



## **Safeguarding Adults Guidance and Procedures**

### 1. PURPOSE

VASL believes that everyone has the right to live a life free from abuse.

This guidance & procedure is designed to enable everyone who works for VASL to understand and carry out their responsibilities for safeguarding adults (over the age of 18) who need care and support and are at risk of, or experiencing, abuse.

It reflects the VASL Safeguarding Policy, the expectations of the Charity Commission Safeguarding Strategy, our Values and our Organisational Quality Standards.

To be read alongside the VASL Safeguarding Policy and Multi-Agency Policy and Procedures found [www.llradultsafeguarding.co.uk](http://www.llradultsafeguarding.co.uk)

VASL acknowledges that abuse may affect our clients, our staff and our volunteers. This procedure is designed to show staff who have concerns about possible abuse how to respond quickly, appropriately and sensitively to suspicions or disclosures of abuse.

Details specifically on how a volunteer should deal with any concerns about possible abuse is documented separately in the VASL Volunteer Handbook.

Where there are concerns about the ability of the person raising concerns to get the right support, or where concerns relate to VASL staff or volunteers, more complex responses may be required.

If you are unsure as to the most appropriate course of action it is imperative that you discuss your concerns immediately with your manager or with VASL's charity manager.

While the key responsibility for adult safeguarding lies with local authorities in partnership with the police and the NHS. The Care Act 2014 recognises and reinforces that other organisations make a significant contribution.

In 2000 the Government published the guidance document "No Secrets" which defined "vulnerable adults" and set out requirements for Social Services, Health and Police, in co-operation with the Voluntary and Independent Sectors, to set up a multi-agency policy and procedure for safeguarding adults.

The Policy and Procedures of VASL have been written in a way that ensures they are compatible with the Multi-Agency Policy and Procedures. The two documents must be used together.

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

The Multi-Agency Policy and Procedures clarify the procedure for referring allegations of abuse, and how these should be dealt with in a co-ordinated, multi-agency response.

The role of staff member in VASL will be as Alerters under this policy, with the lead being usually taken by Social Services.

The Guidelines and Procedures that follow outline how VASL Policy and Procedures interlink with the Multi-Agency Policy and Procedures.

All staff and volunteers in any organisation who have contact with adults who could be at risk of abuse or neglect have a duty to act if they have any concern that an adult is being abused, neglected or exploited.

By following this guidance we can prevent abuse, and empower adults who need care and support to achieve the outcomes that they want.

## 2. KEY PRINCIPLES

For VASL safeguarding encompasses everything we do to protect adults who need care and support, our staff and our volunteers, from abuse. The principles below should be used to support the work that we do:

**Empowerment** - We will empower adults who need care and support to make decisions about their own lives and to achieve the outcomes that they want.

**Protection** - We will give people information and advice to enable them to protect themselves. Where an adult is not able to protect themselves, or others may be at risk, we will take reasonable and appropriate action to promote their safety and wellbeing.

**Prevention** - We aim to prevent abuse happening by raising awareness and providing information. We will recruit, support and treat staff and volunteers safely and fairly.

**Proportionality** - We will act and respond in a way which is proportionate to the presenting concern. We will aim to promote individual rights and secure positive outcomes in any actions that we take and any information that we provide.

**Partnership** - We will work co-operatively with adults who need care and support, those who support them and relevant agencies to secure good outcomes.

**Accountability** - We will take responsibility for adult safeguarding by being aware of abuse, understanding how we can play a part in preventing and ending abuse, sharing concerns appropriately, learning from experience and monitoring our progress.

## 3. WHO TO CONTACT:

If you have any concerns at all about the possible abuse of an adult who needs care and support, and are not sure what to do, you should immediately contact your line manager and/or charity manager. If an urgent concern arises see contacts in the appendix.

## 4. WHAT IS ADULT SAFEGUARDING?

Adult safeguarding is a term used to describe a range of activity aimed at ensuring that any adult who needs, or may need, care and support is not abused.

There are two key parts to this process:

1) Preventing abuse from happening. This includes safe recruitment, to ensure that unsuitable people are not employed, and an organisational culture in which all staff and volunteers are empowered to play a part in preventing and ending abuse.

2) Protecting people who may be experiencing, or at risk of, abuse. This includes empowering people to know their rights and to access the right support to enable them to achieve the outcomes that they want.

In England local authorities, the police, health services, the Care Quality Commission and the voluntary, independent, private and charitable sector are tasked with working together to prevent and end the abuse of adults who need care and support. This work is overseen by Local Safeguarding Adult Boards.

## 5. WHO MIGHT BE AT RISK OF ABUSE?

Adult safeguarding processes focus on supporting and protecting adults who may be at particular risk of abuse due to their need for care and support. For VASL this may include not only those who use our services, but also our volunteers and staff.

That is:

- Anyone who is over the age of 18
- Who is, or may be, in need of care and support because of mental or physical disability, age or illness.
- Who is, or may be, unable to take care of himself or herself or is unable to protect themselves against harm caused by abuse.

Where an adult has a need for care and support it does not automatically mean that they are at risk of abuse. Many people are able to make informed choices about their safety and protect themselves from harm. However, it is the combination of the three factors outlined above which may cause an adult to be in a vulnerable situation where they are at risk of abuse. In some situations those who provide unpaid care for adults who need care and support, such as family members, may also need additional support to protect them from harm.

## 6. WHAT IS ABUSE?

A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult who needs care and support.

There are many different types of abuse. It may be physical, verbal or psychological, sexual, financial or domestic. It may be neglect, discrimination or institutional or modern slavery.

Refer to appendix 1 for more information about types of abuse and indicators

## 7. PREVENTION OF ABUSE

The main aim should always be the prevention of abuse. VASL will be more effective in offering a safe environment if staff members are well supported and trained, and appropriate policies and procedures are rigorously implemented:

Human Resources: -

- Staff selection and recruitment
- Induction
- Supervision and appraisal
- Training and development
- Communication systems
- Disciplinary and grievance
- Conflicts of interest
- Confidentiality

Operational Procedures: -

- Risk assessment and management
- Working with behaviour that challenges the service
- Communication
- Complaints Procedure

Finance Procedures:

- Handling people's money

## 8. PROCEDURE: WHAT ACTION SHOULD I TAKE?

### **Responding to actual or suspected abuse**

#### The Alerter

Any member of staff who is aware of actual or suspected abuse has a duty to alert.

- If abuse is actually taking place, your first duty is to try and stop it from happening, without putting yourself at risk and with the help of others if necessary.
- You should make sure that the victim is safe, and receives medical attention if necessary.
- If you are aware of actual or suspected abuse, you should alert your manager or charity manager as soon as possible. Do not delay. Act as quickly as possible.
- Your duty is not to investigate the situation. It is not appropriate for you to get involved, trying to gather more information or questioning others about it. Furthermore, such action could cause problems for any investigation that follows.
- If the abuser/alleged abuser is your line manager, you should report the incident to their manager. If the abuser/alleged abuser is the Charity Manager, you should report it to the VASL Trustee Board.
- If you do not feel that your report is being taken seriously, take it to a higher level, or use the Complaints Procedure.

### The Referrer

The Referrer is the manager to whom the allegation of actual or suspected abuse has been made. The Referrer has a duty to: -

- Collate the information, and assess the situation.
- Ensure that the alleged victim is not in any danger.
- Ensure that evidence is preserved for any investigation.
- Make a decision about whether to refer, under the Multi-Agency Policy and Procedures.
  - There is a flow chart in the Multi-Agency Procedure, part B page 12, which outlines the roles of Alerter and Referrer.
  - Managers should discuss the situation with the charity manager to enable them to decide whether the situation should be referred. One person in isolation should not make this decision.
  - If the situation is not deemed to involve a criminal offence and is a minor incident, the decision may be taken to carry out an internal investigation. Full records must be kept.
  - In most instances, however, a referral will be made to Social Services, and the Multi-Agency Procedure will be implemented. See Part B of the Multi-Agency Policy and Procedures.
  - The Referring Manager should ensure that a Protection Plan is put in place, to ensure that the alleged victim (and alleged perpetrator, if another service user) is supported, and risks of further abuse are minimised.

- It may be necessary to suspend a staff member from duty, if allegations of abuse have been made against them. If this decision is taken, suspension should be actioned promptly to ensure that risk of further abuse is minimised. The decision to suspend should be made in consultation with VASL Trustee Board.

### The Investigation

- All staff members must fully co-operate with an investigation and comply with requirements under the Multi-Agency Policy and Procedures.
- If the decision is for an internal investigation within VASL, it should be conducted as promptly as possible:

## 9. CONFIDENTIALITY & CONSENT

All of those who share information with VASL need to have confidence that we will protect their privacy and personal data. Please refer to VASLs data protection policy

It is important that all staff and volunteers understand their responsibilities in this area.

VASL recognises that personal information relating to safeguarding is highly sensitive and must be carefully managed.

It is not possible to give absolute assurances of confidentiality to those who raise safeguarding issues, as exceptions may apply (see section 11). Nonetheless in all circumstances VASL will strive to protect confidentiality.

Keeping information secure includes careful consideration of the use of emails and other forms of digital communication. Where emails regarding safeguarding concerns are sent internally within VASL, thought must be given as to who needs to receive the information.

If additional staff need to be copied into emails about safeguarding concerns it is good practice to specify the reason they have been included. Staff should avoid putting personal information within email subject lines and must ensure that personally identifiable information (such as names & addresses) is used only where absolutely necessary.

Data will not be disclosed to external organisations or other parties without the subject's consent, unless there are exceptional circumstances.

## 10. ONWARD DISCLOSURE OF SAFEGUARDING INFORMATION IN EXCEPTIONAL CIRCUMSTANCES

VASL's aim is to empower individuals to raise concerns themselves, in order to obtain support from appropriate local resources.

There may be exceptional circumstances in which onward disclosure of information by VASL, rather than by the person raising concerns themselves, to an external agency might be required.

Exceptional Circumstances are considered to apply;

- Where there are concerns about terrorism and/or serious criminal activity
- Where there is a legal requirement to disclose information (e.g. a court order, Coroner's Office request, Health and Safety Executive, Disclosure & Barring Service)
- Where, in certain circumstances, the Police, Social Services or other statutory authority formally request the disclosure of information. Each request will be considered on an individual basis by the person responsible for data protection issues within the department which holds the requested data.
- Where it is not possible to obtain the consent of the adult at risk of abuse and there is a reasonable belief that onward disclosure of information is required in order to prevent serious harm to an adult who needs care and support (vital interests) and/or other members of the public (public interests) – see also 'Mental Capacity' (below), and Appendix 2 'Mental Capacity Act.
- Where a third party discloses concerns about an adult who needs care and support but indicates that they are unable or unwilling to pass this information onto relevant agencies themselves.

In all such cases your manager and/or charity manager should be consulted.

## 11. MENTAL CAPACITY

Mental capacity means being able to make your own decisions.

VASL recognises that it is the right of adults who have mental capacity to make their own choices, irrespective of how unwise we may consider certain decisions to be. VASL adopts the Mental Capacity Act 2005 presumption of mental capacity, unless a person's apparent comprehension of a situation gives rise to doubt. The mental capacity of the adult concerned to consent to information being shared is a key element in considering any onward disclosure to another agency. This is important in helping us to take appropriate and proportionate action in response to a concern.

Your line manager and/or charity manager should be contacted in any situation where there is doubt about an adult's mental capacity in regard to a safeguarding concern. If the risk is immediate and likely to cause significant harm however, and there are reasonable grounds to believe that a person lacks mental capacity to make a decision about their safety, then the emergency services should be contacted immediately.

## 12. STORAGE, RETENTION AND DELETION OF INFORMATION

Information about individual cases should only be accessible to those who have a demonstrable need to know.

Data relating to any substantiated safeguarding allegations relating to VASL staff and volunteers should be retained for a minimum of 10 years from the date of the allegation. Disposal of this data after this time period should only be undertaken by the Charity Manager.

Data relating to other safeguarding issues should be retained for a minimum of 6 years from the date of the allegation unless instructed otherwise, in writing, by the Line Manager or Charity Manager.

GDPR states that information should only be retained for as long as it is needed. If there is a justifiable reason to retain the data it can be kept longer than 10 / 6 years

### 13. WHISTLEBLOWING

All staff should be aware of VASL's whistle-blowing policy. If a member of staff believes that an adult safeguarding allegation or concern is not being dealt with appropriately, and they have exhausted all other reasonable approaches, this policy can be used to escalate those concerns.

### 14. CHARITY COMMISSION REPORTABLE INCIDENTS

When a serious incident, which may include some safeguarding incidents, has occurred at VASL it must be reported to the Charity Commission. A serious incident is one which has "resulted or could result in a significant loss of funds or a significant risk to a charity's property, work, beneficiaries or reputation"

Serious incidents in relation to safeguarding could include (but are not limited to);

- financial crimes - fraud, theft and money laundering
  - large donations from an unknown or unverifiable source, or suspicious financial activity using the charity's funds
  - other significant financial loss
  - links to terrorism or extremism, including 'proscribed' organisations, individuals subject to an asset freeze, or kidnapping of staff
  - suspicions, allegations or incidents of abuse involving beneficiaries
  - other significant incidents, such as - insolvency, forced withdrawal of banking services or actual/ suspected criminal activity
- Decisions to report a safeguarding issue as a serious incident to the Charity Commission will be taken by the Age UK Merton board of trustees.

### 15. AFTERCARE – ADULTS WHO NEED CARE AND SUPPORT

VASL has an important role to play in supporting adults who need care and support who have previously experienced abuse. Through its wide range of services it can play a part in helping people to regain their confidence and get the services and support that they need to aid their recovery.

Where an adult who needs care and support discloses abuse that is historical, rather than current, support should always be offered via signposting to adult social services, the police or our Information and Advice or Health and Wellbeing services.

## APPENDIX 1: TYPES OF ABUSE

There is no single, universally accepted, definition of abuse in relation to adults who need care and support. For this procedure VASL has adapted a definition developed by the charity Action on Elder Abuse.

'A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an adult who needs care and support'.

The list below outlines the main forms of abuse that can affect adults who need care and support, and sets out some of the signs that may indicate that an adult who needs care and support is being abused. Adults can be affected by more than one type of abuse at any one time.

Bear in mind that the existence of one or more of these signs alone does not always mean that abuse is taking place. Nonetheless, where such signs are apparent it is always advisable to consider this possibility and, if you are not sure what to do, always share your concerns with your manager or the Charity Manager.

### Physical abuse

Includes hitting, burning, pushing or kicking someone, misuse of medication and restraint.

Possible indicators of physical abuse:

- Cuts, lacerations, puncture wounds, open wounds, bruising, welts, discolouration, black eyes, burns, broken bones and skull fractures.
- Untreated injuries in various stages of healing or not properly treated.
- Broken or damaged eyeglasses, hearing aids or walking aids.
- Signs of being restrained.
- Inappropriate use of medication, overdosing or under dosing.
- The adult who needs care and support telling you they have been hit, slapped or physically mistreated.

### Self-harm and suicidal thoughts

Self-harm is the deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder. Suicidal thoughts, or suicidal ideation, means thinking about or planning suicide. Thoughts can range from a detailed plan to a fleeting consideration. It does not include the final act of suicide.

### Domestic abuse

Is defined as "Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality" It includes psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation and forced marriage. Domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases.

### Neglect

Is the failure of any person who has responsibility for the care of an adult who needs care and support to provide the amount and type of care that a reasonable person would be expected to provide. This includes including ignoring medical or physical care needs, failure to provide access

to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Possible indicators of neglect:

- Unsanitary, verminous and/or very unclean conditions in environments where the adult should be receiving appropriate care and support.
- Poor skin condition related to poor skin hygiene and/or skin care.
- Dehydration and/or malnourishment unrelated to diagnosed illness.
- Rashes, sores, lice on the person.
- A lack of basic possessions, which the person might reasonably be expected to own.
- Untreated medical needs
- Lack of appropriate support with basic care, including personal care.
- The adult who needs care and support telling you that they are experiencing neglect.

Self-neglect

Covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Financial abuse

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

Possible indicators of financial abuse:

- Sudden changes in bank accounts, unexplained withdrawals of large sums of money or credit/debit expenditure (particularly where there is no evidence that expenditure is for the benefit of the adult).
- The unexplained disappearance of valuable possessions.
- Excessive amounts of money being expended on the care of the adult with no apparent return.
- Abrupt changes to or creation of wills.
- Unpaid bills, rent and other accumulation of debt when someone is supposed to be paying the bills on behalf of an adult who needs care and support.
- Lack of adequate provisions, clothing and other possessions that the person should be able to afford.
- Undue pressure and coercion in connection with financial expenditure.
- The adult who needs care and support telling you that they are being financially abused or exploited.

Many adults who need care and support have the mental capacity to make decisions about their financial affairs. They may choose to make decisions which others feel are unwise. Where there are any concerns about an individual's mental capacity in relation to a safeguarding concern please consult the 'Mental Capacity Act' section below and contact your line manager or charity manager for advice.

Psychological or emotional abuse

Includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Possible indicators of psychological or emotional abuse

- A carer or family member deliberately isolating the adult who needs care and support, and refusing without good reason to allow them to see other people without them being present.
- Hesitation in, and fear of, talking openly about concerns.
- Anger, emotional distress or agitation without an apparent cause.
- Sudden changes in behaviour and personality (such as the person becoming extremely withdrawn and non-communicative or nonresponsive).
- Unusual self-comforting or self-harming behaviour (sucking, biting or rocking).
- The adult who needs care and support telling you they are being verbally or emotionally abused.

#### Sexual abuse

Includes rape and sexual assault or sexual acts to which an adult who needs care and support has not consented, or could not consent or was pressured into consenting to.

Possible indicators of sexual abuse:

- Bruises around the breasts or genital areas.
- Unexplained sexually transmitted infections.
- Unexplained vaginal or anal bleeding.
- Torn, stained or bloody underclothing.
- Inappropriate displays of physical affection or sexual touching by a care provider.
- The adult who needs care and support telling you they have been sexually assaulted, raped or forced to engage in sexual activity to which they have not consented.

#### Discriminatory abuse

This includes ill-treatment or harassment based on a person's age, sex, sexuality, disability, religious beliefs or ethnic group.

Possible indicators of discriminatory abuse:

- Preventing the adult who needs care and support from having equal access to education, health, justice and access to appropriate services and protection.
- Verbal abuse, harassment and maltreatment due to a person's race, gender, disability, age, faith, culture or sexual orientation.

#### Institutional abuse

This occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. An institution could be a hospital, care home, nursing home, day service or other facility which is meant to provide services for people who need care and support.

Institutional abuse is most likely to occur when staff:

- Receive little support from management.
- Are inadequately trained.
- Are poorly supervised and poorly supported in their work.
- Receive inadequate guidance.

The risk of abuse is greater in institutions:

- With poor management.
- With too few staff.
- Which use rigid routines and inflexible practices.

- Which do not use person-centred care plans and approaches.
- Where there is a closed culture.

#### Modern slavery

This encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

## APPENDIX 2: MENTAL CAPACITY ACT

The Mental Capacity Act sets out the process by which an adult's capacity to make a particular decision should be assessed. The five key principles of the Act are:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because they make an unwise decision.
4. An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

There are then two issues to consider in assessing a person's mental capacity:

(Stage 1) 'diagnostic test' An assessment as to whether there is an impairment in the functioning of the mind at the time the decision is to be made (regardless of whether the condition is permanent or temporary).

(Stage 2) 'functional test' An assessment as to whether a person is unable to make a decision about a specific matter at the time the decision needs to be made. Can the person:

1. Comprehend the information relevant to the decision (where information has been provided as clearly as possible)?
2. Retain this information for long enough to make the decision?
3. Use and weigh the information to arrive at a choice (which requires an understanding of the consequences of making a decision one way or the other, or of failing to make a decision)?
4. Communicate the decision?

An inability to fulfil one of these criteria will result in a finding that the person is unable to make a decision, subject to the proper application of all the above principles of the Act.

In an emergency situation, such as contact with a person who appears to be seriously unwell, injured or at immediate and serious risk of harm it may be more apparent that the person lacks capacity. In other cases it may be very difficult to determine the mental capacity of the adult who needs care and support. In all cases the fundamental approach should be one of assumption of capacity, unless there are valid reasons to believe that such an assumption cannot safely be made.

Owned by: Trustees

Approved on: March 2018

For Review on May 2020

## APPENDIX 3: MANAGING SAFEGUARDING ALLEGATIONS INVOLVING VASL STAFF & VOLUNTEERS

### Safe Recruitment

VASL's Recruitment Policy puts in place procedures to ensure that appropriate checks are made prior to appointment of staff, volunteers and external/agency personnel, in order to prevent, as far as is possible, anyone from using their position to abuse adults who need care and support. There are 3 key elements to safe recruitment at VASL.

1. We will prevent unsuitable people from obtaining positions within VASL. People may be unsuitable because of a lack of competence and required experience for a role, a previous dismissal due to harm to an adult who needs care and support (or a child) or because of (in certain circumstances) a relevant or unspent criminal conviction.
2. We will provide induction, supervision and continuous development of staff and volunteers.
3. We will provide procedures to be followed in the event of concerns about the conduct of an employee or volunteer.

### Action if an allegation made

- a) Allegations that staff or volunteers have abused an adult at risk must be managed in a timely, effective and fair manner that balances the rights and need for protection for all those involved.
- b) There is an assumption of innocence for staff and volunteers who are alleged to have abused an adult who needs care and support, until the allegations against them have been investigated.
- c) The allegation should be instantly escalated to a line manager and Charity Manager. The Charity Manager will inform the board.
- d) The line manager and Charity Manager will immediately consider the wishes of the adult who needs care and support (where known), and the need for protective action, including referral to any relevant agencies.

A referral to a relevant authority will only ever be delayed in order to ensure that relevant information can be gathered, and where we determine that any such delay is unlikely to result in further harm to adults who need care and support.

- e) The line manager and Charity Manager will consider, in addition to any investigation under VASL's disciplinary procedures, whether temporary suspension or a change of duties may be appropriate. At this stage any such action will be considered to be a neutral act.
- f) The member of staff or volunteer should be kept informed of the progress of any case, except where it is determined that this may cause further harm to an adult who needs care and support. Where a statutory agency takes the lead role in a safeguarding process the mechanisms for communication with all parties should be agreed with them at the outset.
- g) Records will be kept in accordance with the guidance with Confidentiality as detailed above.

h) If an allegation or concern arises about a member of staff, outside of their work with VASL, and this may indicate a risk of harm to adults who need care and support, the general principles outlined in these procedures will still apply. Advice should be sought from the relevant line manager and Charity Manager.

i) Where a person tenders his/her resignation this must not prevent an allegation being followed up. It is important that every effort is made to reach a conclusion in all cases of allegations relating to the safety or welfare of adults who need care and support, including those where the person concerned refuses to co-operate with the process.

Where things do go wrong VASL will strive to be open about what has happened, conduct thorough investigations, cooperate with relevant agencies, provide support for those involved and learn lessons, so as to avoid future repetition.

#### Aftercare – Staff and volunteers

Receiving a disclosure of abuse, or witnessing abuse, can be a troubling and stressful experience. Where staff are concerned about the impact of such events they can seek support from their colleagues, manager, Charity Manager and/or Peninsular Helpline.

## APPENDIX 4: USEFUL CONTACTS

What should you do if you think someone is being abused?

Further details of the categories of abuse, including the signs and indicators of abuse can be found in the Multi-Agency Adult Safeguarding Policy and Procedures which is available at:

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

If you are concerned that an adult has been or is being abused you should notify the relevant adult social care department, as below.

If the person you are concerned about lives in the **County** please telephone - 0116 305 0004 (office hours, Mon – Fri)

If the person you are concerned about lives in the **City** please telephone: 0116 252 7004 (office hours Mon – Fri)

If the person you are concerned about lives in **Rutland** please telephone: - 01572 758 341 (office hours, Mon – Fri)

**For emergencies only**, outside of office hours and at weekends and bank holidays, telephone 0116 255 1606 for all areas.

If a crime has been committed and the person is in immediate danger, call 999 and ask for the Police / Ambulance. If the person is not in immediate danger call the Police on 101.

Care Quality Commission (CQC): Concerns about the quality of registered health and social care services can be raised with the CQC: 03000 616161

Or you can contact a helpline such as Action on Elder Abuse – 080 8808 8141

### **Concerned about an Adult in Hospital?**

If you are concerned about someone who is currently in hospital and you are worried that they may be experiencing abuse whilst on a ward please ask to speak to the Ward Sister/ Manager or Matron in the first instance to discuss your concerns. Alternatively you can contact the Patient Information and Liaison Service (PILS)