



# SAFEGUARDING ADULTS POLICY AND PROCEDURE

**Responsible Director:** Director of Homes and Wellbeing

**Responsible Manager:** Head of Homes and Wellbeing

**Last updated:** April 2018

**Next update:** [Under Review](#)

# ASHSA1 Safeguarding Adults Policy and Procedure

## 1. Purpose

1.1 The Management and staff within NCHA have zero tolerance to the abuse and neglect of Vulnerable Adults. NCHA are committed to investigating any suspicions and working with our partner agencies to relieve suffering and minimise or prevent abuse.

## 1.2 Policy Statement

1.2.1 NCHA is committed to ensuring the safety of the people who use our service. All persons have the right to live their lives free from violence and abuse. This right is underpinned by the Human Rights Act (1998) and the duty of public agencies to intervene proportionately to protect the rights of citizens.

1.2.2 As part of our commitment, NCHA subscribes to the procedures for Safeguarding Adults, which has been drawn up by the Local Authorities we work with.

1.2.3 Our procedures have been designed in line with Nottingham and Nottinghamshire's Safeguarding Procedures and with reference to the Mental Capacity Act 2005 and will be reviewed to encompass the procedures of the other Local Authorities we work with.

## 2. Risks

2.1 Failure to Identify and respond to safeguard vulnerable adults will have a number of potential consequences:

- Vulnerable customer needs not being addressed.
- Loss of recognition as a competent member of recommended Multi Agency Group for NCHA.
- Negative impact on Tenancy Sustainment

## 3. References

- Anti Social Behaviour Policy
- Domestic Violence & Abuse Policy
- Tenancy Policy
- HWCS Safeguarding Adults

## **ASHSA1 Safeguarding Adults Policy and Procedure**

### **4. Policy**

- 4.1 NCHA staff across all Departments will access training to ensure that they are able to recognise the indicators of Abuse and Neglect and respond appropriately to refer suspicions to our partner agencies using the correct terminology.
- 4.2 The Procedures related to this Policy will provide clear guidance for staff to ensure that Adult Safeguarding concerns are dealt with efficiently and NCHA comply with the Care Act 2014.
- 4.3 Within the procedure the designated NCHA Referrers i.e. Estate Officers/ASB Officers and Service Managers will be required to access contact details and communicate with the multi-agency groups we work with in each NCHA Region and Local Authority Area. See Appendix 3
- 4.4 All incidents or issues related to Adult Safeguarding will be reported using the Safeguarding Option on the Contact Management system within CAPITA.
- 4.5 All Safeguarding incidents reported on the Contact Management System will be reviewed by the Head of Affordable and Social Housing before closure.
- 4.6 Reports indicating the number of cases, the actions taken, the monitoring and feedback, and, where appropriate, the outcomes will be provided to Senior Management and Board as required.

### **5. Definitions**

- 5.1 Not all of NCHA staff will have the access or opportunity to assess indicators of abuse in the manner colleagues in the Care & Support Teams may. Therefore the following terms and definitions do not represent comprehensive explanations. NCHA will ensure that more detailed advice; guidance and training is available for NCHA staff.
- 5.2 Significant harm
  - 5.2.1 Refers to 'ill treatment (including sexual abuse and forms of ill treatment that are not physical); the impairment of or an avoidable deterioration in physical or mental health; and the impairment of physical, emotional, social or behavioural development
- 5.3 Abuse & Neglect
  - 5.3.1 The term adult abuse (and neglect) is subject to wide interpretation. 'No Secrets' provides the following definition as a starting point:

*'Abuse is a violation of an individual's human and civil rights by any other person or persons.'*

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### 5.4 Adult at Risk – Vulnerable Adult

5.4.1 The Care Act introduces the term ‘adult at risk’ to replace ‘vulnerable adult’ and these procedures and guidance will use this term. The definition provided to describe a ‘vulnerable adult’ in *No Secrets* (DH 2000), is:

*‘A person 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 maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation’.*

### 5.5 Abuse

5.5.1 Can be viewed in terms of the following categories, taken from *No Secrets* (DH 2000):

- Physical
- Sexual
- Psychological
- Financial and material
- Discriminatory
- Neglect and acts of omission
- Institutional

### 5.6 Forms of abuse

5.6.1 The indicators below are by no means exhaustive and you should not wait until one of these factors become apparent.

5.6.2 **Discriminatory abuse** including racist, sexist, that based on a person’s disability, culture and other forms of harassment, slurs or similar treatment may be indicated by:

- Lack of respect shown to an individual
- Signs of a sub-standard service offered to an individual

5.6.3 **Physical abuse** including hitting, slapping, and pushing, kicking, misuse of medication, restraint, or inappropriate sanctions may be indicated by:

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the vulnerable adult

5.6.4 **Sexual abuse** including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or is incapable of giving informed consent or was pressured into consenting. May be indicated by:

- Vulnerable adult appearing withdrawn, depressed, stressed

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5.6.5 **Psychological abuse** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks may be indicated by:

- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence

5.6.6 **Financial or material abuse** including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits may be indicated by:

- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Withholding money
- Recent change of deeds or title of property
- Unusual interest shown by family or other in the person's assets
- Person managing financial affairs is evasive or uncooperative
- Misappropriation of benefits and / or use of the person's money by other members of the household
- Fraud or intimidation in connection with wills property or other assets

5.6.7 **Neglect and acts of omission** including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life, such as medication, adequate nutrition and heating may be indicated by:

- Inadequate physical environment
- Physical condition of person is poor
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies

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

5.6.9 **Organisational Abuse (formerly Institutional Abuse)** is the mistreatment of people brought about by poor or inadequate care or support or systematic poor practice that affects the whole care setting. It occurs when the individual's wishes and needs are sacrificed for the smooth running of a group, service or organisation.

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

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5.6.11 **Domestic Violence** 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. It includes psychological, physical, sexual, financial, emotional abuse and honour based violence.

### 5.7 Potential Indicators of Abuse

5.7.1 Indicators are the suspicious signs and symptoms that draw attention to the fact that something is wrong. The presence of one or more of the indicators does not confirm abuse. However, a cluster of several indications may reveal a potential for abuse and a consequent need for further assessment. In reality, an abusive situation is likely to involve indicators from a number of these headings. The list of indicators is not exhaustive and needs to be used as a tool in the assessment of vulnerability and risk.

#### 5.7.2 Potential Indicators of Physical Abuse:

- Any injury not fully explained by history given
- Injuries inconsistent with the lifestyle of the adult at risk
- Bruises/welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns or reflecting shape of article
- Burns, especially on soles, palms or back; immersion in hot water, friction burns, rope or electric appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse

#### 5.7.3 Potential Indicators of Sexual Abuse:

- Significant change in sexual behaviour or attitude
- Pregnancy in a woman who is unable to consent to sexual intercourse
- Wetting or soiling
- Poor concentration
- Adult at risk appears withdrawn, depressed, stressed
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Sexually transmitted diseases, urinary tract or vaginal infection, love bites
- Bruising to thighs or upper arms

#### 5.7.4 Potential Indicators of Psychological Abuse:

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sleep disturbances

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### 5.7.5 Potential Indicators of Financial Abuse:

- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Power of attorney or enduring power of attorney obtained when person is unable to comprehend and give consent
- Withholding money
- Recent change of deeds or title of property
- Unusual interest shown by family or other in the person's assets especially if visits occur on pay/benefit days
- Person managing financial affairs is evasive or uncooperative

### 5.7.6 Potential Indicators of Neglect and Acts of Omission:

- Physical condition of person is poor e.g. bed sores, unwashed, ulcers
- Clothing in poor condition e.g. unclean, wet, ragged
- Inadequate physical environment
- Inadequate diet
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene

### 5.7.7 Potential Indicators of Organisational Abuse

- Inappropriate or poor care
- Misuse of medication
- Restraint
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc
- Lack of respect shown to personal dignity
- Lack of flexibility and choice e.g. mealtimes, bedtimes, choice of food
- Lack of privacy
- Lack of adequate procedures e.g. for medication, for financial management
- Controlling relationships between staff and service users
- Poor professional practice

### 5.7.8 Potential Indicators of Discriminatory Abuse

- Lack of respect shown to an individual
- Signs of a sub-standard service offered to an individual
- Repeated exclusion from rights afforded to citizens such as health, education, employment, criminal justice and civic status

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### 5.7.9 Potential Indicators of Modern Slavery

- Show signs of consistent abuse or have untreated health issues
- Have no identification documents in their personal possession, and little or no finances of their own
- Be unwilling to talk without a more 'senior', controlling person around who may act as their translator
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from their wages

### 5.7.10 Potential Indicators of Self-Neglect

- Hoarding, neglect of personal hygiene and surroundings

### 5.7.11 Potential Indicators of Domestic Violence

- Physical injuries
- Depression
- Withdrawn
- Fearful

## 6. Timescales - Duty to Report

6.1 All staff have a duty to raise a concern and report suspicions or disclosures of abuse including those given without consent, if there is a wider public interest. Failure to do so is a failure of NCHA duty of care.

6.2 A concern may be raised in a number of ways:

- by the vulnerable adult
- by another tenant, carer, family member, friend, member of public or visitor
- by something you have directly observed

6.2 Responding to safeguarding concerns of any nature should be done in a timely manner. Below are agreed timescales which you should aim to follow:

- **Raising a concern – immediately if an emergency or within the same working day.** Any concerns you witness or are told about should be passed on immediately to a manager, 'referrer' or the relevant local authority or within the same working day (this should be within 4 working hours) where relevant and in line with these procedures.



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- **Referring to the local authority – one working day.** You should aim to refer to the relevant local authority WITHIN one working day.
- **Local authority response -The local authority will aim to complete any required work WITHIN eight weeks.** The local authority will provide feedback to the referrer on the outcome of the referral. Make contact with the relevant local authority if you do not receive a response from them.

### 7. Procedures for Alerter or Person Raising a Concern

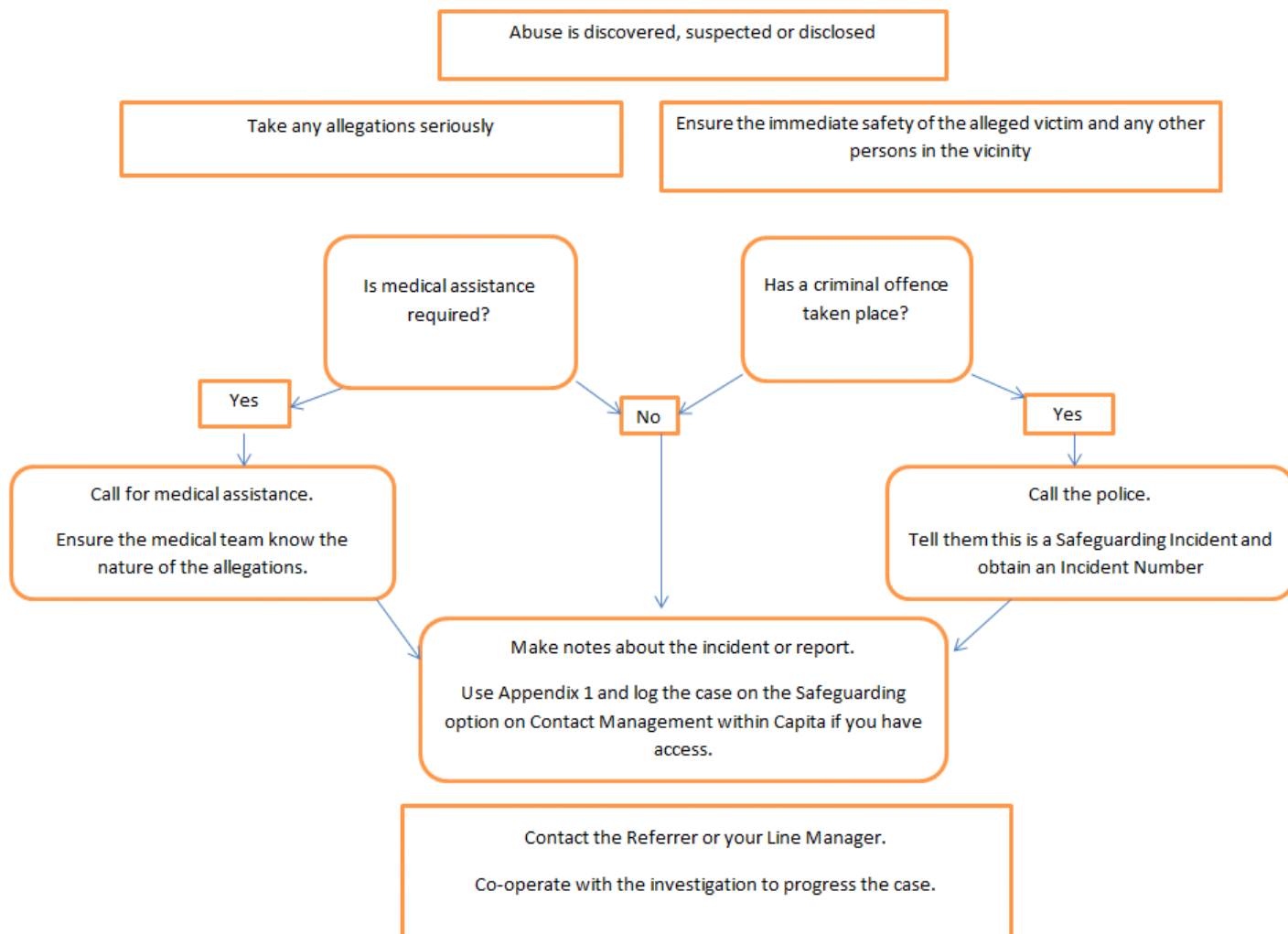
- 7.1 Take any allegation or concerns seriously, however insignificant they may seem.
- 7.2 Ensure the immediate safety/welfare of the alleged victim and others in the vicinity; including consideration of urgent medical attention. Ensure any examining doctor is made aware of suspicions of abuse
- 7.3 Report allegations or concerns **urgently** and **immediately** to the Estate Officer or ASB Officer for the address. This Officer then becomes the '**Referrer**'. If you do not know who this is report directly to your own Line Manager who will provide you with the contact details.
- 7.4 Alerter must make an accurate record including:
- Date, time and place of the incident;
  - Exactly what the vulnerable adult said, using their own words (their account)
  - Appearance and behaviour of the vulnerable adult;
  - Any injuries observed;
  - Name and signature of the person making the record;
  - If you witnessed an incident, write down exactly what you saw
- 7.5 Log information on the Safeguarding option on Contact Management –if you have access. This is optional for site based staff.
- 7.6 The referrer, Estate Officer, will carry out an interview with you to check and complete details of the incident/report.

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## THE FLOW CHART BELOW IS AN OVERVIEW OF THE PROCESS

### Role of the Alerter

### Flow Chart of Action – Alerter or Person raising a concern



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### **8. Procedures for Referrer**

8.1 On receiving information from the Alerter or Person Raising a Concern, the Referrer must:

8.1.1 Consider the immediate health/welfare needs of alleged victim

8.1.2 Consider whether an immediate referral to the police is required

8.1.3 Gather Information:

- Interview Alerter and record on Appendix 1 if this has not already been completed
- Check records and data for any further information
- Check incident reports for any previous similar incidents
- Clarify the facts stated by the alerter

8.1.4 Decide whether it is a Safeguarding Adults incident.

8.1.5 Refer to Thresholds & Guidance for making a referral  
Thresholds & Pathways Guidance.

8.1.6 Discuss the incident with your Line Manager and/or the HWCS Duty Manager at this point.

8.1.7 In cases of financial abuse only it is important to consider the Mental Capacity Act 2005. This states that individuals are assumed to have capacity unless an assessment has deemed them not to have capacity. The HWCS Duty Managers have relevant training and can advise on this issue.

8.1.6 Where possible the Referrer should attempt to gain the consent of the vulnerable adult to make a safeguarding referral. However a referral can and should be made even when consent has not been gained, if there is an overriding public interest or if attempting to gain consent would put the vulnerable adult at risk.

8.2 Complete Case Logging on the Safeguarding facility on Contact Management/CAPITA

8.3 Referring the suspected abuse

8.3.1 All cases of suspected abuse are referred to Adult Social Care Departments, who will allocate a Safeguarding Manager to coordinate the necessary action.

### **9. Action**

9.1 Complete the Referral Proforma (Appendix 2) and keep for your records. Phone the appropriate council department See Appendix 3 for contact details of Councils and MASH (Multi Agency Safeguarding Hub).

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- 9.2 You should be provided with a Safeguarding Adults Reference Number but probably not the name of the Safeguarding Manager straight away.
- 9.3 If the allegation is of a criminal nature (the Police should tell you who to send the Referral Proforma to, once the allegation has been reported)
- 9.4 Cooperate with the investigation fully irrespective of the agency carrying out the investigation and record important information to the Contact Management Safeguarding system.

### **10. Access Support**

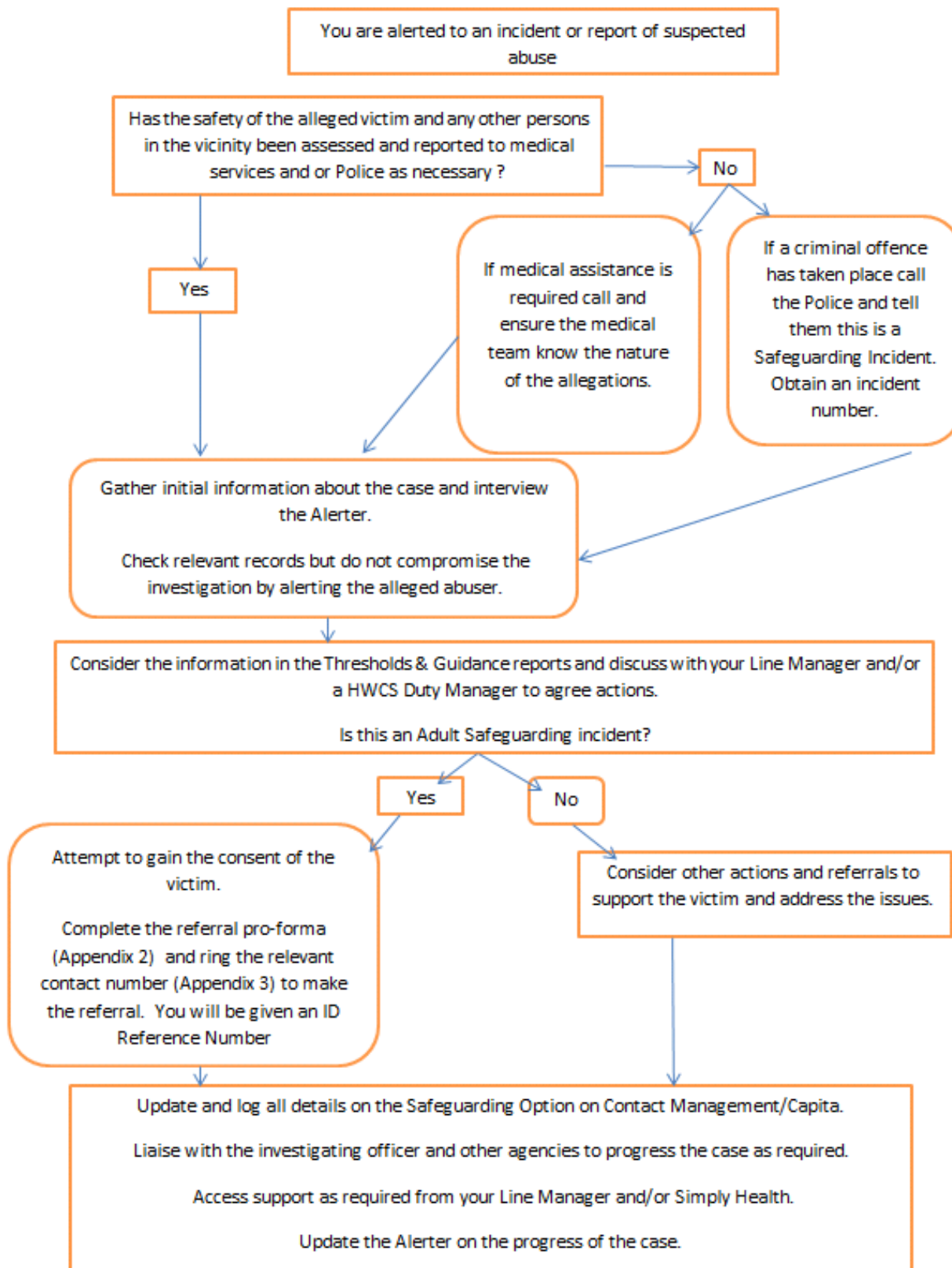
- 10.1 Staff who act as Referrers and Alerters can, at any stage contact a more senior member of management, Personnel, or Simply Health Services, for further support.
- 10.2 Ensure Confidentiality is maintained.

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## THE FLOW CHART BELOW IS AN OVERVIEW OF THE PROCESS

### Role of the Referrer

#### Flow Chart of Action – Referrer



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### 11. Local authority response

- 11.1 Once the relevant local authority receives the safeguarding referral they will follow their own local procedures to determine the most proportionate response.
- 11.2 Each authority's relevant procedures are available on their safeguarding adult's website.
- 11.3 Each local authority's procedures will include details of how they will coordinate a response to the referral, which may include some or all of the following:
- **Strategy meeting/discussion.** The local authority may convene and chair a multi-agency meeting/discussion to assess the risk and identify actions as part of the safeguarding assessment. The strategy meeting/discussion will consider the desired outcomes that the vulnerable adult wants to see at this point in the process. Actions agreed at the strategy meeting/discussion will focus on these outcomes, considering if and how they can be achieved.
  - **Handbooks/Guidance.** Most local authorities have a number of helpful documents on their websites providing advice including for alerter/Person Raising a Concern and referrers. These will be updated at various times but no notification of changes will be made to providers. These documents will, therefore, not be kept as a hard copy and staff that need the advice and guidance must download the appropriate documents when necessary.

### 12. Case Closure

- 12.1 The Actions and Outcomes agreed at the Strategy meeting will be recorded on the Safeguarding Contact Management system and when complete the case will be passed to the Head of Affordable and Social Housing for review.
- 12.2 Only when the Head of Affordable and Social Housing is satisfied that all the Actions have been completed and the Outcomes achieved will the case be closed.

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## APPENDIX 1

### Alerter initial report to Referrer

#### Details of Vulnerable Adult

Name  Date of Birth

Address  Gender  M  F

Date of referral:

#### Statement:

Date and time of Incident:

Brief description of the allegation / abuse:

If relevant include exactly what the vulnerable adult said (using their own words); their appearance and behaviour; any injuries observed and an account of exactly what you saw.

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## Details about the alleged perpetrator (if known)

Name  Telephone

Address

## Details of the Alerter

Name  Telephone

email

Role: (i.e.NCHA staff/contractor)



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## APPENDIX 2

### Referral Proforma

This proforma is to assist you in gathering all of the relevant details prior to making a referral to Safeguarding Team. You do not need to send it anywhere however you may find it useful to complete a copy for your records and for ease when referring.

#### Details of Vulnerable Adult

Name  Date of Birth

Case number  Gender  M  F

Date of Referral

**Safeguarding adults reference number is .....**

**You will need to ask for this reference number when you telephone in the referral.**

Has a referral been made about this vulnerable adult before?  Y  N

Has a referral been made about this service/provider before?  Y  N

Has a referral been made about the alleged perpetrator before?  Y  N

#### *Alleged victim Origin*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean    | <input type="checkbox"/> Mixed White and Asian           |
| <input type="checkbox"/> Bangladeshi   | <input type="checkbox"/> Chinese            | <input type="checkbox"/> Mixed White and Black African   |
| <input type="checkbox"/> Indian        | <input type="checkbox"/> Pakistani          | <input type="checkbox"/> Mixed White and Black Caribbean |
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish        | <input type="checkbox"/> Mixed White and Chinese         |
| <input type="checkbox"/> Other Asian   | <input type="checkbox"/> Other Black        | <input type="checkbox"/> Other Mixed background          |
| <input type="checkbox"/> Other White   | <input type="checkbox"/> Other Ethnic group |  |

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### *Vulnerable Adults Client Group*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Over 65s                 | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Mental ill Health Issues | <input type="checkbox"/> Substance Misuse    | <input type="checkbox"/> Deaf                |
| <input type="checkbox"/> Blind                    | <input type="checkbox"/> HIV/Aids            | <input type="checkbox"/> Carer               |

### **Is the Vulnerable Adult known to other agencies?**

- Yes      If yes please provide details:
- No

### **Is the Vulnerable Adult from another District / Authority?**

- Yes      If yes please provide details:
- No

### **Details about the Allegation of Abuse**

#### *Source of Alert*

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Partner    | <input type="checkbox"/> Main Family Carer  | <input type="checkbox"/> Other Family Member             |
| <input type="checkbox"/> Paid Carer | <input type="checkbox"/> Other Service User | <input type="checkbox"/> Vulnerable Adult themselves     |
| <input type="checkbox"/> Friend     | <input type="checkbox"/> Formal Advocate    | <input type="checkbox"/> Acute Hospital (including A&E)  |
| <input type="checkbox"/> GP         | <input type="checkbox"/> Service Provider   | <input type="checkbox"/> Independent Healthcare Provider |
| <input type="checkbox"/> Volunteer  | <input type="checkbox"/> General Hospital   | <input type="checkbox"/> Healthcare Commission           |
| <input type="checkbox"/> Police     | <input type="checkbox"/> Social Services    | <input type="checkbox"/> Specialist/Community Hospital   |
| <input type="checkbox"/> Other PCT  | <input type="checkbox"/> Neighbour          | <input type="checkbox"/> Alleged Perpetrator             |
| <input type="checkbox"/> Complaints | <input type="checkbox"/> Prison/Probation   | <input type="checkbox"/> Domestic Violence Unit          |
| <input type="checkbox"/> CQC        | <input type="checkbox"/> Voluntary Agency   | <input type="checkbox"/> Counsellor/Therapist            |
| <input type="checkbox"/> Anonymous  | <input type="checkbox"/> Member of Public   | <input type="checkbox"/> Other (please specify):         |

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### *Location of Abuse*

<input type="checkbox"/>	Residential Home	<input type="checkbox"/>	Independent Healthcare
<input type="checkbox"/>	General Hospital	<input type="checkbox"/>	Sheltered Accommodation
<input type="checkbox"/>	Nursing Care Home	<input type="checkbox"/>	Supported Accommodation
<input type="checkbox"/>	Acute Hospital	<input type="checkbox"/>	Day Centre/Service
<input type="checkbox"/>	Public Place	<input type="checkbox"/>	College/Adult Education/Work
<input type="checkbox"/>	Vulnerable Adults' Own Home	<input type="checkbox"/>	Vulnerable Adults' Parents Home
<input type="checkbox"/>	Vulnerable Adults' Relatives Home	<input type="checkbox"/>	Alleged Perpetrators' Home
<input type="checkbox"/>	Specialist/Community Hospital	<input type="checkbox"/>	Adult Placement Scheme
<input type="checkbox"/>		<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>		<input type="checkbox"/>	

### *Type of Abuse*

- Discriminatory       Psychological       Sexual  
 Financial       Physical       Neglect and Acts of Omission

Date and time of Incident:

Brief description of the allegation / abuse:

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### Details about the alleged perpetrator

Name  Telephone

Address

#### Age

-18  18-30  31-40  41-50  51-60  61-70  71-80  80+

Gender  M  F

#### Alleged Perpetrator

- Partner  Main Family Carer  Other Family Member  
 Friend  Stranger  Other Service User  
 Neighbour  Unknown  Volunteer/Befriender  
 Institution staff (residential home, domiciliary, nursing home, prison, secure units etc.)  Other Professional (Nurse, GP, Social Worker etc.)

Actions against the alleged perpetrator (suspension etc.):

### Details of the Referrer

Name  Telephone

email

## **ASHSA1 Safeguarding Adults Policy and Procedure**

### **APPENDIX 3**

#### **Derbyshire County**

You should Call Derbyshire on 08456 058 058 or 01629 533190 if you suspect an adult at risk. The phone line is open 24 hours a day, 7 days a week. In an emergency, dial 999. Information will be treated as confidential.

For Derbyshire County referrals, the Safeguarding Referral Form should be completed on line <https://www.saferderbyshire.gov.uk/contact-us/referral-forms/referral-forms.aspx>

#### **Derby City Council**

##### **During office hours (Monday to Friday 9am to 5pm)**

Contact details to make a referral to Adults, Health and Housing, Derby City Council:

Telephone - 01332 640777

Minicom - 01332 640666

Fax - 01332 643299

Secure Email Address - [SMGReceptionTeam@derby.gov.uk](mailto:SMGReceptionTeam@derby.gov.uk).[cjsm.net](mailto:cjsm.net)

For other departments of Derby City Council or external agencies to make a referral to Adult Social Care, complete and submit the Safeguarding Adults at Risk e-form.

##### **Outside office hours**

You can contact Careline (Derby's out of hours emergency social care service) on Careline on 01332 786968

#### **Leicestershire & Rutland County**

##### **Contact Information**

Leicestershire & Rutland Safeguarding Adults Board

- Telephone: 0116 305 7130
- Email [SBBO@leics.gov.uk](mailto:SBBO@leics.gov.uk)
- Andy Hitchcock, Manager - Safeguarding Adults and Children Board

Complete a safeguarding form online <http://lrsb.org.uk/>

## **ASHSA1 Safeguarding Adults Policy and Procedure**

### **Contact Points for Key Agencies in Leicestershire & Rutland**

#### **Adult Social Care Teams:**

##### **Leicester City Council Social Care**

1 Grey Friars, Leicester LE1 5PH

Tel: 0116 253 1191

##### **Leicestershire County Council Adult Social Care Services**

County Hall, Glenfield, Leicester LE3 8RL

Tel: 0116 232 3232

##### **North West Leicestershire Adult Social Care Services**

3 High Street, Coalville Leicestershire LE67 3EA

Tel: 01530 275200

##### **Blaby, Oadby & Wigston Adult Social Care Services**

Bassett Street, South Wigston LE18 4PE

Tel: 0116 278 7111

##### **Charnwood Adult Social Care Services**

Pennine House, Lemyngton Street, Loughborough LE11 1UH

Tel: 01509 266641

##### **Harborough Adult Social Care Services**

Brooklands, Northampton Road, Market Harborough LE16 9HN

Tel: 01858 465331

##### **Hinckley Adult Social Care Services**

27 Upper Bond Street, Hinckley LE10 1RH

Tel: 01455 636964

##### **Melton Adult Social Care Services**

County Buildings, Leicester Road Melton Mowbray LE13 0DA

Tel: 01664 564698

##### **Rutland County Council Adult Duty Team**

Catmose, Oakham, Rutland, LE15 6HP

Tel: 01572 758341

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### **Lincolnshire**

**Lincolnshire Safeguarding Adults Board is contacted via the Adult Social Care Team**

#### **Adult Social Care**

Mon-Thur 8.45 - 5.15 / Fri 8.45 - 4.45

Orchard House

Orchard Street

Lincoln

LN1 1BA

Tel: 01522 782155

Fax: 01522 554006

Email: CSC\_SocialCare@lincolnshire.gov.uk

#### **Social Care - Emergency Duty Team**

Tel: 01522 782333

#### **Safeguarding Partners**

Boston Borough Council

East Lindsey District Council

Lincoln City Council

Lincolnshire Care Association

Lincs Community Health Service

Lincolnshire County Council

Lincolnshire Police

Lincolnshire Partnership NHS FT

NHS England

North Kesteven District Council

South Holland District Council

South Kesteven District Council

United Lincs Health Trust

West Lindsey District Council

### **Northamptonshire**

The Adult Care Team (ACT) must be informed. The referring agency should also complete the notification form.

The Adult Care Team:

The Adult Care Team

Customer Service Centre

John Dryden House

Northampton

NN4 7YD

**Telephone:** 0845 124 4500

**Fax:** 01604 236828

**Email:** adultcare@northamptonshire.gov.uk

Monday to Friday - 08:00am - 18:00pm

## **ASHSA1 Safeguarding Adults Policy and Procedure**

### **Out of Office Hours (evenings, weekends and Bank Holidays)**

If, in an emergency, you urgently need to speak to someone out of normal office hours please contact the Out of Hours Team.

To contact the Out of Hours Team (phone contact only) telephone **01604 626938**

### **Nottinghamshire**

#### **Nottingham City**

Adult Health, Social Care and Housing Dept telephone number to make a referral:

Phone 0300 300 3333 and choose option 2

Out of Hours 0115 8761000

Local **Nottinghamshire County Multi-Agency Safeguarding Hub** telephone number to make a referral:

0300 500 80 90 or

Out of Hours 0300 456 4546

Nottinghamshire Safeguarding Adults