



HR01 - Safeguarding POLICY

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Minor Changes Date:	February 2023

Safeguarding

No one shall be subjected to torture or to inhuman or degrading treatment or punishment (Human Rights Act 2000).

The aim of this policy is to outline the practice and procedures for paid and voluntary staff in Age UK Birmingham and Age UK Sandwell (the Organisation) to contribute to the prevention of abuse of vulnerable groups through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting vulnerable groups and those undertaking regulated activity with adults, recognising the risks involved in lone working. The policy covers all staff (including employees, workers, and volunteers) and areas of work with specific guidance for those undertaking regulated activity with adults.

For clarity it must be stated that a person at risk isn't necessarily a client or customer. Equally any member of staff, volunteer, or anyone we come into contact with may be vulnerable and at risk of abuse, regardless of gender, age, race or other identifier. With regard to concerns about abuse of a member of staff or volunteer by another member of staff or volunteer within the organisation, it may be more appropriate to follow the **Whistle Blowing Policy HR14**.

It is a guiding principle that Age UK Birmingham and Age UK Sandwell should always do something in response to an indication of abuse. If any doubt should exist about an incident, then the arrangements established by this policy and procedure should be pursued. Never dismiss a situation out of hand.

Age UK Birmingham and Age UK Sandwell will follow and adopt the guidance issued by Birmingham Safeguarding Adults Board (see <http://www.bsab.org.uk>)

Definition Of Regulated Activity (Adults)

Regulated Activity in relation to adults is defined in the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, as any activity which, if required by an adult, leads to them being considered vulnerable at that particular time e.g. provision of health or personal care; assistance with general household matters because of the adult's age, disability or illness; assistance with conducting the adult's own affairs, e.g. paying bills, shopping etc, and conveying).

There is no requirement for a person to carry out the activities a certain number of times before they are engaging in regulated activity. Any time a person engages in the activities set out below, they are engaging in regulated activity.

The six categories within the definition of regulated activity are as follows:

- Providing health care,
- Providing personal care,

- Providing social work,
- Assistance with general household matters,
- Assistance in the conduct of a person's own affairs,
- Conveying.

Definition of Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. Any process has to recognise that adults sometimes have complex interpersonal relationships and may be unclear or unrealistic about their personal circumstances.

Definition of Wellbeing

The individual's wellbeing must be considered. 'Wellbeing' is defined in Section 1 of the Care Act (2014) and relates to any of the following:

- personal dignity (including treatment of the individual with respect),
- physical and mental health and emotional well-being,
- protection from abuse and neglect,
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided),
- participation in work, education, training, or recreation,
- social and economic well-being,
- domestic, family, and personal relationships,
- suitability of living accommodation,
- individual's contribution to society.

Definition Of Abuse

"Abuse is the harming of another individual usually by someone who is in position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse in many cases, it is a criminal offence" (Centre for Policy on Ageing 1996).

Types of Abuse

The following are the main forms of abuse, although there are variations within these:

Physical Abuse

Physical abuse involves deliberate physical harm:

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

Sexual Abuse

Sexual abuse involves forcing or enticing someone to take part in sexual activities:

- Acts such as rape, incest, acts of indecency, sexual assault,
- Sexual harassment or sexual acts to which the person has not consented, or could not consent or was pressured into consenting,
- Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-physical abuse, including verbal statements and electronic messaging.

Psychological/Emotional Abuse

Psychological and/or emotional abuse is the persistent emotional ill-treatment such as to cause severe and persistent adverse effects on the individual's emotional development and emotional welfare:

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

Financial Or Material Abuse

- Including 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,
- Misuse or misappropriation of property, possessions, or benefits.

Organisational Abuse

- Including neglect or poor care practice within an organisation or specific care setting, such as a hospital or care home,
- It can also be in relation to care provided in your 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.

Discriminatory Abuse

- Including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

Modern Slavery

- Encompasses slavery, human trafficking, forced labour and domestic servitude.
- Trafficking 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.

Neglect and Acts Of Omission

Neglect is the persistent failure to meet an individual's basic physical and/or psychological needs, likely to result in the serious impairment of the person's health, welfare, or development:

- Including failure to protect someone from physical harm or danger,
- 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, shelter and clothing, adequate nutrition and heating,
- Neglect of, or unresponsiveness to, a person's basic emotional needs.

Self-Neglect

This covers a wide range of behaviour such as neglecting to care for your personal hygiene, health or surroundings and includes behaviour such as hoarding.

Bullying

This is deliberate, hurtful behaviour, usually repeated over a period of time, where it is difficult for those being bullied to defend themselves:

- Bullying can be verbal, written, or physical and can take many forms, from relatively mild banter to actual physical violence,
- It may be related to any personal characteristic of the person (whether perceived or real) or by association (i.e. related to the person's relationship or dealings with others who have that personal characteristic),
- A particular area of growing concern is electronic messaging which can include graphical and video elements as well as text as a method of bullying.

No abuse is acceptable, and all incidents should be raised with a line manager, so that the appropriate action can be taken. This may include referral to outside agencies/Police, as necessary.

Rights & Responsibilities

Responsibilities of Age UK Birmingham and Age UK Sandwell

- To ensure staff and volunteers are aware of the safeguarding policy & procedure and are adequately trained in line with Birmingham City Council's Social Care & Health '***Safeguarding Adults: Multi-agency policy & procedures for the protection of adults with care & Support in the West Midlands***' To notify the appropriate agencies if abuse is identified or suspected.
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability.
- To undertake Disclosure and Barring Service (DBS) checks for employees, volunteers and workers undertaking regulated activity with adults and to ensure that these have been undertaken, where required, for any workers/contractors not directly employed by Age UK Birmingham and Age UK Sandwell.

Responsibilities of Age UK Birmingham and Age UK Sandwell Employees, Workers and Volunteers

- To be familiar with the safeguarding policy and procedures,
- To take appropriate action in line with the policies of Age UK Birmingham and Age UK Sandwell,
- To promote the principles and good practice to other voluntary organisations,
- To declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possible resulting in dismissal,
- Support for those who report abuse. All those making a complaint or allegation or expressing concern, whether they be staff, service users, carers or members of the general public should be reassured that:

- They will be taken seriously,
- Their comments will usually be treated confidentially, but their concerns may be shared if they or others are at significant risk,
- If service users, they will be given immediate protection from the risk of reprisals or intimidation,
- If staff they will be given support and afforded protection if necessary in line with the Public Interest Disclosure Act 1998.

Responsibilities of the Board of Trustees

The Board's Governance role-as distinct from any role they undertake as volunteers- is to receive exception reports on the level of Safeguarding Alerts raised with the local authority. The Board also provides an Appeal Role, for staff or volunteers subject to disciplinary processes. The Board should also appoint a Safeguarding Lead or "Champion", who should be involved with induction and updating advice for staff and volunteers, to ensure that best practice is observed.

The individual has the right:

- To be made aware of this policy,
- To have alleged incidents recognised and taken seriously,
- To receive fair and respectful treatment throughout,
- To be involved in any process as appropriate,
- To receive information about the outcome.

Good Practice

Recruitment of Staff and Volunteers

Follow Age UK Birmingham and Age UK Sandwell's recruitment procedures and policies, including:

- Risk assessment of role to assess need for DBS Certificates,
- Completion of an Age UK Birmingham's application form,
- Check references and pre-employment checks, thoroughly including undertaking appropriate level of DBS Certificate,
- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal.

Training

- Familiarisation with all Age UK Birmingham's policies and procedures during induction

- Access to the 'Adult Safeguarding: Multi-agency policy and procedures for the protection of adults with care & Support needs in the West Midlands' and Birmingham's Local Practice Guidance

Further Training, Dependent On Nature Of Role

- Risk assessment & management,
- Types of abuse and recognising signs of abuse,
- Keeping appropriate records,
- Listening skills.

Management and Supervision

It is the Line Manager's responsibility to clarify with the worker or volunteer their roles and responsibilities regarding their relationships with vulnerable groups and any regulated activity required by their role. Regular supervision for staff and volunteers will monitor the work and offer the opportunity to raise any issues.

Record Keeping

There should be a written record of any concerns using Age UK Birmingham's incident reporting form (see Appendix 1 – form also available on the SharePoint drive (Health & Safety folder). This confidential information will be kept in a secure SharePoint folder by the appropriate person and will be kept for as long as deemed necessary, in line with Data Protection principles. All incidents should be discussed in supervision with line manager.

Records kept about vulnerable groups should only include:

- Contacts made,
- Referrals made, including date, time, reason and referral agency. Age UK Birmingham may have specific projects that need to keep more detailed records, and these will be identified by the Team Leader and made known to the team.

Planning

Wherever possible staff and volunteers should avoid lone working when undertaking regulated activity with an adult. But if unavoidable, one to one contact should take place in an environment where other staff or volunteers are present or within sight.

Access To An Independent Person

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

The independent person for Age UK Birmingham is the Head of Operations or CEO.

Identification Of Abuse

The recognition of abuse is not always easy, and Age UK Birmingham acknowledges that its workers and volunteers may not be experienced in this area and will not easily know whether or not abuse is taking place. Indeed, it is not the place of Age UK Birmingham workers to make such a judgement; however it is their responsibility to act on any suspicion or evidence of abuse or neglect in order to safeguard the welfare of those who are vulnerable.

The following behavioural signs may be indicators of abuse, but care should be taken in interpreting them in isolation.

Physical Abuse Signs

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

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

Signs Of Possible Sexual Abuse

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

- Circumstances – e.g. two service users found in a toilet area, one in a distressed state.

Psychological / Emotional Signs

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

Signs of Neglect

- Poor physical condition,
- Clothing in poor condition
- Inadequate diet
- Untreated injuries or medical problems,
- Failure to be given prescribed medication,
- Poor personal hygiene.

Signs of Possible Financial or Material Abuse

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

Signs of Discrimination

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

Other Signs of Abuse

- Inappropriate use of restraints,
- Sensory deprivation e.g. spectacles or hearing aid,
- Denial of visitors or phone calls,

- Failure to ensure privacy or personal dignity,
- Lack of flexibility of choice e.g. bedtimes, choice of food,
- Restricted access to toilet or bathing facilities,
- Lack of personal clothing or possessions,
- Controlling relationship between carer and service user.

People Who Might Abuse

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

- Informal carers, family, friends, neighbours,
- Paid staff, volunteers,
- Other service users or tenants,
- Strangers.

What To Do

To act or not to act - allegations or suspicions are to be treated seriously.

No abuse is acceptable and some abuse is a criminal offence and must be reported, to the

Police, as soon as possible. To determine the appropriate action it is important to consider:

Risk – does the individual, staff member or volunteer understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?

Determination – is the individual able to make their own decisions and choices, and do they wish to do so.

Seriousness – A number of factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:

- The perception by the individual and their vulnerability,
- The extent of the abuse,
- The length of time it has been going on,
- The impact on the individual,
- The risk of repetition or escalation involving this individual or other vulnerable groups Is a criminal offence being committed.

Risk

Age UK Birmingham acknowledges its responsibility to maintain a continuous programme of risk assessment in relation to this policy and to identify practices, patterns, feedback and

training that will enable staff to better assess the risk of abuse. The Board will also assess the risk (to individuals – staff and volunteers) of any retributive actions which may arise from perpetrators as a result of identifying and reporting abuse and will take action to safeguard those individuals as appropriate, including legal and police intervention.

Risk assessments are usually carried out annually but managers, staff and volunteers in working with safeguarding practices will highlight improvements or amendments which will ensure that revisions to this policy are undertaken more frequently if required; in relation to assessing the impact of changes to working practices, the operating environment or external factors that may impact on staff and volunteers (See also Risk Management Policy GO3).

Summary

The employee or volunteer's primary responsibility is to protect vulnerable groups if they are at risk. Each employee or volunteer has a duty to take action but should not have to cope alone and in addition to the advice and support available from their line manager, employees/volunteers may contact the confidential support line provided for Age UK Birmingham and Age UK Sandwell by Westfield Health on 0800 0920987 (quote reference number 70447).

Safeguarding Procedure

Actions and Considerations

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

THIS GUIDE SHOULD BE USED IN CONJUNCTION WITH THE WEST MIDLANDS REGION'S "ADULT SAFEGUARDING: MULTI-AGENCY POLICY AND PROCEDURES FOR THE PROTECTION OF ADULTS WITH CARE & SUPPORT NEEDS IN THE WEST MIDLANDS".

In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)

Remember to have regard to your own safety. Leave the situation if it is not safe for you.

Listen to the individual, offer necessary support and reassurance.

Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will have to discuss the concerns with their supervisor.

Where an individual expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the individual's wishes may be overridden in favour of considerations of safety.

Decisions to override the individual's wish not to take the matter further should if possible be the product of discussion with appropriate line management.

Note your concerns and any information given to you or witnessed by you.

Report concerns to the appropriate Line Manager.

REMEMBER IT IS NOT NECESSARY OR ADVISABLE FOR YOU TO SEEK EVIDENCE.

By supporting the individual and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.

Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

Discussion and Decision Making

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

Employees with concerns should discuss them with their line manager on the same day.

If the Line Manager is not available, then any concerns should be discussed with the CEO or their Deputy (Head Of Operations).

Volunteers with concerns should discuss these discreetly with their Line Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable, then any concerns should be discussed with the CEO or their Deputy.

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

To Refer or Not To Refer

THE DECISION TO REFER OR NOT TO REFER SHOULD BE MADE BY THE TEAM LEADER AND THE CEO SHOULD BE INFORMED.

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

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

Issues Of Mental Capacity & Consent

The consent of the individual must be obtained except where:

- The individual lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests,
- Others may be at risk,
- A crime has been committed.

Who To Refer To Or Report Concerns To

- Emergency Social Care Services duty team, if urgent, or the Adults and Communities Access Point if it is not an emergency,
- Relevant hospital Social Services team if the individual concerned is in hospital,
- Community Mental Health Team where the vulnerable adult has an ongoing mental health need,
- The Care Quality Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies,
- Hospital Trusts where there is a complaint of abuse by a member of staff,
- The Police, if there is an emergency where delay may result in serious harm to the individual or if the abuse may constitute a crime.

Information, If Known, Which Will Be Required When You Make A Referral Or Report Your Concerns

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability,
- Details of GP and any known medication,
- Whether the individual is aware of and has consented to the referral/report,
- The mental capacity of the individual (are there are any concerns/doubts about this?).

If appropriate advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator. Also, any relevant information, for example:

- Reasons for concerns and therefore this referral,
- Details of how these concerns came to light,
- Specific information relating to these concerns,
- Details of any arrangements which have already been made for the protection of the individual or any immediate action taken,
- Details of anyone else to whom this referral has also been made,
- Details of the alleged perpetrator,
- Details of alleged abuse and information about suspicions,
- Details of any other background information,

- An impression of how serious the situation might be,
- Details of any other professional involved,
- Details of carers and any significant family members, neighbours, friends.

***INFORMATION PASSED ON MUST BE RELEVANT, NECESSARY AND UP TO DATE
CONFIRM IN WRITING INFORMATION GIVEN VERBALLY***

Do's and Don'ts

Staff member or volunteer should:

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

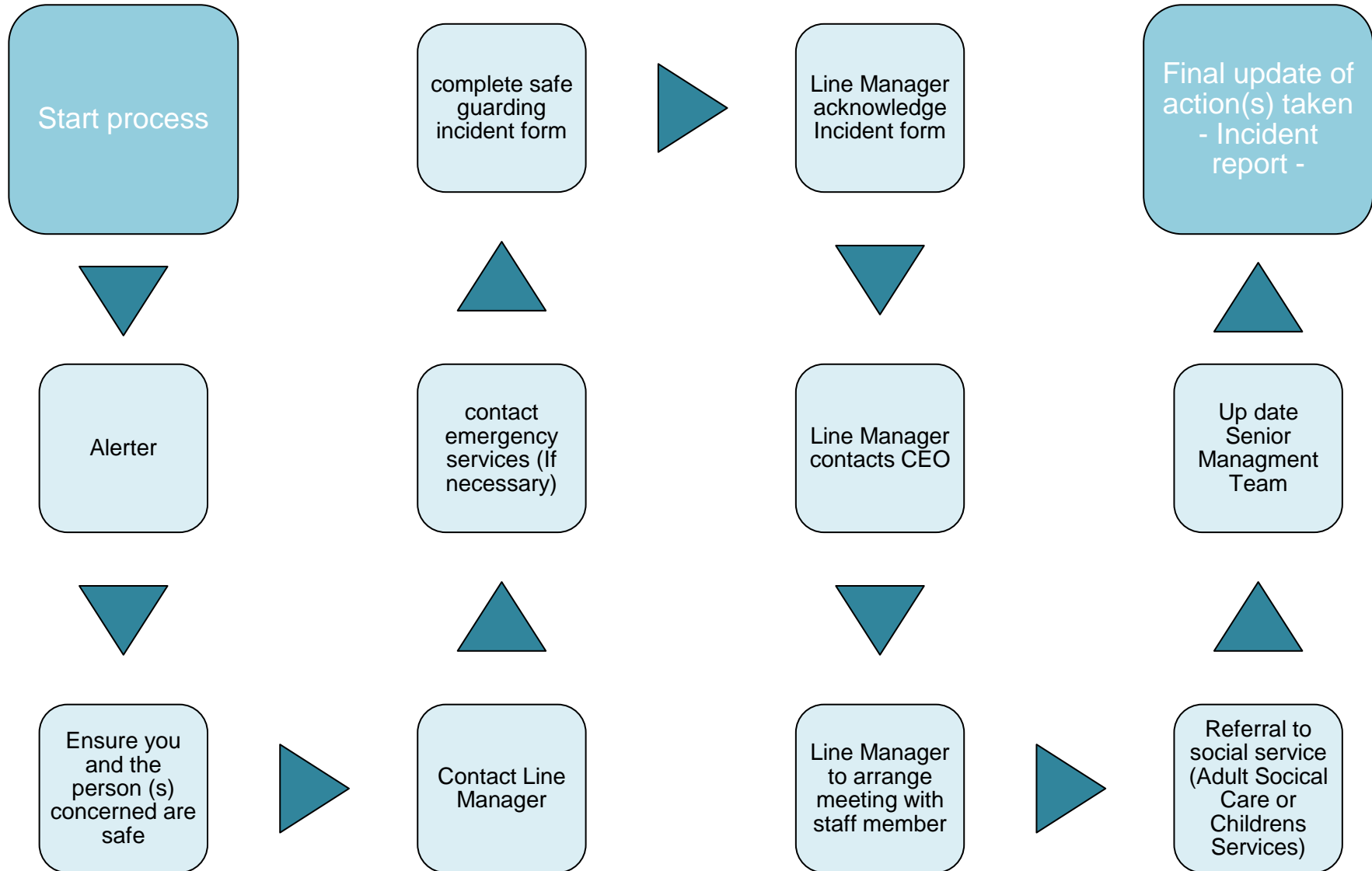
Staff member or volunteer should not:

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

Discuss with the Relevant Manager who will:

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

Procedure Flow Chart



Contact Details

(Source: Birmingham Safeguarding Adults Board website, Birmingham City Council Website, Sandwell MBC website)

West Midlands Police

If you think there has been a **crime** but it is **not an emergency**, contact West Midlands Police as soon as possible on **101**. For an emergency call 999.

For people living in the City Of Birmingham:

Birmingham City Council Adult Social Care Services

A referral can be made online on Birmingham Council's website (<https://www.birmingham.gov.uk/safeguardingadults>)

If it is not an emergency and you want to report adult abuse please call the "Adults & Communities Access Point" (ACAP) on **0121 303 1234**

You may also email your concerns to CSAdultSocialCare@birmingham.gov.uk or complete an online form.

In an emergency outside office hours (Mon-Fri: 9am to 5pm), phone the **Emergency Duty Team on 0121 464 9001** (or the police) and tell them you are worried about possible adult abuse. They will then put you in touch with the right person to talk to.

See also resources from Birmingham Safeguarding Adults Board: <http://www.bsab.org>

This includes the most up to date version of the document "**Adult Safeguarding: Multi-agency policy & procedures for the protection of adults with care & Support needs in the West Midlands**"

For people living in Sandwell:

Sandwell Metropolitan Borough Council Adult Social Care Services

See also: [Report adult abuse | Sandwell Council](#)

If it is not an emergency and you want to report adult abuse call **0121 569 2266** or email sandwell_enquiry@sandwell.gov.uk. They are open from 9am to 5.30pm Monday to Thursday, and 9am to 5pm on Fridays. Outside these hours call **0121 569 2355**.

Sandwell MBC also have a repository of documentation at: [Sandwell Safeguarding Adults Board \(sandwellsab.org.uk\)](http://sandwellsab.org.uk)

National Organisations

Action On Elder Abuse

Phone: 020 8835 9280

Raise awareness of elder abuse and provides information.

UK Helpline 080 8808 8141 Mon-Fri 9am-5pm

A confidential helpline service providing information on emotional support for anyone including professions/paid workers.

Alzheimer's Society

Helpline: 0333 150 3456

Local Phone: 0121 706 4052

Ann Craft Trust

Tel: 0115 951 5400

A national association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse.

Independent Age

Helpline: 0800 319 6789 (Mon-Fri 8:30am – 6:30pm, Saturdays 9am – 1pm.)

For information and advice about residential care, care at home, going into hospital, housing, NHS Continuing Healthcare and other issues.

MIND Infoline

Phone: 0300 123 3393 or text 86463

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

Relatives And Residents Association

Helpline: 020 7359 8136 (Monday - Friday 9:30am - 4:30pm)

Email: advice@relres.org

Help, information or advice about a relative who is in a care home or about to enter one.

Respond

Tel: 0207 383 0700

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

Saneline

Tel: 0300 304 7000 (4:30pm – 10:30pm)

National helpline for anyone coping with mental illness.



Incident Report Form: Safeguarding

Note: Please complete the following form to report an incident to your line manager. This form should be completed at the earliest opportunity once you have been alerted, within one hour

Name and Role of Person Completing This Form:	
Signature of Person Completing This Form:	
Date:	

Incident			
Date and Time of Incident:			
Name/s of Person/s Involved in the Incident:			
Name of Service:			
Type of Abuse <i>(please tick all that apply)</i>			
Sexual	<input type="checkbox"/>	Financial	<input type="checkbox"/>
Emotional/Psychological	<input type="checkbox"/>	Neglect/Failure to Act	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	Organisational	<input type="checkbox"/>
Modern Slavery	<input type="checkbox"/>	Physical	<input type="checkbox"/>
Discriminatory	<input type="checkbox"/>	Self-Neglect	<input type="checkbox"/>
Self-Harm/Thoughts of Self-Harm	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Other:			

Emergency Services Contacted

Have you contacted any of the following services? Please indicate time and the name of the person you spoke to. Please tick all that apply.

Service	Tick if Contacted	Date/Time Contacted	Name of Person	Job Title/Dept
Police				
Social Services				
Hospital (give name)				
GP				
Ambulance				
111				

Details of Incident and Action Taken

Incident: *(Please give a statement of incident/no judgments should be used factual information only)*

Witnesses (include contact details)		
Name	Address	Contact Number

Report to Member of Senior Management Team	
Incident Reported to:	
Date and Time:	
How (i.e. this form, in person, email, phone):	

Senior Management Action	
Senior Line Manager – Comment/Action:	
Name:	
Job Title:	
Signature:	
Date:	