HEALTH for ALL (LEEDS)
SAFEGUARDING ADULTS AT RISK POLICY

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1.0 SCOPE

This policy should be read in conjunction with the West Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures (2013). See section 4.4. This supercedes the Leeds Multi-Agency Safeguarding Adults Partnership Policy and procedures (2009).

In Leeds, safeguarding vulnerable adults is the responsibility of a multi-agency partnership known as the Leeds Adult Safeguarding Partnership Board (see section 4)

This document sets out how Health for All (Leeds) (HFA) will implement the jointly agreed policy and procedures within the organisation.

HFA regards safeguarding adults at risk as a priority. Every employee, volunteer and trustee has a duty of care to protect adults at risk from harm and abuse. Safeguarding the human rights of adults at risk and enabling them to live free from abuse, neglect and exploitation is everybody's business and must be given serious consideration at all times.

This policy applies to all areas of the organisation where adults at risk are seen as service users. In addition, there may be instances where safeguarding adults concerns arise regarding a visitor, relative or carer. In such situations this policy also applies.

Failure to follow this policy could result in the instigation of disciplinary procedures. HFA has a duty of care to protect adults at risk from abuse. The consequences for individuals and the organisation are high if this policy is breached.

HFA will ensure that this policy is monitored and evaluated by the Chief Executive, Pat McGeever, and Board of Trustees.

1.1 Purpose

This policy has been developed in order to safeguard those adults at risk the organisation works with. It aims to promote the protection from abuse for all people aged 18 years or older, who are in receipt of services from HFA and to ensure that appropriate action is taken when actual or suspected abuse **or self-harm** is taking place.

This policy is intended to promote a consistent and cohesive way of working with partner organisations in recognising, reporting, responding to and investigating cases of actual or suspected abuse **or self-harm**.

The policy will:

- Safeguard adults at risk
- Provide clear guidance to HFA staff in raising awareness of their responsibilities;
- Ensure the safeguarding of adults at risk within their care;
- Clarify what actions to take when staff suspect or identify that the safety of an adult at risk is, or has been compromised.

It promotes a zero tolerance of all forms of abuse and recognises that a lack of dignified care/support can have a profound and long lasting effect on clients and can contribute to, or diminish their well being.

1.2 Objectives

The policy objectives are:

- To raise awareness of the extent and impact of the abuse of adults at risk
- To provide service user centred provision
- To create a clear pathway for cases of alleged and actual abuse to be reported and referred
- Prevent people from being drawn into terrorism
- To identify the abuse of adults at risk when it is occurring
- To reduce the risk of cases of abuse or neglect being missed
- To respond effectively to any circumstances giving grounds for concern or where formal complaints or expressions of anxiety are raised
- To ensure that all staff, volunteers and trustees maintain accurate records and that information gathered and used relating to the abuse of vulnerable adults is done so in accordance with the Data Protection Act 1998
- To develop a joint approach with the local safeguarding community in dealing with adult safeguarding cases.

2.0 EQUALITY STATEMENT

This policy applies to all HFA employees, volunteers and trustees (who have direct contact with clients who meet the definition of an adult at risk), irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.

3.0 NATIONAL PERSPECTIVE

Abuse in any form constitutes a crime which could result in serious consequences for all those involved. Abuse, neglect and crimes of violence against adults at risk must be reduced and prevented. A society must be created where abuse, neglect and violence is not part of family or institutional life; where relationships are built on greater mutual respect , whilst respecting the rights of individuals to make choices to live their lives in keeping with wishes and in accordance with their mental capacity.

Staff and volunteers working with adults at risk are well placed to identify and work with those who are, or may be experiencing abuse. Those who access specific training and/or supervision are more likely to recognise instances of abuse; report it; help stop it and improve the care/service they provide for vulnerable adults.

4.0 LOCAL PERSPECTIVE

4.1. Leeds Safeguarding Adults Committee

The Leeds Safeguarding Adults Committee was formed in May 1998. Its role was *"to provide a forum in which partner organisations, with input from service users and carers*

can make decisions about best to work together to improve adult protection work in Leeds.
The committee included representatives from many different partners who provide community care services to adults, as well as those who help protect people from abuse"
(Leeds Multi - Agency Adult Protection Procedures 2002)
The committee subsequently became Leeds Safeguarding Adults Partnership Board and developed the Leeds Multi-Agency Adult Protection Procedures (2002) based on "No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse"

4.2 Leeds Safeguarding Adults Partnership Board
In 2009 the Board was reconstituted with revised terms and conditions agreed by statutory agencies in Leeds and became known as the Leeds Safeguarding Adults Partnership Board. In June 2009, the multi agency partnership rewrote the policies and procedures which express a commitment from all the organisations represented on the Leeds Safeguarding Adults Partnership Board to act cooperatively in protecting adults experiencing abuse and to ensure that they are involved, as fully as possible, in deciding how best they can be protected in the future. The board meets every 2 months and has an Independent Chair providing independent leadership to support the Board's strategic direction. The Safeguarding Adults Partnership Board is overseen by the Director of Adult Social Services, Leeds City Council.

4.3 Leeds Safeguarding Adults Partnership Unit
Leeds Adult Protection Unit (LAPU) was formally launched in 2004; jointly funded by partner organisations of Leeds Safeguarding Adults Committee.
Its role was to:
- Offer support and one off advice to practitioners around safeguarding adults issues;
- Collect and collate statistics;
- Provide training for partner organisations.

Following the reconstitution of the safeguarding partnership board, the LAPU unit became the Leeds Safeguarding Adults Partnership Support Unit.

4.4 West Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures
Throughout 2012, the Leeds Safeguarding Adult Partnership Board worked with the other four West Yorkshire authorities of Bradford, Calderdale, Kirklees, Wakefield to develop West Yorkshire Safeguarding Adult Policy and Procedures. This was implemented from April 2013. This development has ensured a consistency of approach and good practice across the West Yorkshire region. Each local board has additional supporting policies, procedures, guidance and forms that support these policies and procedures, some of which had to reviewed and updated.
For Leeds, the West Yorkshire procedures are very similar to those already in place. Much of the guidance, flow charts and text comes from, or is based on, the Leeds policy and procedures.
Refer to www.leedssafeguardingadults.org.uk

5.0 Prevent Duty Guidance provides guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015

The Prevent Strategy 2011 aims to stop people becoming terrorists or supporting terrorism.

Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on certain bodies like local authorities, to have "due regard to the need to prevent people from being drawn into terrorism".

The Prevent Duty became law on the 1st of July 2015. It grew out of the counter terrorism strategy released in 2011 under the coalition government which was called CONTEST and it contained the 4 Ps.

- Pursue: to stop terrorist attacks;
- Prevent: to stop people becoming terrorists or supporting terrorism; Protect: to strengthen our protection against a terrorist attack; and
- Prepare: to mitigate the impact of a terrorist attack.

Section 50 ‘other agencies and organisations’ of the duty is the most relevant and it specifies: A range of private and voluntary agencies and organisations provide services or, in some cases, exercise functions in relation to children. The duty applies to those bodies, which include, for example, children’s homes and independent fostering agencies and bodies exercising local authority functions whether under voluntary delegation arrangements or via the use of statutory intervention powers. These bodies should ensure they are part of their local authorities’ safeguarding arrangements and that staff are aware of and know how to contribute to Prevent-related activity in their area where appropriate.

What should practitioners do? (This information is collated from LSCB one minute guide on Radicalisation and preventing extremism)

Notice : Practitioners should make themselves aware of the factors that might drive somebody towards extremism so they are able to notice them should they present themselves. However, staff using their skill, expertise, and professional judgement is critical is not stigmatising individuals that may display some of the vulnerability factors highlighted

Check : If a practitioner is concerned about an individual who is being drawn towards extremist activity, they should check their concerns with their organisation’s safeguarding lead officer (if available) to ensure their concerns are valid and well informed.

Share : where it is recognised that an individual is indeed at risk of radicalisation and involvement of extremist activity, a referral should be made to the local authority’s Channel Programme. Also practitioners should share their concerns with the Duty and Advice team and police should be informed as a matter of urgency.

Channel is a multi-agency partnership that develops a proportionate package of support and interventions to draw a vulnerable individual away from becoming radicalised and involved in extremist activity. Channel in Leeds can be contacted by emailing : prevent@leeds.gov.uk

6.0 Adults At Risk And Adult Abuse

The term 'adult at risk' has been used to replace 'vulnerable adult'. This is because the term 'vulnerable adult' has attracted criticism as it can imply that the problem of abuse lies with the person themselves rather than their circumstances or the person that caused the abuse or neglect. The term adult at risk is accepted as being more respectful to those to whom it refers.

The term 'adult at risk' is used as an exact replacement for 'vulnerable adult', as used throughout *No Secrets* (DH, 2000). The following section gives some more detail as to what this term can mean in practice.

6.1 Indicators of an Adult at Risk

An adult aged 18 years or over 'who is or maybe in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of his or herself, or unable to protect him or herself against significant harm or exploitation (DH, 2000). This definition is taken from the current Department of Health guidance to local partnerships. Other definitions exist in partner organisations. An adult at risk *may* therefore be a person who:

- is elderly and frail due to ill health, physical disability or cognitive impairment
- has a learning disability
- has a physical disability and/or sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer for a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support
- is a refugee or asylum seeker
  (this list is not exhaustive)

Other indicators may be:

- Those with communication difficulties of any kind.
- Those who are dependant on others.
- Where there is a history of family violence.
- Where there are cultural differences and language barriers.
- Where there is a lack of staff supervision. Where there is a lack of training for staff.

Indicators of abuse may include:-

- The person lacks mental capacity to consent and it is in the person's best interests
- The person is subject to coercion or undue influence, to extent that they are unable to give consent

6.2 Young people

There are times when young people who are aged 16 and 17 years of age are very likely to be treated by staff within adult services. If a young person is vulnerable and/or has been abused or is suspected of being abused, they are subject to the Children's Safeguarding Procedures. (Refer to Safeguarding Children Policy).

Equally some young people age up to 19 years can still be attending Specialist Inclusive Learning Centres (Education Leeds) and can be treated by children's services staff.

7.0 DEFINING ABUSE

Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. (No Secrets, DH, 2000).

Abuse is a violation of an individual's human and civil rights by another person or persons. It may consist of a single act or repeated acts.
It may be physical, verbal or psychological. It may be an act of neglect or failure to act; or it may occur when a vulnerable adult is persuaded to enter into a financial or sexual transaction to which they have not consented, or cannot consent.

Abuse may occur in any relationship by someone known or unknown to the vulnerable adult including professionals, parents, carers, relatives or friends. Any person(s) or organisation(s) may be the perpetrator of abuse.

Abuse can occur in any setting such as a hospital or community setting, including the patient's place of residence. Any individual, group or organisation may perpetrate it.

It may have been witnessed, or alleged and may be reported verbally or raised through written complaints. **Many cases of abuse are also a crime and need to be reported to the police.**

Abuse in all of its forms will not be tolerated by Health for All.

7.1 Types of Abuse

Abuse can be broadly defined under the following categories:

Physical abuse - includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.

Domestic abuse – is "an 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" (Home Office, 2013). Domestic violence and abuse may include psychological, physical, sexual, financial,

emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.

Sexual abuse - includes rape and sexual assault or sexual acts to which the adult at risk has not consented, or could not consent or was pressured into consenting.

Psychological abuse - includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.

Financial and material abuse

Financial and material abuse is a crime. It is the use of a person’s property, assets, income, funds or any resources without their informed consent or authorisation. It includes theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

As mentioned on Age UK website, some examples of financial abuse are when a relative or a carer:

- Spends the older person’s money on themselves without permission when they are shopping for them
- Refuses to let an older person decide what to spend their money on
- Tells an older person they should give them money, perhaps by telling a hard luck story or by making the older person feel they’re a burden
- Moves into the older person’s home uninvited, or pressures the person to sign their property over to them or change their will

Modern slavery - includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use the means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.

Neglect and acts of omission - includes 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.

Discriminatory abuse - includes abuse based on a person’s race, sex, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime/hate incident.

Organisational abuse – includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill

treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Self-neglect - covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding.

Non-Recent Abuse – non- recent child abuse, sometimes called as historically abuse, is when an adult was abused as a child or young person under the age of 18. Sometimes adults who were abused in childhood blame themselves or are made to feel it's their fault. But this is never the case: there is no excuse for abuse. You might have known you were abused for a very long period or only recently learnt or understood what happened to you. See useful link in references section page 20 and 21.
https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/non-recent-abuse

8.0 THE DESIGNATED PERSON

Pat McGeever, Vikrant Bhatia and Carol Ann Reed are the designated individuals with overall responsibility for safeguarding within the organisation. In the absence of designated persons a deputy will be named by the Health for All's Chief Executive, Pat McGeever.

Each project will have one Manager/Coordinator who is responsible for taking any necessary action when abuse/concern is actual or alleged. They will also be responsible for recording confidential concerns workers may have about adults at risk they are working with.

Contact details:-

Pat McGeever – 0113 2706903/07958 666063 – pat.mcgeever@healthforall.org.uk
Vikrant Bhatia – 0113 2762386/07956 077727 – vikrant.bhatia@healthforall.org.uk
Carol-Ann Reed – 01132762720/07535 960784 – carol-ann.reed@healthforall.org.uk

8.1 Role of the designated person (Carol Ann Reed) The designated person:

- Ensures the development and co-ordination of training requirements of the organisations workforce in relation to safeguarding adults at risk, in line with the Leeds Safeguarding Adults Partnership framework
- Provides specialist advice and support to staff dealing with cases of actual of suspected abuse
- Ensures that all staff are aware and familiar with the procedures outlined in the Leeds Multi-Agency Safeguarding Adults Policy (www.leedssafeguardingadults.org.uk) and there is evidence to support knowledge of the policy. E.g. local workplace inductions, training records etc.
- Promotes joint working practices between staff, local authority staff and the police whilst engaging in the investigation of safeguarding issues.
- Ensures that there are structures for staff support where safeguarding adults issues arise and a process for debriefing staff is put into place at the earliest opportunity.

- Ensures learning from all incidents in which the safeguarding of people/individuals has been compromised in order to minimise or prevent further incidents.
- Ensures that there are structures for assessment of a safe workforce by following the appropriate Human Resources Policy, standards and procedures.
- Ensures that all staff and volunteers are aware of other HFA policies that impact upon safeguarding adults as appropriate to job role.

9.0 DEALING WITH DISCLOSURES

When someone has been abused, they have experienced a situation in which they have had no control or power over the situation which can be psychologically damaging. The abuse may have left them with feelings of shame, self blame or guilt plus confusion about how and why the abuse has happened; anger and confusion at what has happened and grief for their victimisation. (Refer to Appendix1)

Coping with these feelings can be difficult and takes a lot of energy. When someone discloses abuse, they are taking a big risk by trusting you with very important and difficult information. These risks may be: Not being believed

- Being told that it is their fault
- Being abused again
- Betraying their confidence.

If the allegations are not listened to or taken seriously, then the vulnerable adult is being abused again by being ignored or by the collusion of others in the first place.

9.1 DEALING WITH SELF HARM OR SUICIDAL THOUGHTS

When someone displays behaviour that suggests self harm or suicidal thoughts, it is your responsibility to ensure appropriate steps are taken to report this to adult social care or relevant agencies. Please check whether a vulnerable adult who is committing self-harm or displaying suicidal thoughts is already being treated by a specialist for a similar condition.

10.0 CONSENT AND CONFIDENTIALITY

10.1 Consent

If an adult at risk refuses, or is unwilling to take any action, then the incident(s) cannot be referred to another agency and/or be investigated. However, if a serious crime has been committed or the alleged perpetrator is seen as a danger to others, then action must be taken immediately.

In the event of a client making an informed choice not to allow information sharing, this should be respected unless there is an overwhelming responsibility upon staff to act in the best interests of safeguarding the client. When an individual makes an informed choice not to take any action, it will not prevent that person from receiving appropriate information, practical help or further input from HFA and its staff.

All staff should ensure that their clients are provided with clear information on how to recognise and protect them from abuse.

9.2. Confidentiality

Confidentiality is **not** absolute. Information can be disclosed without consent in certain circumstances. One of those situations is if disclosure is justified in the wider public interest. Further protection is given following disclosure, by limiting the availability of the information and allowing access by individuals or groups on a strictly "need to know" basis.

11.0 MENTAL CAPACITY ACT (MCA 2005 Code of Practice)

This Act applies to all persons over the age of 16 who are judged to lack capacity to consent or withhold consent to acts which are considered by health and social care professionals to be in the best interests of their welfare and health.

The Mental Capacity Act 2005 imposes a legal requirement on health and social care professionals to 'have regard to' relevant guidance within the Code of Practice when acting or making decisions on behalf of someone who lacks capacity to make the decision for themselves. Furthermore, they should be able to explain how they had regard to the Code when acting or making decisions.

'For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of the mind or brain.' (Mental Capacity Act, 2005)

11.1 Five Key Principles of MCA

Principle 1	A person must be assumed to have capacity unless it is established that they lack capacity.
Principle 2	A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
Principle 3	A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
Principle 4	Anything done under this Act for or on behalf of a person who lacks capacity must be done in his best interests.
Principle 5	Before the act is done or decision 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.

Staff and volunteers must always assume that service users have the mental capacity to make a decision in line with Principle 1.

11.2 Functional Test for Capacity

The Mental Capacity Act (2005) has a simple functional test for whether or not someone has capacity. This should be used where capacity is uncertain. It states that an individual is judged to have capacity if they are able to:

- understand the information relevant to the decision;
- retain that information;
- use or weigh that information as part of the process of making the decision; communicate the decision (by speech, sign language or “any other means”).

NB. Any other means includes word/picture boards, Makaton, or any other regularly used forms of communication such as nods and shakes of the head, eye blinks etc.

Where an individual is unable to make an informed choice, any actions taken on his/her behalf should match as closely as possible to the known wishes of that individual, based on all the information available at the time.

Actions following disclosures of abuse must be in the context of the person who is disclosing the alleged abuse. This must be based on a fully informed decision about the actions they could take and the consequences of their decision.
It is important to remember that:

- Withholding some information is abusive.
- Biasing their decision is abusive.
- Using information in an emotive way is abusive.
- Acting without their consent can be abusive.

If an adult at risk does not want anything to happen following their disclosure, then nothing can be done about it, provided that the individual is considered to have the mental capacity to make that decision. However, in situations like this where an adult at risk has made a self-decision not to follow any action following the initial disclosure, full details of the decision will be logged on an incident log identifying the staff member/volunteer as well as citing the reasons for this. A further decision can be taken in agreement with the line manager should the worker feel that the individual is still at risk. Depending upon the severity of the matter, if required, this can also be referred to Health for All’s Safeguarding subgroup.

If a crime has been committed, staff and volunteers have a duty of care to report it to the police, with or without the consent of the abused adult.

12.0 INCIDENT LOG

Any concerns or allegations should be brought to the attention of the line manager and the designated person, Carol Ann Reed, via the incident log (Appendix 2).

- All staff should document concerns, facts, allegations and actions in the case record.
- Such concerns must be discussed with the line manager/coordinator.
- If the line manager is unavailable a designated person, should be contacted (Pat McGeever, Vikrant Bhatia, Carol Ann Reed).
- The Incident Log (Appendix 2) must be fully completed, with support from manager/coordinator if needed.
- The completed Incident Log must be signed by the practitioner/staff member and line manager/coordinator.
- The original Incident log must be forwarded to the designated person, Carol Ann Reed, to ensure that the correct outcome is achieved.

Whilst it is not the role of individual staff members to investigate allegations, all staff and volunteers must bear in mind that it is their responsibility to take any safeguarding concerns seriously. **A failure to do so could result in disciplinary procedures being implemented against them.**

It must be noted that vulnerable adults are often the main carers for children and young people. If there are concerns that the vulnerability of the carer affects their ability to care for their children, then a child protection referral should be made in line with the Safeguarding Children Policy. A copy of the policy can be found on the staff intranet as well as all policies are displayed on Health for All notice boards. The policies are also held centrally with our HR & Admin Department.

13.0 REPORTING ACTUAL OR SUSPECTED ABUSE OR SELF-HARM

To raise a safeguarding concern under the safeguarding adults procedures:

Contact:

- Adult Social Care Contact Centre (office hours 9 am - 5 pm): **0113 222 4401** (Text phone for Deaf and Hard of Hearing people: **0113 222 4410**) (8am – 6pm Mon-Fri; excluding bank holidays)
- Adult Social Care Emergency Duty team (out of hours, weekends and bank holidays) **0113 3780644**

The person you speak to will ask you for details about the allegation/concern. If you have reported the incident to the police, tell the person this as well.

Then complete the Safeguarding Adults: Supporting Information form; sometimes called the SA1 Form. This can be found on www.leedssafeguardingadults.org.uk

The safeguarding concern will be allocated to an appropriate team, who will then contact you to discuss the concerns further and advise you to whom the Supporting Information form (SA1) should be sent. (Refer to Appendix 2 at the end of this document for further guidance on Alert and Referral Stages. This supplements the West Yorkshire Safeguarding Adult Policy and Procedures, by providing additional guidance and target timescale as agreed by the Leeds Safeguarding Adult Board)

All staff and volunteers have a clear professional and moral duty to report any allegations of actual or potential abuse of a vulnerable adult to their immediate manager or coordinator.

13.1 Safeguarding Adults Concern/Supporting information/SA1 (Appendix 3).
Body Map (Appendix 4)

The completed Incident Log should be used as the basis for the completion of the Safeguarding Adults Concern/Support Information Form (SA1) and a body map if deemed appropriate in all cases of actual or alleged abuse

- Refer all adult protection alerts to Social Services via the telephone call centre following full assessment of client and overall situation and discussion with manager/coordinator or the designated person, Carol Ann Reed, if manager/coordinator is unavailable.
- Keep a copy of the completed (SA1) form in the appropriate base.
- Take immediate action to protect vulnerable adults where this is required. This will be taken by the appropriate partner organisation(s), usually police or Adult Social Care. Inform your line manager/coordinator as soon as possible about these situations.
- If a serious crime has been committed inform your line manager and the police (via 0845606060 or 999) immediately. Use language that is used by the police e.g. assault, grievous bodily harm, rape, sexual assault etc.
- Discuss the concern with the named lead who will make the decision to refer the case to Adult Social care as a safeguarding issue;
- Inform your line manager and the police (via 0845606060 or 999) immediately if a serious crime has been committed. Use language that is used by the police e.g. assault, grievous bodily harm, rape, sexual assault etc.
- Prioritise attendance at multi agency meetings and submit a report using the HFA template (Appendix 5).
- Please check whether an adult at risk who is committing self-harm or displaying suicidal thoughts is already being treated by a specialist for a similar condition**.**

14.0 BOARD OF TRUSTEES

The Board of Trustees has the responsibility to ensure that:

- There is a designated person, (Carol Ann Reed) for safeguarding issues relating to adults at risk. In the absence of the Chief Executive (Pat McGeever), the Chair of Trustees (Dr Raj Menon), takes on this responsibility;
- All staff and volunteers undertake safeguarding training;
- All staff access supervision around safeguarding adults at risk issues.

15.0 PROFESSIONAL RELATIONSHIPS / DUTY OF CARE

Staff and volunteers must be aware of the boundaries between supporting adults at risk and their families and becoming personally involved. Such involvement could impact on their judgement in safeguarding situations.

Staff members are in a position of trust and responsibility and this should not be compromised under any circumstances.

If any staff member feels that their relationship with a particular client/service user is becoming unprofessional they should discuss this with their manager.

If any staff member or volunteer becomes aware of any unprofessional or inappropriate relationships they must inform their line managers. (Refer to Whistle Blowing Policy)

All staff and volunteers have a duty of care to safeguard adults at risk. Staff must remember that they are not only accountable for their actions but also for omissions in their service provision. Failure to recognise and manage abuse (whoever the perpetrator), is seen as an omission.

Interventions should be balanced, effective, sensitive, and timely and include an awareness of culture, race, gender, beliefs and sexuality.

Consent to intervene must be gained in all cases of suspected or actual abuse. Staff should do all that they can to ensure that their clients can make their own decisions. If individuals are unable to decide for themselves, that is, they lack capacity to make a decision, they have the protection in law.

Signs or indicators of suspected or actual abuse must be reported.

Staff should **always** listen to what clients are telling them and they should never keep concerns or worries to themselves.

16.0 LEGAL FRAMEWORK

Unlike safeguarding children, there is no one piece of legislation that protects vulnerable adults. However, they are normally protected by:

- Criminal Law which protects potential victims by a range of penalties on abusers;
- Civil Law which, to a degree, offers remedies in civil courts for disputes.

The following pieces of legislation can be used to safeguard adults at risk when abuse has occurred: (this list is not exhaustive)

- Care Act 2014
- National Assistance Act 1948 (sections 47 and 48)
- Mental Health Act 1983
- Enduring Powers of Attorney Act 1995
- Protection from Harassment Act 1997
- Human Rights Act 1998 (articles 3, 5, 6 and 8)
- Youth Justice and Criminal Evidence Act 1999
- Care Standards Act 2000 (Part V11, sections 80, 81, 82)
- The Sexual Offences Act 2003
- Domestic Violence Crime and Victims Act 2004
- Mental Capacity Act 2005
- Mental Health Bill 2006 (updating Mental Health Act1983)
- Deprivation of Liberties Safeguards (DoLS) 2008

17.0 PROTECTION OF VULNERABLE ADULTS (POVA) SCHEME

This scheme was set out in the Care Standards Act 2000 and has been in operation since July 2004. It acts as a workforce ban on professionals who have harmed vulnerable adults in their care. It works in a similar way to the Protection of Children Act (POCA) list.

Those on the POVA list will have been found guilty of misconduct which either harmed a vulnerable adult or placed one at risk. On average, 50 people are provisionally registered every month and 14 a month are listed as confirmed.

The list applies to care workers in care homes or those providing domiciliary care, irrespective of being directly employed or provided by agencies for this work. It also applies to those in adult placement schemes under Care Home regulations.

Leeds Social Services Department has a scheme whereby individuals who receive Direct Payments can access the POVA list.

It adds an extra layer of protection to the pre-employment process, including Disclosure & Barring Service checks, which already take place and prevents known abusers from entering the care workforce.

18.0 BICHARD INQUIRY 2004

This inquiry was as a result of vetting failures following the tragic deaths of Holly Wells and Jessica Chapman in 2003. Following the enquiry, the Government proposed to create a new vetting and barring scheme for people seeking work, whether paid or unpaid, with children or vulnerable adults.

This will build on existing barring lists and the Disclosure & Barring Service (DBS) in order to provide a comprehensive, centralised, integrated and updated system to prevent unsuitable people gaining access to vulnerable groups through their work and to ensure that those who become unsuitable do not continue in the workforce.

A check of an applicant's barred status would be readily accessible to employers and those employing carers under private arrangements, including parents. It is intended that this scheme will become operational by 2007.

19.0 WHEN STAFF, VOLUNTEERS OR TRUSTEES ARE SUSPECTED OF ABUSING ADULTS AT RISK

All staff, including volunteers and trustees should:

- adopt a “whistle blowing” approach if they suspect any form of abuse of vulnerable adults by a staff member, volunteer or trustee;
- Report concerns to the line manager/coordinator immediately if there are suspicions or evidence that colleagues are using their positions of trust to abuse clients or deliver poor or dangerous services. (Hearing staff Concerns - Whistle Blowing Policy).

Failure to report your suspicions or actual facts could be seen as collusion and a failure in your duty of care. This could result in disciplinary procedures being instigated by the organisation.

All members of HFA have a responsibility to report any concerns that they may have about the abuse of adults at risk from any individual that may have occurred in any setting.

Where there is uncertainty about the severity of a situation and confidential advice is required, the Designated Person, Carol Ann Reed, should be contacted.

20.0 RECRUITMENT AND EXCLUSION OF KNOWN ABUSERS

20.1 Organisational commitment

HFA will make every effort **not to** employ anyone who has, or allegedly has, abused adults at risk.

All new staff will only be offered substantive posts subject to positive vetting via the Disclosure & Barring Service. If this discloses any convictions in connection with safeguarding, potential employees will have job offers withdrawn and staff already in post will be dismissed with immediate effect.

Any staff member undergoing police investigations in connection with safeguarding allegations will be suspended on full pay until such investigations are concluded. If a conviction results, employment will be terminated.

20.2 Recruitment process

- All applicants, whether paid or voluntary, will be subject to an interview to assess their suitability to work for the organisation.
- It will be made clear to all applicants for all posts within the organisation are exempt from the Rehabilitation of Offenders Act 1974.
- Every interview panel will include at least one person who has undertaken “Safer Recruitment” training.
- All applicants, whether paid or voluntary will be subject to enhanced DBS checks prior to commencement of employment.
- In cases where applicants have unexplained gaps in their employment, or there is a history of frequent moves between jobs, explanations will be sought.
- All staff, both paid and voluntary, will be subject to a 6 month probationary period. Positions will not be confirmed as permanent until the organisation is confident that staff members are considered safe and suitable to work with vulnerable adults.

- All commissioned workers (E.g. trainers) will be required to produce current DBS check and their professional testimonials to ensure their suitability to deliver their services

20.3 Staff References

- All applicants will be requested to provide two referees who will be contacted to provide written references prior to employment.
- References will be closely examined by the appropriate line manager and any queries discussed with the referee prior to job offer.

21.0 TRAINING

21.1 Multi Agency Training Strategy

A citywide multi agency training strategy for all agencies has been developed in line with No Secrets (2002) and A National Framework of Standards for good practice and outcomes in adult safeguarding work (2005) recommendations. This strategy is supported by a multi agency training sub group of the citywide partnership.

Training ensures that all staff and volunteers are aware of local policy, procedures and practice in the adult safeguarding process.
It also provides:

- An overview of the concept of safeguarding adults at risk
- Definitions of the types of abuse
- How to recognise suspected or actual abuse
- What to do when faced with adult abuse
- A knowledge of how Leeds Multi Agency Procedures work and
- An outline of relevant legislation.

HFA will facilitate training opportunities for paid and voluntary staff. Priority will be given to those staff groups who work with vulnerable adults on a regular basis, to ensure that they recognise the signs of possible or actual abuse and are able to report those concerns in line with this policy and Leeds Safeguarding Partnership Multi - Agency Policy and Procedures.

21.2 Table of training available (Provided by Leeds Safeguarding Adults Partnership)

Type of training	**Staff**
Alerter (Single or multi agency)	New staff as part of induction. All other staff.
Referrer (Multi agency)	Staff identified as referrers
Coordinator (Multi agency)	Not relevant for HFA at present
Investigating officer (Multi agency)	Not relevant for HFA at present

22.0 SUPERVISION AND STAFF SUPPORT

22.1 Supervision

- Safeguarding adults at risk supervision will be included in line management supervision.
- All staff working with adults at risk will receive group supervision on a 4 monthly basis.
- Ad hoc supervision can be accessed as required.
- Supervision will be provided by trained supervisors.
- All safeguarding supervision will be audited by the organisation on a yearly basis.

22.2 Staff Support

Staff can seek support with adult safeguarding issues from:

- HFA's designated person (Carol Ann Reed)
- Line managers/coordinators
- Designated Safeguarding Adult Enquiry Coordinators (SAECs) via Adult Social Care)
- Leeds Safeguarding Adults Partnership Support Unit
- local social workers for the elderly
- Safeguarding Adults Enquiry Coordinators (SEACs) (both via adult social services), Leeds
- Police.

REFERENCES

Data Protection Act 1988

Leeds Multi – Agency Safeguarding Adults Partnership Policy, Part 1, June 2009

Leeds Multi – Agency Safeguarding Adults Partnership Procedures, Part 2, July 2009

Leeds Multi – Agency Safeguarding Adults Partnership Appendix to the Multi – Agency Policy and Procedures, Part 3, July 2009

West Yorkshire Multi-Agency Safeguarding Adults Policies and Procedures (April 2013)

Leeds Safeguarding Adults Partnership/ Safeguarding Adults Concern/Supporting Information(Form SA1)/Body Map

No secrets: Guidance on developing multi-agency policies and procedures to protect vulnerable adults from abuse. Department of Health 2000

Mental Capacity Act 2005

Mental Capacity Act 2005 Code of Practice 2007 Department of Constitutional Affairs

The Leeds Safeguarding Adults Multi-Agency Policy and Procedures June 2009

Protection of Vulnerable Adults Scheme July 2004

The Bichard Inquiry Report June 2004.

The Bichard Inquiry Recommendations Progress Report December 2004.

Safeguarding Adults - Report on the consultation review of 'No Secrets' Department of Health (2009)

Safeguarding Adults - A National Framework of Standards for good practice and outcomes in adult protection work. The Association of Directors of Social Services October 2005.

Health for All Domestic Violence Policy 2015

Health for All Safeguarding Children's Policy 2020

Health for All Hearing Staff Concerns – Whistleblowing Policy 2012

Health for All Health and Safety Policy 2017

Health for All Covid Risk Assessment for all centres 2020

https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/non-recent-abuse/

Addendum – Health for All Adults Safeguarding Policy (Response to Covid-19) 2020

Appendix 1

WHAT TO DO IF A VULNERABLE ADULT DISCLOSES ABUSE TO YOU

1	Stay calm.
2	Do not transmit shock, anger or embarrassment.
3	Reassure the vulnerable adult.
4	Listen actively
5	Do not promise to keep secrets
6	Give them the time they need to tell their story
7	Encourage the person to talk, but do not ask “leading questions” or press for information. Listen and remember what they tell you.
8	Check that you have understood correctly what the person is trying to tell you.
9	As soon as you can, make a detailed record of the conversation using the person’s own language, including any questions you have asked.
10	Be sympathetic and non - judgemental.
11	Discuss their options
12	Be aware that medical evidence may be required
13	Tell them what you must do regarding your duty of care
14	Do not add comments or opinion.
15	Maintain confidentiality. Only share information on “a needs to know” basis
17	Discuss concerns with line manager/coordinator or safeguarding lead.
18	Complete Incident Log.
19	Complete Alert/Referral Form SA1 and discuss possible referral with designated person (Carol Ann Reed).

All policies and useful contacts are displayed on the HFA intranet and notice boards.

Appendix 2 - Incident Log

Health for All (Leeds)
Tenants Hall Enterprise Centre, Acre Close, Middleton, Leeds, LS10 4HX

Tel 0113 2706903 Fax 0113 2725104

Incident form

Name	Address	DOB	Venue/Group	Date

Nature of incident/concern including relevant background (record adult's word verbatim if possible)

Signed……. …….. Worker	Signed…… … ……. Worker	Signed…… …… Manager/Coordinator

Action taken:

Outcome:	
Signed…… Designated Senior Manager	Contact details

Appendix 3

Leeds Safeguarding Adults Partnership

Practice Guidance:
Alert and Referral Stages: Additional Information

Version:	Version 1
Ratified by:	Policy, Protocols and Procedures Sub-Group Chair
Date ratified:	March 2013
Author/Originator of title:	Extracts from Leeds Multi-Agency Safeguarding Adult Procedures
Sub-Group Chair:	Kieron Smith, LSAPSU
Date issued:	April 2013
Review date:	April 2015
Target audience:	Alerters, Alerting Managers and Safeguarding Coordinators

This practice guidance supplements the West Yorkshire Safeguarding Adult Policy and Procedures, by providing additional guidance and target timescale as agreed by the Leeds Safeguarding Adult Board.

1. Decision support tool for making safeguarding alerts

This table is provided to support decision making as to when a safeguarding alert is appropriate. A safeguarding alert involves the decision to report concerns to the safeguarding adult contact point. This table should be read alongside Section 9 of the West Yorkshire Safeguarding Adult Multi-Agency Procedures and with consideration of the specific unique circumstances of the allegation.

Types of Abuse/ Types of Response	**Examples: Safeguarding alert may not be required** Consider Alternatives – disciplinary, complaints, incident/serious incident processes, training etc.	**Examples: Safeguarding alert is likely to be required**
Physical	One service user 'taps' or 'slaps' another but not with sufficient force to cause a mark or bruise and the victim is not intimidated. Isolated incident, care plans amended to address risk of reoccurrence Or One service user shouts at another in a threatening manner, but the victim is not intimidated. Care plans amended to address risk of reoccurrence.	Predictable and preventable (by staff) incident between two adults at risk resulting in harm. Harm may include: bruising, abrasions and/or emotional distress caused.
	Adult at risk has been formally assessed under the Mental Capacity Act. Actions taken in best interests are not the 'least restrictive'. Harm has not occurred and actions are being taken to review care plans. Application for Deprivation of Liberty Safeguards may be required.	An authorised deprivation of liberty results in a form of harm to the person or authorisation has not been sought for DoLS despite this being drawn to the attention of hospital/care home. Harm may include: loss of liberty, rights and freedom of movement. Other types of abuse may be indicated – psychological/emotional distress.
Psychological/ Emotional	The adult at risk is spoken to once in a rude, insulting and belittling or other inappropriate way by a member of staff or family carer. Respect for them and their dignity is not maintained but they are not distressed. Actions being taken to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Harm m ay include: distress, demoralisation, loss of confidence or dignity. Insults contain discriminatory elements e.g. racist or homophobic abuse.
Neglect and acts of omission	Isolated incident of a person not receiving necessary help to have a drink/meal and a reasonable explanation is given. Actions being taken to prevent reoccurrence.	Recurring event resulting in harm, or is happening to more than one adult at risk. Harm may include: hunger, thirst, weight loss, constipation, dehydration, malnutrition, tissue viability issues, loss of dignity.
	Isolated incident where a person does not receive necessary help to get to the toilet to maintain continence, or have appropriate assistance with changing incontinence pads and a reasonable explanation is given. Action being taken to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Harm may include: pain, constipation, loss of dignity and self-confidence, skin problems.
	Patient has not received their medication as prescribed. Appropriate actions being addressed to prevent reoccurrence.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Inappropriate use of medication that is not consistent with the person's needs. Harm may include: pain not controlled, physical or mental health condition deteriorates/kept sleepy/unaware; side effects.

	Appropriate moving and handling procedures are not followed or the staff are not trained or competent to use the required equipment but the patient does not experience harm. Action plans are in place to address the risk of harm.	The person is injured or action is not being taken to address a risk of harm. Harm may include: injuries such as falls and fractures, skin damage, lack of dignity.
Neglect and acts of omission	The person does not receive a scheduled domiciliary care visit and no other contact is made to check on their well-being, but no harm occurs.	Isolated incident(s) resulting in harm or recurring event, or is happening to more than one adult at risk. Harm may include: missed medication and meals, care needs significantly not attended to.
	Person is discharged from hospital without adequate discharge planning, procedures not followed but no harm occurs. Lessons being learned to improve practice.	The adult at risk is discharged without adequate discharge planning, procedures not followed and experiences harm as a consequence. Harm may include: care not provided resulting in deterioration of health or confidence, avoidable readmission to hospital.
	Adult at risk is known to be susceptible to pressure ulcers, has not been formally assessed with respect to pressure area management but no discernible harm has occurred. Actions being taken to prevent a future incident reoccurring.	Person has not been formally assessed/advice not sought with respect to pressure area management or plan exists but is not followed, in either case harm is incurred. Harm may include: avoidable tissue viability problems
	Person does not have within their care plan/service plan/ treatment plan a section that addresses a significant assessed need such as: • Management of behaviour to protect self or others • Liquid diet because of swallowing • Cot sides to prevent falls and injuries However, no harm occurs and actions being taken to address.	Failure to specify in a person's plan how a significant need must be met and action or inaction related to lack of care planning results in harm such as injury, choking, etc. A risk of harm has been identified but is not acted upon in a robust and proportionate way or there is a failure to take reasonable actions to identify risk. As a consequence one or more persons are placed at an avoidable repeated risk of harm.
	The adult at risk's needs are specified in a treatment or care plan. Plan not followed, needs not met as specified but no harm occurs.	Failure to address a need specified in a person's care plan or failure to act on an identified risk, results in harm.
Sexual	Isolated incident of teasing or low level unwanted sexualised attention (verbal or non-intimate touching) directed at one service user to another, whether or not they have mental capacity. Care plans being amended to address. Person is not distressed or intimidated.	Intimate touch between service users without valid consent or recurring verbal sexualised teasing resulting in harm. Harm may include: emotional distress, intimidation, loss of dignity.
Discriminatory	Adult at risk in pain or otherwise in need of medical care such as dental, optical, audiology assessment, foot care or therapy does not on one occasion receive required/requested medical attention in a timely fashion.	Adult at risk is provided with an evidently inferior medical service or no service as a result of discriminatory attitudes/actions. Harm may include: pain, distress and deterioration of health.
Financial and material	Staff member has borrowed items from service users with their consent, professional boundaries breached but items are returned to them. Actions being taken to prevent reoccurrence.	Isolated or repeated incidents of exploitation relating to benefits, income, property, will. Theft by a person in a position of trust, such as a formal/informal carer.
Institutional	Care planning documentation is not person centred or there are few opportunities to engage in social and leisure activities but harm is not occurring. Actions being taken to address.	Rigid inflexible routines, or lack of stimulation resulting in harm. Harm may include: impairment/deterioration of physical, intellectual, emotional or social development or health; loss of personal dignity.

		There are systemic reasons for any form of abuse i.e. the way a service is provided significantly contributes to any harm/abuse experienced (or creates a risk of harm/abuse occurring).

2. Notifying the alerter of the referral decision

A safeguarding referral involves the decision to proceeds to a safeguarding strategy discussion or meeting to plan an investigation, assess risk and agree interim protection arrangements. The West Yorkshire Safeguarding Adult Multi-Agency Procedures state that the alerter should be notified of the decision to proceed to a safeguarding adult referral as soon as practicable (Section 10.8).

The Leeds Safeguarding Adult Partnership Board has an additional target timescale for this action, namely:

- By end of the working day following the one on which the referral decision was made.

3. Version control record

Version	Version or document being superseded	Key Changes from previous version (record origins of document if new)
1	Leeds Safeguarding Multi-Agency Policy and Procedures	Content is copied from Leeds Safeguarding Adult Multi-Agency Policy and Procedures, March 2012. Terminology changes made in accordance with the West Yorkshire Safeguarding Adult Multi-Agency Policy and Procedures being introduced 1st April 2013.

Leeds Safeguarding Adults Partnership

Appendix 4 – SA1

Safeguarding Adults Concern

Supporting Information

To Raise A Safeguarding Adult Concern contact: **Adult Social Care Contact Centre** on **0113 222 4401** (Monday-Friday 8am-6pm) (Textphone for deaf and hard of hearing people: 0113 222 4410).

Where urgent and outside of these hours ring the Emergency Duty Team on 01133780644 or 07712 106378.

You will be asked for details about the concern. A worker from the appropriate team will then contact you to discuss the concerns and advise you to whom this Supporting Information form should be sent.

Please complete this form with as much information as possible. Leave blank those questions you are unable to answer.

Date Safeguarding Concern Raised:	

1. Who is the Adult At Risk?		ESCR/CIS ref (If known):	
Title: Mr/Mrs/Ms/Other*	First Name(s):	Surname:	Date of Birth: Age:
Address: Post Code: Tel:		NHS Number (if known):	
		Date of Death (if applicable):	
		Gender:	
		Language spoken:	
		Ethnicity:	
		Religion:	
		Marital status:	

Primary Support Reason:		
Physical support needs (exc. sensory support needs) ☐	Mental health support needs (excluding dementia) ☐	Support for learning disability ☐
		Support for substance misuse ☐
Sensory support needs ☐	Support with memory / cognition (including dementia) ☐	Other (please specify below) ☐

Carer support needs		

Record details of their Professional Support Network (e.g. GP, District Nurse, CPA Coordinator, Social Worker)		
Name	Organisation	Contact Details

2. What existing care/support services is the person receiving (if any)?

Name / DoB of the Adult at Risk:	

3. Details of the alleged incident

(A) Describe what has happened, when and where. (B) What are the adults at risk's views on the incident
(C) Describe any injuries or harm experienced by the adult at risk

Please tick here if a Body Map has been completed	

CONFIDENTIAL

Type(s) of abuse					
Physical		Domestic abuse		Financial / Material	
Neglect / Acts of omission		Discriminatory		Organisational	
Psychological		Sexual abuse		Self-Neglect	
Modern slavery		Sexual exploitation		Tick all that apply	

4. What does the adult at risk want to happen now?

4a. What are the desired outcomes of the adult at risk? That is, what do they wish to achieve from the support they might receive, such as feeling safe at home or having no contact with certain individuals

Has the adult at risk given consent for the concerns to be raised with the local authority safeguarding services?	☐ Yes ☐ No ☐ Not Sure
Has an assessment of mental capacity been undertaken?	☐ Yes ☐ No ☐ Not Sure
Is the safeguarding concern being raised in the best interests of the adult in line with the Mental Capacity Act?	☐ Yes ☐ No ☐ Not Sure

5. Actions taken in relation to the safeguarding concerns?

Details of action taken:

Have the police been informed?	☐ Yes ☐ No	Crime Ref. Number:
Has medical intervention been sought?	☐ Yes ☐ No	From where/whom?

6. Details of the person or organisation alleged to have caused harm

Name:		Date of Birth:	
Address: Post Code:		Gender:	
		Does the person/organisation know that a safeguarding allegation has been made? ☐ Yes ☐ No ☐ Not Sure	
What is their relationship to adult at risk? Are they known to the adult at risk? ☐ Yes ☐ No		Is this person also an adult at risk? ☐ Yes ☐ No	
Additional information, such as previous concerns:			

7. Any other relevant information

Include any safety or confidentiality issues that may impact on how the concern is acted upon

8. Details of the person completing this form			
Name:		Job Title:	
Address: Post Code:			
Tel:		Date:	

Body Map

Leeds Safeguarding Adults Partnership

Name of Adult at Risk: **DoB:**

Guidance

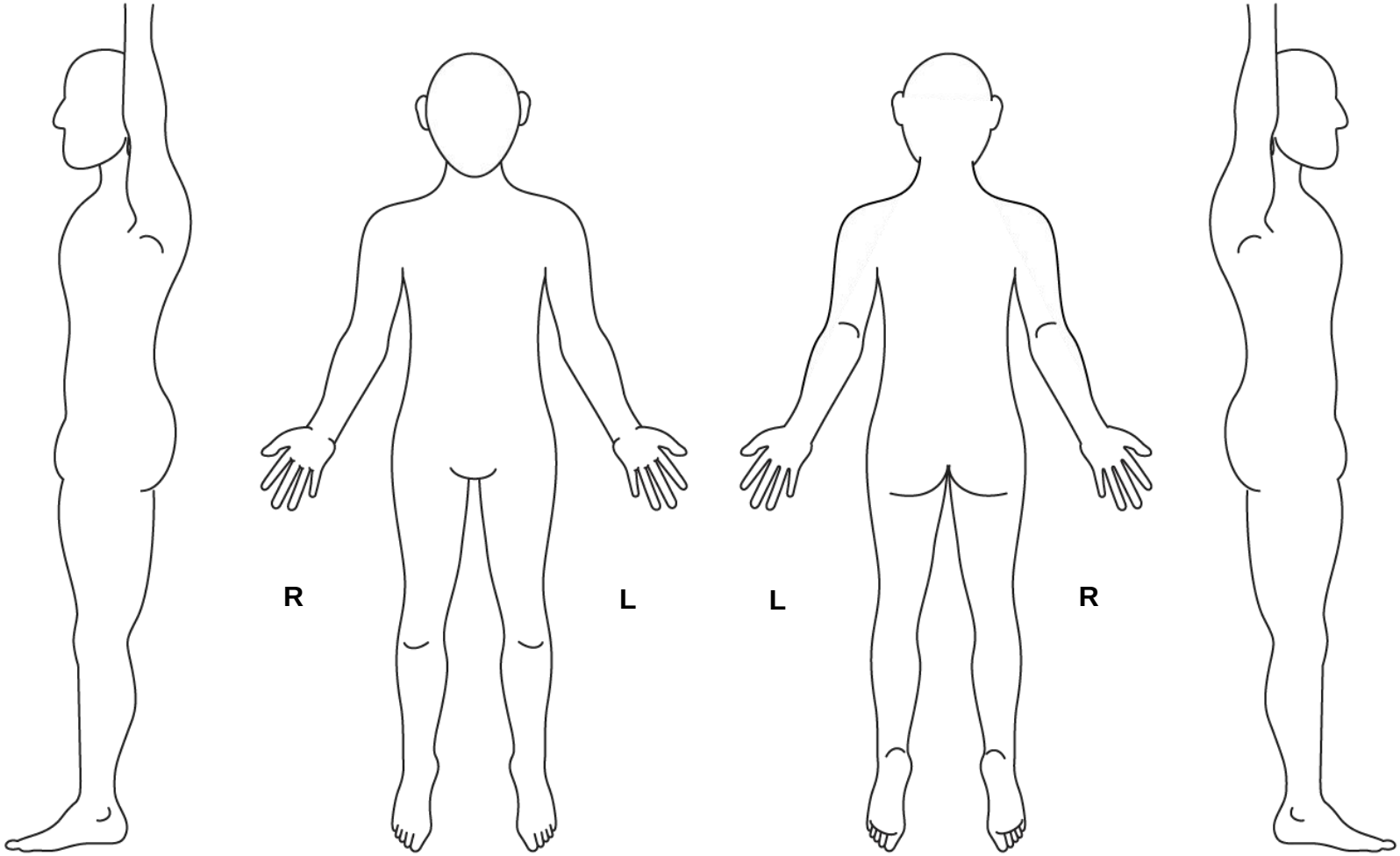
Notes

- Record all visible marks
- Appearance, size & extent are important
- Note exact location
- Clearly mark:

✓ Bruising
✓ Redness
✓ Abrasion
✓ Scratch
✓ Laceration
✓ Rash
✓ Dry skin
✓ Pressure sore

NB: Record colouring of bruises

LEFT
FRONT
BACK
RIGHT



Comments (if any)		
Completed by:	Organisation:	Date:

All information contained within this document is strictly confidential. It should not be used for any purpose other than the safeguarding or care of the adult(s) concerned.

Appendix 6

USEFUL CONTACTS

Organisation	Address	Telephone
Leeds Social Services Adult Social care Customer Services (Mon-Fri 8 am- 6 pm, excluding bank holidays) **Emergency Duty Team (Outside the contact centre times above)**	Customer Care (call centre) to make an adult safeguarding referral	0113 222 4401 Text phone for deaf and hard of hearing people : 0113 2224410 Tel : 0113 3780644 or 07712 106378
Leeds Social Services	Emergency Duty Team	0113 3780644 or 07712 106378
Police **If you need to report a crime, but the person is not in imminent danger**		0845 606060 999 for emergencies Tel : 101 (Non-emergency service)
Leeds Adult Safeguarding Partnership Board **Leeds Safeguarding Board Unit Advice Line : (Mon-Thurs 9 am – 5 pm, Fri 9 am -4.30 pm)**	Merrion House 4th Floor East 110 Merrion Street Leeds LS2 8QB (for advice)	0113 2474909 safeguardingadults@leeds.gov.uk www.leedssafeguardingadults.org.uk 0113 2243511
Tenfold Forum for Learning Disability voluntary sector in Leeds.		0113 242 1321 www.forumcentral.org.uk

Ann Craft Trust Works with staff to protect people with learning disabilities who may be at risk of abuse.	Centre for Social Work University of Nottingham University Park Nottingham NG7 2RD	0115 9515400 ann.craft@nottingham.ac.uk

Action on Elder Abuse Careline		Help line: 08088088141 www.elderabuse.org.uk
Age UK (Leeds)	Bradbury Building Mark Lane Leeds LS2 8JA	0113 389 3004 www.ageuk.org.uk
Alzheimer's Society (Leeds)		0113 231 1723
Carers Leeds	6-8 The Headrow Leeds LS1 3BE	0113 2468338 advice@carersleeds.org.uk www.carersleeds.org.uk

Volition Forum for Leeds mental health and physical and sensory impairment voluntary sector.	Joseph's Well Hanover Walk Westgate Leeds LS1 1AB www.volition.org.uk	0113 2421321 www.forumcentral.org.uk
Domestic Violence 24 hour helpline which provides help for all victims of abuse in Leeds.		0113 246 0401
Women's Aid Helpline Leeds 24 hours		0113 246 0401

Leeds Advonet Service	Unit A4 26 Roundhay Road Leeds LS7 1AB	0113 2440606 www.leedsadvocacy.org.uk
Community Links Advice and training around mental health and safeguarding issues	3 Limewood Way Leeds LS14 1AB	0113 2739660 info@commlinks.co.uk www.commlinks.co.uk
Crown Prosecution Service (CPS) Yorkshire and Humberside (Leeds Office)	27 Park Place Leeds LS1 2SZ	0113 2902700

Older People's Forum (Leeds)	Suite 17D, Joseph's Well Hanover Walk Westgate Leeds LS3 1AB	0113 2441697 info@opforum.org.uk www.opforum.org.uk
Mencap Whistleblowing Helpline This is an independent, confidential, free phone service for staff and organisations working within the NHS and social care sector. It is commissioned by the Department of Health	123 Golden Lane LONDON EC1Y 0RT	0800 724725 help@mencap.org.uk www.mencap.org.uk
CQC (Care Quality Commission) Regulates care provided by the NHS, local authorities,	Citygate Gallowgate Newcastle upon Tyne NE1 4PA	03000 616161 enquiries@cqc.org.uk www.cqc.org.uk
private companies and voluntary organisations and protects the interests of people whose rights are restricted under the Mental Health Act		

Leeds Deprivation of Liberty Safeguards (DoLS) Provides advice on issues relating to DoLS, for professionals, service providers and members of the public		Help line: 0113 295 2347
Disclosure and Barring Scheme (DBS) The role of the DBS is to help employers make safer recruitment decisions and prevent unsuitable people from working with at risk groups including children. It replaces the Independent Safeguarding and DBS.		DBS referrals and barring: 01325 953795 DBS check: 0870 9090811