

Any Surgery

Safeguarding Adults Policy

Revision List

Date	Action	Author	Changes	Version
Dec 11	Policy created		Original Policy	1.0

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Safeguarding Adults Policy

Definition of a "vulnerable adult" is:

"Someone of 16 years or over who:

- is or may be in need of community care services by reason of mental or other disability, age or illness; and who*
- is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation".*

[*"Making Decisions"* Lord Chancellor's Department 1999].

(allegations of abuse of 16 and 17 year olds will be dealt with by Safeguarding Children Protection procedures)

The definition of "vulnerable" issued by the Criminal Records Bureau 2000 says:

"A person may be considered to be vulnerable if he receives

- accommodation and nursing or personal care in a care home, or*
- personal care in his own home through a domiciliary care agency, or*
- services provided in an establishment catering for a person with learning difficulties*

This may be as a result of one or more of the following:

- a substantial learning or physical disability, or*
- a physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs, or*
- a substantial reduction in physical or mental capacity due to advanced age,*

These individuals are substantially dependent upon others in performing basic physical functions, may have a reduced or absent ability to communicate with others including those providing services and, as a result, he would be incapable of protecting himself from assault or other physical abuse, or there is a potential that his will or his moral well-being may be subverted or overpowered (imbalance of power).

"Vulnerable adult" also includes frail older people, admitted to hospital and those individuals receiving care from friends, neighbours or family members.

The dignity challenge

When caring for ANY adult we need to be aiming to respect, honour and support them. Maintaining an individual's dignity and treatment with respect is of paramount importance.

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Underlying principles of engaging with vulnerable adults, we use the 10 Point Dignity Challenge:

- * A zero tolerance of all forms of abuse.
- * Supporting people with the same respect you would want for yourself or a member of your family.
- * Treating each person as an individual by offering a personalised service.
- * Enabling people to maintain the maximum possible level of independence, choice and control.
- * Listening & supporting people to express their needs & wants.
- * Respecting people's right to privacy.
- * Ensuring people feel able to complain without fear of retribution.
- * Engaging with family members and carers as care partners.
- * Assisting people to maintain confidence and a positive self-esteem.
- * Acting to alleviate people's loneliness and isolation.

[Dignity in Care 2006]

In all engagement we must take into account and respond to individuals' race, culture, religion, gender, sexual orientation, disability and communication needs.

The service user must always be made aware of situations where information must be shared. Confidentiality is ordinarily very important. It must be recognised however that the duty to care may in some instances transcend the need to maintain confidentiality.

All citizens have the responsibility to report to the Police or Adult Services if abuse is suspected or known to be taking place.

All Staff and volunteers of **ANY SURGERY** have the responsibility to:

- ensure that workers at all levels are aware of the Safeguarding Adult Policy
- ensure the involvement and support of the **ANY SURGERY** manager.
- refer promptly to the company's safeguard lead (**SAFEGUARDING LEAD**) who will liaise with Adult Services Department local office wherever abuse is suspected/identified.
- **ANY SURGERY** will refer to the police in accordance with the local multi-agency policy.
- **ANY SURGERY** will engage with other agencies in the prevention of abuse and where appropriate in the investigation of suspected abuse.
- **ANY SURGERY** staff will record all information, discussions, decisions in accordance with this policy.

Standards and Good Practice

ANY SURGERY acknowledge that here is a National Framework of Standards for good practice and outcomes in Safeguarding Adults/Adult Protection work developed by the Association of Directors of Adult Services (ADASS) in November 2005. This has generally been accepted as a model of standards that everyone should endeavour to obtain. (Copy in file)

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Definitions of Abuse

“No Secrets” definition of abuse:

“Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”.

A definition of significant harm in a consultation paper issued by the Lord Chancellor's Department states:

*" 'Harm' should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'. These latter categories may be very important to an individual's ability to recover from an illness **or have the best possible quality of life**".* (Making Decisions, 1999).

The Centre for Policy on Ageing states that:

"Abuse is the harming of another individual usually by someone who is in a position of power, trust or authority over that individual. The harm may be physical, psychological or emotional or it may be directed at exploiting the vulnerability of the victim in more subtle ways (for example, through denying access to people who can come to the aid of the victim, or through misuse or misappropriation of his or her financial resources). The threat or use of punishment is also a form of abuse. Abuse may happen as a 'one-off' occurrence or it may become a regular feature of a relationship. Other people may be unaware that it is happening and for this reason it may be difficult to detect. In many cases, it is a criminal offence."

(Centre for Policy on Ageing, 1996).

Consensus has emerged identifying the following main types of abuse. These appear in “No Secrets”.

Physical abuse

Resulting from acts of commission or omission on the part of others and causing pain, injury or impairment. Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

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i. Bodily assaults

Resulting in injuries such as burns, bruises, abrasions, fractures, dislocations, welts, wounds, rashes, pressure sores or marks of physical restraint.

ii. Bodily impairment

Manifested in malnutrition, dehydration, emaciation, poor hygiene, drug or alcohol addiction, sleep deprivation, failure to thrive, unexplained fatigue, hypo/hyperthermia, or improper ventilation.

iii. Medical/healthcare maltreatment

Inappropriate medication, over/under medication, inappropriate administration of medication (method). Provision of health care may be unavailable to an excessive degree, or irregular, improper, inadequate or duplicated in some way.

Sexual abuse

Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse.

Psychological/emotional abuse

Including emotional abuse, threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. It might include the following, in addition to this definition from "No Secrets": playing on someone's emotions to make them afraid, uneasy or unnecessarily dependent. This might include bullying, shouting, threats of harm or abandonment, intimidation, persistent ignoring, isolation or withdrawal from social contact or supportive networks, emotional blackmail, undermining, ridiculing, coercion, verbal, racial abuse, deprivation of contact, blaming or controlling.

Neglect, acts of omission and poor professional practice.

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Financial or material abuse

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

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Discriminatory abuse

Including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment. Multiple forms of abuse may occur in an ongoing relationship or an abusive service setting to one person, or to more than one person at a time, making it important to look beyond single incidents or breaches in standards, to underlying dynamics and patterns of harm. Any or all of these types of abuse may be perpetrated as the result or deliberate intent and targeting of vulnerable people, negligence or ignorance.

Associated definitions

Hate crime

The term 'Hate crime' refers to any criminal offence which is perceived by the victim or any other person as being motivated by prejudice or hate, based on the victim's actual or perceived race, religion, sexual orientation, disability or transgender status.

Hate incident

The term 'Hate incident' refers to any non-criminal incident which is perceived by the victim or any other person as being motivated by prejudice or hate, based on the victim's actual or perceived race, religion, sexual orientation, disability or transgender status.

Hate crime and hate incidents should be regarded as safeguarding issues where they involve a vulnerable adult.

Bullying

Bullying is persistent unwelcome behaviour, mostly using unwarranted or invalid criticism, nit picking, fault finding, also exclusion, isolation, being singled out and treated differently, being shouted at, humiliated, excessive monitoring.

Harassment

Harassment is driven by social identity, i.e. gender, race, ethnicity, disability, sexuality, religion, age class etc. it can be physical, verbal or non-verbal, directed at a specific individual(s) or to everyone. It may consist of a single incident or it can be cumulative and often appears disguised or excused.

The St Mungo's definition of harassment is - unwanted conduct which has the purpose or effect of (a) violating that other person's dignity or (b) creating an intimidating, hostile, degrading humiliating or offensive environment.

Domestic abuse

Domestic violence and abuse is not a single incident or even a series of incidents. It is essentially a pattern of threatening behaviour designed to achieve power and control over a current or ex partner or family member, which is achieved through the use of physical, sexual, psychological and financial abuse, or through movement restriction

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and/or social isolation. It is usually a combination of all of those – and is widespread throughout every socio-economic group and can affect anybody, regardless of their gender or sexuality. This can include honour based violence, forced genital mutilation and forced marriage.

Women are more likely than men to be victims of domestic violence, and children are also affected - they can be traumatised by what they've seen, and there is a strong connection between domestic violence and child abuse.

Domestic violence, also known as domestic abuse, spousal abuse, child abuse or intimate partner violence (IPV).

Stranger abuse will warrant a different kind of response than the response to abuse within an ongoing relationship or care setting. Protection and support procedures may still be appropriate to ensure that the victim of the alleged abuse receives the support and services they require.

Where might abuse occur?

Abuse can occur in any setting: This document and the associated guidance relate to suspected abuse in all environments, and within all relationships, including:

- residential and nursing home settings
- family home
- individual's own home
- day care settings
- social settings
- custodial settings
- public places
- Hospital and Intermediate Care settings

Where individuals live in their own homes with minimal support, or where support is purchased through the use of a direct payment, opportunities for monitoring, or for the individual to raise concerns may be reduced. In such circumstances extra vigilance from people associated with the individual (GP, care manager, neighbours etc) may be necessary.

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Action in response to suspected or alleged abuse

DISCLOSURE OR EXPRESSION OF CONCERN

Immediate Action to be taken by staff member

- *Ensure the safety of the individual and if in immediate danger, contact the relevant emergency services e.g. police, ambulance, GP
- *Preserve evidence
- *Support and reassure the person, recording what is said and/or observed but avoid asking leading questions
- *Log nature of alleged abuse, any information given or witnessed, actions taken, who was present at the time, dates and times of incidents (s)
- *Report concerns to **SAFEGUARDING LEAD** to evaluate seriousness of the situation and assess if it falls within the remit of Policy
- *Ensure all discussions and decisions are recorded immediately

On-going Action for **ANY SURGERY**

- *Participate in police and/or Adult Services investigation;
- *Attend strategy meeting, case conference and review meetings as required;
- *Ensure liaison between police and HR lead
- *Continue internal management investigation and seek HR advice on implications of Employment Legislation including ISA referral;
- *Ensure any staff member(s) implicated in the alleged abuse receive(s) necessary support.

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Monitoring

SAFEGUARDING LEAD will monitor and report on:

- incidence of abuse;
- the effectiveness of the Safeguarding Adults Policy and procedures.

Referral procedures

It is essential that all relevant information about an individual should be provided for a provider upon referral in relation to challenging and/or potentially abusive behaviour. This is particularly important to ensure that:

- provider services are able to make an informed decision regarding their ability to provide a meaningful and safe service for each individual;
- provider services have the information to make realistic risk assessments, and formulate realistic risk management procedures for each individual;
- provider services can appropriately support and provide development;
- opportunities for people who pose risks for other vulnerable people;
- provider services can take appropriate action to protect vulnerable adults, including those who may be the subject of future referrals.

It must be recognised that only provider services are in a position to make a final realistic risk assessment in relation to their service

Failure to seek, and provide appropriate known information, which will enable a realistic risk assessment will be considered to be negligent and in circumstances where users of a service may lack capacity may constitute an offence under the Mental Capacity Act 2005. See Section 10.

While it is recognised that information may not be available, and/or behaviour may change over time, every effort must be made to ensure that information relating to risk is as full and current as possible. If, at any time after referral, new information relating to risk of an individual the this **MUST** be communicated to the provider service(s) used by **ANY SURGERY**.

If information is not provided, and a service is provided on the basis of an incomplete risk assessment, it should be recognised that this is not only putting other vulnerable adults at unacceptable risk, but the individual themselves may be being placed in a position in which they themselves are vulnerable to causing injury or damage to other people.

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The duty to care relates to all vulnerable adults, and we have as much as duty to potential abusers to prevent abuse, as to the potential victims.

Risk management processes - provider services

Upon referral, each provider will make an assessment of risk in relation to the:

- risk posed to the individual, (including risk of abuse and/or exploitation) in the light of:
 - other service users;
 - environmental factors;
 - requested activities;
 - knowledge, experience and skills of support staff;
 - resource levels.

- risks posed by the individual, (including risk of abuse and/or exploitation) in the light of:
 - other service users;
 - environmental factors;
 - requested activities;
 - knowledge, experience and skills of support staff;
 - resource levels.

Service providers have a responsibility to seek appropriate information, and to explore potential areas of concern which may arise from the referral, or from subsequent observations. Where it is felt that information is incomplete, and/or insufficient to enable a realistic risk assessment, providers should seek clarification. All concerns and contact information must be clearly recorded.

If it is decided that a service is to be provided to an individual who may pose a risk of abuse to other vulnerable adults, service providers must develop risk management procedures in relation to that individual. Such risk management procedures should be developed in consultation with all relevant people, and this must include the care manager.

Procedures and the extent of involvement of others will be variable, depending upon the extent of risk posed, and the potential vulnerability of other service users. If there are significant doubts that the risk can be safely managed, then a service should not be provided.

Allegations made against a vulnerable adult

There may be instances where allegations are made against an individual who is a vulnerable adult, and who may already be a user of the services. In such circumstances, Adult Services may have a responsibility towards this individual, whether or not the victim is a vulnerable adult.

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An alleged abuser who is a vulnerable adult will also need appropriate support, and this should be considered at the time the allegation is reported or referred to Adult Services.

On receipt of an allegation

Support must be allocated to the individual. Where the individual is an existing user of services, this may be the existing worker, and may be a probation officer, community mental health nurse etc. To avoid conflicts of interest, the supporting individual must not be the person allocated to the alleged victim, if they are a user of the service.

The process in relation to the alleged abuser must be separate to that undertaken in relation to the alleged victim, but clear communication links must be established, to ensure the sharing of relevant information and the coordination of activity where appropriate.

It is of primary importance to ensure the safety of other vulnerable adults and the individual themselves. An immediate assessment of the situation of the alleged abuser must consider whether it is appropriate for the individual to continue in their current lifestyle, or using the services they are currently using. This relates to all facilities used by the individual, and not just any in which abuse is alleged to have occurred. It is the responsibility of the Safeguard Lead to ensure that relevant information is shared with managers of services, as necessary. This risk assessment must consider:

- the vulnerability of others;
- the vulnerability of the individual;
- the likelihood of recurrence;
- the appropriateness of any risk management processes in place;
- the ability of the service/family to cope.

Such a risk assessment must involve the manager(s) of services(s) used by the individual, as only they will be able to make an informed judgement of their ability to continue to provide a service in the light of the identified risks. Where there is police involvement, decisions relating to the above may be pre-empted by police action.

Where necessary, the individual may need to be moved to another service (e.g. if they are a user of residential services), or cease to use a service (e.g. day service or social club) until the outcome of an investigation is known. Appropriate arrangements must be made on the same day as the allegation is received, paying due attention to the referral processes outlined above. Where an alleged abuser uses other services, a risk assessment must be carried out to consider whether it is appropriate to inform the management of those other services of the nature of the allegations. The sharing of such information is appropriate under the Data Protection Act 1998.

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Investigation and subsequent action

Long term support and services offered to the individual subsequent to an allegation of abuse will depend upon the outcome of the investigation. Any interim arrangements made as a result of action must be monitored carefully throughout the period of the investigation to ensure their continued suitability. An appropriate level of support must be offered to the individual and their families throughout this process.

If an investigation, or an admission, indicates that the individual has been the perpetrator of abuse, but the police are not taking action, then a collaborative discussion involving the appropriate services and agencies must occur determine long-term action in relation to the individual to prevent recurrence both in the short term and the long term.

It may be deemed appropriate for the individual to continue using the services used prior to the abusive incident. In such instances, this must be with the fully informed agreement of the leads of all services involved, and the following must be put in place:

- revised risk assessment/risk management procedures
- appropriate awareness raising/development opportunities for the individual

If such a decision is made, it **MUST** be taken only after consideration of the effect upon the abused individual, if they also choose to continue to use the service.

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Sharing information / confidentiality (see also confidentiality policy)

Decisions about sharing information will be concerned with:

- Legal constraints and permissions – see below
- The right to self-determination.
- The right/ability to make decisions.
- The seriousness of the abuse.
- The pervasiveness of the abuse.
- The effect of the abuse on the individual in question and on the others.
- The ability of others (e.g. police, social workers) to make a positive contribution to the situation.
- The need for others to know (e.g. to protect other individuals not involved in the immediate situation).

These decisions about sharing information must be clearly recorded with reasons for decisions clearly stated. Decisions about sharing information must be openly and explicitly discussed at every stage. Safe information sharing requires that a risk assessment be undertaken and clearly recorded at the initial stage and at each subsequent stage to demonstrate that decisions have been made in line with the relevant legislation to protect the vulnerable adult or the public interest. Guidance on the issue of confidentiality is given by the Adult Services Inspectorate in its report on the inspection of services for people who misuse drugs and alcohol as follows:

Confidentiality

"Information should be shared with other agencies on the basis of:

- *The 'need to know'.*
- *Informing the service user from the beginning, of the bounds of confidentiality.*
- *As far as possible, sharing with the service user the extent to which the information about him/her is shared with others".*

(SSI 1995)

Capacity, consent and best interests

"The vulnerable adult's capacity is the key to action since if someone has 'capacity' and declines assistance this limits the help that he or she may be given. It will not however limit the action that may be required to protect others who are at risk of harm. In order to make sound decisions, the vulnerable adult's emotional, physical, intellectual and mental capacity in relation to self determination and consent and any intimidation, misuse of authority or undue influence will have to be assessed..."

(“No Secrets”, DoH 2000).Guidance about mental capacity.

Key sources of guidance are the Mental Capacity Act 2005, the Code of Practice and local guidance on The Mental Capacity Act and the Deprivation of Liberty Safeguards.

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Contact details – supporting agencies

National organisations

Ann Craft Trust

The Ann Craft Trust, Centre for Social Work, University of Nottingham, University Park, Nottingham, NG7 2RD. A National Association working with staff in the statutory, independent and voluntary sectors in the interests of people with learning disabilities who may be at risk from abuse. Tel: 0115 9515400 - <http://www.anncrafttrust.org/>

Domestic Violence

National 24hr Domestic Violence Helpline: 0808 2000 247

If you or someone you know, is experiencing, or has experienced physical, emotional or sexual violence in the home, the Women's Aid 24 hour national Domestic Violence help line can give you support, help and information over the phone for the cost of a local call, wherever you are in the country. You do not have to be in an emergency situation to contact the help line. This helpline will be able to give information about Refuges. Women's Aid is the key national charity working to end domestic violence against women and children. They support a network of over 500 domestic and sexual violence services across the UK. <http://www.womensaid.org.uk/>

A refuge is a safe house where women (and their children) experiencing domestic abuse can live free from violence. A refuge offers temporary accommodation and a breathing space where decisions can be made free from pressure and fear. Staff can discuss practical and legal options available to you and will also provide emotional support. Many local groups also run advice centres, drop in centres or outreach services to more isolated areas as well as local help lines. Hampshire and IOW Police website includes a link to their Domestic Abuse Leaflet. This can be accessed by the following link: www.hampshire.police.uk/internet/news/campaigns/domesticviolence.htm. To access information about local refuges contact the local police or Adult Services office.

MIND Infoline

Information re mental health related issues. Help in finding out options and local services. Operates Monday to Friday 9:15 to 5:15. www.mind.org.uk Tel: 0845 7660 163

MIND Legal Advice

Telephone - 0845 2259393 legal@mind.org.uk
Mind LAS, PO Box 277, Manchester M60 3XN

Respond

Provides therapeutic intervention for people with learning disabilities who have been abused. Helpline 0808 808 0700 – (Free) Monday & Thursday 2-7pm, Tuesday, Wednesday and Friday 12-5pm 3rd Floor, 24-32 Stephenson Way, London NW1 2HD, Tel: 020 7383 0700. www.respond.org.uk

SANELINE

National helpline for anyone coping with mental illness. SANE 1st Floor Cityside House, 40 Adler Street London E1 1EE m: info@sane.org.uk www.sane.org.uk Tel: 0845 767 8000 – 6pm -11pm daily

SPOD

Association to Aid the Sexual and Personal Relationships of people with Disability 286 Camden Road, London N7 OBJ, Tel: 020 7607 8851

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VOICE

Provides support to people with learning disabilities who have been abused, raises awareness, campaigns and promotes best practice.

Rooms 100-106 Kelvin House, RTC Business Centre, London Road, Derby, DE24 8UP, Tel: 01332 291042

Telephone - Helpline –080 8802 8686

Open Monday, Wednesday, 9 am to 7pm

Tuesday, Thursday, Friday – 9am to 5pm

Helpline text number – 07797 800 642

Email: helpline@voiceuk.org.uk

Windows Live MSN Messenger – helpline@voiceuk.org.uk

Action on Elder Abuse (Aea)

Freephone 0808 808 8141 (9am – 5pm). A confidential helpline service works to protect and prevent the abuse of vulnerable older adults. – www.elderabuse.org.uk Astral House, 1268 London Road, London SW16 4ER, Tel: 020 8765 7000

Raises awareness of elder abuse and provides information.

Counsel And Care

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations. Twyman House, 16 Bonny Street, London NW1 9PG

Tel: 020 7241 8555 (Monday-Friday Advice Line 0845 300 7585 4pm

10 am to 4pm (except Wednesday pm 10am – 1pm).

www.counselandcare.org.uk

Alzheimer's Disease Society

Advice and information. Helpline: 0845 300 0336 Monday – Friday 8.30 – 6.30 www.alzheimers.org.uk

Alzheimer's Society. Devon House, 58 St Katharine's Way, London, E1W 1JX

Broken Rainbow

Helpline for survivors - advice for gay, lesbian, transgendered people experiencing violence Tel: 0845 2604460

Monday 2pm – 8pm, Wednesday 10am – 1 pm, Thursday 2pm – 8pm www.broken-rainbow.org.uk

Care Quality Commission

Register, regulate and inspect health and social care services. Care Quality Commission National

Correspondence: Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

General enquiries - 03000 616161 (the customer services team are available 8.30am to 5.30pm, Monday to Friday) **Fax: 03000 616171**

Languageline Interpreting Service

Tel: 0800 169 2879

www.languageline.co.uk

Mankind

Advice for men who are victims. This line can assist access to male refuges. Tel: 01823 334244 Flook House, Belvedere Road, Taunton, Somerset, TA1 1BT email: admin@mankind.org.uk

NHS Direct

Provides health information and health contacts to members of the public and health care professionals.

Tel: 0845 4647 – www.nhsdirect.nhs.uk

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PAVA

Practitioner Alliance Against Abuse of Vulnerable Adults. This organisation seeks to generate positive outcomes in working with vulnerable adults by empowering and informing practitioners.

www.pavauk.org.uk - email pavauk@hotmail.com For all correspondence please address to The Chief Executive at P.O. Box 155, TIVERTON, Devon, EX16 8DD Tel: 07917 892350

Public Concern At Work

This organisation provides legal advice to individuals concerned about malpractice at work. The service is free and strictly confidential. Suite 301, 16 Baldwin Gardens, London EC1N 7RJ, : 020 7404 6609

(9.00am. - 6.00pm.) – www.pcaw.co.uk

UK enquiries: whistle@pcaw.co.uk

UK helpline: helpline@pcaw.co.uk

UK services: services@pcaw.co.uk

Relatives And Residents Association

This organisation has particular expertise in residential and nursing home care and runs an advice line for older people, carers and relations. 24 The Ivories, 6-18 Northampton Street, London, N1 2HY Tel: 020 7359 8148 Helpline: 020 7359 8136 (Monday – Friday 9.30 – 4.30) www.relres.org

Respect

A service for men looking for information and advice to stop their abusive and violent behaviour towards their partner Tel: 0845 122 8609 (Monday, Tuesday, Wednesday & Friday 10-1 & 2-5)

Email: info@respect.uk.net

Respect, 1st Floor Downstream Building, 1 London Bridge, London, SE1 9BG

www.respect.uk.net

WITNESS (formerly POPAN)

Information for anyone concerned exclusively with abuse by Health and Social Care workers. 32-36 Loman Street, London, SE1 0EE Helpline: 08454 500 300; Administration: 020 7922 7800;

www.popan.org.uk

Other Contacts:

CROWN PROSECUTION SERVICE

Hampshire & Isle of Wight – 023 8067 3800

3rd Floor, Black Horse House

8-10 Leigh Road, Eastleigh, Hants SO50 9FH

Head Offices

London: 020 7796 8000

York: 01904 545400

Justice and Victims Unit

020 7273 2168

Justice & Victims Unit, Home Office

50 Queen Anne's Gate, LONDON SW1H 9AT

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Local organisations

Staff supporting people who are deaf should seek the appropriate text-phone number, Type-talk number, Fax number, or e-mail address. If organisations do not have any of these, they should be reminded that this is a requirement of the Disability Discrimination Act.

Advocacy

Advocacy is provided by a range of organisations/projects/individuals. Help to access these might be provided via Adult Services department local offices or local Councils of Community Service or via a number of the organisations listed here.

Adult Services

Contact your nearest Adult Services office and ask to speak to the duty Social Worker. Addresses are listed under Adult Services in the telephone book.

Age Concern Hampshire

www.ageconcernhampshire.org.uk

Tel: 0800 328 7154 (Freephone) 1st St Cross Road, Winchester, SO23 9JA

Age Concern Portsmouth

www.ageconcernportsmouth.org.uk

Tel: 023 9286 2121 The Bradbury Centre, 16-18 Kingston Road, PORTSMOUTH, PO1 5RZ

Age Concern Southampton

www.ageconcernsouthampton.org.uk Tel: 023 8036 8636 Age Concern Southampton, 1 Saxton Gate, Back of the Walls, Southampton. SO14 3HA

Carers Direct (Hampshire County Council)

Tel: 0845 600 4555 – Out of hours service.

Carers Together

www.carerstogether.org.uk

9 Love Lane, Romsey, Hampshire, SO51 8DE Tel: 01794 519495 (office hours) Carers Active Listening Line (CALL): 0800 0323456

Cisters

(Support network for adult women who were sexually abused in childhood) PO Box 119, Eastleigh, SO50 9ZF 023 8033 8080

Email: admin@cisters.wanadoo.co.uk

Deaf Services Team

(Voice and Text 'phone) – (Hampshire County Council)

Tel: 01962 845554. Text Phone: 01962 845783 SMS Texting: 07797 877012]

Sensory Impairment And Deaf Services

(Portsmouth City Council)

Tel:02392373362 Text Phone: 023 9232 2117

Horizon Resource Centre, Sundridge Close, Cosham, Portsmouth, PO6 3LP

Duty times: 8.30am to 12 noon Monday to Friday

Email: SensoryTeam@portsmouthcc.gov.uk

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Sensory Services Team

(Southampton City Council)

Tel: 023 8083 3025 (Voice), 023 8042 0298 (Minicom)

Herbert Collins House, 5 Northleigh Corner, Wide Lane, Southampton, SO18 2HR

Domestic Violence

See contact numbers under 'National Organisations'

Hampshire Care Association

Helpline No. Tel: 023 8025 5794 (for member advice).

Hampshire County Council – Employee Support Line

(confidential counselling service). Tel. 023 8062 6606. Email: eslhelp@hants.gov.uk

Southampton City Council – Employee Advisory Resource

0800 243 458 or Minicom: on 0208 987 6574 or from outside the UK on +44 (0)208 987 6550

Hampshire Domiciliary Care Association

Tel: 023 8025 5794.

Local Alzheimer's Disease

(see under Alzheimer's Disease Society business section in telephone directories).

Local Citizens Advice Bureau - Across Hampshire

(see telephone directories)

Local Counselling Services – Across Hampshire

(some telephone numbers in telephone directories under name of town/city or via other social/health care agencies).

NB. It is inadvisable to direct individuals to counselling services without the advice of key professionals involved with them.

Local Law Centres

(see telephone directories)

MIND Portsmouth

Fratton Community Centre, Trafalgar Place, Fratton, Portsmouth, Hampshire, PO1 5JJ, Tel: 023 9282 7070 – www.portsmouthmind.org.uk

MIND Southampton (Solent Mind)

54 Henstead Road, Southampton SO15 – Tel 02380 334 977

PLOD

Police Link Officers for Deaf People

Police HQ PLOD Manager: Insp. Malley Cliff Parker

Tel: 01962 871087 Mobile/Text: 07769 871369

Local Police link Officers for Deaf People

North Hampshire: Mobile/Text: 07769 885917 Mobile/Fax: 07769 8890207769 889054

South West Hampshire: Mobile/Text: 07769 881144, Mobile/Fax: 07769 889027, Minicom: 02380 674315

South East Hampshire: Mobile/Text: 07769 885973, Mobile/Fax: 07769 889061

Any Surgery

Isle of Wight: Mobile/Text: 07795 301123 Mobile Fax: 07795 307063

POLICE – Hampshire Constabulary

Call 0845 045 4545 and ask for the Public Protection Unit local to your area.

Portsmouth Carers Centre

117 Orchard Road, Southsea, Portsmouth, Hampshire, PO4 0AD Tel: 023 9285 1864 or 023 9275 6780
OOH Emergency Carers: 0845 722 1122

Rape Crisis Lines

- Across Hampshire – Local telephone numbers in business section of telephone directories.

Relatives Association (Local Contacts) Portsmouth

- via Carers Centre; Tel: 023 9285 1864 or 023 92575 6780, Winchester : Via Tel. 01962 845491.
Southampton: Via Carers Together Tel: 01794 519495

Southampton Carers Association

91 Exford Avenue, Harefield, Southampton. Tel: 023 8090 6377.

Southampton Carers Support Line

Tel: 023 8023 3344.

Monday – Thursday 5pm – 8.30am Friday 4.30pm – Monday 8.30am and bank holidays

Victim Support Hampshire & Isle Of Wight

77 Leigh Road, Eastleigh, Hampshire, SO50 9DQ www.victimsupport.org.uk Tel: 02380 645578
Regional Office: Victim Support South East Region, c/o Lewes Crown Court Centre, The Law Courts, High Street, Lewes, BN& 1YB
Tel: 01273 480130

Witness Service

For specialist vulnerable witness support advice centre.

Linda Henley Portsmouth and Fareham Tel: 02392 855370

Southampton Crown Court Witness service Tel: 023 8033 0928

Women's Aid And Women's Advice Centres

- Across Hampshire - (see telephone directories and see under Domestic Violence, Section 9, p2).

LOCAL ORGANISATIONS

Staff supporting people who are deaf should seek the appropriate text-phone number, Type-talk number, Fax number, or e-mail address. If organisations do not have any of these, they should be reminded that this is a requirement of the Disability Discrimination Act.