

Safeguarding Adults at Risk



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1 Aim of This Policy

The aim of this policy is to outline the practice and procedures for paid and voluntary staff in Wessex Cancer Support to contribute to the prevention of abuse of adults at risk through raising awareness and providing a clear framework for action when abuse is suspected.

It is aimed at protecting the adult at risk and the worker, recognising the risks involved in lone working.

The policy covers all staff and areas of work with specific guidance for projects regularly in contact with adults at risk.

Note: The term 'vulnerable adult' will show only in relation to previous legislation, otherwise the phrase 'adult at risk' will be used and is the preferred definition.

2 a) Definition of Adult at Risk

The Police Act 1997 (Enhanced Criminal Record Certificates) (Protection of Vulnerable Adults) Regulations 2000

In these Regulations '**vulnerable adult**' means a person aged 18 or over who is receiving services of a type listed in paragraph (2) below and in consequence of a condition of a type listed in paragraph (3) below has a disability of a type listed in paragraph (4) below.

- (2) The services are:
- a) Accommodation and nursing or personal care in a care home
 - b) Personal care or nursing or support to live independently in his/her own home
 - c) Any services provided by an independent hospital, independent clinic, independent medical agency or NHS body
 - d) Social care services
 - e) Any services provided in an establishment catering for a person with learning difficulties
- (3) The conditions are:
- a) A learning or physical disability
 - b) A physical or mental illness, chronic or otherwise, including an addiction to alcohol or drugs
 - c) A reduction in physical or mental capacity
- (4) The disabilities are:
- a) A dependency upon others in the performance of, or a requirement for assistance in the performance of, basic physical functions
 - b) Severe impairment in the ability to communicate with others

- c) Impairment in a person's ability to protect him/herself from assault, abuse or neglect

Law Commission, 'Making Decisions' Lord Chancellors Dept 1999

A '**Vulnerable Adult**' is defined as someone over 18 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/herself or unable to protect him/herself against significant harm or exploitation.

Note: any person with a diagnosis of cancer, as a result of psychological and physical pressures, changes and needs, may be legally defined as an adult at risk

b) Definition of abuse

"**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..... In many cases, it is a criminal offence"

Centre for Policy on Ageing (1996)

c) Types of abuse

Physical abuse

- Bodily assaults resulting in injuries e.g. hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.
- Bodily impairment e.g. malnutrition, dehydration, failure to thrive
- Medical/healthcare maltreatment
- Honour-based and domestic violence

Sexual abuse

- Rape, incest, acts of indecency, sexual assault
- Sexual harassment 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 includes:

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

- Bullying, shouting, swearing

Neglect

- 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.
- Self-neglect: an unwillingness or inability to care for oneself or one's environment

Financial or material

- Including theft, fraud of money, property or possessions
- Exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. Using threats or influence to obtain loans or being charged excessive amounts for services such as minor building work.

Discriminatory

- Including ageist, racist, sexist, or based on a person's disability. Also discrimination, including exclusion, based on sexuality, gender, faith or culture and other forms of harassment, slurs or similar treatment.

Institutional

- Poor or inadequate care and neglect, poor professional practice or ill-treatment. The failure of an institution to safeguard people from emotional or physical harm.

Online

- The use of internet (via email, mobile phones, social media, instant messaging, chatroom, online gaming etc.) to harm or harass in a deliberate manner. Includes any threat to reputation or employment, derogatory or denigratory information, digitally altered photographs, hacking or sharing of personal information

Human slavery

- Victims are exploited, controlled or held captive; threatened, punished to stop them escaping or reporting the crime.

3 Identification of Abuse

Physical abuse signs

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

- A history of unexplained falls or minor injuries
- Bruising in well protected areas, or clustered from repeated striking
- Finger marks
- Burns of unusual location or type

- Injuries found at different states of healing
- Injury shape similar to an object
- Injuries to head/face/scalp
- History of GP or agency hopping, or reluctance to seek help
- Accounts which vary with time or are inconsistent with physical evidence
- Weight loss due to malnutrition, or rapid weight gain
- Ulcers, bed sores and being left in wet clothing
- Drowsiness due to too much medication, or lack of medication causing recurring crises/hospital admissions

Sexual abuse signs

- Disclosure or partial disclosure: use of phrases such as 'It's a secret'
- Medical problems, e.g. Genital infections, pregnancy, difficulty walking or sitting
- Disturbed behaviour e.g. depression, sudden withdrawal from activities, loss of previous skills, sleeplessness or nightmares, self-injury, showing fear or aggression to one particular person, repeated or excessive masturbation, inappropriately seductive behaviour, loss of appetite or difficulty in keeping food down.
- Behaviour of others towards the vulnerable adult
- Circumstances – e.g. two service users found in a toilet area, one in a distressed state

Psychological/emotional signs:

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

Neglect signs

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

Financial or material signs

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

Discriminatory signs

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

Other signs of abuse

- Inappropriate use of restraints
- Sensory deprivation e.g. spectacles or hearing aid
- Denial of visitors or phone calls
- Failure to ensure privacy or personal dignity
- Lack of flexibility of choice e.g. bedtimes, choice of food
- Restricted access to toilet or bathing facilities
- Lack of personal clothing or possessions
- Controlling relationships between care staff and service users

Human slavery signs

- Isolated and only arrive with a "minder"
- Avoid eye contact
- May appear frightened/hesitant to talk to strangers
- No GP registration and vague about address or contact details.

4 People Who Might Abuse

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

- Informal carers, family, friends, neighbours
- Paid staff, volunteers
- Other service users or tenants
- People who exploit vulnerable people
- Strangers
- Organised or linked networks of abusers/traffickers

Multiple forms of abuse may occur in an ongoing relationship or 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 of deliberate intent and targeting of vulnerable people, negligence or ignorance.

There is no neat category of abusers, it may be anyone in a position of power: for example: family member, institution, church leader,

No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible.

5 Rights & Responsibilities

a) Rights & Responsibilities of Wessex Cancer Support

- To ensure staff and volunteers are aware of the safeguarding adults /adult protection policy and are adequately trained
- To notify the appropriate agencies if abuse is identified or suspected
- To support and where possible secure the safety of individuals and ensure that all referrals to services have full information in relation to identified risk and vulnerability
- To Disclosure and Barring Service (DBS) Disclosure check staff and volunteers that have access to or work with adults at risk

b) Responsibilities of Wessex Cancer Support employees and volunteers

- To be familiar with the safeguarding adults/adult protection policy and procedures
- To take appropriate action in line with the policies of Wessex Cancer Support
- Voluntary Sector Support Team to promote the principles and good practice to other voluntary organisations
- To declare any existing or subsequent convictions to line manager. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal or termination of volunteering.

c) Rights and Responsibilities of Adults at Risk:

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

d) Rights and Responsibilities of Individuals against whom an allegation has been made

- To a fair and unbiased investigation into the allegations
- To support throughout the investigation process
- To information regarding the nature of the allegations against them
- To be informed of the outcome of any investigation
- The presumption of innocence unless otherwise proven

e) Support for those who report abuse

All those making a complaint or allegation or expressing concern, whether they be staff, volunteers, service users, carers or members of the general public should be reassured that:

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

6 Good Practice

a) Recruitment of staff and Volunteers

Follow Wessex Cancer Support recruitment procedures and policies, including:

- Risk assessment of role to assess need for Disclosure and Barring Service
- Completion of a Wessex Cancer Support application form
- Check references thoroughly including appropriate Disclosure
- All staff and volunteers have a duty to declare any existing or subsequent convictions. Failure to do so will be regarded as gross misconduct, possibly resulting in dismissal
- Report to the ISA (Independent Safeguarding Authority) anyone deemed unsuitable to work or volunteer with vulnerable adults.

The Policing and Crime Act 2009 amended the Safeguarding Vulnerable Groups Act 2006 to include section 50A which allows the Independent Safeguarding Authority to provide any information it has to a Chief Officer of Police for use in connection with: (a) the prevention, detection and investigation of crime and (b) the apprehension and prosecution of offenders.

b) Training

- Familiarisation with all Wessex Cancer Support policies and procedures during induction
- Access to the Adult at Risk reference guide provided by Southampton City Council which covers all aspects of Adult Protection. This reference guide is aimed to contribute to the on-going practice development of employees and volunteers whether in the workplace or as a tool whilst undertaking qualifying courses.

<https://www.southernhealth.nhs.uk/resources/assets/attachment/full/0/68242.pdf>

https://www.southampton.gov.uk/policies/safeguarding-children-policy_tcm63-364247.doc

<https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/professionals/procedures>

- Further training, dependent on nature of role, e.g.
 - o Risk assessment & management
 - o Types of abuse and recognising signs of abuse
 - o Duty to report

- o Their role in responding to suspected abuse
- o Keeping appropriate records
- o Listening skills

c) Management and Supervision

It is the line manager's responsibility to clarify with the employee or volunteer their roles and responsibilities regarding their relationships with adults at risk with whom they may be in contact. Regular supervision for employees or volunteers will monitor the work and offer the opportunity to raise any issues. Mechanisms should be in place to support employees or volunteers through investigations and any internal disciplinary procedure.

d) Record Keeping

There should be a formal record of any concerns. This confidential information will be held on Airtable which may only be accessed by Safeguarding Leads and data administrator and will be kept according to record keeping policy. If the reporting person is unable to access the reporting form on Airtable a paper report may be initially completed and will be kept in a locked drawer, with information submitted on Airtable as soon as possible, at which point the paper copy will be shredded. All safeguarding concerns should be discussed in supervision with their line manager.

e) Planning

Wherever possible employees or volunteers should avoid lone working with an adult at risk. But if unavoidable, one to one contact should take place in an environment where other employees or volunteers are present or within sight.

7 What to do

To act or not to act

All allegations or suspicions are to be treated seriously. No abuse is acceptable, and some abuse is a criminal offence and must be reported to the Police as soon as possible. To determine the appropriate action, it is important to consider:

- Risk – does the vulnerable adult, employees or volunteers understand the nature and consequences of any risk they may be subject to, and do they willingly accept such a risk?
- Self-determination – is the vulnerable adult able to make their own decisions and choices, and do they wish to do so
- Seriousness – Several factors will determine whether intervention is required. The perception of the victim must be the starting point. Factors informing assessment of seriousness will include:
 - The **perception** by the individual and their **vulnerability**
 - The **extent** of the abuse

- The **length of time** it has been going on
- The **impact** on the individual
- The risk of **repetition** or **escalation** involving this or other vulnerable adults
- Is a **criminal offence** being committed?

8 Summary

The employee or volunteer's primary responsibility is to protect the adult if they are at risk. Each employee or volunteer has a duty to take action. Employees or volunteers do not have to cope alone; extra support is available.

9 a) Practice Guide - Actions and Considerations

The first priority should always be to ensure the safety and protection of adults at risk. To this end it is the responsibility of all employees and volunteers to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.

- In situations of immediate danger, take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the adult at risk, offer necessary support and reassurance.
- Issues of confidentiality must be clarified early on. For example: employees or volunteers must make it clear that they will have to discuss the concerns with their supervisor.
- Where an adult at risk expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and others, and their capacity to understand the decision in question. In some circumstances the adult's wishes may be overridden in favour of considerations of safety.
- Decisions to override the adult's wish not to take the matter further should if possible be the product of discussion with appropriate line management.
- Note your concerns and any information given to you or witnessed by you.
- Report concerns to the appropriate line manager.
- Remember it is not necessary or advisable for you to seek evidence. By supporting the adult at risk and carefully logging any information given to you at this stage, you will lay the foundations for an effective formal investigation.
- Understand the need not to contaminate, or to preserve evidence if a crime may have been committed.

b) Practice guide - discussion and decision making

Information should be shared with your line manager, who must approve any actions to be taken and any documentation or correspondence being sent out.

Employees with concerns should discuss them with their line manager on the same day. If the line manager is not available, then any concerns should be discussed with the Chief Executive or their Deputy.

Volunteers with concerns should discuss these discreetly with their Line Manager/Centre Manager as soon as possible after the abuse or suspicions of abuse are observed. If unavailable then any concerns should be discussed with the Chief Executive of Wessex Cancer Support, or her Deputy.

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

c) Practice guide - to refer or not to refer

In a situation where discussion internally is not conclusive, the decision to refer or not to refer a high-risk concern may be initially made in consultation with Adult Services or Local Authority Designated Officer (LADO) where a case can be hypothetically described, initially withholding identifying details. They will then confirm whether action should be taken. The Safeguarding Leads should be informed of the actions taken and any updates.

When considering the decision as to whether to refer externally (e.g. to Police, Adult Services or LADO, National Care Standards Commission) the following should be taken into account:

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

d) Practice guide – issues of mental capacity & consent

The consent of the adult at risk must be obtained except where:

- The adult lacks the mental capacity to make a decision, and a risk assessment indicates that referral would be in their best interests
 - Others may be at risk
 - A crime has been committed
- e) Practice guide – who to refer to or report concerns to
- For Hampshire, excluding Southampton and Portsmouth, the single point of referral within Social Services 0300 555 1386
 - Emergency Social Services duty team, if urgent and outside normal office hours 0300 555 1373
 - LADO 01962 876364
 - Mental Health Crisis Team North 01256 817718
 - Mental Health Crisis Team East 02392 344562
 - Mental Health Crisis Team West 01962 897726
 - For Southampton:
 - LADO 02380 915535
 - Mobile 07789 616092
 - Adult Safeguarding Southampton 02380 834307 For Portsmouth: 0300 555 1373
 - For IOW:
 - LADO 01962 876364
 - Adult Safeguarding Team 01983 814980
 - Mental Health Crisis Team 01983 525254
 - For Dorset
 - LADO 01305 221122
 - Dorset Adult Safeguarding 01305 221016
 - Mental Health Crisis Team 0800 652 0190
 - Christchurch and Bournemouth residents call Care Direct on 01202 454979, email: caredirect@bcpcouncil.gov.uk
 - Poole residents call Adult Social Care help desk on 01202 633902, email: sshelpdesk@bcpcouncil.gov.uk
 - Residents in the Dorset Council area call 01305 221016
 -
 - Relevant hospital Social Services team if vulnerable adult is in hospital
 - Community Mental Health Team where the vulnerable adult has an ongoing mental health need
 - National Care Standards Commission where there are issues relating to standards and regulations in care homes and domiciliary care agencies.
 - Hospital Trusts/Primary Care Trusts where there is a complaint of abuse by a member of staff
 - The Police, if there is an emergency where delay may result in serious harm to the vulnerable adult or if the abuse may constitute a crime
- f) Practice guide – information, if known, which will be required when you make a referral or report your concerns:

- Details of alleged victim – name, address, age, gender, ethnic background including principle language spoken, details of any disability
- Details of GP and any known medication
- Whether the individual is aware of and has consented to the referral/report.
- The mental capacity of the individual (are there are any concerns/doubts about this)
- If appropriate, advise agency on preferred/advised method or environment when approaching the alleged victim or perpetrator.

Also, any relevant information, for example:

- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Specific information relating to these concerns
- Details of any arrangements which have already been made for the protection of the vulnerable adult or any immediate action taken
- Details of anyone else to whom this referral has also been made
- Details of the alleged perpetrator and if they are a vulnerable adult
- Details of alleged abuse and information about suspicions
- Details of any other background information
- An impression of how serious the situation might be
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends

Information passed on must be relevant, necessary and up to date. Confirm in writing information given verbally.

g) Summary of expected behaviour and actions

Employee or volunteer should:

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

Employee or volunteer should not:

- Appear shocked, horrified, disgusted or angry
- Press the individual for details (unless requested to do so)
- Make comments or judgements other than to show concern

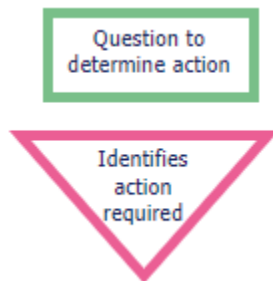
- Promise to keep secrets
- Confront the abuser
- Risk contaminating evidence

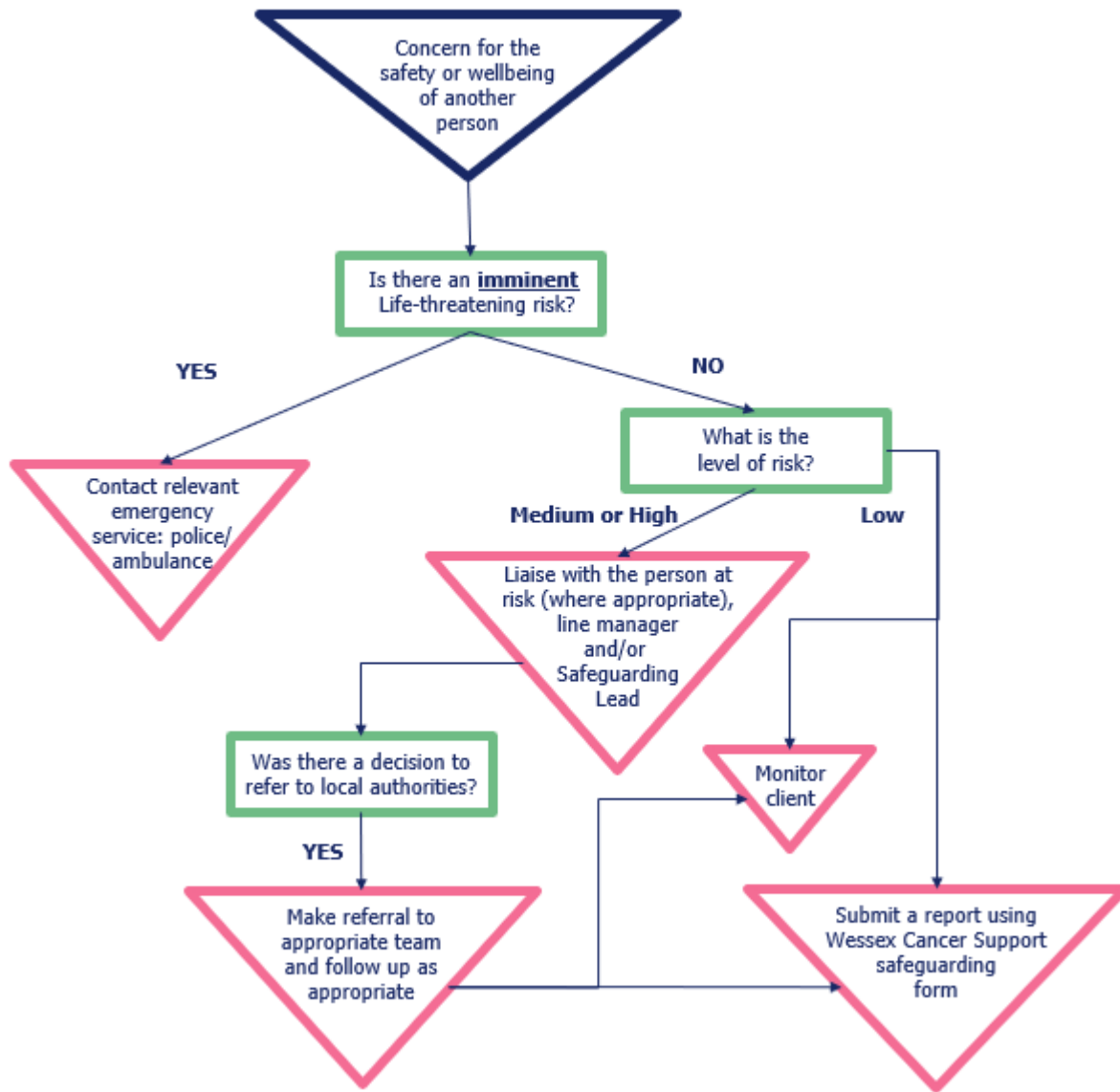
Discuss with the Relevant Manager who will:

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

h) Practice guide – flow chart

Key:





Appendix A

Useful Contacts

Hampshire Adult Services – Emergency Contact: 0300 555 1386; out of hours 0300 555 1373
Police – 101

Community Mental Health Teams

If you live in the North East of Hampshire the Mental Health services are provided in partnership with Surrey and Borders Partnership NHS Foundation Trust.

North East Hants Community Mental Health Recovery service, Surrey & Borders Partnership NHS Foundation Trust

Aldershot Centre for Health, Hospital Hill
Aldershot, GU11 1AY
Phone 01252 335 566

If you live in the Basingstoke, Tadley and Alton areas the Mental Health Social Care services to contact is:

Basingstoke, Tadley and Alton Mental Health Team
Bridge Centre, New Road
Basingstoke, RG21 7PJ
Phone 01256 316 300

If you live in the Fareham, Gosport, Havant, Hayling Island, Waterlooville, Petersfield or Bordon areas the Mental Health Social Care service to contact are:

Fareham and Gosport Social Care Mental Health team
Hewat Centre
Gosport War Memorial Hospital
Bury Road
Gosport, PO12 3PW
Phone 023 9251 1377

Havant, Waterlooville and Hayling Island Social Care Mental Health team
Parkway Centre
Park Way
51 Leigh Road
Havant PO9 2BF
Phone 023 9268 3500

Petersfield and Bordon Social Care Mental Health Team
Petersfield Hospital
Swan Street
Petersfield
Phone: 01730 264568

If you live in the Andover, Winchester, Romsey, Eastleigh, or the New Forest areas the Mental Health Social Care service to contact are:

Andover Social Care Mental Health team
68b Junction Road
Andover SP10 3QX
Phone 01264 358 180

Eastleigh Social Care Mental Health team
Desborough House
1 Desborough Road
Eastleigh SO50 5NY
Phone 023 8061 5729

New Forest West Social Care Mental Health team
Waterford House
142 Station Road
New Milton BH25 6LP
Phone 01425 622 922

New Forest East Social Care Mental Health team
Anchor House
67-69 Ringwood Road
Totton SO40 8DX
Phone 023 8086 8886

Romsey Social Care Mental Health team
5 Horsefair Mews
Romsey SO51 8JG
Phone 01794 830 323

Winchester Social Care Mental Health team
Avalon House
Chesil Street

Winchester SO23 0HU
Phone 01962 831003

If you live in postcode areas SO30 and SO31 the Social Care Mental Health team that covers this area is based in Eastleigh:

Southampton East Team
Tomm Rudd Unit
Moorgreen Hospital Site
West End
Southampton SO30 3JB
Phone 02380 475287

At a glance:

- Andover: 01264 358180
- Bordon & Petersfield: 02382 310200
- Eastleigh: 02380 615729
- Eastleigh Southern Parishes: 0300 3034100
- Fareham & Gosport: 02392 511377
- Havant & Waterlooville: 02392 683500
- New Forest East (Totton): 02380 868886
- New Forest West (New Milton): 01425 622922
- North Hampshire: 01256 316300
- Romsey: 01794 830323
- Southampton (Central): 02382 310726
- Southampton (East): 02382 310982
- Southampton (West): 02380 878040
- Winchester: 01962 8003

Older People's Mental Health teams:

- Andover: 01264 835263
- Bordon & Petersfield: 01420 483844
- Eastleigh & Romsey: 02382 310600
- Fareham & Gosport: 02392 681000
- Havant & Waterlooville: 02392 344616
- New Forest (East): 02380 428488
- New Forest (West): 01425 623802
- Southampton (East): 02380 475361
- Southampton (West): 02380 540712

- Winchester: 01962 831010

Portsmouth

If you are worried about an adult at risk, contact Adult Safeguarding on 023 9268 0810.

Southampton

Police on 101 or 023 8083 3003

Isle of Wight – 01983 814980 or out of office hours 01983 821105

Dorset:

- For Bournemouth Residents in the Dorset Council area call 01305 221016
- Christchurch and Bournemouth residents call Care Direct on 01202 454979, email: caredirect@bcpcouncil.gov.uk
- Poole residents call Adult Social Care help desk on 01202 633902, email: sshelpdesk@bcpcouncil.gov.uk
- Residents in the Dorset Council area call 01305 221016
- Christchurch and Bournemouth residents call Care Direct on 01202 454979, email: caredirect@bcpcouncil.gov.uk
- Poole residents call Adult Social Care help desk on 01202 633902, email: sshelpdesk@bcpcouncil.gov.uk

Other useful organisations

Action On Elder Abuse

Tel: 080 8808 8141

Raise awareness of elder abuse and provides information.

Alzheimer's Society

Local Tel: 0300 222 1122

Ann Craft Trust

Tel: 0115 951 5400

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

Mind

Tel: 020 8522 1725

Information re mental health related issues. Help in finding out options and local services. Mon – Fri 9.15 – 5.15.

Relatives and Residents Association

Tel: 020 7359 8136

Tel: 020 7916 6055

Email: advice@reles.org

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

Respond

Tel: 0808 808 0700

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

Saneline

Tel: 0300 304 7000

National helpline for anyone coping with mental illness