it is a criminal offence”

*Centre for Policy on Ageing (1996)*

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

### **Types of Abuse**

#### **Physical abuse**

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment

### **Sexual abuse**

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment 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 includes:**

- Including threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, enforced isolation or withdrawal from services or supportive networks.
- Humiliation
- Bullying, shouting, swearing

### **Neglect**

- 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.

### **Financial or material**

- Including 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**

- Including racist, sexist, or based on a person's disability, and other forms of harassment, slurs or similar treatment.

Multiple forms of abuse may occur in an on going relationship or 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 of deliberate intent and targeting of vulnerable people, negligence or ignorance.

### **3 c 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.

#### **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 behaviour designed to achieve power and control over a current or ex partner, 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.

No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible.

## **4. IDENTIFICATION OF ABUSE**

### **Physical abuse signs**

Note: Some ageing processes can cause changes which are hard to distinguish from some aspects of physical assault e.g. skin bruising can occur very easily due to blood vessels becoming fragile.

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type
- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

### **Sexual abuse signs**

- Disclosure or partial disclosure (use of phrases such as 'It's a secret')
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

### **Psychological/emotional signs:**

- Isolation
- Unkempt, unwashed, smell
- Over meticulous
- Inappropriately dressed
- Withdrawn, agitated, anxious, not wanting to be touched
- Change in appetite
- Insomnia, or need for excessive sleep
- Tearfulness
- Unexplained paranoia, or excessive fears
- Low self esteem
- Confusion

### **Neglect signs**

- Physical condition poor
- Clothing in poor condition

- Inadequate diet
- Untreated injuries or medical problems
- Failure to be given prescribed medication
- Poor personal hygiene

#### **Financial or material signs**

- Unexplained or sudden inability to pay bills
- Unexplained or sudden withdrawal of money from accounts
- Disparity between assets and satisfactory living conditions
- Extraordinary interest by family members and other people in the vulnerable person's assets

#### **Discriminatory signs**

- Lack of respect shown to an individual
- Signs of substandard service offered to an individual
- Exclusion from rights afforded to others, such as health, education, criminal justice

#### **Other signs of abuse**

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users
- 

## **5 PEOPLE WHO MIGHT ABUSE**

Abuse can happen anywhere and can be carried out by anyone e.g.;

- Informal carer's, family, friends, neighbours
- Paid staff, volunteers
- Other service users or tenants
- People who exploit vulnerable people
- Strangers

Organised or linked networks of abusers

## **6 RIGHTS & RESPONSIBILITIES**

*“No individual agency’s statutory responsibility can be delegated to another. Each agency must act in accordance with its duty when it is satisfied that action is appropriate”.*

“No Secrets”, DoH, 2000.

### **a) Rights & Responsibilities of SVS**

It is the responsibility of SVS to:

- To ensure staff and volunteers are aware of the safeguarding adults /adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- Provide support for staff involved in investigations, or providing support to vulnerable adults who have alleged abuse, or who are alleged to have abused, or who are colleagues of staff members alleged to have been abused
- Provide support to staff who are being investigated in relation to allegations of abuse (guidance should be provided in the organisation’s Disciplinary and Grievance procedures) and managers must take advice from personnel
- Engage with other agencies in the prevention of abuse and where appropriate in the investigation of suspected abuse.
- To CRB check volunteers and employees that have access to or work with Vulnerable Adults (See Appendix C)
- Refer workers in regulated activity to the Independent Safeguarding Authority for inclusion on the ISA ‘Barred List’, where they are deemed unsuitable to work with vulnerable adults. (See Appendix C)

### **b) Managers of services working with vulnerable adults**

Managers working in services for vulnerable adults and carers have a responsibility to:

- Take responsibility for the quality of safeguarding adults in their area/team/service
- Make sure that service plans refer to safeguarding adults
- Make sure services are a safe environment for vulnerable adults
- Encourage staff to raise alerts and support them when they do
- Make sure staff keep clear and accurate records relating to safeguarding adults
- Make sure staff have safeguarding training, supervision and support that is right for their level
- Where relevant, make sure staff can show how their learning in safeguarding has resulted in positive outcomes for vulnerable adults and their carers
- Contribute to safeguarding adults investigations including Serious Case Reviews

### **c) Rights & Responsibilities of SVS employees and volunteers**

Staff and volunteers who are regularly in contact with vulnerable adults and carers have a responsibility to:

- To be familiar with the safeguarding adults policy and procedures
- To take appropriate action in line with the policies of SVS
- Fair and unbiased treatment by Management, through the application of disciplinary procedure where appropriate
- Be listened to, informed and included as appropriate in the investigation process
- Training to ensure that they have the skills appropriate to the level of invention required of them
- Voluntary Sector Support Team to promote the principles and good practice to other voluntary organisations
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possible resulting in dismissal

### **d) Rights and responsibilities for Human Resources**

**It is the responsibility of Human Resources to make sure all staff and volunteers in contact with vulnerable adults:**

- Go through 'Safer Recruitment' processes, including CRB check, ISA registration; professional registration where appropriate; satisfactory references; and, satisfactory explanations for career gaps
- Have appraisal and supervision which supports them in recognising, preventing and acting on abuse
- Deemed unsuitable to work with vulnerable adults are reported to the ISA(See Appendix C)
- Make sure that where appropriate, job descriptions include safeguarding responsibilities

### **e) Rights and Responsibilities of Vulnerable Adults:**

To be made aware of this policy and to be signposted to organisations which may provide help and support and their right to support/representation;

- Be safe, secure and supported
- Be taken seriously
- Be listened to, informed and included in the investigation process in any situation of abuse
- To receive fair and respectful treatment throughout
- Have access to an independent advocate
- To be told outcomes of any investigation
- give accurate information, to the best of their ability, to any person involved in the investigation of abuse;
- pass on any information which may affect the outcome of the investigation;
- take reasonable measures to protect evidence in the event of a police investigation.

### **f) Rights and Responsibilities of Relatives:**

- be made aware of policies and organisations which may provide help and support and of their right to support/representation by an independent advocate;
- be involved as appropriate and in accordance with the wishes of the vulnerable adult or their appointed representative.

**g) Rights and responsibilities of Individuals against whom an allegation has been made:**

- a fair and unbiased investigation into the allegations, carried out by appropriately skilled and trained individuals;
- support throughout the investigation process;
- information regarding the nature of the allegations against them, and the progress of the investigation;
- to be informed of the outcome of any investigation, and any action to be taken as a result;
- information about, and access to appropriate specialist support groups/services;
- if the alleged abuser is a staff member, full information and proper application of the organisation's disciplinary and grievance procedures, and access to Trade Union support;
- the presumption of innocence unless otherwise proven;
- a fair judgement as to the probability of abuse having taken place (in some circumstances these responsibilities will constitute a duty)

**7. GOOD PRACTICE**

**a. Recruitment of staff and Volunteers**

- Follow SVS recruitment procedures and policies, including:
  - Risk assessment of role to assess need for CRB Disclosures
  - Completion of an SVS application form
  - Check references thoroughly including appropriate Disclosure
  - All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal
  - Report to ISA anybody deemed unsuitable to work with vulnerable adults

**b. Training**

- Familiarisation with all SVS policies and procedures during induction
- Further training, dependent on nature of role, e.g.
  - Risk assessment & management

- Types of abuse and recognising signs of abuse
- Duty to report
- Their role in responding to suspected abuse
- Keeping appropriate records
- Listening skills

### **c. Management and Supervision**

- It is the line manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable adults with whom they may be in contact. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues. Mechanisms should be in place to support staff through investigations and any internal disciplinary procedure.

### **d. Record Keeping**

- There should be a written record of any concerns. This confidential information will be kept in a locked drawer by the appropriate person, and will be kept for as long as deemed necessary, in line with Data Protection principles. *(please refer to Confidentiality & Data Protection Policy)*
- All incidents should be discussed in supervision with line manager.
- Records kept by paid workers about vulnerable adults should only include:
  - Contacts made
  - Referrals made, including date, time, reason and referral agency
- SVS may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

### **e. Planning**

- Wherever possible paid staff and volunteers should avoid lone working with a vulnerable adult. But if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight. *(further guidance can be found in the SVS Health & Safety Policy on Personal Safety)*

### **f. Access to an independent person**

- Any vulnerable adult who comes into contact with SVS staff or volunteers regularly, should be given information on their right to talk with an independent person, and their name and contact arrangements. This could form part of the normal registration process.

**The independent person for SVS is:**

Jo Ash, Chief Executive, Southampton Voluntary Services,  
Kingsland Square, Kingsway, St Mary's, Southampton SO14 1NW  
Tel: 023 8022 8291

## 8 WHAT TO DO

### To act or not to act

All allegations or suspicions are to be treated seriously. No abuse is acceptable and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action it is important to consider:

- **Risk** – does the vulnerable adult, staff member or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- **Self-determination** – is the vulnerable adult able to make their own decisions and choices, and do they wish to do so
- **Seriousness** – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:
  - The **perception** by the individual and their **vulnerability**
  - The **extent** of the abuse
  - The **length of time** it has been going on
  - The **impact** on the individual
  - The risk of **repetition** or **escalation** involving this or other vulnerable adults
  - Is a **criminal offence** being committed

## 9 Consent and Information Sharing (see Appendix B)

*There are cases where the adult concerned will refuse their consent for the police or social services to be contacted, for any safeguarding action to be taken or for their information to be shared with another agency.*

*The adult has the right to make their own decision and express a wish for concerns not to be pursued.*

*Their wishes should be respected wherever possible, but there are times when their wishes can be overridden.*

*Consideration will need to be given to other factors such as the seriousness and pervasiveness of the abuse; the ability of the individual to make decisions; the effect of the abuse on the individual in question, and on others; whether a criminal offence has occurred; and whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation). Some examples are outlined below.*

*Where this is the case, the adult should be made aware of the risks involved in their decision, be told that they can change their mind at any point and given information about services that could help reduce the risk. Their refusal to consent must also be clearly recorded.*

*Any member of staff must report suspected abuse to a manager or supervisor, even if the adult has refused their consent. The manager will then take the decision whether or not the exceptions below apply.*

### **Exceptions**

*- Where a person is assessed as not having the 'mental capacity' to make this decision, appropriate representatives/advocates should be consulted. However, in such cases it is the final decision of the manager and/or statutory authorities involved.*

*- Where a crime has taken place and there is an overriding public duty for the police to investigate*

*- Where other vulnerable adults and/or children may be at harm from the Person/Group/Agency suspected of causing abuse*

*- Where gaining the adult's consent would place them at further risk*

*- Where the adult is at serious risk of harm – this decision should only be taken with multi-agency agreement that this is in the adult's best interests.*

*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.*

## **10 Monitoring**

Information about safeguarding cases and how they were dealt with should be reported on regularly. Areas to focus on could include:

- How quickly the concern was reported to the manager

- How quickly an alert was made to police/social services

- Quality of information recorded internally

- Quality of input into safeguarding process (feedback from police/social services team)

- Outcomes of safeguarding process

Whether any incidents highlighted training issues or a need to amend in-house procedures

## **11 SUMMARY**

- The employee or volunteer's primary responsibility is to protect the vulnerable adult if they are at risk
- Each employee or volunteer has a duty to take action
- Employees or volunteers should not have to cope alone

**PRACTICE GUIDE**  
**ACTIONS AND CONSIDERATIONS**

**THE FIRST PRIORITY SHOULD ALWAYS BE TO ENSURE THE SAFETY AND PROTECTION OF VULNERABLE ADULTS. TO THIS END IT IS THE RESPONSIBILITY OF ALL STAFF TO ACT ON ANY SUSPICION OR EVIDENCE OF ABUSE OR NEGLECT AND TO PASS ON THEIR CONCERNS TO A RESPONSIBLE PERSON OR AGENCY.**

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety.
- Decisions to override the vulnerable adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate line manager.
- **REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE. By supporting the vulnerable adult and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.**
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

## **PRACTICE GUIDE**

### **DISCUSSION AND DECISION MAKING**

**INFORMATION SHOULD BE SHARED WITH YOUR LINE MANAGER,  
WHO MUST APPROVE ANY ACTIONS TO BE TAKEN  
AND ANY DOCUMENTATION OR CORRESPONDENCE BEING SENT OUT.**

Employees with concerns should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Chief Executive or their Deputy.

Volunteers with concerns should discuss these discreetly with their co-ordinator or Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable then any concerns should be discussed with the Chief Executive of Southampton Voluntary Services, or their Deputy.

Concerns about colleagues. These should be addressed initially with the Line Manager, but if this is not possible or the concern is about the Line Manager or other Senior member of staff, then any concerns should be discussed with the Chief Executive.

**PRACTICE GUIDE**  
**TO REFER OR NOT TO REFER**

**THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY  
THE TEAM LEADER AND THE CHIEF EXECUTIVE SHOULD BE  
INFORMED.**

When considering the decision as to whether to refer elsewhere (e.g. to Police, Social Services, Care Quality Commission (CQC)) the following should be taken into account:

- The wishes of the vulnerable adult, & their right to self-determination
- The mental capacity of the vulnerable adult
- Known indicators of abuse
- Definitions of abuse
- Level of risk to this individual
- The seriousness of the abuse
- The effect of the abuse on the individual
- Level of risk to others
- The effect of the abuse on others
- Whether a criminal offence has been committed
- Whether other statutory obligations have been breached (e.g. CQC)
- The need for others to know
- The ability of others (e.g. Police, Social Services) to make a positive contribution to the situation

## **PRACTICE GUIDE**

### **ISSUES OF MENTAL CAPACITY & CONSENT**

**Please refer to Appendix B**

The consent of the vulnerable adult must be obtained except where:

- The vulnerable adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
- There are concerns about the safety of the individual
- Others may be at risk
- A crime has been committed

## **PRACTICE GUIDE**

### **WHO TO REFER TO OR REPORT CONCERNS TO**

- The contact Centre; the single point of referral within Social Services 023 80834567
- Emergency Social Services duty team, if urgent and outside normal office hours 023 80233344
- Relevant hospital Social Services team if vulnerable adult is in hospital
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need
- The Care Quality Commission (CQC) where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
- Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
- The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime

## PRACTICE GUIDE

### INFORMATION, IF KNOWN, WHICH WILL BE REQUIRED WHEN YOU MAKE A REFERRAL OR REPORT YOUR CONCERNS:

(Please also refer to Appendix E Alert Form)

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there are any concerns/doubts about this?)
- If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

**INFORMATION PASSED ON MUST BE  
RELEVANT, NECESSARY AND UP TO DATE**

**CONFIRM IN WRITING INFORMATION GIVEN VERBALLY**

## PRACTICE GUIDE

### Dos and Don'ts

#### **Staff member or volunteer should:**

- Stay Calm
- Listen patiently
- Reassure the person they are doing the right thing by telling you
- Explain what you are going to do
- Report to relevant Manager
- Write a factual account of what you have seen, immediately.

#### **Staff member or volunteer should not:**

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

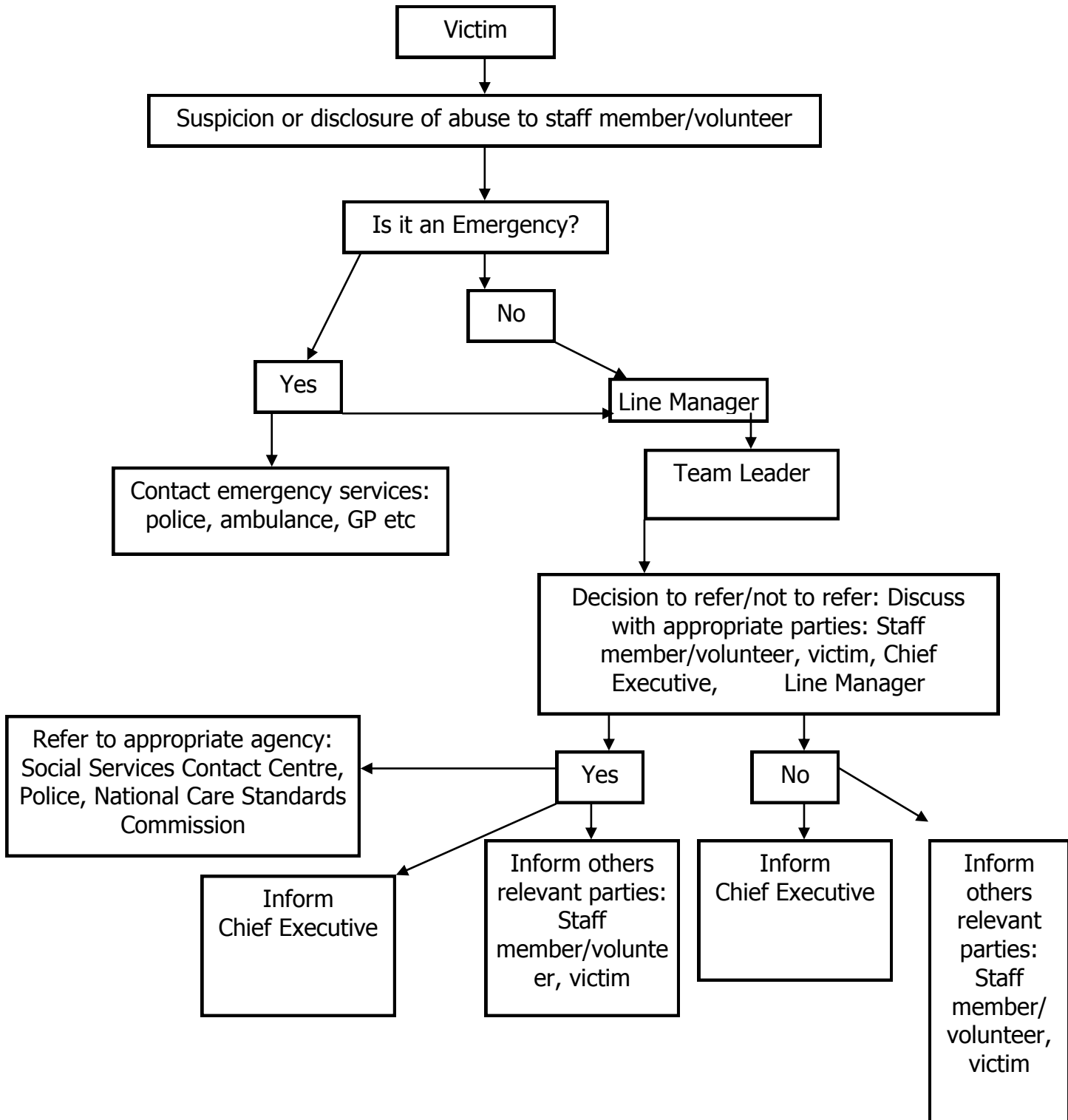
#### **Discuss with the Relevant Manager who will:**

- Ascertain whether the situation might fall within the definitions of abuse outlined in this policy
- Consider the vulnerable adult's capacity to make decisions
- Ascertain whether an advocate or appropriate adult might be necessary
- Ascertain any immediate action required
- Ascertain whether an investigation is necessary in accordance with internal personnel policies and procedures
- Where abuse is suspected conclude that a referral be made to the appropriate agency

PRACTICE GUIDE

FLOW CHART

Practice Guide Flow Chart



## APPENDIX A

### Care Quality Commission (CQC)

The Care Quality Commission is a non-departmental public body established in 2009 to regulate and inspect health and social care services in England. The CQC replaced the National Care Standards Commission (NCSC). This includes services provided by the NHS, Local Authorities, private and voluntary organisations –whether in hospitals, care homes or in people’s own homes. Part of the commission’s remit is protecting the interests of people whose rights have been restricted under the mental Health Act.

## APPENDIX B

### Mental Capacity Act 2005 and Code of Practice

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16 and over who lack, or may lack, capacity to make certain decisions for themselves because of illness, a learning disability, or mental health problems. The act applies in England and Wales and amendments to it came into force in April 2009 to provide legal safeguards for persons who lack mental capacity and who may need to be deprived of their liberty in a care home or hospital setting.

The Act is supported by a **Code of Practice**. The following people are under a duty to 'have regard' to the code:

- those working in a professional capacity;
- people receiving payment for work dealing with people who lack capacity;
- anyone appointed an attorney under an LPA;
- a deputy appointed by the Court of Protection.

### What is mental capacity?

If someone is unable to make a decision for themselves at the material time because of an impairment of the mind, then that person can be said to lack the mental capacity to make that decision.

The Mental Capacity Act (MCA) introduces a 2 stage test for assessing capacity to make an individual decision. A person will be assessed as lacking the relevant mental capacity if they have an impairment of mind or brain and are not able to undertake at least one of the following:

- understand information given to them;
- retain that information long enough to be able to make a decision;
- weigh up the information available to make a decision;
- communicate their decision by any possible means, including talking, using sign language, or even through simple muscle movements such as blinking an eye or squeezing a hand.

## **The five governing principles of the Act:**

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
4. Best interests - anything done for or on behalf of people without capacity must be in their best interests; and
5. Least restrictive intervention - anything done for or on behalf of people with capacity should be the least restrictive of their basic rights and freedoms.

## **Deprivation of Liberty Safeguards (DoLs)**

The deprivation of Liberty safeguards (DoLs) came into force in April 2009. They have been introduced as part of the Mental Capacity Act 2005 and must be applied in conjunction with the MCA Code of Practice, the DoLs Code of Practice and local policies and procedures.

DoLs apply to people aged 18 or over:

- Who have a mental disorder; and
- Lack the capacity to give consent to the arrangements made for their care in a care home or hospital, under public or private arrangements; and
- For whom a deprivation of liberty is considered, after an independent assessment, to be a necessary and proportionate response in their best interests to protect them from harm; and
- Detention under the Mental Health Act 1983 is not appropriate for the person at the time.

Under the Act, hospitals and care homes have the statutory role of 'Managing Authority' and have a legal duty to apply to 'Supervisory Body' (Primary Care Trust or relevant LA) an authorisation to deprive a person of their liberty if they consider this is necessary to protect them from harm. The Supervisory Body has statutory duties to arrange the full assessment, of each request by persons who have successfully completed specified training. As Supervisory Body's, PCTs have statutory responsibilities in relation to authorisation requests from hospitals and LA's for care homes.

The assessment process under DoLs is governed by strict statutory time frames dependent on the nature of the authorisation request (i.e. urgent or standard). The 6 part assessment process itself requires the appointment of a trained and independent Best Interest Assessor to the case and of a DoLs trained doctor.

The Deprivation of Liberty Safeguards and Safeguarding Adults third parties who have concerns that a person who lacks capacity is being deprived of their liberty without appropriate authorisation may refer any concerns to the supervisory body for investigation. These procedures fall within national DoLs guidance and are covered in the Code of Practice. However, if the LA or PCT establish an unauthorised deprivation of liberty and the managing authority does not take due steps to request a DoLs authorisation, a referral as a Safeguarding Adults issue under safeguarding in Providers (SIP) procedures should be considered.

### **Independent Mental Capacity Act Advocates (DoLs – IMCA)**

Supervisory bodies must Appoint a DoLs trained IMCA to represent a person being assessed under DoLs processes if there is no one who can otherwise represent their wishes.

The Personal Representative Role:

When granting any authorisation to hospital or care homes, the relevant Supervisory Body must appoint a suitable person (as recommended by the Best Interests Assessor) to act as the deprived person's representative for the duration of the authorisation.

The Managing Authority must consult the personal representative on issues affecting the person subject to the authorisation and support the personal representative to fulfil their role.

DoLs trained IMCA must be appointed by the Supervisory Body to fulfil this function.

Additionally, a DoLs IMCA can be appointed to support the personal representative in their role.

Requesting a review of the authorisation

The Deprivation of Liberty Safeguards includes procedures for the re-assessment of the authorisation or any of the conditions attached to it. The term 'review' has a specific meaning under DoLs which is different to the general use of the term in social care. If at the end of an authorisation period a Managing Authority considers a further DoLs authorisation is required, they must submit a fresh application. The Supervisory Body's initial authorisation cannot be extended or 'reviewed' without a full re assessment.

## Appendix C

### **The Safeguarding Vulnerable Groups Act 2006**

This Act followed the recommendations of the Richard Enquiry which was set up in response to the Soham murders in 2002.

Following the failures identified in 2004 by the Enquiry, the Safeguarding Vulnerable Groups Act 2006 was created to ensure that all persons who wish to work with children or vulnerable adults are registered with a central body that will additionally receive, record and share concerns about workers .

The Act provides the legislative framework for the creation of the Independent Safeguarding Authority, a central body which operates an improved Vetting and Barring scheme for persons who work or volunteer with vulnerable adult or children within a broad range of activities. S.59 of the Vulnerable Groups Act defines the range of adults falling within the definition of 'vulnerable' as persons of 18 or over who

- are in residential or sheltered accommodation;
- receive domiciliary care;
- receive any form of health care;
- are detained in lawful custody;
- are under supervision by a person under sections of part 1 of the Criminal Justice and Court Services Act 2000 in UK or under the provision of a probation officer in Northern Ireland;
- are receiving support, assistance or advice to develop or support their capacity to live independently in accommodation;
- receive any service or participate in activity provided specifically for persons due to age, disability, physical or ,mental problems, expectant or nursing mothers in accommodation;
- payments are made for their benefit under S.57 of the health and Social Care Act 2001 in UK or S.8 of the Carers and Direct Payments Act in Northern Ireland;
- require assistance in the conduct of their own lives.

The Act also identifies two types of activity (or roles) undertaken by staff or volunteers which trigger the Vetting and Barring Scheme; 'regulated activity' and 'controlled' activity.

### **The Vetting and Barring Scheme Operated by the Independent Safeguarding Authority**

New procedures required under the Safeguarding Vulnerable Groups Act 2006 aim to ensure that all persons who wish to work with children or vulnerable adults undergo a vetting process enabling an assessment to be made of their suitability or otherwise to work or volunteer with a person in a vulnerable group.

The following section applies to the requirements relating to persons working or volunteering with individuals who are over 18 and who meet one or more of the following definitions of vulnerable adult groups outlined in the Act:

- are in residential or sheltered accommodation;
- receive domiciliary care;
- receive any form of health care;

- are detained in lawful custody;  
are under supervision by a person under sections of part 1 of the Criminal Justice and Court Services Act 2000 in UK or under the provision of a probation officer in Northern Ireland;
- are receiving support, assistance or advice to develop or support their capacity to live independently in accommodation;
- receive any service or participate in activity provided specifically for persons due to age, disability, physical or ,mental problems, expectant or nursing mothers in accommodation;
- payments are made for their benefit under S.57 of the health and Social Care Act 2001 in UK or S.8 of the Carers and Direct Payments Act in Northern Ireland;
- require assistance in the conduct of their own lives.

This vetting/barring and registration process is undertaken by **The Independent Safeguarding Authority (ISA)** in conjunction with the Criminal Records Bureau. Its purpose is to maintain an up to date central record of information and intelligence about individuals who work or volunteer with vulnerable groups in order to vet the suitability of applicants on behalf of managers and employers.

Under the new requirements, employers and managers are under a duty to notify the ISA of circumstances which raise questions about the suitability of individuals to work or volunteer in ‘regulated’ or ‘controlled’ activities with persons in vulnerable groups or with children.

### **‘Activities’ or roles undertaken by paid staff or volunteers with vulnerable adults that trigger the Vetting and Barring Scheme**

Two categories of activity are defined and affected by the new scheme. These are ‘regulated activity’ and ‘controlled activity’.

#### **‘Regulated activity’**

**Under the Vetting and Barring Scheme**, certain types of role or activity fall within the category of ‘regulated activity’ and trigger the VBS processes.

#### **Regulated activity type 1**

- The role involves contact with vulnerable adults of a ‘specified nature’ which includes **care, training, supervision, advice, treatment, teaching, transport**

**and**

- Takes place **‘frequently’** ( once a month or more) , **‘intensively’** (3 or more days in a 30 day period) or **‘overnight’** (between 2am and 6 am)

**or**

#### **Regulated activity type 2**

- The role involves contact with vulnerable adults and takes place in a **‘specified place’** e.g. a care or nursing home

**and**

- Takes place ‘frequently’ (once a month or more’) or ‘intensively’ (on 3 or more days in a 30 day period) or ‘overnight’ (between 2am and 6 am)

or

### **Regulated activity type 3**

- Fostering and childcare

or

### **Regulated activity type 4**

- Certain positions e.g. director of social services, trustee of a vulnerable adult’s charity ( See page 18 of ISA referral guidance)

Anyone providing a regulated activity must be registered with the ISA.

### **‘Controlled activity’**

Employers will commit a criminal offence if they do not check an individual’s ISA status to work in a paid or unpaid capacity in roles which include any of the following –

#### **Controlled activity type 1**

- Work undertaken on a ‘frequent’ (once a month or more’) or ‘intensive’ ( 3 or more days in a 30 day period) basis in general health/NHS settings in support service roles such as catering, clerical, reception roles, housekeeping, car park attendants, shop workers

or

#### **Controlled activity type 2**

- Work undertaken on a ‘frequent’ (once a month or more’) or ‘intensive’ (3 or more days in a 30 day period) basis for specified organisations (e.g. a local authority) which allows the staff member access to sensitive records about vulnerable adults.

or

#### **Controlled activity type 3**

- Work undertaken on a ‘frequent’ (once a month or more’) or ‘intensive’ ( 3 or more days in a 30 day period) in service or support roles in adult social care settings such as domestic staff working in day centres or administrative staff in these settings who have access to social care records.

or

Employers must check the ISA status of persons applying to undertake work or volunteering in a ‘controlled activity’ (eg an administrative role for a local authority which gives them access to the personal records of vulnerable adults).

However, it is not an offence for a barred individual to apply for work in such a role and a barred individual may be employed if sufficient safeguards are in place.

### **Criminal offences and non compliance with the Vetting and Barring Scheme**

Under the new provisions it is a criminal offence for employers or:

- fail to check an individual's ISA status before employing them in a regulated activity role or
- allow an ISA barred person to undertake any form of regulated activity or
- allow an individual to undertake any regulated activity if they are not registered with the ISA or
- take on an individual in a controlled activity without checking the individual's ISA status

Additionally, an ISA barred person will commit a criminal offence if they apply to work or volunteer to work in any regulated activity in either a formal or domestic setting.

### **How is the Vetting and Barring Scheme being implemented?**

The Vetting and Barring Scheme is being implemented in managed phases and these are set out in the attached link.

**From 12th October 2009** a range of new requirements came into force including the key barring provisions in Schedule 3 of the Protection of Vulnerable Groups Act 2006 as follows:

- The replacement of previous barred lists (POCA/POVA/List99 ) by two separate ISA barred lists applying to vulnerable adults. These new lists can be accessed via the CRB Enhanced Disclosure procedure.
  - 'Regulated activity', widened the scope of activity covered by the barred lists to include prisons and most general health care settings.
  - Persons working or volunteering with vulnerable groups in 'regulated positions' require an Enhanced Disclosure.
  - A single ISA referral form and new ISA referral guidance came into operation and can be accessed via the ISA website
  - New legal duties came into force on the groups outlined below to make referrals to ISA if they consider an individual or individuals undertaking a regulated activity in a paid or unpaid capacity have endangered or are likely to endanger the health or wellbeing of a vulnerable adult due to emotional, sexual, physical, verbal or financial abuse or neglect.
- 
- The duty to refer to ISA applies to :

**Regulated activity providers** – this will usually be an employer or individual responsible for the management or control or regulated activity

**Personnel suppliers** – employment agencies

**Keepers of registers** e.g. The General Social Care Council, The General Teaching Council

**Supervisory authorities** such as the Care Quality Commission (CQC) and the Charity Commissioners for England and Wales  
**Local authorities**  
**Education and Library Boards**  
**Health and Social Care bodies** e.g. the Public Health Agency or a Health and Social Care Board

### **ISA Registration**

This part of the scheme is being reviewed and the current timetable suspended pending the outcome of this process.

## **APPENDIX D**

### **Links to other Policies**

Where appropriate. Safeguarding adults should be integrated into other standard processes in the organisation, as:

- Care assessment and care planning
- Person centred planning and positive risk taking
- Risk assessment and management
- Whistle Blowing
- Complaints
- Moving and handling
- Serious untoward incidents (SUIs) Critical Incident Reviews (CIRs)
- Violent behaviour
- Tissue viability
- Bullying and Harassment
- Accidents
- Physical intervention
- Sexuality and relationships
- Handling service user money/things
- Advocacy
- Equality and Diversity
- Advice
- Patient Safety
- HR including :
  - Recruitment
  - CRB Checks
  - ISA vetting and Barring
  - Disciplinary and Capability Procedures
  - Information Sharing
  - Recording
  - Codes of Conduct

## Useful references

ADASS 'Safeguarding Adults': A national framework of Standards for good practice and outcomes in adult protection work' (October 2005)

Department of Health 'No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse' (March 2000)

## Hampshire Multi-Agency Safeguarding Adults /Adult Protection Policy

### APPENDIX E

#### Alert Form

Reporting a safeguarding concern to Southampton Adult Services

Each organisation may wish to develop its own 'alert form'. This form would contain all the details that you, as an organisation, would want to keep in relation to a safeguarding incident. In the past, these alert forms have been sent to Adult Social Services teams. To prevent any delay, Adult Social Services would prefer each organisation to call the relevant team to raise an alert. This can be followed up in writing.

The following is a list of the kinds of questions Adult Services staff will ask when you raise an alert. You do not need to have all this information to hand- we would rather you let us know immediately of safeguarding concerns. This is just to prepare you for the kinds of questions we are likely to ask.

#### ALERT FORM

<b>Alert</b>
<b>Your Name:</b>
<b>The Name of the Organisation:</b>
<b>Name of service user:</b>
<b>Date of Birth:</b>
<b>Gender:</b>
<b>Ethnicity plus Principal Language</b>
<b>Any Disability or Communication difficulties:</b>
<b>Contact GP details:</b>

<b>Contact details of significant relatives and friends:</b>
<b>Where, how and when you found out about the alleged/suspected abuse:</b>
<b>Where the alleged abuse is said to have taken place:</b>
<b>Whether the person is a Hampshire resident:</b>
<b>Whether anyone else knows you are raising an alert:</b>
<b>Any actions you or your organisation have taken to protect the person:</b>
<b>Whether the vulnerable adult is at risk of immediate harm</b>
<b>Whether there are any other people (children/other vulnerable adults) at risk</b>
<b>Whether the person has mental capacity to make his or her own safeguarding decisions</b>
<b>Suspected Abuse</b>
<b>When the suspected abuse took place</b>
<b>Details of the suspected abuse – what kind of abuse, how many times it happened and any further details</b>
<b>Whether the police have been informed</b>
<b>‘Perpetrator’</b>
<b>Contact details: name, address, gender, age</b>
<b>Relationship to the vulnerable adult</b>
<b>Whether the ‘perpetrator’ lives with the vulnerable adult</b>
<b>Whether the perpetrator is the vulnerable adult’s main carer</b>

## APPENDIX F

### Key Telephone Numbers

Many of these organisations have a vital role to play in protecting vulnerable adults.

#### Adult Services

- During office hours:
- Hampshire - 0845 603 5630
- Southampton - 023 8083 4567
- Portsmouth - 023 9268 0810

Outside office hours the Emergency Duty Teams can be reached on:

- Hampshire - 0845 600 4555
- Southampton - 023 8023 3344
- Portsmouth - 023 9268 0810

#### If you think a crime has taken place call

- Local police on 0845 045 45 45

#### If someone is injured call

- 999

For further information/guidance you can download the Southampton, Hampshire and Portsmouth Safeguarding Adults Policy  
<http://www.southampton.gov.uk/living/adult-care/careprofessionals/safeguardingadultspolicy.aspx>

#### Care Quality Commission

Helpline Tel: 03000 616161

#### Independent Safeguarding Authority

PO Box 181

Darlington

DL3 9FA

(for referrals to the Employment Barring list)

Helpline: 0300 123 1111

[info@vbs-info.org.uk](mailto:info@vbs-info.org.uk)

## **Criminal Records Bureau**

PO Box 110

Liverpool

L69 3EF

0870 90 90 811

[customerservices@crb.gsi.gov.uk](mailto:customerservices@crb.gsi.gov.uk)

[http://www.crb.homeoffice.gov.uk/about\\_crb.aspx](http://www.crb.homeoffice.gov.uk/about_crb.aspx)

## **APPENDIX G**

### **LOCAL SUPPORT 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

### **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

### **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 Society Branches**

(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 8890207769  
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).

## **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.**

## **APPENDIX H**

### **NATIONAL SUPPORT ORGANISATIONS**

#### **Ann Craft Trust**

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 - <http://www.anncrafttrust.org/>

### **DOMESTIC VIOLENCE**

National 24hr Domestic Violence Helpline: 0808 2000 247

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/>

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: [www.hampshire.police.uk/internet/news/campaigns/domesticviolence.htm](http://www.hampshire.police.uk/internet/news/campaigns/domesticviolence.htm). To access information about local refuges contact the local police or Adult Services office.

#### **MIND Infoline**

Information re mental health related issues. Help in finding out options and local services. Operates Monday to Friday 9:15 to 5:15. [www.mind.org.uk](http://www.mind.org.uk) Tel: 0845 7660 163

#### **MIND Legal Advice**

Telephone - 0845 2259393 [legal@mind.org.uk](mailto:legal@mind.org.uk)  
Mind LAS, PO Box 277, Manchester M60 3XN

## **Respond**

Provides therapeutic intervention for people with learning disabilities who have been abused. Helpline 0808 808 0700 – (Free) Monday & Thursday 2-7pm, Tuesday, Wednesday and Friday 12-5pm 3rd Floor, 24-32 Stephenson Way, London NW1 2HD, Tel: 020 7383 0700. [www.respond.org.uk](http://www.respond.org.uk)

## **SANELINE**

National helpline for anyone coping with mental illness. SANE 1st Floor Cityside House, 40 Adler Street London E1 1EE m: [info@sane.org.uk](mailto:info@sane.org.uk) [www.sane.org.uk](http://www.sane.org.uk) Tel: 0845 767 8000 – 6pm -11pm daily

## **SPOD**

Association to Aid the Sexual and Personal Relationships of people with Disability 286 Camden Road, London N7 OBJ, Tel: 020 7607 8851

## **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, Tel: 01332 291042 Telephone - Helpline –080 8802 8686

Open Monday, Wednesday, 9 am to 7pm

Tuesday, Thursday, Friday – 9am to 5pm

Helpline text number – 07797 800 642

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

Windows Live MSN Messenger – [helpline@voiceuk.org.uk](http://helpline@voiceuk.org.uk)

## **Action on Elder Abuse (Aea)**

Freephone 0808 808 8141 (9am – 5pm). A confidential helpline service works to protect and prevent the abuse of vulnerable older adults. –

[www.elderabuse.org.uk](http://www.elderabuse.org.uk) Astral House, 1268 London Road, London SW16 4ER, Tel: 020 8765 7000

Raises awareness of elder abuse and provides information.

## **Counsel And Care**

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations. Twyman House, 16 Bonny Street, London NW1 9PG

Tel: 020 7241 8555 (Monday-Friday Advice Line 0845 300 7585 4pm

10 am to 4pm (except Wednesday pm 10am – 1pm).

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

## **Alzheimer's Disease Society**

Advice and information and has local branches. Helpline: 0845 300 0336

Monday – Friday 8.30 – 6.30 [www.alzheimers.org.uk](http://www.alzheimers.org.uk) Alzheimer's Society.

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

## **Broken Rainbow**

Helpline for survivors - advice for gay, lesbian, transgendered people experiencing violence Tel: 0845 2604460

Monday 2pm – 8pm, Wednesday 10am – 1 pm, Thursday 2pm – 8pm

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

### **Care Quality Commission**

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**

Tel: 0800 169 2879

[www.languageline.co.uk](http://www.languageline.co.uk)

### **Mankind**

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

Tel: 01823 334244 Flook House, Belvedere Road, Taunton, Somerset, TA1

1BT email: [admin@mankind.org.uk](mailto:admin@mankind.org.uk)

### **NHS Direct**

Provides health information and health contacts to members of the public and health care professionals. Tel: 0845 4647 – [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

### **PAVA**

Practitioner Alliance Against Abuse of Vulnerable Adults. This organisation seeks to generate positive outcomes in working with vulnerable adults by empowering and informing practitioners. [www.pavauk.org.uk](http://www.pavauk.org.uk) - email [pavauk@hotmail.com](mailto:pavauk@hotmail.com) For all correspondence please address to The Chief Executive at P.O. Box 155, TIVERTON, Devon, EX16 8DD Tel: 07917 892350

### **Public Concern At Work**

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, : 020 7404 6609 (9.00am. - 6.00pm.) – [www.pcaw.co.uk](http://www.pcaw.co.uk)

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

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

UK services: [services@pcaw.co.uk](mailto:services@pcaw.co.uk)

### **Relatives And Residents Association**

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 Tel: 020 7359 8148 Helpline: 020 7359 8136 (Monday – Friday 9.30 – 4.30) [www.relres.org](http://www.relres.org)

### **Respect**

A service for men looking for information and advice to stop their abusive and violent behaviour towards their partner Tel: 0845 122 8609 (Monday, Tuesday, Wednesday & Friday 10-1 & 2-5)

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

Respect, 1st Floor Downstream Building, 1 London Bridge, London, SE1 9BG

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

**WITNESS (formerly POPAN)**

Information for anyone concerned exclusively with abuse by Health and Social Care workers. 32-36 Loman Street, London, SE1 0EE Helpline: 08454 500 300; Administration: 020 7922 7800; [www.popan.org.uk](http://www.popan.org.uk)

**Other Contacts:**

**CROWN PROSECUTION SERVICE**

Hampshire & Isle of Wight – 023 8067 3800  
3rd Floor, Black Horse House  
8-10 Leigh Road, Eastleigh, Hants SO50 9FH  
Head Offices  
London: 020 7796 8000  
York: 01904 545400

**JUSTICE AND VICTIMS UNIT**

020 7273 2168  
Justice & Victims Unit, Home Office  
50 Queen Anne's Gate, LONDON SW1H 9AT