



**AANCHAL WOMEN'S AID**  
**Safeguarding Adults Policy**  
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# **Section 1: Safeguarding Adults Policy-2025**

## **1. Introduction**

Aanchal Women's Aid respects an adult's right to live free from abuse in accordance with the principles of respect, dignity, autonomy, privacy, beliefs and equality. Equal access will be available to all vulnerable adults within any policies or procedures arising from this agreement regardless of their sexual orientation, age, disability, culture, religion or class.

Aanchal Women's Aid is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

Aanchal Women's Aid is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

Aanchal Women's Aid is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

## 1.1 Policy Statement

Aanchal Women's Aid believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

Aanchal Women's Aid is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

Aanchal Women's Aid acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

Aanchal Women's Aid recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

Aanchal Women's Aid recognises that there is a legal framework within the voluntary sector charitable organisation needs to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by Aanchal Women's Aid will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

## 1.2 Purpose

The purpose of this policy is to demonstrate the commitment of Aanchal Women's Aid to safeguarding adults and to ensure that everyone involved in Aanchal Women's Aid is aware of:

- The legislation, policy and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

## 1.3 Scope

This safeguarding adult policy and associated procedures apply to all individuals involved in Aanchal Women's Aid including Board members, Staff, freelance facilitators, outreach workers, lone workers, social media staff, volunteers and members and all concerns about the safety of adults whilst taking part in our Aanchal Women's Aid, its activities and in the wider community.

We expect our partner organisations, including for example, affiliated groups, suppliers and sponsors to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

## 1.4 Commitments

In order to implement this policy Aanchal Women's Aid will ensure that:

- Everyone involved with Aanchal Women's Aid is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with Aanchal Women's Aid Safeguarding Adults Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see the Safeguarding Adults Procedures).
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and 1.5 1.5

## Procedures

- Aanchal Women's Aid acts in accordance with best practice advice, for example, from National Governing Bodies, NSPCC, Action on Elder Abuse, Ann Craft Trust.
- Aanchal Women's Aid will cooperate with Local Safeguarding Boards, the Police and the relevant Local Authorities in taking action to safeguard an adult.
- All Board members, staff, officials and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role.
- Aanchal Women's Aid uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in this organisation.
- Aanchal Women's Aid shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Services, Police, Local Authority/Social Services.
- When planning activities and events Aanchal Women's Aid includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.
- Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.
- This policy, related policies (volunteers/training/recruitment and appendices) and the Safeguarding Adults Procedures are reviewed no less than on a two yearly basis and whenever there are changes in relevant legislation and/or government guidance as required by the Local Safeguarding Board and National Governing Bodies, Companies House/Charities Commission, Dept of Education or as a result of any other significant change or event.

## 1.5 Implementation

Aanchal Women's Aid is committed to developing and maintaining its capability to implement this policy and procedures.

In order to do so the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all adults.
- Access to relevant legal and professional advice.
- Regular management reports to the Board detailing how risks to adult safeguarding are being addressed and how any reports have been addressed.
- Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.
- A Safeguarding Lead/ Welfare Officer (see Appendix 3).
- A delegated Safeguarding Lead/Welfare Officer for events/trips/camps/competitions.
- A standing Case Management with an appointed Chair and clear Terms of Reference.
- A process for forming a Case Management Group on a case by case basis within clear terms of reference.
- Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Codes of conduct for Board members, Staff, freelance facilitators, Officials, Volunteers and Members and other relevant individuals that specify zero tolerance of abuse in any form.
- Risk assessments that specifically include safeguarding of adults.
- Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy.

- |  |   |
|--|---|
| ✓ Safeguarding Children  | ✓ Concerns, Complaints and Compliments                        |
| ✓ Bullying and harassment  | ✓ Whistleblowing  |
| ✓ Social Media   | ✓ Safe recruitment and selection (staff and volunteers)       |
| ✓ Equality, diversity and inclusion  | ✓ Contract compliance   |
| ✓ Safe activities risk assessments   | ✓ Information policy, data protection and information sharing |
| ✓ Code of Conducts and a process for breach of these - Staff, Coaches, Officials, Volunteers, Participants/Members, Carers/Personal Assistants, Fans | ✓   |
| ✓ Discipline and grievance   |   |

## 1.6 Definition of Adult Abuse

For the purpose of the application of this policy and Procedures the following definition is used:

“Abuse is a violation of an individual’s human and civil rights by any other person or persons

Abuse may:

- Consist of a single act or repeated acts;
- Be physical, psychological or emotional;
- Be an act of neglect or an omission to act;
- Occur when a vulnerable adult is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not consent;
- Take place in a variety of settings. These can include a person’s own home, a relative or friend’ Home, a day centre, in hospital or a residential or nursing home;
- Take place within personal and professional relationships, abusers might also form relationships with people specifically to exploit or abuse them;
- Consist of isolated incidents or pervasive ill treatment or gross misconduct.

## 1.7 Categories of abuse

There are 7 main different forms of abuse:

1. Physical Abuse  
Deliberately inflicting pain, physical harm or injury on a vulnerable person. It may take many forms e.g. hitting, shaking, poisoning, burning or scalding an adult.
2. Sexual abuse  
A sexual act/s which the vulnerable adult did not or could not consent to, or where the person was pressured into consenting to such an act. This may also include non-contact activities, such as involving adults in looking at or producing pornographic material, watching sexual activities.
3. Psychological or emotional abuse  
Psychological abuse is the persistent emotional ill treatment of an adult by the use of threats to inflict fear, which could have a negative impact on the vulnerable adult’s self esteem and psychological state. Conveying to adults that they are worthless or unloved, inadequate or valued only insofar as they meet the needs of another person, is also emotional abuse. Some level of emotional abuse is often involved in most types of ill treatment of adults, though emotional abuse may occur alone as well.
4. Financial or material abuse

Manipulation or extortion of vulnerable adults material resources e.g. money or housing.

5. Neglect and acts of omission

Where a vulnerable adult's physical or medical care needs are intentionally or unintentionally ignored and not met. It may also include neglect of a vulnerable adult's basic emotional needs.

6. Institutional abuse

This occurs when an individual's own values and rituals have to be sacrificed to fit in with the rituals and routines of the institution. Although it is acknowledged that organisations might not be in a position to tailor the running of an institution around people's every need, as it might be impractical and have a negative impact on other service users. However an individual's needs and wishes should be seen as very important and every effort has to be made to satisfy it. Where institutional abuse is identified it should be treated as seriously as any of the other types of abuse.

7. Discriminatory abuse

Discriminatory abuse might manifest in a number of other types of abuse, however there is a need to differentiate between these. Abuse in this category is motivated by discrimination and prejudice which could be in relation to a person's sexual orientation, ethnic background, gender, religion, disability or race.

## **Section 2: Reporting Procedures**

## 2. ADULT PROTECTION PROCEDURE

The Adult Protection Procedure will adhere to 4 steps:

- a. Assessing
- b. Information Gathering
- c. Reporting Processing
- d. Case Management

**2.1 Assessments and Information Gathering** will be populated on the Recording and Alert Form (Appendix 1) and followed by practice guidelines, specified below.

### 2.2 Reporting

You have a duty to report if you see, hear about or suspect abuse:

Take urgent action as appropriate to protect the vulnerable adult from any immediate danger

Pass on the information to a relevant manager

Avoid asking investigative questions or making comments about what has happened · Act in accordance with the vulnerable adult's wishes where possible · Support and reassure the vulnerable adult throughout

### 2.3 Recording

Accurate and detailed recording is essential: Complete an appropriate referral form and/or an Adult Protection Report or Alert Form (see appendix 2)

Highlight if the person alleged responsible, is themselves a vulnerable adult · Forward the form to the appropriate Social Services team or Regulating Authority · Record in your establishment records that an adult protection alert has been raised · Consider the issues around confidentiality

Consider whatever potentially violent situations could arise for staff involved at a later stage

Make a note of anyone else who was there at the time

Record what was said using the person's own words

Disciplinary Procedures/Suspension from Duty Aanchal will follow these procedures

“Disciplinary procedures. Employers who are also service providers or services commissioners have not only a duty to the victim of abuse but also a responsibility to

take action in relation to the employee when allegations of abuse are made against him or her. Employers should ensure that their disciplinary procedures are compatible with the responsibility to protect vulnerable adults”.

(“No Secrets” – Section 6.27)

“With regard to abuse, neglect and misconduct within a professional relationship, some perpetrators will be governed by codes of professional conduct and/or employment contracts which will determine the action that can be taken against them. Where appropriate, employers should report workers to the statutory and other bodies responsible for professional regulations”.

(“No Secrets” – Section 6.28)

“Suspension from duty. The employee may be suspended pending the outcome of the employer’s investigation. Decisions not to suspend an employee and/or not to inform the police must be fully documented and endorsed separately by an independent senior officer from within the investigating agency”.

(“No Secrets” – Section 6.31)

Complaints procedure

Please refer to Aanchal’s complaints procedure

This policy will be reviewed every year. The review will take into account the following changes in legislation:

Human rights challenges in Domestic and Human Rights Courts. · Changes to guidance issued under Youth Justice and Criminal Evidence Act · Representation by appropriate local authorities.

Representation by Non Government Agencies

Representation made by individuals.

## **2.4 PRACTICE GUIDELINES**

Assessments, enquiries, and investigations will be carried out in an appropriate manner to the levels of understanding, degree of ability and cultural background of the person concerned. Reasonable adjustments will be made available to meet the above requirements.

- AWA will respond to actual or suspected cases of abuse with prompt, timely and appropriate action in line with the Procedures.
- AWA will respect the right of the vulnerable adult who is able to make informed choices, to make their own decisions regarding their present and future circumstances, including remaining in situations perceived by professionals or others to be risky or dangerous.

In such cases, the vulnerable adult will be given information about the options available to them that could protect them from abuse. However, an individual's wishes cannot undermine Aanchal's responsibility to act.

- AWA will ensure that vulnerable adults have equal rights to protection under the law and access to legal advice including support to pursue prosecution of criminal offences.
- AWA will ensure the safety of vulnerable adults by integrating strategies, policies and services relevant to prevention and protection from abuse within the framework.

Confidentiality Policy

Complaint Procedure & Policy

Code of Conduct

Thus a vulnerable adult may be a person who:

- Is elderly and frail
- Has a mental disorder including dementia or a personality disorder
- Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance abuser
- Is an unpaid carer
- Is homeless

The presence of a disability or age alone does not signify that an adult is necessarily vulnerable i.e. unable to take care of themselves or unable to protect themselves from abuse or exploitation.

The following checklist provides guidance for maintaining good practice relating to responding, reporting and recording issues of adult protection.

### **Responding**

The way you respond to the vulnerable adult is important:

Remain calm and try not to show shock or disbelief

Listen very carefully to what you are being told

Demonstrate a sympathetic approach by acknowledging regret and concern that this has happened to them

Reassure the person by telling that:

they have done the right thing by sharing the information with you · you are treating the information seriously

the abuse is not their fault (if the information is being shared by the "victim") · Be aware of the possibility of forensic evidence if the disclosure refers to a recent incident

Explain that you are required to share the information with your line manager, but not with other staff or service users

Reassure the person that any further investigation will be conducted sensitively and with their full involvement, wherever possible

Reassure the person that the service will take steps to support and, where appropriate, protect them in the future

Report the information to your line manager at the earliest opportunity

Make a written record of what the person has told you

Do not stop someone who is freely recalling significant events; allow them to share whatever is important to them

Do not ask questions or press the person for more details. This may be done during any subsequent investigation, so it is important to avoid unnecessary repetition for the person concerned

Do not promise to keep secrets

Do not contact the alleged "abuser" or alleged "victim" (depending on who is sharing the information)

Do not be judgmental

Do not break the confidentiality agreed between the person disclosing the information, yourself and your line manager. Do not talk to other staff members or service users about the information shared with you.

### **Issues concerning staff safety**

Staff who become involved in a situation where a vulnerable person is being abused may find themselves involved with people who have a history of violent or aggressive behaviour.

It is important that this is acknowledged in planning the Adult Protection Investigation, in order to ensure that staff or volunteers are not placed at risk. · An assessment of the risk to staff and vulnerable people needs to be made at different stages of the Adult Protection Investigation and if it is decided that there is a risk of violent or aggressive behaviour this must be recorded in a prominent place on the case files.

A risk assessment also needs to be made with regard to the relationship to the alleged abuser to ensure that any decisions that are made in the course of the investigation do not place the vulnerable person or other vulnerable persons at risk of violence or intimidation. Investigators should report to senior managers any outstanding concerns and they should monitor any ongoing risk in a relationship or setting.

People who are responsible for the abuse of a vulnerable person often have a great deal to lose if the abuse comes to light. This may lead them to behave in an aggressive or intimidating manner towards anyone who appears to be helping the vulnerable person to deal with the abuse. They may also use an organisation's complaints or grievance procedures to discredit a member of staff.

Working with vulnerable people is not necessarily a safe environment. Even if someone appears physically frail this does not mean that they are not capable of violent or aggressive behaviour.

Staff working with vulnerable people may find themselves accused of stealing or other financial irregularities. Within any organisation, it is important to always adhere to the correct financial procedures. Any situation that involves an allegation regarding financial irregularities should always be referred to the Head of Audit.

It is also important to consider issues of confidentiality. Everyone who is aware of the concerns about the abuse of a vulnerable person should be clear with whom it is safe to share these concerns. This is particularly important if the vulnerable person is still in close personal contact with the alleged abuser. A breach of confidentiality could place a vulnerable person or a colleague in a difficult or dangerous situation.

Most organisations have violence against staff procedures, which should be followed if there are any concerns about personal safety arising from allegations of the abuse of a vulnerable person.

### **Support for staff**

Working in situations that involve the abuse of a vulnerable person can be very upsetting and stressful for staff.

It is important that these issues are acknowledged by managers and supervisors and dealt with in a sensitive way in supervision.

If it is deemed necessary, some provision should be made to offer confidential support or counselling outside the workplace.

Staff or volunteers may also need to be offered debriefing and counselling if they have been placed in a situation where they feel that their personal safety has been placed at risk.

#### **Acknowledging personal experiences**

Staff dealing with situations that involve the abuse of a vulnerable person will have a range of different private and professional experiences.

Examples of these are:

Staff who have had a personal experience of a relationship where there is or has been domestic violence.

Difficult memories may be invoked for staff who have experienced violence in the course of their work.

The experience of abuse involves extremes of behaviour which are only likely to affect a minority of relationships with vulnerable people. A worker may reflect on a prior working or personal relationship that with hindsight could have been considered abusive.

Staff who have previously worked in an organisation which had poor standards of care or which did not respect the rights and dignity of vulnerable people. · Staff who may have been treated badly after acting as a 'whistleblower'.

### **3. Staff Recruitment, staffing and safeguarding training**

Aanchal WA are committed to /robust recruitment and selection procedures to ensure that all current and potential AWA family members are appropriately screened prior to appointment. All AWA family members will be subject to vetting and security clearance in accordance to their roles before commencing employment. Checks may include (but are not limited to)

Declaration of Previous convictions

Disclosure and Barring Service (DBS)

Relevant qualifications and professional registration

Best Practice Recruitment Processes

**Safeguarding Training.** Please refer to Aanchal Women's Aid Policies a) Volunteers b) Training c) Recruitment and Induction.

**Role profiles.** AanchalWA ensures there is clarity about the role for recruitment. This includes volunteering roles, trustees and staff. Having role profiles for everyone will help to set clear boundaries on what is expected from the start of each role. Role profiles can be referred to throughout the volunteering role/ employment not just during the recruitment process.

**Interviews.** Interviews are carried out for all roles including volunteers. Interviews can be very formal, or informal depending on what is appropriate to the role. There is always a safeguarding question asked of candidates during the recruitment process. For example, 'What is your understanding of safeguarding'? This will help identify any potential training needs.

**References.** It is standard practice to ask for references, including for volunteers. References are used alongside information gathered in the interview and recruitment process to help build a bigger picture of the person potentially joining AanchalWA team.

**Induction, probation and training.** All staff and volunteers will have an induction that will include an explanation of the organisations safeguarding policies and procedures. All staff and volunteers start their role on a probationary period of six months. Having a probationary period is a two way process, it also allows volunteers and staff to 'road test' their roles within AWA.

**Safeguarding Training:** Please refer to Aanchal Women's Aid policies a)volunteers  
b)Training c)Recruitment

**Support and supervision.** Depending on the different roles of volunteers / staff, they will need differing levels of ongoing support and supervision. For example, a volunteer for a one off event probably doesn't need weekly or monthly supervision, however a volunteer befriender supporting families weekly with parenting support would definitely need regular supervision. Supervision can be formal or informal, but it's very important that the team all understand what support is there for them, and what to do if they have any worries or concerns.

**DBS Checks.** Due to the nature of AanchalWA work, it is mandatory to undertake a Disclosure and Barring (DBS) check, previously known as a Criminal Records Check (CRB). AanchalWA will report any individual to the DBS who comes to our attention through the recruitment process. It is mandatory for roles involving client contact to have a valid DBS check alongside references. Any changes in DBS status MUST be reported to AanchalWA management immediately.

The Board will take any allegation of impropriety on the part of any AanchalWA family member very seriously. AanchalWA has a responsibility to ensure that any concerns about staff and/or volunteers are reported to the DBS. Any and all concerns about AanchalWA family members must be reported to a line manager or designated Safeguarding Officer.

The CEO, Sudarshan Bhuhi or an independent consultant will review the allegation and the likely risk to children and will consider all appropriate actions as stated through AanchalWA policies and procedures.

All AWA family members are required to familiarise themselves with the Safeguarding policies and practice thereof prior to commencement of work.

## **Section 3: Supporting Information**

## Key Points

- There is a **legal duty on Local Authorities** to provide support to 'adults at risk'.
- **Adults at risk** are defined in legislation and the criteria applied differs between each home nation. (see definitions for England and Wales on page 12).
- The safeguarding legislation applies **to all forms of abuse** that harm a person's well-being.
- The law provides a framework for good practice in safeguarding that makes the overall **well-being** of the adult at risk a priority of any intervention.
- The law in all four home nations (England and Wales) emphasises the importance of **person-centred safeguarding**, (referred to as '**Making Safeguarding Personal**' in England).
- The law provides a framework for making decisions on behalf of adults who can't make decisions for themselves (**Mental Capacity**).
- The law provides a framework for voluntary sector VAWG organisations to **share concerns** they have about adults at risk with the local authority.
- The law provides a framework for all organisations to **share information and cooperate** to protect adults at risk.

## Safeguarding Adults Legislation

Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018

The practices and procedures within this policy are based on the relevant legislation and government guidance.

- England - The Care Act 2014  
Care and Support Statutory Guidance (especially chapter 14) 2014
- Wales - Social Services and Well Being Act 2014  
Wales Safeguarding Procedures 2019
- Scotland - Adult Support and Protection Act 2007  
Adult Support and Protection (Scotland) Act 2007 Code of Practice 2014
- Northern Ireland - Adult Safeguarding Prevention and Protection in Partnership 2015

Many other pieces of UK and home nation legislation also affect adult safeguarding. These include legislation about different forms of abuse and those that govern information sharing. For example, legislation dealing with:

- |                                   |   |
|-----------------------------------|---|
| • Murder/attempted murder         | • Modern slavery and Human exploitation   |
| • Physical Assault                | • Hate crime  |
| • Sexual Offences                 | • Harassment  |
| • Domestic Abuse/Coercive control | • Listing and Barring of those unsuitable to work with adults with care and support needs |
| • Forced Marriage                 |   |
| • Female Genital Mutilation       |   |
| • Theft and Fraud                 |   |

Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

- England and Wales - Mental Capacity Act 2005
- Scotland - Adults with Incapacity Act 2000
- Mental Capacity (Northern Ireland) 2016
- There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g. wilful neglect and wilful mistreatment.

## Definition of an Adult at Risk

The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.

The actions that need to be taken might be by the Local Authority (usually social services) and/or by other agencies, for example the Police and Health. A charitable voluntary sector organisation may need to take action as part of safeguarding an adult, for example, to use the disciplinary procedures in relation to a member of staff or member who has been reported to be harming a participant. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

“Abuse is a violation of an individual’s human and civil rights by any other person or persons”. Potential risk factors

1. The nature of a person’s disability may mean they are unable to protect themselves from the actions of others.
2. They may live or come into contact with people who for one reason or another inflict harm upon them or take advantage of their vulnerability to exploit them.
3. The place where they live or the services that they receive may be of a poor quality.
4. The nature of a person’s disability, ability to communicate or mental capacity may, however, increase the likelihood of abuse remaining undiscovered, or increase the risk of them being targeted.

### **An Adult at risk:**

Abuse may:

- Consist of a single act or repeated acts;
- Be physical, psychological or emotional;
- Be an act of neglect or an omission to act;
- Occur when a vulnerable adult is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not consent;

- Take place in a variety of settings. These can include a person's own home, a relative or friend's Home, a day centre, in hospital or a residential or nursing home;
- Take place within personal and professional relationships, abusers might also form relationships with people specifically to exploit or abuse them;
- Consist of isolated incidents or pervasive ill treatment or gross misconduct.

<b>England (Care Act 2014)</b>	<b>Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)</b>
<p>An <b>adult at risk</b> is an individual aged 18 years and over who:</p> <p>(a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND;</p> <p>(b) is experiencing, or at risk of, abuse or neglect, AND;</p> <p>(c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.</p>	<p>An <b>adult at risk of harm</b> is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect <u>may</u> be increased by their a) personal characteristics and/or b) life circumstances.</p> <p>a) <b>Personal characteristics</b> may include, but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain.</p> <p>b) <b>Life circumstances</b> may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.</p>
<b>Scotland (Adult Support and Protection Act 2007)</b>	<p>An <b>adult in need of protection</b> is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect <u>may</u> be increased by their:</p> <p>Personal characteristics AND/OR Life circumstances AND;</p> <p>c) who is unable to protect their own well-being, property, assets, rights or other interests; AND</p>
<p>An <b>adult at risk</b> is an individual aged 16 years and over who:</p> <p>a) is unable to safeguard their own well-being, property, rights or other interests,</p> <p>b) is at risk of harm, and</p> <p>c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected.</p>	
<b>Wales (Social Services and Well Being Act 2014)</b>	

<p>An <b>adult at risk</b> is an individual aged 18 years and over who:</p> <p>a) is experiencing or is at risk of abuse or neglect, AND;</p> <p>b) has needs for care and support (whether or not the authority is meeting any of those needs) AND;</p> <p>c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.</p>	<p>d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.</p> <p>In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d)</p>
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## Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all of the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission or ignorance.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

Safeguarding legislation in each home nation lists categories of abuse differently however, they all include the following types of abuse:

- Physical
- Sexual
- Psychological
- Neglect
- Financial

Abuse can take place in any relationship and there are many contexts in which abuse might take place; e.g. Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within home nation legislations.

Abuse can take place within a sporting context and the person causing harm might be any other person. For example: a member of staff, a coach, a volunteer, a participant or a fan.

Some examples of abuse within include:

### **Physical Abuse**

Being hit, shaken, pinched, punched, slapped, pushed, pulled, bitten, dragged or kicked.

Being restrained in an inappropriate manner or being confined or locked up. · Being deprived of food, having food tampered with, being forced to eat inappropriate food e.g. medically, culturally or dietary.

Medication used inappropriately, not being renewed or being withheld e.g. being given another's medication, or an incorrect dosage being dispensed. · Necessary aids and adaptations, including glasses and hearing aids being withdrawn.

Being photographed without consent.

Being burned or scalded.

Having no choice about living or spending time alongside people who behave in a threatening or aggressive manner or who carry out physical assaults. · Causing unreasonable physical discomfort through the withholding of care or the application of inappropriate treatment.

When combinations of indicators suggest that abuse may have occurred, further assessment is required.

### **Indicators of physical abuse**

Any injury not explained by the history given.

Different versions of the cause of the injury given to different people.

Self-inflicted injury.

Unexplained bruises and welts on any parts of the body.

Bruising in various stages of healing.

Clusters of bruises forming regular patterns, reflecting the shape of an article. ·

Unexplained burns, especially on soles, palms and back.

Untreated pressure sores.

Unexplained fractures to any part of the body, in various stages of healing. · Multiple or spinal injuries.

Unexplained lacerations or abrasions to mouth, lips, gums, eyes or external genitalia.

Malnutrition, rapid or continuous weight loss, dehydration, and complaints of hunger, overeating or other eating disorders.

Untreated medical problems.

Urinary or faecal incontinence where this has not recently been a problem. · Signs that medical treatment has been withheld or inappropriate medication given. · Poor personal hygiene particularly where there is involvement of a carer and/or service provider.

## **Financial Abuse**

Everyone has the right to the money and property that is legally theirs. Financial abuse is the theft or misuse of money or personal possessions, which involves an individual's resources being used to the advantage of another person.

Financial abuse can include:

Money and possessions stolen or withheld, which prevents someone purchasing goods, services or leisure activities.

Controlling access to money or benefits. Money being misappropriated and absorbed into a family or institutions' budget without the person's consent. · The removal of personal effects or household items without consent. · Goods or services purchased in someone's name but without their consent. · Being deliberately overcharged for goods or services.

Being asked to part with money on false pretences.

Altering ownership of property without consent.

Taking out loans in someone's name.

Being asked to sign or give consent to financial agreements (including making a will) when a person does not have the mental capacity to give that consent. · Money being borrowed by staff or volunteers who have a responsibility for providing a service to that person.

## **Indicators of financial abuse**

Unexplained or inappropriate banking activity.

Power of Attorney obtained when a person is unable to comprehend. Person claiming to have Power of Attorney but no documentary evidence of this.

Refusal to produce bank statements/books or to allow the holder access to them. · A person managing financial affairs is evasive or unco-operative. · Recent change of deeds or title of house.

Someone being dependent on the vulnerable adult for the provision of accommodation.

Pressure on a vulnerable adult to buy their local authority home under the Right to Buy scheme.

Pressure to change a will or asking someone who does not have mental capacity to sign a will.

A person lacking goods or services which they can afford.

A person living in poorer circumstances than other members of a household. · Care provision seen solely in terms of expense.

Someone being dependent on benefits received by the vulnerable adult. · A person encouraged to spend their money on items intended for communal use in a residential/nursing home.

A person required to pay for items that should be provided within the fees of a residential nursing home.

A person expected to pay an extortionate amount for social outings. · A person encouraged to make financial gifts to staff paid to provide care for them. · Recent acquaintances expressing sudden or disproportionate affection for a person with means.

Carer only asks questions of the worker about the person's financial affairs and does not appear to be concerned about the care of the person.

Abuse or neglect outside could be carried out by:

- A spouse, partner or family member
- Neighbours or residents
- Friends, acquaintances or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Often the perpetrator is known to the adult and may be in a position of trust and/or power.

**Table 2**

The Safeguarding Adults Legislation in each Home Country defines categories of adult abuse and harm as follows.

<b>England (Care Act 2014)</b>	<b>Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)</b>
Physical Sexual Emotional/Psychological/Mental Neglect and acts of Omission Financial or material abuse Discriminatory Organisational / Institutional Self-neglect Domestic Abuse (including coercive control) Modern slavery	Physical Sexual violence Psychological / emotional Financial Institutional Neglect Exploitation Domestic violence Human trafficking Hate crime
<b>Scotland (Adult Support and Protection Act 2007)</b>	<b>Wales (Social Services and Well Being Act 2014)</b>
Physical Psychological Financial Sexual Neglect	Physical Sexual Psychological Neglect Financial

## Signs and Indicators of Abuse and Neglect

An adult may confide to a member of staff, volunteer or another participant that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions, not attending appointments. You may notice that a participant in a team has been missing from group cohort sessions and is not responding to reminders from team members or caseworkers.
- Someone losing or gaining weight / an unkempt appearance and there is a deterioration in hygiene.
- A change in the behaviour or confidence of a person.
- Self-harm.
- A fear of a particular group of people or individuals.
- A parent/carer/partner always speaks for the person and doesn't allow them to make their own choices
- They may tell you / another person they are being abused – i.e. a disclosure
- Someone not being able to articulate themselves in casework appointments.

## Wellbeing Principle

*The success of quality crisis care, rebuilding lives, social inclusion, education, in terms of helping people achieve their potential, making the most of leading empowered lives, relies on putting people – their safety, wellbeing and welfare – at the centre of what the voluntary vawg sector does.*

The concept of 'well-being' is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society.

Being able to live free from abuse and neglect is a key element of well-being.

The legislation recognises that statutory agencies have sometimes acted disproportionately in the past. For example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of Justice Mumby '*What good is it making someone safe when we merely make them miserable?*' What Price Dignity? (2010)

For that reason any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

## **Person Centred Safeguarding/ Making Safeguarding Personal**

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand 'What matters' to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.

The concept of 'Person Centred Safeguarding'/'Making Safeguarding Personal' means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult's views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).

**Table 1 The Principles of Adult Safeguarding in each home nation [Aanchal Women's Aid referral intakes often involve women fleeing from all home nations]**

<p><b>Wales (Social Services and Well Being Act 2014)</b></p>
<p><b>The Act's principles are:</b></p> <ul style="list-style-type: none"> <li>● <b>Responsibility</b> - Safeguarding is everyone's responsibility.</li> <li>● <b>Well-being</b> - Any actions taken must safeguard the person's well-being.</li> <li>● <b>Person-centred approach</b> - Understand what outcomes the adult wishes to achieve and what matters to them.</li> <li>● <b>Voice and control</b> - Expect people to know what is best for them and support them to be involved in decision making about their lives.</li> <li>● <b>Language</b> - Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.</li> <li>● <b>Prevention</b> - It is better to take action before harm occurs.</li> </ul>
<p><b>Scotland (Adult Support and Protection Act 2007)</b></p>
<p><b>The Act's principles are:</b></p> <p>The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.</p> <p>This is supported by a set of guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:</p> <ul style="list-style-type: none"> <li>● The wishes and feelings of the adult at risk (past and present);</li> <li>● The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;</li> <li>● The importance of the adult taking an active part in the performance of the function under the Act;</li> <li>● Providing the adult with the relevant information and support to enable them to participate as fully as possible;</li> <li>● The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and</li> <li>● The adult's abilities, background and characteristics (including their age, sex, sexual orientation, gender, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).</li> </ul>
<p><b>Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)</b></p>
<p><b>The Act's principles are:</b></p>

- **A Rights-Based Approach** – To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.
- **An Empowering Approach** – To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.
- **A Person-Centred Approach** – To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest safety and well-being.
- **A Consent-Driven Approach** – To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.
- **A Collaborative Approach** – To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

### England (Care Act 2014)

#### The Act's principles are:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

## Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

For Aanchal Women's Aid beneficiaries, language, culture and lack of local or environmental knowledge can be barriers to decision making capacity. A deep understanding of cultural impact on decision making is necessary.

We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves.

For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.

Each home nation has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
- If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
- If the action we are taking to keep people safe will restrict them then we must think of a way to do that which restricts their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst taking part in a sports organisation will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.

It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don't like doing. It is important to make clarifications at case assessments, the list of support requirements which are personal and may not necessarily be apparent whilst risk assessing abuse onely to

take actions.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.

There may be times when the organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them from being in contact with the person causing harm.

## Recording and Information Sharing

All organisations must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR).

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'.

This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation

- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.
- the concerns are about an adult at risk living in England, Wales or Northern Ireland (where there is a duty to report to the Local Authority).

When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information, seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

## Multi-Agency Working

Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

Organisations may need to cooperate with the Local Authority and the Police including to:

- Provide more information about the concern you have raised.
- Provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/Advocates.
- Attend safeguarding meetings.
- Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies.
- Share information about the outcomes of internal investigations.
- Provide a safe environment for the adult to continue their sporting activity/ their role in the organisation.

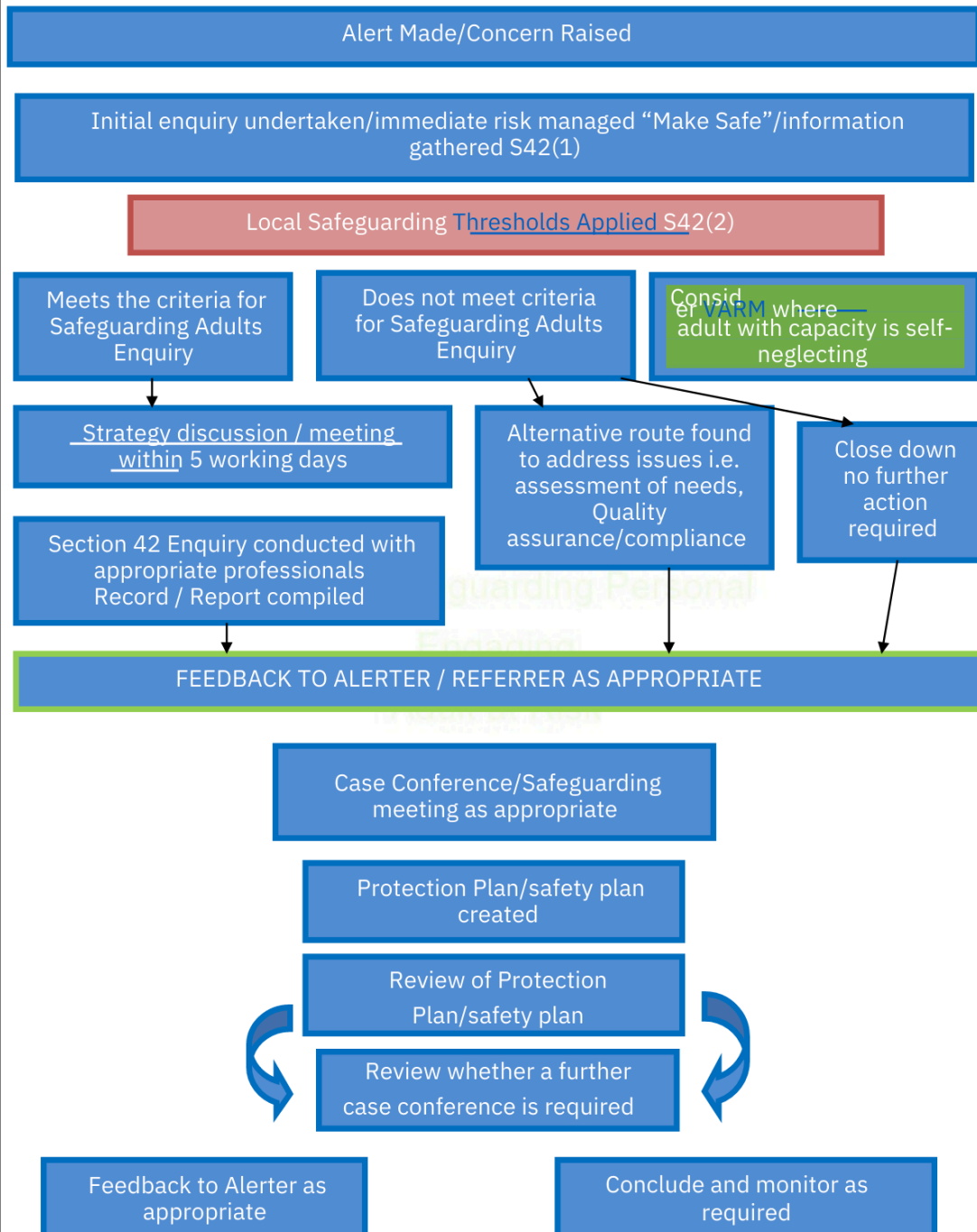
## **Section 3: Appendices**

# Appendix 1 – Reporting Procedures Flow Chart

## Safeguarding Adults Process Flowchart

Please contact your Safeguarding Lead or Adult Social Care if you are unsure about any aspects of the process

MSP principles must be applied by engaging the Adult at Risk as appropriate



## Safeguarding Adults Process Flowchart

### Feedback:

At each stage of the safeguarding adults' process it is important to ensure feedback is given to the alerter and partners. Alerters are entitled to be given appropriate information regarding the status of the alert they have made.

The extent of this feedback will depend on various things (for example, the relationship they have with the adult at risk, confidentiality issues and the risk of compromising an enquiry). At the very least, it should be possible to advise the Alerter whether their alert has led to an enquiry. Partners in provider organisations require feedback to allow them to continue to provide appropriate support and make staffing decisions.

## Appendix 2 – Reporting Procedures Form

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Name:		ID:
<b>Safeguarding Adults Alert Form</b> <b>Strictly Confidential: Record of a Safeguarding Adult Alert</b>		
<b>(1) Is there a report of concern about a vulnerable adult?</b> Yes No		This form is intended to record concerns about abuse or potential abuse to a vulnerable adult.  <i>A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, <b>and</b> 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</i>
What makes this person vulnerable?		
<b>(2) Is the concern about abuse or neglect by a 3<sup>rd</sup> party?</b> Yes No		
If the answer to question (1) or (2) is No, please consider whether this concern should be dealt with under other procedures such as VARMM		
Name		
Social Services ID		
NHS Number		
Date of Birth		
Sex	Male Female	
Ethnicity	White British	
Home Address (permanent address)		
Telephone		
Date of Alert		
Alert taken by		

Name:		ID:	
Previous AP Alert? (tick box(es) if Yes)		For vulnerable adult Dates For service provider/service Dates For alleged abuser/perpetrator Dates	
Was the client open to any social/health/learning disability service at the time of the alert? <i>Check appropriate electronic systems</i> Yes No New Client No Previously known to			
Responsible Team:			
Name of responsible worker:			
Name of responsible team leader:			

GP Details	Doctors Name  Tel No	Surgery Address	
Has the person been assessed or reviewed by social services in this financial year (April – March)?	Yes No		

<b>Name:</b>		<b>ID:</b>
Has the person been placed in Redbridge by another authority?	Yes No	
Name of placing authority (whether health or social care):		
Type of Service the person is receiving at the time of alert?	Own council commissioned service Commissioned by another Council Self funded service Service funded by health No Service	

<b>Name and contact details of the person who contacted social services to provide this information: (address, phone number, role)</b>		
Name		
Job Title/Role		
Address		
Contact Phone No		

<b>Name:</b>	<b>ID:</b>
<b>Source of Alert/Referral (choose one)</b>	
<p>Social Care Staff (also choose one from the list below)</p> <p>Domiciliary Staff</p> <p>Residential care staff</p> <p>Day Care Staff</p> <p>Social Worker/Care manager</p> <p>Self –directed Care Staff (funded by a direct payment)</p> <p>Other</p> <p>Health Staff (also choose one from the list below) NHS?</p> <p>Primary/Community Health Staff (e.g. community nurse, dentist)</p> <p>GP</p> <p>Secondary Health Staff (e.g. hospital staff)</p> <p>Mental Health Staff</p> <p>Self Referral</p> <p>Family Member</p> <p>Friend/Neighbour</p> <p>Other Service user</p> <p>Care Quality Commission</p> <p>Housing</p> <p>Education/Training/Workplace Establishment</p> <p>Police</p> <p>Other</p>	
Date(s) of incident (if different)	

<b>Name:</b>		<b>ID:</b>
<b>Type of Abuse (tick all that apply)</b>		
Physical	Financial	
Sexual	Emotional/ Psychological	
Neglect	Discriminatory	
Institutional		
<b>Is this also Domestic Abuse?</b> Yes No <i>(must also choose type of abuse from list above)</i>		
<b>Details of the Alert:</b>		
<b>Is the person in any immediate danger?</b>		

<b>Name:</b>		<b>ID:</b>
Location of Abuse including postcode:		
<b>Location of Abuse (tick all that apply)</b>		
Own Home  Care Home Permanent  Care Home Temporary  Care Home with Nursing Permanent  Care Home with Nursing Temporary  Day Centre/Service  Public Place  Education/Training/Workplace Establishment	Supported  Accommodation  Alleged Perpetrators  home Acute Hospital  Community Hospital  Mental Health Inpatient Setting  Other Health Setting  Other  Not Known	

<b>Name:</b>		<b>ID:</b>	
<b>Details of Alleged Perpetrator(s)</b>			
			Include details of all perpetrators
			Include work address in case of member of staff.
			Include date of birth of perpetrator (if known)
Relationship of Alleged Perpetrator (if more than one, record number of each)			<i>If the perpetrator is a member of staff of health, social care, or a provider agency,</i>
Partner			<i>any safeguarding investigation must take priority over human resources pros</i>
Other family member			
Other vulnerable adult			
Neighbour/Friend			
Is the Perpetrator the main informal carer Yes No			
Does the VA live with the perpetrator? Yes No			

Health Care Worker – name of organisation

Including GPs, nurses or consultants

Volunteer/Befriender

Social Care Staff (also choose one from the list below)

Domiciliary Care staff - Name of agency

Residential Care staff - Name of care home

Day Care staff - Name of centre

Social Worker/Care manager

Self-Directed Care Staff (funded by direct payment)

Other

Other professional – name of organisation

Stranger

Other

Not Known

<b>Name:</b>		<b>ID:</b>
<b>Primary Client Group (choose one, but indicate if sensory/dementia)</b>		
Physical disability, frailty and sensory impairment Substance misuse Mental Health needs Learning disability Other vulnerable people	Tick here if sensory  Tick here if dementia	
<b>Record of Discussion with Safeguarding Adults Team or Service Manager</b>		
<p><i>To be completed before passing referral/alert to responsible team unless person is at immediate risk of harm.</i></p> <p>Please consider whether the information received (above) is appropriate to be treated as a safeguarding adults alert considering definition (below) and guidance on significant harm by Kerrie Todd in Safeguarding Adults Policy and Procedures (see page XX)</p>		
Is the person a VA under no secrets		
At risk of 3 <sup>rd</sup> Party Abuse or Neglect		
Name of person consulted:		
Date:		
<b>Name:</b>		<b>ID:</b>

<p><b>If information is to be treated as an alert, please pass to the appropriate responsible manager. The responsible manager should begin Form B.</b></p> <p><b>If information is not being treated as an alert, please record reason:</b></p>	
	<p><i>Record action to be taken, if any.</i></p>
<p>Please ensure that feedback is provided to the person who made the alert including whether the information is to be treated as an alert. If not, what action will be taken? If so, which team is to be responsible to assess the alert?</p> <p><i>A Vulnerable Adult is a person who is or may be in need of community care services by reason of mental or other disability, age or illness, <b>and</b> who is or may be unable to take care of him or herself, or unable to protect him or herself against <b>significant harm</b> or exploitation</i></p>	

Name:		ID:	
<b>Safeguarding Adults Investigation Form</b> <b>Strictly Confidential: Record of Investigation</b>			
<b>Records of enquiries</b>			
<b>Joint Visit</b>			
Date		Who Visited	
Time			
Date		Who Visited	
Time			
Date		Who Visited	
Time			
<b>Wishes of the Vulnerable Adult</b>			
Have they consented to process	Yes		
Do they have capacity to consent			
<b>Have you viewed written records</b>			
<b>Have we identified other victims/witnesses</b>			
<b>Has the person seen a G.P./Hospital visit</b>			

Name:		ID:
<b>If the vulnerable adult is not going to be interviewed as part of the investigation, please record reasons why:</b>		
<b>Record of Interview with the vulnerable adult</b>		
Date of Interview:		Special training such as investigator training or achieving best evidence
Who carried out the interview? Include agency details: police/health/social care or joint interview		
Were staff, carrying out the interview, specially trained?	Yes No	
<b>Record of the interview</b>		

Name:		ID:
<b>Record of any other interview</b>		
Date of Interview:		Special training such as investigator training or achieving best evidence
Who carried out the interview? Include agency details: police/health/social care or joint interview		
Were staff carrying out the interview specially trained?	Yes No	
<b>Record of the interview</b>		
Completed by Date		
Input by Date		

Name		ID:
<b>Safeguarding Adults Response Form</b> <b>Strictly Confidential: Record of response to a Safeguarding Adult Alert</b>		
Date of Alert		
Date received by team:		
<b>Description of immediate actions taken to safeguard the person</b>		
Action should be taken within 24 hours of the alert. If this did not occur, please record a reason for the delay		This should include:  Is the person safe?  How do you know?
<b>Does the person have mental capacity to consent to this action and have they given consent:</b> <i>If a protective action is taken or proposed and the person does not have mental capacity to consent to that action, consider a referral to an Independent Mental Capacity Advocate</i>  Voice Ability Redbridge: +44(0)300 303 1660 <a href="mailto:helpline@voiceability.org">helpline@voiceability.org</a>		What action has been taken to ensure the person is safe or reduce the risk of further abuse?
<b>Are any other vulnerable adults or children at risk of harm?</b>		

<p><b>If any children are at risk, have advice and assessment been contacted?</b> Advice and Assessment Phone <b>020 8708 3885</b>  <b>E-mail: <a href="mailto:CPAT.referrals@redbridge.gov.uk">CPAT.referrals@redbridge.gov.uk</a></b></p> <p>Redbridge Safeguarding Children Partnership (RSCP)</p> <ul style="list-style-type: none"> <li>• 020 8708 3885 from 09:00 to 17:00; or</li> <li>• 020 8708 5897 after 17:00 and at weekends</li> </ul> <p>Alternatively, you may complete and submit a Multi-Agency Referral Form (MARF) to <a href="mailto:CPAT.referrals@redbridge.gov.uk">CPAT.referrals@redbridge.gov.uk</a>.</p> <p>Yes No Date referred:</p>	
<p><b>Record of Assess and Gather</b></p>	<p>Assess and Gather should</p>

Name	ID:
<b>Describe previous safeguarding concerns (if any):</b>	include contacting:
<b>Is this an alleged crime?</b> Yes No	<i>Police, GP, other health</i>
<b>Has a referral been sent to the police central referral unit? YES NO DATE REFERRED:</b>	<i>professional involved or hospital records, probation, care quality commission in relation to registered care providers, housing, voluntary agencies</i>  <i>(if voluntary agencies contacted,</i>

**Information gathered:**

*consider if there is a need to share information, i.e. could ask if they have any concerns without disclosing allegation)*

If any of the above are not contacted to gather information, please record why not

Name		ID:
<b>Record of discussion with the vulnerable adult.</b> <b>If vulnerable adult has not been spoken to, please include reason why.</b>		
Date of discussion		
<b>Record of discussion</b>		
<b>Does the person have mental capacity to consent to the safeguarding process and any protective action? <i>Please record reasons for your opinion.</i></b>		
<b>If the person does not have capacity to consent as above, how did you determine whether it was in the person's best interest to proceed?</b>		
<b>Were the person's wishes acted upon? If not, why?</b>		
<b>Describe any cultural, religious or other diversity needs to be considered?</b>		

<p><b>The Decision - Is the Assessed Adult a Safeguarding Adults issue?</b> This should include: Is the person a vulnerable adult and why?</p> <p>Is there a concern about 3<sup>rd</sup> party abuse or neglect? Give details. Has the person suffered significant harm as a result of the abuse/neglect?</p>	<p>Even if the person is reluctant to continue with an investigation, consider if they remain at risk. If so, a strategy meeting should still take place to determine</p>
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Name	ID:
If No record what action is to be taken, if any:	whether any actions need to be taken to protect the person
<p>If No, return this form to the safeguarding adults referral coordinator.</p> <p><b><i>If Yes, the alleged abuse must now be investigated. A strategy meeting or discussion must be arranged within 5-7 days of initial alert</i></b></p> <p><i>Bring information gathered above to strategy meeting.</i></p>	
<p><b>Does this case involve significant harm?</b> Yes No Date of Strategy Meeting/discussion</p>	
<p><i>Significant harm may include, but is not limited to:</i></p> <p><i>Financial – was there a material effect which impacted the person’s financial security</i></p> <p><i>Physical – was there a significant physical harm to the individual</i></p> <p><i>Neglect – did the person suffer significant harm as a result (physical or otherwise)</i></p> <p><i>Psychological/Emotional – did the person suffer significant harm to their emotional health</i></p> <p><i>Sexual – did the person suffer or continues to suffer significant harm either physical or emotional as a result of the abuse</i></p>	

If the case involves significant harm, please ensure team leader reviews all available information. **Record of Team leader/ Responsible manager involvement**

*To be completed where the allegation involves significant harm (see above)*

**Has the responsible manager discussed the information with a service manager or safeguarding manager?**

No Yes Date:

**Record of Advice received: If not contacted, please record why?**

Name of Responsible team leader:

Signature:

Date:

Completed by Date

Input by Date

Name:	ID:
<p><b>Safeguarding Adults Strategy Meeting</b></p> <p><b>Over the phone</b></p> <p><b>Physical Meeting</b></p> <p><b>Strictly Confidential: Record of a Safeguarding Strategy Discussion</b></p> <p><i>A strategy discussion is a discussion between the responsible manager <b>and the police</b> for the purpose of planning an investigation. This may take place over the telephone where the issues are straightforward or where there is a need to act quickly in an urgent situation. Strategy discussions must be recorded (as below)</i></p>	
Date of Alert:	
<b>Record of Strategy discussion (s):</b>	
Date of strategy meeting:	
Agencies consulted/by phone	
If not within 7 days of initial alert, reason why?	
Record of Conversation including <u>agreed actions</u> and <u>interim protection plan</u>	
<p><i>When completed: return this page to the safeguarding referral coordinator.</i></p>	
<p><b>Record of other strategy meeting over the phone use a new form</b></p>	
<p><b>Completed by Date</b></p>	
<p><b>Input by Date</b></p>	

Name:		ID:
<b>Safeguarding Adults Strategy Meeting Form</b> <b>Strictly Confidential: Record of Strategy Meeting (to be input to CareFirst)</b> <i>(to be completed by the chair for each strategy meeting)</i>		
Date of Alert:		
Date of Strategy Meeting:		
Time:		
Agencies invited:		
If any non-statutory agencies were invited, reason why?		
If not within 7 days of initial alert, reason why?		
Chair:		
Venue:		
Next Meeting Date		
Type of Meeting		
<b>Completed by</b>	<b>Date</b>	
<b>Input by</b>	<b>Date</b>	

Name:		ID:
<b>Safeguarding Adults Case Conference Input Form</b> <b>Strictly Confidential: Record of Case Conference (to be input to CareFirst) (to be completed by the chair)</b>		
Date of Alert:		
Date of Conference:		
Time:		
Agencies invited:		
Chair of meeting:		
Venue:		
<b>Did the vulnerable adult attend the conference?</b>	Yes No	
<b>What preparation/ arrangements were made to enable this to happen?</b>		
<b>If No – please give reason why they did not attend:</b>		
<b>Did the vulnerable adult have an advocate or representative support them through the process?</b>	Yes No	

*When the active investigation or assessment of the allegation is complete and an action plan has been agreed please complete the conclusion/outcome page. It is not necessary to wait for the completion of all safeguarding review meetings. A conclusion and outcomes should be recorded when known.*

**If there is no plan to hold a review meeting, please explain reason:**

**Outcome, Conclusion and Protection Plan**

*(to be completed by the chair of a strategy meeting, conference or review)*

*If an allegation of abuse has been discounted at any stage following a strategy meeting, complete this page and return it to the safeguarding referral coordinator.*

If an allegation is not discounted, this page should be completed when the active investigation or assessment of the allegation is complete and an action plan has been agreed even if more safeguarding meetings are planned.

Name:		ID:
<b>Case Conclusion (choose one)</b> Allegation substantiated/ proved Abuse not determined/inconclusive (no clear evidence) Abuse not substantiated/ abuse discounted Allegation Partially Substantiated		
<b>Outcome of Completed Referral (for vulnerable adult) (tick all that apply)</b>		
Increased Monitoring No Further Action Moved to increase / Different Care Vulnerable Adult removed from property or service Community Care Assessment and Services Application to change appointee-ship Guardianship/Use of Mental Health act Restriction/management of access to alleged perpetrator	Referral to MARAC Civil Action Referral to advocacy scheme Referral to Counselling /Training Review of Self-Directed Support (IB) Management of access to finances Application to Court of Protection Other	

<b>Outcome of Completed Referral (for Alleged Perpetrator/ Organisation /Service) (tick all that apply)</b>	
Police Action Community Care Assessment Disciplinary Action Referred to Registration Body Criminal Prosecution / Formal Caution Management of access to the Vulnerable Adult Referral to Court Mandated Treatment Action by Contract Compliance Referred to Independent Safeguarding Authority (vetting and barring)	Exoneration Referral to MAPP Continued Monitoring Removal from property or Service Counselling/Training/Treatment Action By Care Quality Commission No Further Action Action under Mental Health Act Not Known
<b>Did the person accept the protection plan?</b> Yes No Could not consent	
<b>Completed by Date</b>	
<b>Input by Date</b>	

Name:		ID:
<b>Safeguarding Adults Protection Plan Template</b>		
<b>Describe the on-going risks</b>		
<b>Capacity of Vulnerable Adult</b>		
<b>Assessed by:</b>		
<b>Measure to reduce risk and Support the V.A.:</b>		
<p>Increased Monitoring</p> <p>No Further Action</p> <p>Moved to increase / Different Care</p> <p>Vulnerable Adult removed from property or service Community Care Assessment and Services</p> <p>Application to change appointee-ship</p> <p>Guardianship/Use of Mental Health act</p> <p>Restriction/management of access to alleged perpetrator</p>	<p>Referral to MARAC</p> <p>Civil Action</p> <p>Referral to advocacy scheme</p> <p>Referral to Counselling /Training</p> <p>Review of Self-Directed Support (IB)</p> <p>Management of access to finances Application to Court of Protection</p> <p>Other</p>	

<b>Action required</b>	<b>Person Responsible:</b>	<b>Time Scale</b>
<b>Any Residual Risk</b>		

<b>Agreement with Multi Agency Group including VA (if capacitated) or advocate (if lacks capacity)</b>
<b>Review Arrangements</b>
<b>Lack of agreement to plan</b>
<b>Completed by Date</b>

Name:		ID:
<b>Safeguarding Adults Review Input Form</b> <b>Strictly Confidential: Record of Case Conference (to be input to CareFirst) (to be completed by the chair)</b>		
Date of Alert:		
Date of Conference Review:		
Time:		
Agencies invited:		
Chair of meeting:		
Venue:		
<b>Did the vulnerable adult attend the review meeting?</b>	Yes No	
<b>What preparation/ arrangements were made to enable this to happen?</b>		
<b>If No – please give reason why they did not attend:</b>		
<b>Did the vulnerable adult have an advocate or representative</b>	Yes No	

<b>support them through the process?</b>	
<p><i>When the active investigation or assessment of the allegation is complete and an action plan has been agreed please complete the conclusion/outcome page.</i></p>	
<b>Will there be a further review meeting? Yes No Date:</b>	
<b>If no, please record how the protection plan will be monitored?</b>	
<p><b>Outcome, Conclusion and Protection Plan</b>  <i>(to be completed by the chair of a strategy meeting, conference or review)</i></p>          	

Name:	ID:
<p><i>If an allegation of abuse has been discounted at any stage following a strategy meeting, complete this page and return it to the safeguarding referral coordinator.</i></p> <p>If an allegation is not discounted, this page should be completed when the active investigation or assessment of the allegation is complete and an action plan has been agreed even if more safeguarding meetings are planned.</p>	
<p><b>Case Conclusion (choose one)</b></p> <p>Allegation substantiated/ proved</p> <p>Abuse not determined/inconclusive (no clear evidence)</p> <p>Abuse not substantiated/ abuse discounted</p> <p>Allegation Partially Substantiated</p>	
<p><b>Outcome of Completed Referral (for vulnerable adult) (tick all that apply)</b></p>	

<p>Increased Monitoring</p> <p>No Further Action</p> <p>Moved to increase / Different Care</p> <p>Vulnerable Adult removed from property or service Community</p> <p>Care Assessment and Services</p> <p>Application to change appointee-ship</p> <p>Guardianship/Use of Mental Health act</p> <p>Restriction/management of access to alleged perpetrator</p>	<p>Referral to MARAC</p> <p>Civil Action</p> <p>Referral to advocacy scheme</p> <p>Referral to Counselling /Training</p> <p>Review of Self-Directed Support (IB)</p> <p>Management of access to finances</p> <p>Application to Court of Protection</p> <p>Other</p>
<p><b>Outcome of Completed Referral (for Alleged Perpetrator/ Organisation /Service) (tick all that apply)</b></p>	
<p>Police Action</p> <p>Community Care Assessment</p> <p>Disciplinary Action</p> <p>Referred to Registration Body</p> <p>Criminal Prosecution / Formal Caution</p> <p>Management of access to the Vulnerable Adult</p> <p>Referral to Court Mandated Treatment</p> <p>Action by Contract Compliance</p>	<p>Exoneration</p> <p>Referral to MAPPA</p> <p>Continued Monitoring</p> <p>Removal from property or Service</p> <p>Counselling/Training/Treatment</p> <p>Action By Care Quality Commission</p> <p>No Further Action</p> <p>Action under Mental Health Act</p>

<p>Referred to Independent Safeguarding Authority (vetting and barring)</p>	<p>Not Known</p>
<p><b>Did the person accept the protection plan?</b> Yes No Could not consent</p>	
<p><b>Completed by Date</b></p>	
<p><b>Input by Date</b></p>	

## **Appendix 3 – Example Role Description: Safeguarding Lead**

The designated person within Aanchal Women's Aid has primary responsibility for putting into place procedures to safeguard adults and children at risk, supporting front line teams and projects welfare/safeguarding leads, where relevant and for managing concerns about adults and children at risk.

Duties and responsibilities include:

- Working with others within the organisation to create a positive inclusive environment within Aanchal Women 's Aid and external meetings.
- Play a lead role in developing and establishing the organisation's approach to safeguarding adults and children and in maintaining and reviewing the organisation's implementation plan for safeguarding adults in line with current legislation and best practice.
- 
- Coordinate the dissemination of the safeguarding adult policy, procedures and resources throughout the organisation.
- Contribute to ensuring other policies and procedures are consistent with the organisation's commitment to safeguarding adults.
- Advise on the organisation's training needs and the development of its training strategy.
- Receive reports of and manage cases of poor practice and abuse reported to the organisation – including an appropriate recording system.
- Support the chair to coordinate the case management process.
- Manage liaison with, and referrals to, external agencies for example adult social-care services and the police.
- Create a central point of contact for internal and external individuals and agencies concerned about the safety of adults within the organisation.
- Provide advice and support to local and regional safeguarding/ welfare officers and play a lead role in their recruitment, selection and training.
- Represent the organisation at external meetings related to safeguarding.

## Appendix 4 – Case Management Groups

Case Management Groups comprise a select number of individuals with identified and relevant skills, knowledge experience and/or status within the organisation and include at least one member with safeguarding adult expertise. The group's role and decision-making powers need to be embedded within the organisation's governance structure and be linked to related organisational functions such as codes of conduct, and the disciplinary policy and procedures.

The senior management team and Aanchal Women's Aid Board should receive regular reports from the Case Management Group summarising the cases that have been addressed and their outcomes, as well as any issues that require action by Aanchal Women's Aid e.g. changes to policy or procedures.

Case Management Groups should have clear terms of reference. They may be 'standing committees' who meet regularly or can be brought together as the need arises.

### **Case Management Group roles include:**

- to ratify any actions already taken by the Safeguarding Lead Officer.
- to initially assess and agree immediate response to a safeguarding case (does there appear to be a case to answer?).
- to identify appropriate 'route' for cases (e.g. internal/ disciplinary action alone or referral to statutory agencies plus internal/ disciplinary action).
- to decide the level (from local to national) at which the organisation will deal with the concern.
- to consider the need for a temporary/ interim suspension order (Case Management Group to issue suspensions directly, or only make recommendations to their disciplinary group).
- to review progress of case(s).
- to identify/ communicate learning from cases.

Case Management Groups' membership should include:

- A designated Chair
- A secretary (often the designated Safeguarding Lead).
- Managers from relevant parts of the organisation where appropriate e.g. Human Resources, Membership, Legal.
- Co-opted independent safeguarding expertise (e.g. from another organisation or relevant profession such as the Police or Social services).

## Appendix 4 – Sources of Information and Support

### Action on Elder Abuse

A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.

Tel: 020 8765 7000

Email: [enquiries@elderabuse.org.uk](mailto:enquiries@elderabuse.org.uk)

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

### Ann Craft Trust (ACT)

A national organisation providing information and advice about adult safeguarding. ACT have a specialist Safeguarding Adults in Sport and Activity team to support the sector

Tel: 0115 951 5400

Email: [Ann-Craft-Trust@nottingham.ac.uk](mailto:Ann-Craft-Trust@nottingham.ac.uk)

[www.anncrafttrust.org](http://www.anncrafttrust.org)

### Men's Advice Line

For male domestic abuse survivors

Tel: 0808 801 0327

### National LGBT+ Domestic Abuse Helpline

Tel: 0800 999 5428

### National 24Hour Freephone Domestic Abuse Helplines

England	Northern Ireland
Tel: 0808 2000 247 <a href="http://www.nationaldahelpline.org.uk/Contact-us">www.nationaldahelpline.org.uk/Contact-us</a>	Tel: 0808 802 1414 <a href="http://www.dsahelpline.org">www.dsahelpline.org</a> Twitter: <a href="https://www.twitter.com/dsahelpline">www.twitter.com/dsahelpline</a> Facebook: <a href="https://www.facebook.com/dsahelpline">www.facebook.com/dsahelpline</a>
Scotland	Wales
Tel: 0800 027 1234 Email: <a href="mailto:helpline@sdaafmh.org.uk">helpline@sdaafmh.org.uk</a> Web chat: <a href="http://sdaafmh.org.uk">sdaafmh.org.uk</a>	Llinell Gymorth Byw HebOfn/ Live free from fear helpline Tel: 0808 8010 800 Type Talk: 18001 0808 801 0800 Text: 078600 77 333

### **Rape Crisis Federation of England and Wales**

Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.

Email: [info@rapecrisis.co.uk](mailto:info@rapecrisis.co.uk)

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

### **Respond**

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

Tel: 020 7383 0700 or

0808 808 0700 (Helpline)

Email: [services@respond.org.uk](mailto:services@respond.org.uk)

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

### **Stop Hate Crime**

Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.

24 hours service:

Telephone: 0800 138 1625

Web Chat: [www.stophateuk.org/talk-to-us/](http://www.stophateuk.org/talk-to-us/)

E mail: [talk@stophateuk.org](mailto:talk@stophateuk.org)

Text: 07717 989 025

Text relay: 18001 0800 138 1625

By post: PO Box 851, Leeds LS1 9QS

### **Susy Lamplugh Trust**

The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.

Tel: 020 83921839

Fax: 020 8392 1830

Email: [info@suzylamplugh.org](mailto:info@suzylamplugh.org)

[www.suzylamplugh.org](http://www.suzylamplugh.org)

### **Victim Support**

Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.

Tel: 0808 168 9111

[www.victimsupport.com](http://www.victimsupport.com)

### **Women's Aid Federation of England and Wales**

Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.

[www.womensaid.org.uk/information-support](http://www.womensaid.org.uk/information-support)

