

# Safeguarding Adults Policy and Procedures



## Associated policies and procedures – Teams Staff Policy and Procedure Library

Anti-bullying, Anti-Harassment and Dignity at Work Policy
Complaints Policy and Procedure
Data Protection, Privacy and Confidentiality Policy
DBS Disclosure Policy
Digital Safeguarding Policy
Disciplinary and Grievance Policies and Procedures
Equality, Diversity and Inclusion Policy
Establishing and Maintaining Professional Relationships with Service Users Policy
Ethical Fundraising Policy
Health and Safety Policy
HR Management Policy
Managers Code of Conduct
Recruitment, Selection and References Policy
Serious Incident Reporting Policy
Service Charter
Staff Code of Conduct
Unacceptable Behaviour by Service Users and Third Parties Policy
Whistleblowing (Public Interest Disclosure) Policy

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<sup>1</sup> Children and Young People includes people under the age of 18 years

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## Section A: Statement of Intent

Cambridge House believes that it is unacceptable for any service user or member of the Cambridge House team (trustees, staff, interns, volunteers and trainees) to encounter and experience abuse or harm of any sort.

We recognise that it is our duty to prevent harm and take effective and timely action when abuse or harm is suspected or disclosed. The safeguarding of adults is of paramount importance and it is the duty of all members of the Cambridge House team working with, or in contact with service users.

The Care Act statutory guidance defines adult safeguarding as:

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. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

This Policy aims to provide a safe environment for all Cambridge House's service users and team members, to ensure that all who are connected with our services have the most up to date knowledge to inform any decisions made in respect of someone who may be suffering from, or at risk of harm or abuse.

We will safeguard service users by ensuring we:

- Have robust processes in place for safeguarding
- Commission services from providers in the field who have robust safeguarding policies
- Recruit team members safely
- Adopt and promote national guidelines
- Share information with those who need to know and service users by valuing them, listening and respecting them.

The policy sets out the steps that Cambridge House takes / will take to safeguard service users who are at risk of harm or neglect and the responsibilities of all the Cambridge House team in the recognising, reporting and investigating of suspected abuse or neglect.

The best defence against harm is the strength of values incorporated in our service delivery environments. Cambridge House believes that all service users and team members are entitled to be treated with dignity, courtesy and respect. Please refer to our [Service Charter](#).

To do this service users must have the ability to protect themselves, make their views known and be listened to and action taken accordingly. Cambridge House will ensure all service users have the opportunity to talk to team members about the service they are receiving.

This Policy has been written in accordance with relevant legislation established in the:

- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998
- Mental Capacity Act 2005
- Care Act 2014

## Section B: A Definition of Safeguarding Adults

Safeguarding duties apply, under the Care Act 2014, to adults:

- Who have needs for care and support (whether or not a local authority is meeting any of those needs);
- Experiencing, or at risk of abuse or neglect; and
- Who are as a result of their care and support needs is unable to protect themselves from either the risk of, or the experience of neglect.

## Section C: Sources and Types of Harm and Abuse

Safeguarding includes but is about much more than 'adult protection'. We have a responsibility to act in order to protect adults at risk from various potential sources and types of harm such as:

- Physical, sexual, psychological, emotional, financial or material abuse
- Neglect or acts of omission
- Bullying, including online bullying and prejudice-based bullying
- Discrimination, racism, disability and homophobic or transphobic abuse
- Gender-based violence/violence against women
- Peer on peer abuse, such as sexual violence and harassment
- Radicalisation and/or extremist behaviour
- Sexual exploitation and trafficking
- Criminal exploitation
- Risks linked to using technology and social media, including online bullying; the risks of being groomed online for exploitation or radicalisation; and risks of accessing and generating inappropriate content, for example 'sexting'
- Substance misuse
- Domestic abuse
- So-called 'honour-based violence' including female genital mutilation, forced marriage, breast ironing / flattening
- Fabricated or induced illness
- Homelessness
- Modern slavery
- Mate hate, exploitation, abuse or theft from a person considered a 'friend'
- Issues that may be specific to a local area or population, for example criminal activity and violence
- Self-harm
- Other issues not listed here but that pose a risk to adults at risk

## Section D: Safeguarding Adults

### Introduction

Cambridge House recognises that being safe and free of any abuse is central to ensuring the continued promotion of a person's wellbeing. In this spirit, as outlined in the 'making safeguarding personal' initiative and the Care Act 2014, the following procedures enable us to respond to all concerns of abuse appropriately, operating in line with the [London Multi-Agency Adult Safeguarding Policy and Procedures](#) (ADASS)

All members of the Cambridge House team working in and on behalf of Cambridge House will be alert to the possibility of abuse and neglect. We will report concerns of suspected abuse / neglect to the Local Authority and ensure our team will be appropriately trained and supported in adhering to this policy.

The Cambridge House team have the appropriate recruitment checks including the relevant DBS checks in line with our DBS Disclosure and Recruitment, Selection and References policies.

Cambridge House:

- will ensure that all members of the Cambridge House team trustees and service users, are familiar with this Policy
- will work with other agencies within the framework of the London Multi-Agency Adult Safeguarding Policy and Procedures
- will act within our [Data Protection, Privacy and Confidentiality Policy](#) and will usually gain explicit permission from service users before sharing information about them with another agency in line with GDPR, the Mental Capacity Act or this Policy
- will pass information to Local Authority when more than one person is at risk. For example: if the concern relates to a worker, volunteer or organisation who provides a service to adults at risk
- will inform service users that where a person is in danger, a child is at risk or a crime has been committed then a decision may be taken to pass information to another agency without the service user's consent
- will make a referral to the Safeguarding Adults team as appropriate
- will endeavour to keep up to date with national developments relating to preventing abuse and welfare of adults
- will ensure that the Designated Named Person understands his/her responsibility to refer incidents of adult abuse to the relevant statutory agencies.

Cambridge House has a duty under the Care Act to take positive action in prevention of abuse therefore this Policy also needs to be read in conjunction with the Cambridge House policies listed on page 1 above and the [London Multi-Agency Adult Safeguarding Policy and Procedures](#).

### Safeguarding Vulnerable Groups Act 2006

The purpose of this Act is to restrict contact between adults with care and support needs and those who might do them harm. The barring aspects of the Act came into force in October 2009. Key principles include unsuitable persons should be barred from working with adults with care and support needs; employers should have a straightforward means of checking that a person is not barred from working with adults with care and support needs; suitability checks should not be one-offs: there should be an element of ongoing assessment of suitability to identify those who commit wrongs following a suitability check.

## Deprivation of Liberty Safeguards (DoLS)

Any team member working in a care home or hospital who identifies an individual who lacks capacity, is not free to leave and is under constant supervision and control should speak with the Care Home Manager to find out if a Deprivation of Liberty Safeguards Authorisation is in place for that person. If not, then the team member should inform the manager that they have a duty to do so and should apply to the Local Authority DoLS team for an assessment. If they refuse to do so, the team member should inform them that they will contact the DoLS team themselves as a matter of urgency.

## Charity Commission guidance

Protecting people and safeguarding responsibilities should be a governance priority for all charities. It is a fundamental part of operating as a charity for the public benefit.

The Charity Commission will hold trustees to account if things go wrong and will check that trustees followed the Commission's guidance and the law. Trustees are expected to:

- Take responsibility for putting things right.
- Promote a fair, open and positive culture and ensure all involved feel able to report concerns, confident that they will be heard and responded to.
- Make sure their charity:
  - has appropriate policies and procedures in place, which are followed by all trustees, staff volunteers, service users and service delivery partners
  - checks that people are suitable to act in their roles
  - knows how to spot and handle concerns in a full and open manner
  - has a clear system of referring or reporting to relevant organisations as soon as concerns are suspected or identified
  - sets out risks and how they will be managed in a risk register which is regularly reviewed
  - follows statutory guidance, good practice guidance and legislation relevant to their charity: this guidance links to the main sources of information
  - is quick to respond to concerns and carry out appropriate investigations
  - does not ignore harm or downplay failures
  - has a balanced trustee board and does not let one trustee dominate its work – trustees should work together
  - makes sure protecting people from harm is central to its culture
  - has enough resources, including trained staff/volunteers/trustees for safeguarding and protecting people
  - conducts periodic reviews of safeguarding policies, procedures and practice

The Charity Commission's full guidance can be found at: <https://www.gov.uk/guidance/safeguarding-duties-for-charity-trustees>



## Designated Safeguarding Officers

Cambridge House must have a:

- Dedicated trustee responsible for ensuring that those benefiting from, or working with, Cambridge House are not harmed in any way through contact with it
- A Leadership Safeguarding Lead with overall responsibility for safeguarding
- A Safeguarding Lead for Adults and a Lead for Children to provide specialist support and to be the Safeguarding Lead in the advent of any allegation being made specifically against another safeguarding officer

### The Trustee Safeguarding Lead for Cambridge House is:

**Name:** Amy Fraser - Trustee and Company Director  
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### The Leadership Team Safeguarding Lead for Cambridge House is:

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**Name:** Max Puzey - Advocacy Services Head of Service  
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**Name:** Rachel Zipfel - Education and Inclusion Services Head of Service  
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## Indicators of Abuse

### Physical abuse

#### Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

#### Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

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<sup>2</sup> Children and Young People includes people under the age of 18 years

## **Domestic and Honour based violence or abuse**

### **Types of domestic and honour-based violence or abuse**

Domestic and honour-based violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage.

### **Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:**

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour.

### **Possible indicators of domestic violence or abuse**

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

## **Sexual abuse**

### **Types of sexual abuse**

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non- consensual masturbation of either or both persons
- Non- consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

### **Possible indicators of sexual abuse**

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming



- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

## **Psychological or emotional abuse**

### **Types of psychological or emotional abuse**

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

### **Possible indicators of psychological or emotional abuse**

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

## **Financial or material abuse**

### **Types of financial or material abuse**

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employees taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointee-ship or other legal authority
- Rogue trading – e.g., unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

### **Possible indicators of financial or material abuse**

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts

- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

## **Modern slavery**

### **Types of modern slavery**

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

### **Possible indicators of modern slavery**

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers
- Further Home Office information on identifying and reporting modern slavery

## **Discriminatory abuse**

### **Types of discriminatory abuse**

Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act 2010)

- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

### **Possible indicators of discriminatory abuse**

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

## **Organisational or institutional abuse**

### **Types of organisational or institutional abuse**

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

### **Possible indicators of organisational or institutional abuse**

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

## **Neglect and acts of omission**

### **Types of neglect and acts of omission**

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

### **Possible indicators of neglect and acts of omission**

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss

- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

## **Self-neglect**

### **Types of self-neglect**

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

### **Possible indicators of self-neglect**

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions
- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

## **Radicalisation and Extremism**

Cambridge House is fully committed to safeguarding and promoting the welfare of all its service users. We recognise that safeguarding against radicalisation is no different from safeguarding against any other vulnerability in line with the 'Prevent Strategy' 2011.

Our aim is to ensure that staff, including those of our providers, are fully engaged in being vigilant about radicalisation and extremism; we will work alongside other professional bodies and agencies to ensure that our service users are safe from harm. We will look to ensure that, where appropriate, our team provide service users with enough information about how to keep themselves safe, and the risks imposed by extremism and radicalisation.

### **Possible indicators of vulnerability include**

**Identity Crisis** – the service user is distanced from their cultural / religious heritage and experiences discomfort about their place in society

**Personal Crisis** – the service user may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging

**Personal Circumstances** – migration; local community tensions; and events affecting the service user's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy

**Unmet Aspirations** – the service user may have perceptions of injustice; a feeling of failure; rejection of civic life

**Experiences of Criminality** – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration

**Special Educational Need** – the service user may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

This list is not exhaustive, nor does it mean that all service users experiencing the above are at risk of radicalisation and extremism. More critical risk factors could include:

- Being in contact with extremist recruiters
- Accessing extremist websites, especially those with a social networking element
- Possessing or accessing extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisations
- Significant changes to appearance and / or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

However, we are aware that some of these factors may be related to other safeguarding concerns.

### **Mate Hate**

Mate Crime is a form of hate crime and can become a very serious form of abuse.

Mate Crime is defined as the exploitation, abuse or theft from any person at risk from those they consider to be their friends. Those that commit such abuse or theft are often referred to as 'fake friends'.

Disabled people, particularly those with learning disabilities and autism, are often the targets of this type of crime. In some cases victims of mate crime have been badly harmed or even killed.

There are different forms of mate crime, for example:

- Theft/financial abuse:
  - the abuser might demand or ask to be lent money and then not pay it back
  - the perpetrator might misuse the property of the adult.
- Physical assault/abuse:
  - the abuser might hurt or injure the adult.
- Harassment or emotional abuse:
  - the abuser might manipulate, mislead and make the person feel worthless.
- Sexual assault/abuse:
  - the abuser might harm or take advantage of the person sexually.

### **Learning disability and mate crime**

People with learning disabilities and autism may be more vulnerable to mate crimes. They may be living very isolated lives, but – like everyone – need friends.

This need is easily exploited. In addition, many people with learning disabilities and autism haven't had the usual opportunities to become 'streetwise' when growing up. Incidents can therefore be more likely to take place when they are in the community, on public transport or using services without support.

### **Features of mate crime**

Mate crimes are likely to happen in private, often in the victim's own accommodation. They can also happen via social media, where victims are financially or sexually exploited after being befriended online.

Mate crimes often occur within long-term relationships, which may have started out as genuine friendships. They can appear to be real friendships to many observers. Social workers can be so delighted that a person with learning disabilities and autism has a 'friend' that they don't question the relationship any further.

## Identifying mate crime

Indicators of mate crime can be similar to other forms of abuse. Potential signs include:

- bills not being paid, a sudden lack of money, losing possessions, suddenly changing their will
- changes in routine, behaviour, appearance, finances or household (new people visiting or staying over, lots of new 'friends', lots more noise or rubbish than normal)
- cutting themselves off from established networks of friends/family and support, missing weekly activities
- secretive internet or mobile phone use.

## Principles of Safeguarding

The Care Act 2014 implemented reforms to the law on safeguarding: "the Government's policy objective is to prevent and reduce the risk of significant harm to adults at risk from abuse or other types of exploitation, while supporting individuals in maintaining control over their lives and in making informed choices without coercion".

The Care Act and Guidance state that safeguarding:

- is person led
- engages the person from the start, throughout and at the end to address their needs
- is outcome focused
- is based upon a community approach from all partners and providers

### Empowerment

Adults are encouraged to make their own decisions and are provided with support and information.

**I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens**

### Prevention

Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination.

**I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help**

### Proportionate

A proportionate and least intrusive response is made balanced with the level of risk.

**I am confident that the professionals will work in my interest and only get involved as much as needed**

### Protection

Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding.

**I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able**

### Partnerships

Local solutions through services working together within their communities.

**I am confident that information will be appropriately shared in a way that considers its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation**

### Accountable

Accountability and transparency in delivering a safeguarding response.

**I am clear about the roles and responsibilities of all those involved in the solution to the problem**

## Consent to share information and/or raise a safeguarding concern

- a) Every attempt should be made to obtain consent where safe and appropriate to do so in the first instance and to inform the adult when a concern is being raised and/or information is being shared. It is mandatory to always discuss safeguarding concerns internally with the designated person, and that consent can be overridden and information shared externally if there are sufficient legal grounds to do so.
- b) Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances:

- The person lacks the mental capacity to make that decision – this must be properly explored using the two-stage functional test of capacity and recorded in line with the Mental Capacity Act.

In order to decide whether an individual has the capacity to make a particular decision, you must answer two questions:

- i) **Stage 1:** is there an impairment of or disturbance in the functioning of a person's mind or brain? If so,
- ii) **Stage 2:** is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The Mental Capacity Act states that a person is unable to make their own decision if they cannot do one or more of the following four things:

1. understand information given to them
2. retain that information long enough to be able to make a decision
3. weigh up the information available to make the decision
4. communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

### Other considerations

1. Every effort should be made to find ways of communicating with someone before deciding they lack capacity to make a decision.
  2. Different methods (e.g. pictures, communication cards or signing) should be used to support people with communication difficulties to make sure their views are heard.
  3. Family, friends, carers or other professionals should be involved as appropriate.
  4. The mental capacity assessment must be made on the balance of probabilities – is it more likely than not that the person lacks capacity?
  5. You must be able to show in your records why you have come to your conclusion that capacity is lacking for the particular decision in question.
- Other people are, or may be, at risk, including children
  - Sharing the information could prevent a crime
  - The alleged abuser has care and support needs and may also be at risk
  - A serious crime has been committed
  - Staff are implicated
  - The person has the mental capacity to make that decision but they may be under duress or being coerced
  - The risk is unreasonably high and meets the criteria for a multi-agency risk assessment conference referral
  - A court order or other legal authority has requested the information.
- c) Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent.
  - d) The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified.



- e) The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented.
- f) Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).
- g) There should be a local agreement or protocol in place setting out the processes and principles for sharing information between organisations.
- h) An individual employee cannot give a personal assurance of confidentiality.
- i) Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations.
- j) It is good practice to try to gain the person's consent to share information.

### **What if the Person Doesn't Want to Raise a Safeguarding Concern?**

Where possible, explore with the person the reasons why they do not want to report it to the Local Authority, explain to them what will happen and offer to support them throughout the process. If they still not do not consent to reporting the concern to the relevant Local Authority and there are sufficient legal grounds to do so, you must;

- a) Escalate the concern internally with the designated person.
- b) The designated person must make sure it is clear on the form submitted to the Local Authority that;
  - i) the person has not consented, and
  - ii) whether you believe any of the following applies:
    - Other people may be at risk of harm or abuse. This includes concerns about any children being cared for by the person, or if the person alleged to have caused harm supports other adults with care and support needs
    - The alleged perpetrator is a professional, members of the Cambridge House team who works with adults at risk. This includes concerns about any person working on behalf of Cambridge House
    - The person might not be able to understand, retain or weigh up information about the risks to make an informed choice to disclose this information to the Local Authority, or they appear to be unable to communicate whether they want to disclose this information to the Local Authority.
    - Whether the person is under pressure/duress to not raise a Safeguarding Concern
    - The alleged perpetrator has their own care and support needs and may be at risk of harm or abuse themselves.

Safeguarding professionals have a duty to consider how best to proceed. It is important that they are made aware that the person has not consented and whether any of the factors above are present, so they can decide what is the best course of action

### **Definition of Abuse<sup>3</sup>**

People with care and support needs, such as people living with a mental health condition, people who learn differently, older people or disabled people, are more likely to be abused or neglected. They may be an easy target and may be less likely to identify abuse themselves or to report it. People with communication difficulties can be particularly at risk because they may not be able to alert others. Sometimes people may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

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<sup>3</sup> Social Care institute for Clinical Excellence at a glance 69: Adult safeguarding: Types and indicators of abuse: Appendix



Signs of abuse can often be difficult to detect and many types of abuse are also criminal offences and should be treated as such.

Types and indicators of abuse are outlined in Sections C and D above.

## **Radicalisation**

Vulnerabilities can make some people more susceptible to supporting or promoting extreme ideologies.

Radicalisation can take place via the internet, social networks, print media, meetings, or a person acting alone. If you have concerns about anyone displaying an extreme view which might put them or others at risk, you must speak to your line manager immediately.

Radicalisation is comparable to other forms of exploitation, such as grooming and Sexual Exploitation. It is the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups. Radicalisation is process rather than an event, and there is no single profile or pathway by which someone can be drawn into terrorism. There are instead a range of contributing factors including, peer pressure, bullying, family tensions, race/hate crime, lack of self-esteem or identity and personal or political grievances which can make people more vulnerable. Individuals at risk are often targeted and influenced by radicalisers either directly or increasingly in online chat rooms or through social media.

## **Honour Based Abuse Including Female Genital Mutilation (FGM) and Forced Marriage**

Honour based violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. HBV is a form of violence and abuse and the use of the term 'honour' to define this type of behaviour is often challenged. As the Crown Prosecution Service states "There is no, and cannot be, honour or justification for abusing the human rights of others."

All forms of so-called HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Our team need to be alert to the possibility of a service user being at risk of HBV, or already having suffered HBV.

## **Self-Neglect**

Traditionally, safeguarding adults at risk has been focussed on abuse or neglect by someone other than the individual, so there is usually a person alleged to have caused harm, whether an individual or an institution. However, the Care Act Statutory Guidance (2014) introduced Self-Neglect as a new category under Adult Safeguarding.

When someone neglects them self, it may be because:

- they are unable to understand the consequence of their actions so possibly lack capacity or insight on the risks
- they understand the implications but don't have the ability, knowledge or resources to act to prevent themselves, or
- they understand the implications and have the ability, skills and resources to act, but they nevertheless choose to live the way they do.

## **Hoarding**

Hoarding may be an aspect of self-neglect. Most people associate hoarding with the acquisition of items with an associated inability to discard things that have little or no value (in the opinions of others) to the point where it interferes with use of living space or activities of daily living. Compulsive hoarding (more accurately described as 'hoarding disorder') is a pattern of behaviour characterised by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress.

Compulsive hoarders may be conscious of their irrational behaviour but the emotional attachment to the hoarded objects far exceeds the motivation to discard the items. Hoarding can include new items that are purchased e.g. food items, refuse and animals. Many hoarders may be well-presented to the outside world, appearing to cope with other aspects of their life quite well, giving no indication of what is going on behind closed doors. Compulsive hoarding behaviour has been associated with health risks, impaired functioning, economic burden, and adverse effects on friends and family members. When clinically significant enough to impair functioning, hoarding can prevent typical uses of space, enough so that it can limit activities such as cooking, cleaning, moving through the house and sleeping. It could also potentially put the adult and others at risk of causing fires.

If you are concerned there is a serious risk to a person's health and well-being due to self-neglect, you must follow the escalation procedure, regardless of whether the person has the capacity, ability, knowledge or resources to prevent the neglect. If the self-neglect does not appear to be a "serious risk" to the person's health and well-being, then you should support the person to access an assessment or support from the Local Authority. The Local Authority will have a duty of care to assess risks, needs and capacity of the person where a person is self-neglecting in order to decide what action they might need to take. Heads of Service should access the Local Safeguarding Adult Board's policy on self-neglect, so they understand their approach to the subject.

### **Self-harm and suicidal behaviours**

Self-harming and/or suicidal behaviours do not fall under adult safeguarding procedures. However, these behaviours may be an indicator that an individual has been, or is being, abused.

Please refer to our [Working with Suicidal Service Users Guide](#).

If someone is in immediate danger, or needs emergency medical attention, dial 999.

### **Significant Harm**

'Significant harm' refers to:

- ill treatment (including sexual abuse and forms of ill-treatment that are not physical);
- impairment of, or and avoidable deterioration in, physical or mental health; and/or
- impairment of physical; emotional, social or behavioural development.

Significant harm may result from a series of incidents that, in isolation, may not seem significant but when repeated become serious.

### **Working in hospitals and/or social care settings**

If you are working in a hospital and/or a social care setting and you are concerned about the risk of harm to a service user, following discussion with your line manager:

- Ensure that you have access to or an understanding of the hospital/social care setting safeguarding policy as general best practice .
- Raise a concern as per the policy and check that the local authority have been informed.
- Retain your independence and if the hospital/social care home will not raise an enquiry or you are concerned that the issues are not being addressed in line with section 42 of the Care Act, contact the local authority and raise it with them.
- Ensure that if Advocacy is required due to substantial difficulty or a capacity issue, this is identified at the earliest juncture.

## Recognising Abuse

In some cases, the act of abuse may be disclosed to a member of our team either by the adult at risk or third party like a relative, carer or friend. In some instances, you may notice something that may indicate abuse such as the adult's behaviour or physical signs like cuts and bruises.

All members of the Cambridge House team who work with adults at risk will be expected to take part in Safeguarding Adults Training that will cover how to recognise abuse. For more information on indicators of abuse please refer to Sections B and C of this Policy (above) and the [London Multi-Agency Adult Safeguarding Policy and Procedures](#).

## Person's alleged to have caused harm

The person alleged to have caused harm could consist of a wide range of people for example family, friends, carers, neighbours; other service users as well as members of our team either in a paid or voluntary capacity.

## Responding to disclosures and/or discovery

If a person has spoken to you about abuse, it may have been very difficult for them to have taken the risk of choosing to confide in you. They may fear that you won't believe them, or they may have been threatened with something bad happening to themselves or someone they love if they tell someone. They may be conflicted, especially if the potential abuser is someone trusted. They are likely to have complicated and confusing feelings which will heighten their anxiety and all members of the Cambridge House team need to have the sensitivity and skills to support the person.

You may become aware that a person at risk has been abused through some of the examples below.

- A direct disclosure by the adult at risk
- Witness to the abuse taking place
- A complaint or expression of concern by another member of the Cambridge House team or member of the public
- An observation of the behaviour of the adult at risk by the member of the Cambridge House team.

It is important that you **do**:

- reassure the person making the disclosure or allegation that they will be taken seriously
- listen to the person taking what they say seriously and keep questions to the minimum to ensure you keep a clear and accurate understanding of what is said
- explain that you have a duty to report what you have been told to your line manager, who may then need to report it further.
- where possible, ensure the person knows you will be notifying the Local Authority before you contact the Local Authority
- where possible, ask the person what they want to happen and whether they want support from the Local Authority to be safe
- be aware of the possibility of the need for forensic evidence
- escalate to your line manager and the Safeguarding Lead for adults if no response is received
- report concerns to your Head of Service and the Safeguarding Lead for Adults so that:
  - Concerns that have been raised are tracked, monitored and appropriately escalated
  - Outcomes of concerns raised are centrally recorded and:
    - Reported quarterly to the Chief Executive
    - Reported quarterly to the Council of Management
    - Reported in the Annual Report
    - Assessed by the Leadership Team and Trustees annually.

It is important that you **don't**:

- interrupt the person who is making the disclosure or ask them leading questions.
- jump to conclusions or be judgemental
- give any promises of complete confidentiality.
- probe for additional information; you are not responsible for investigating the allegation

## Raising a Concern

All members of the Cambridge House team have a duty to report any suspicions, allegation or disclosure to their line manager. The Line manager will then support the team member on what to do next. In discussion with the team member, the line manager must inform the Head of Service and refer to the definitions and indicators of abuse outlined in Sections B and C of this Policy (above) and the relevant local authority.

Cambridge House acknowledges that safeguarding cases are often complex and we endeavour to give appropriate support to team members managing safeguarding activities.

- If the adult at risk is in immediate danger or in need of emergency treatment, contact the emergency services, and then inform your line manager.
- If the situation does not require the emergency services inform your line manager who will support and give guidance through the process.
- The Head of Service will help you decide whether to refer to social services. It is best to make a referral based on your concerns as opposed to doing nothing
- If the decision is to refer contact the relevant duty team and explain what you witnessed or have been told.
- Then fill in the Cambridge House Safeguarding Concern Form and send this to them and keep one on the person's file or with the Safeguarding Officer if the adult at risk is not one that an individual case file is held for.
- If there is not a manager at Cambridge House to talk to you can contact the local authorities safeguarding adult's co-ordinator for advice so that you are not working in isolation.
- If your line manager is implicated in the abuse, contact their line manager who will advise.

The decision to breach confidentiality or to disclose a potential Adult Safeguarding Concern should never be taken by one team member alone. It is your responsibility to share information relating to safeguarding concerns with your line manager or any other manager as described in the escalation procedure, who then has responsibility to decide on the necessary course of action. If the decision is to depart from guidelines, there must be clear reasons for doing so

Due to the often difficult and sensitive nature of potential safeguarding alerts, information must not be held by one individual. The decision as to how to proceed should be discussed with a manager responsible for ensuring appropriate action is taken, in line with Cambridge House policy and local Multi-Agency Safeguarding procedures. Information disclosed to any members of the Cambridge House team regarding a safeguarding issue should not be held in confidence by one member of the team.

### Raising a Safeguarding Concern out of hours

Members of the Cambridge House team should contact their line manager, or one of the Cambridge House Safeguarding Officers detailed in this Policy.

### Raising a Safeguarding Concern in a Hospital Setting

If you are working in a hospital and you are concerned about the risk of harm, following discussion with your line manager;

- Ensure that you have access to or an understanding of the hospital safeguarding policy as general best practice .
- Raise a concern as per the policy and check that the local authority have been informed.

- Retain your independence and if the hospital will not raise an enquiry or you are concerned that the issues are not being addressed in line with section 42 of the Care Act, contact the local authority and raise it with them.
- Ensure that if Advocacy is required due to substantial difficulty or a capacity issue, this is identified at the earliest juncture.

## Recording, data protection and confidentiality

All disclosures, suspicion and witness to abuse should be recorded and kept on file along with the Cambridge House Safeguarding Adult's Concern Form. It is important to be careful when writing up notes. Do not write speculative or judgemental comments. Make sure you include the time and the date, and that the information is factual and accurate. Record what the person said using their own words. Describe the circumstances of the alleged abuse then sign and date your report.

A copy of the report will be kept on the individuals file or with the Safeguarding Officer if the adult at risk is not a person we hold a case file for. The Safeguarding Officer must fill in the Cambridge House Safeguarding Adults Log once an alert has been made. The handling of files, documents, records and data entered onto a computer system must comply with the Cambridge House Data Protection, Privacy and Confidentiality Policy. However, in some cases third parties such as the police may want access to records. For information go to the Cambridge House [Data Protection, Privacy and Confidentiality Policy](#).

### Information Sharing Externally

When taking decisions about what information to share, you should consider how much information you need to release. The Data Protection Act 1998 requires you to consider the impact of disclosing information on the information subject and any third parties. The new GDPR places a duty for explicit consent for information sharing and the associated policy is relevant. Information will only be shared on a "need to know" basis when it is in the best interests of the adult and confidentiality must not be confused with secrecy. Please refer to the SCIE's advice on [Safeguarding Adults: Sharing Information](#).

Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon. Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained. Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to an adult at risk. Our team should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

Wherever possible, information should be shared in an appropriate, secure way. Our team must always follow Cambridge House's [Data Protection, Privacy and Confidentiality Policy](#) on security for handling personal information.

Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with Cambridge House's [Data Protection, Privacy and Confidentiality Policy](#). If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with Cambridge House' [Data Protection, Privacy and Confidentiality Policy](#), the information should not be kept any longer than is necessary.

## Whistleblowing

All members of the Cambridge House team should be aware of the Cambridge House [Whistleblowing \(Public Interest Disclosure\) Policy](#) which is set out to enable, encourage and protect team members who report any malpractice or illegal acts which may include abuse of an adult at risk. A member of the team concerned about safeguarding issues should always report to their line manager. If they do not feel that the line manager is following correct procedures, or if they feel there are safeguarding concerns within the organisation, then they must refer to the Cambridge House [Whistleblowing \(Public Interest Disclosure\) Policy](#).

All members of the Cambridge House team have a responsibility to raise issues or concerns in relation to Cambridge House services and services provided by other organisations. All potential concerns should be escalated in line with this policy.

## Training

All members of the Cambridge House team will be expected to take part in basic Safeguarding Adults awareness training as part of their induction and ongoing training. Training given will be appropriate for their level of responsibility. All members of the Cambridge House team will have access to an E-learning package which will form part of their induction. Members of the Cambridge House team should attend Safeguarding Adults training every two years; this should also be supported, where appropriate, by internal briefings and information guides and/or individual workshops that cover new developments and/or new legislation.

## Safe recruitment

To increase the safety and protection for those who use Cambridge House Services positive steps will be taken in the recruitment process using the Cambridge House [Recruitment, Selection and Reference Policy](#) and adhering to the Cambridge House [DBS Disclosure Policy](#). All members of the Cambridge House team will have two references and an enhanced DBS check.

## Allegations against a member of the Cambridge House team

If a member of the team has an allegation of abuse against them then Cambridge House will investigate using the [Disciplinary Policy and Procedure](#). If a member of the team is implicated in the abuse, the reporting procedure must be followed.

- i) Allegations against the Safeguarding Officer will be investigated by the Chief Executive
- ii) Allegations against the Chief Executive will be investigated by the Safeguarding Trustee Lead

## Areas of Responsibility

Every member of the Cambridge House team has a duty to:

- Raise a concern if they suspect or witness abuse of any kind of an adult at risk.
- Have a good understanding and awareness of Cambridge House and the Local Authorities safeguarding Adults procedures.
- Attend training in relation to safeguarding adults.
- Contribute to creating and maintaining an environment that prevents safeguarding violations and promotes the implementation of this Policy.

## **Trustees**

Trustees have a duty to understand their safeguarding responsibilities and meet the legal minimum to promote a culture in which everyone feels safe and respected. The Council of Management therefore:

- Makes sure that there are appropriate and regularly reviewed safeguarding policies and procedures, including:
  - Receiving quarterly reports on safeguarding alerts and associated actions
  - Reporting safeguarding alerts and associated action in the Annual Report
  - Reviewing this Policy annually
- As part of a charity's risk-management process, assessing key safeguarding risks carefully and recording how these are managed
- Ensuring all people who work with the charity have information or training on the safeguarding policy, so they understand it, know how to speak up and feel comfortable raising concerns.

## **Chief Executive**

The Chief Executive is responsible for monitoring the implementation of this Policy and recommending updates and amendments to the Council of Management.

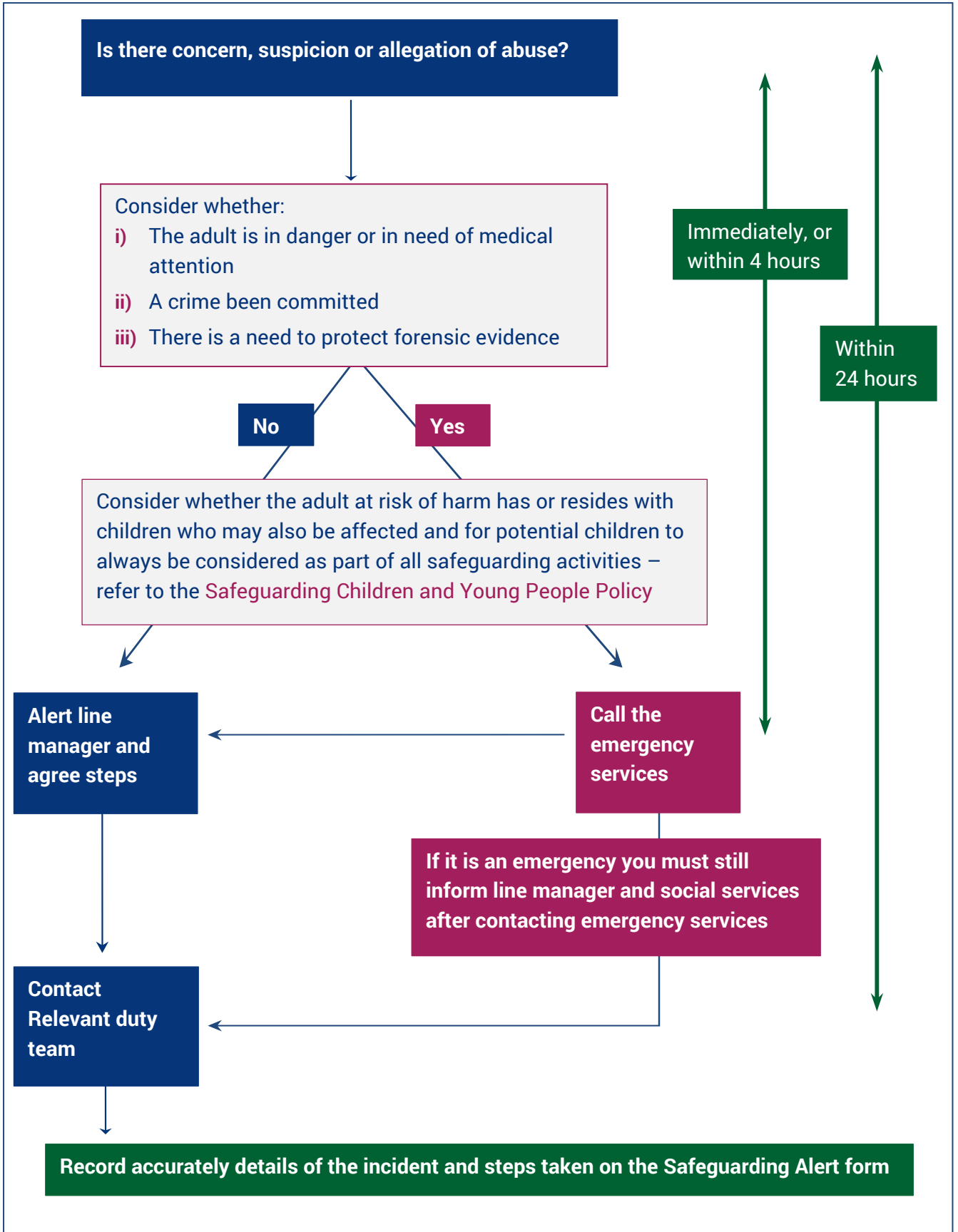
## **Heads of Service**

Heads of Service have a duty not only to raise a concern if appropriate but to support a team member to make or who has raised the concern. Heads of Service also have a duty to follow the recruitment policy to ensure safer recruitment. Heads of Service are responsible to ensure compliance with the local authority policies and procedures in the service delivery areas.

## **Monitoring of the Policy**

Cambridge House will keep the implementation of this policy under review and will monitor its use annually.

# Appendix 1. Safeguarding Adults Flow Chart







If not, what is the reason for this?	
Details of alleged perpetrator	
Name:	Known as:
D.O.B:	Ethnicity:
Age:	Contact number:
Address:	
Do they live with the alleged victim?	
If yes, do they care for the alleged victim?	
First Language:	Is an interpreter or signer required? Yes No
Does the person have a disability? Yes No	
Service making referral	
Contact details of service / person making referral	
Signed by team member reporting incident	
Date and time	
Date and time discussed with line manager	
Signed by line manager	
Name of person contacted in Social Services, police etc	
Date and time of contact:	
Action agreed to be taken and by whom?	
Date confirmation letter sent to Social Services (if applicable):	
Name (please print):	
Signature:	
Date:	

**Distribution for those in operations**

E-mail an electronic copy immediately to:

1. Safeguarding/social services
2. The Cambridge House Adult Safeguarding lead
3. The relevant Cambridge House Head of Service

## Appendix 3. Local authority contact information

Below is an at a glance way to locate the contact information for the boroughs we work in:

### **Barking & Dagenham**

<https://www.lbbd.gov.uk/residents/health-and-social-care/adults-care-and-support/safeguarding-adults/safeguarding-adults-overview/>

**Adult Social Care Intake and Access Team** 020

8227 2915

Email: [intaketeam@lbbd.gov.uk](mailto:intaketeam@lbbd.gov.uk)

**Out of Hours Emergency Social Work Duty Team**

020 8594 8356

### **Ealing**

020 8825 8000 or 5000

Email: [sscallcentre@ealing.gov.uk](mailto:sscallcentre@ealing.gov.uk)

### **Hackney**

020 8356 5782 or 020 8356 2300 (out of hours)

### **Haringey**

020 8489 1400

Email: [firstresponseteam@haringey.gov.uk](mailto:firstresponseteam@haringey.gov.uk)

### **Havering**

01708 433 550

Email:

[safeguarding\\_adults\\_team@havering.gov.uk](mailto:safeguarding_adults_team@havering.gov.uk)

### **Hounslow**

020 8583 3100 - Out of hours 020 8583 2222

Email: [safeguardingadults@hounslow.gov.uk](mailto:safeguardingadults@hounslow.gov.uk)

### **Kent**

03000 41 61 61

Email: [social.services@kent.gov.uk](mailto:social.services@kent.gov.uk)

### **Kingston**

020 8547 5005 and after 5pm 020 8770 5000

Email: [adult.safeguarding@kingston.gov.uk](mailto:adult.safeguarding@kingston.gov.uk)

### **Lambeth**

020 7926 5555 - Outside office hours 020 7926

5555

[https://forms.lambeth.gov.uk/ADULTSAFEGUARDINGCONCERN/launch?utm\\_source=Lambeth&utm\\_medium=form&utm\\_campaign=safeguarding](https://forms.lambeth.gov.uk/ADULTSAFEGUARDINGCONCERN/launch?utm_source=Lambeth&utm_medium=form&utm_campaign=safeguarding)

### **Newham**

020 3373 0440

[https://newham-](https://newham-self.achieveservice.com/service/Report_abuse_or_neglect_of_an_adult)

[self.achieveservice.com/service/Report\\_abuse\\_or\\_neglect\\_of\\_an\\_adult](https://newham-self.achieveservice.com/service/Report_abuse_or_neglect_of_an_adult)

### **North Herts**

0300 123 4042

Email: [adultprotection@hackney.gov.uk](mailto:adultprotection@hackney.gov.uk)

### **Richmond**

[https://www.richmond.gov.uk/report\\_adult\\_abuse](https://www.richmond.gov.uk/report_adult_abuse)

### **Southwark**

**Southwark Multi-Agency Safeguarding Hub**

(MASH): 020 7525 1921 Out of hours: 020 7525 5000

Email: [mash@southwark.gov.uk](mailto:mash@southwark.gov.uk)

**Southwark Adult's Concerns** - For adults with a learning disability: 020 7525 2333

[LearningDisabilitiesDuty@southwark.gov.uk](mailto:LearningDisabilitiesDuty@southwark.gov.uk)

**For adults with a physical or sensory disability and older people (65 years and above):**

Tel: 020 7525 3324

[OPPDContaktteam@southwark.gov.uk](mailto:OPPDContaktteam@southwark.gov.uk)

**For adults (aged 18 to 65) with a mental illness:**

Tel: 020 7525 0088

[MHContact@southwark.gov.uk](mailto:MHContact@southwark.gov.uk)

### **Waltham Forest**

<https://directory.walthamforest.gov.uk/kb5/walthamforest/directory/advice.page?id=7TTu6wnSTXU>

**Safeguarding Adults Team** at Waltham Forest

Direct on 020 8496 3000.

### **Wandsworth**

<https://www.wandsworth.gov.uk/report-adult-abuse/>

### **Westminster**

Tel: 020 7641 2500 or 020 7641 2500 (out of hours)

Email: [adultsocialcare@westminster.gov.uk](mailto:adultsocialcare@westminster.gov.uk)