



Safeguarding Adults Information Booklet

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Types of Abuse

- Physical
- Financial / Material
- Sexual
- Psychological
- Discriminatory
- Neglect and Act of Omission
- Self Neglect
- Domestic Abuse
- Modern slavery
- Organisational

Physical Abuse

Examples of Physical Abuse include, but are not limited to:

- Being physically restrained inappropriately or unlawfully– such as being tied to a chair, having movement restricted, any type of physical punishment
- Being burnt, cut, slapped, punched, kicked, bitten, choked, hit, pushed, or hair-pulled – any type of assault
- Withholding food, water, or medical attention, being denied sleep
- Force feeding
- Being medicated without knowledge or consent, or being mismedicated (chemical cosh)
- Being rough handled
- Involuntary isolation or confinement
- Making someone purposefully uncomfortable – e.g. removing their bedding, opening a window
- Female Genital Mutilation
- *Neglect is also considered an aspect of physical abuse and this type of abuse often happens when one adult cares for another; such as in the case of an adult child caring for a parent.*
- *Physical abuse often occurs alongside other forms of abuse such as financial, sexual abuse and emotional abuse. Physical abusers may use their abusive behaviours to try to control their victims.*

Signs and Indicators can include:

- No explanation for injuries OR Inconsistencies with explanations of how the person sustained an injury
- Injuries that are inconsistent with the person's lifestyle, conditions, abilities
- Cuts, bruises, welts, burns, fractures, broken bones, loss of hair in clumps – sometimes only in areas that can be hidden by clothing.
- Frequent injuries
- Behaviour changes and mood changes, in general or around a particular person/ environment
- Failure to seek medical attention, not attending appointments, or changing GP's frequently

Financial Abuse

Examples of Financial/ Material Abuse include, but are not restricted to:

- Theft of money or possessions, Fraud or Scamming
- Preventing a person from accessing their own money, benefits, or assets
- Shared Lives Carers borrowing money from a person using the service
- Charging a person within the service for additional facilities, services or repairs
- Using a person's loyalty card/ points for yourself or buying/encouraging an individual to buy items on promotional offers such as buy 1 get 1 free and keeping the additional items for yourself
- Misuse of benefits or direct payments, e.g. arranging less support than needed to save money for future inheritance
- False representation – e.g. using another person's bank account, cards or documents, misuse of power of attorney, deputy or appointeeship
- Undue pressure, duress, threat or influence put on a person in connection with loans, contracts, wills, property, inheritance or other financial affairs

Signs and Indicators can include:

- Unexplained withdrawals of funds from accounts, or unexplained transactions
- Personal possessions going missing
- Unexplained lack of money or inability to maintain lifestyle/ routine activities, rent arrears, letters from debt collecting agencies
- Person allocated to manage financial affairs being secretive, evasive or uncooperative, failure to provide receipts or keep clear accounts for an individual
- Family members or others showing an unusual interest in the assets of the person, or seeking a relationship when a person becomes severely ill or has lost capacity
- Signs of financial hardship when someone else is managing the person's money – e.g. worn out clothing or a disparity between a person's living conditions and their financial resources
- Failure to register as LPA, deputy or gain appointee ship for a person after they have lost financial capacity so it appears that the person is still able to manage their finances
- Gaining power of attorney after the person has ceased to have mental capacity
- *Finances can be seen as a bit of a grey area in Shared Lives, as we offer placements in family settings – Talk to Shared Lives if you have any queries or concerns*
- *Sometimes additional charges are considered reasonable, but all financial agreements between a carer and an individual need to be discussed first with your SLC*

Sexual Abuse

Examples of Sexual Abuse can include, but are not limited to:

- Rape, attempted rape or sexual assault
- Non- consensual sexual activity, or attempted activity including inappropriate touching anywhere on a person
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate sexual innuendo, teasing or harassment, sexualised language, grooming
- Voyeurism e.g. watching a person undress, inappropriate sexualised behaviour towards or around a person
- Sexual photography or making an individual witness sexual acts or view pornography
- Indecent exposure
- Exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities

Signs and indicators of Sexual Abuse can include:

- Bruising, especially on thighs, hips, buttocks and neck
- Bloody, stained or torn underwear
- Damage, pain, itching or signs of infection in the genital area
- Pregnancy
- Significant changes in behaviour, including uncharacteristic use of sexual language, behaviour or attitude
- Incontinence not related to any medical diagnosis
- Fear or reluctance to be alone with a particular person
- Self-harm and self-neglect
- Sleep disturbances
- Increased level of drinking, sudden change in lifestyle or routine
- Depression or anxiety type symptoms

Discriminatory Abuse

This is defined as Unequal treatment based on protected characteristics under the Equality Act 2010 which are: Gender, Age, Gender Identity or Reassignment, Marriage and Civil partnership, Disability, Sexual Orientation, Pregnancy and Maternity, and Race, Religion and Belief.

This can include:

- Derogatory remarks, inappropriate language related to a protected characteristic, verbal abuse, and victimisation, harassment and bullying
- Deliberate exclusion due to a protected characteristic
- Denying basic rights and access to healthcare, employment, education, criminal justice system, interpreter or communicator
- Substandard service provision due to a protected characteristic

Signs or indicators can include:

- Person having low mood, being withdrawn or isolated
- Expressions of anger, fear, anxiety or frustration
- Support or services the person accesses don't take into account the person's needs regarding a protected characteristic

Psychological Abuse

Types of Psychological Abuse can include, but are not limited to:

- Intimidation, harassment, threatening language or behaviour, coercion
- Preventing someone from making choices or expressing opinions
- Humiliation, swearing, verbal abuse, bullying
- Talking to or addressing a person in a patronising or infantilising manner
- Threats of harm or abandonment
- Preventing someone from meeting their personal needs, including religious and cultural needs
- Isolating someone deliberately, stopping them from seeing family or friends, accessing services or having a social life
- Intentionally leaving someone on their own when they need assistance, removing mobility or communication aids
- Denying or not respecting someone's privacy
- Cyber Bullying

Signs or indicators can include:

- Changes in someone's behaviour, or psychological state
- Low self-esteem and self-worth
- Self-neglect
- Changes in appetite or appearance (weight gain/loss)
- Insomnia
- Withdrawal

- Silence or tense atmosphere around a specific person
- Increased anxiety
- Signs of distress including anger or tearfulness

Neglect and Acts of Omission

Types of Neglect can include, but are not limited to:

- Ignoring or isolating someone
- Failure to provide food, shelter, clothing, heating, stimulation, person care, medical care,
- Providing care in a way the person does not want or like
- Not taking account of someone's needs physically, socially, culturally, religiously or otherwise
- Preventing the person from making their own decisions and choices
- Not upholding privacy or dignity
- Preventing access to aids such as dentures, hearing aids or glasses
- Failure to administer medication as prescribed
- Not supporting someone in a person centred manner

Signs or indicators of Neglect can include:

- Poor personal hygiene
- Malnutrition, dehydration or poor physical state, weight loss, reduced mobility, pressure sores
- Inadequate clothing
- Untreated injuries or medical problem, including large quantities of untaken medication
- Behaviour changes
- Low self-worth or esteem, low mood and being withdrawn
- Unhygienic, dirty or inappropriately furnished or heated environment
- Person is unable or denied access to medical care, relatives, friends, advocates, and has inconsistent contact with social services

Self-Neglect

Types of self-neglect can include, but are not limited to:

- Neglecting own health or hygiene needs
- Neglecting own surroundings and environment
- Misusing substances or alcohol
- Other methods of self-harm
- Neglecting to keep yourself safe
- Not seeking support or access to services to meet health and care needs
- Inability or unwillingness to follow medical advice, or take medication
- Hoarding
- Isolating yourself, withdrawing from society

- Inability or unwillingness to manage one's personal affairs

Signs and Indicators of self-neglect can include:

- Very poor level of personal hygiene
- Lack of appropriate clothing, shelter or food
- Malnutrition and dehydration
- Unkempt appearance including clothing and hair
- Poor household maintenance
- Hoarding
- Having a large number of animals in inappropriate conditions
- Being intoxicated a large proportion of the time
- Living in unsanitary, or squalid conditions, not having electricity, heat, or water
- Non allowing support from health or care services, unwillingness to cooperate
- Low self-esteem, and mental health issues

Self-neglect can be very challenging to get the right support for as there is an argument between self-neglect and capacity. If the person appears to have capacity to make these unwise decisions, it can be extremely difficult to source additional support and resources for the individual.

Domestic Abuse

The Government definition of Domestic Abuse is any incident or pattern of incidents of controlling or coercive, threatening behaviour, damage to property violence or abuse.

It covers a wide range of types of abuse, and is only classified as domestic because of the relationship/setting it is taking place.

Signs of domestic abuse would include signs and indicators from all other types of abuse but organisational.

Modern Slavery

Types of modern slavery can include:

- Human trafficking
- Forced labour including domestic servitude
- Sexual exploitation - being forced into escort work, prostitution, pornography
- Being forced to work to pay off debts that the perpetrator invents, that they will never be able to realistically pay off

Signs of modern slavery can include:

- Signs of physical or emotional abuse as well as neglect
- Isolation, and appearing to be controlled or influenced significantly by others
- Lack of money, identification documents or personal effects
- Always wearing the same clothes

- Fear of law enforcement, government services, figures of authority
- Not being able to make eye contact, submissive behaviour
- Frightened, hesitant around strangers

Organisational Abuse

Types of organisational abuse can include, but is not limited to:

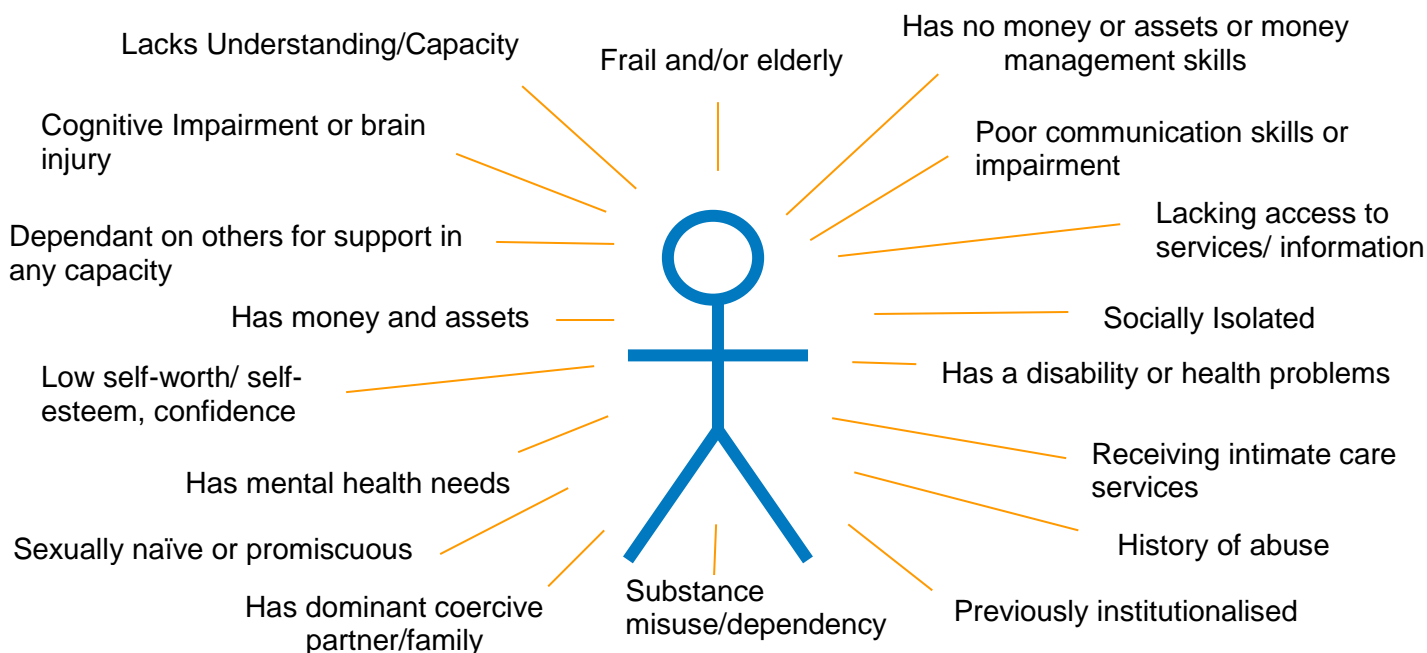
- Disrespectful or abusive attitudes towards people using the service
- Not providing adequate food, drink, assistance, support, health care or aids
- Not person centred but rigid authoritarian management and structure of support
- Discouraging or preventing involvement of others, family, friends or health/ social care professionals
- Lack of supervision, support or monitoring
- Inappropriate use of restraints or deprivations of liberty
- Lack of respect for a person including lack of privacy or dignity
- Ignoring individual's cultural or religious needs
- Not supporting choice, or promoting independence
- Misuse of medication
- Failure to respond to abuse appropriately or in a timely manner
- Failure to respond to complaints

Signs and Indicators of Organisational Abuse can include:

- Inadequate staffing levels
- People being hungry, malnourished or dehydrated
- Lack of person centred support, flexibility and choice for individuals
- Lack of personal possessions, including clothes
- Shared use of personal items
- Poor record keeping, missing documentation, no individual support plan
- Absence of visitors, lack of communication or openness with health care professionals or regulators
- No or few social or recreational activities including educational
- No respect for confidentiality
- Unnecessary exposure during bathing or using the toilet
- Lack of management overview and support

[Organisational abuse used to be known as Institutional Abuse](#)

What makes a person more likely to experience abuse?



Preserving Evidence of Abuse

Your first responsibility is to ensure the safety and welfare of the person who has been abused/ or is suspected of being a victim of abuse. In certain situations immediate action may be needed to preserve evidence.

In some circumstances it may be important for individuals not to wash themselves or their clothing/bedding, the police will give advice on when this is needed.

Other forms of evidence can include GP notes, medical reports or x-rays. You must gain consent to examine any injuries/marks/bruises or to take photographs of these. Completing body maps can help with evidencing any markings/injuries of a person.

If financial abuse has potentially taken place, it is important with the person's consent to secure all receipts, bank statements and related documentation. In some circumstances it may be that if financial abuse is suspected other measures are put into place to protect an individual, as well as to evidence whether financial abuse is taking place. This could include an inventory of an individual's items, or a cash book in which money is signed in and out each day to see if any unusual patterns are identified.

Notes or some sort of written record and incident forms can help provide evidence that something has happened that has affected an individual receiving support, whether this is a change in their lives they are not happy with, illness or due to them experiencing some form of abuse.

Always seek advice and support from Shared Lives regarding the preservation of evidence relating to abuse or suspected abuse.

How to reduce likelihood of Abuse

Active participation – Empowering and supporting people to be as independent as possible. This should be applied to every aspect of someone's life and daily needs/routines. For instance, instead of washing someone's hair for them, encourage them to do as much as possible, this could be applying shampoo, or passing them the shampoo bottle as they cannot reach/ open it themselves.

Person Centred support – Ensure that the person is at the centre of their support, and support is in place to meet their needs and preferences, not what others think is what's best for them.

Communication & Partnership Working – Communicating in the best way with the person you support ensures that they have the best opportunity to inform their own support so it is as person centred as possible for them. Working effectively with others in partnership also helps ensure that the right support and practice is in place for the individuals and carers within shared lives.

Advocacy – Ensuring that people living within Shared Lives have a voice of their own and that this is listened to is vital. Carers can support the individual to feel or be able to advocate for themselves, or referrals to advocacy services can be made or requested.

Education – Educating people helps reduce the likelihood of abuse, whether it's about how to stay safe online, or ensuring they know their own rights or developing independence in any aspect of their lives helps.

Risk Management – It is important to recognise the balance between managing risks and enabling independence, choice and control. Good risk management does this, and can reduce the likelihood of abuse.

Empowerment – Empowering people in all aspects of the lives boosts individuals' independence and overall level of well-being and self-worth. This can aid individuals to respect themselves and advocate for themselves meaning they are less likely to tolerate abusive behaviour towards them, and to take action to prevent this from happening.

Safeguarding Legislation

Human Rights Act 1998

Under the Human Rights Act no-one is to be subjected to torture, inhumane treatment or punishment whatever the situation. This includes any type or form of treatment that is degrading, shows a lack of respect, diminishes their dignity, or creates a feeling of fear, anguish, shame and inferiority.

Everyone has the right to respect for their private and family life, their home and correspondence. Authorities do have the right to challenge this if it is in the interests of preventing crime, protecting people's health, morals, rights and freedoms, and must be a proportionate response to the risks presented.

Discrimination on any grounds regarding the way that people access their rights under the Human Rights Act is unlawful.

Under the Human Rights Act, Public Authorities have a proactive duty of care towards adults at risk to take reasonable steps to prevent ill-treatment where authorities had or should have had knowledge of this risk. Public authorities may be in breach of the human rights act when they have failed to prevent degrading treatment. People who are critically dependent on support from others due to their disabilities are entitled to enhanced protection.

Equality Act 2010

The Equality act replaces previous anti-discrimination acts, to ensure consistency, transparency and to make society fairer. The Equality act protects people from being treated unfairly because of any of the characteristics protected under this legislation. The protected characteristics are: Gender, Age, Gender Identity or Reassignment, Marriage and Civil partnership, Disability, Sexual Orientation, Pregnancy and Maternity, and Race, Religion or Belief.

The Care Act 2014

Under the Care Act, Local Authorities have new safeguarding duties and there is a clearer legal framework for how local authorities should protect adults from abuse and neglect.

All local authorities must have a multi-agency local adult safeguarding system that seeks to prevent abuse, and to stop it quickly if it happens. If they think an adult with care or support needs is at risk of abuse or neglect, they must make enquiries or request others to do so to find out what action may be needed.

Local authorities must establish a safeguarding adult's board which includes the local authority, NHS and police. The board then develops, shares and implements safeguarding strategy.

The Local Authority must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry if required.

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the care system should protect adults at risk of abuse or neglect.

- Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested
- The Care Act repeatedly highlights the importance of Person Centred Practice, the Mental Capacity Act and Advocacy
- There is an emphasis on prevention at all levels of working
- There is a commitment to Making Safeguarding Personal, and Making Every Adult Matter.
- The Care Act includes more detail and references to carers, including the risks that they can face and support that they may need.

Mental Capacity Act 2005

Capacity should not be viewed as a barrier to safeguarding - however you must be careful not to contravene an individual's wishes, feelings and rights.

There are 5 principles under the mental capacity act which are:

- Every adult has the right to make their own decisions and must be deemed to have capacity unless proven otherwise
- Do not treat people as incapable of making a decision unless all practicable steps have been tried to support them to being able to make the decision
- A person should not be deemed to lack capacity because the decision they are making is unwise
- If someone does lack the capacity to make a decision, this decision can be made on their behalf as long as it is in their best interests
- When making a decision for someone who lacks capacity, ensure that it is the least restrictive option
- **If an individual has capacity but makes an unwise decision that puts others at risk then you can share this information.**

Situational Capacity – What is it?

Where an Adult's *“Ability to make decisions for themselves has been compromised by matters other than those covered by the MCA 2005”*

Those other matters are:

- The adult is under constraint
- The adult is subject to coercion or undue influence
- For some other reason the adult is “deprived of the capacity to make the relevant decision or disabled from making free choice, or incapacitated or disabled from giving or expressing a real and genuine consent”

Key Principles of Safeguarding Adults

Six key principles underpin all adult safeguarding work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent. Personalisation, person-led decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and this directly inform what happens.”

- **Prevention** – It is better to take action before harm occurs. “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.”
- **Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”
- **Protection** – Support and representation for those in greatest need. “I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.”
- **Accountability** – Accountability and transparency in delivering safeguarding. “I understand the role of everyone involved in my life and so do they.”

Whistleblowing

Whistleblowing is a form of information disclosure, where employees share information with outside organisations to alert them to organisational practices that are leading to harm to adults at risk. Employees may need to whistleblow if they have reported their concerns to their employers and no action has been taken to rectify any possible practice issues.

If an employee whistleblows about the practices, actions or lack of action of the organisation, they should be protected legally from victimisation by the employer.

Everyone has a responsibility to report concerns regarding the abuse, neglect or suspected abuse or neglect of an adult at risk.

Duty of Candour

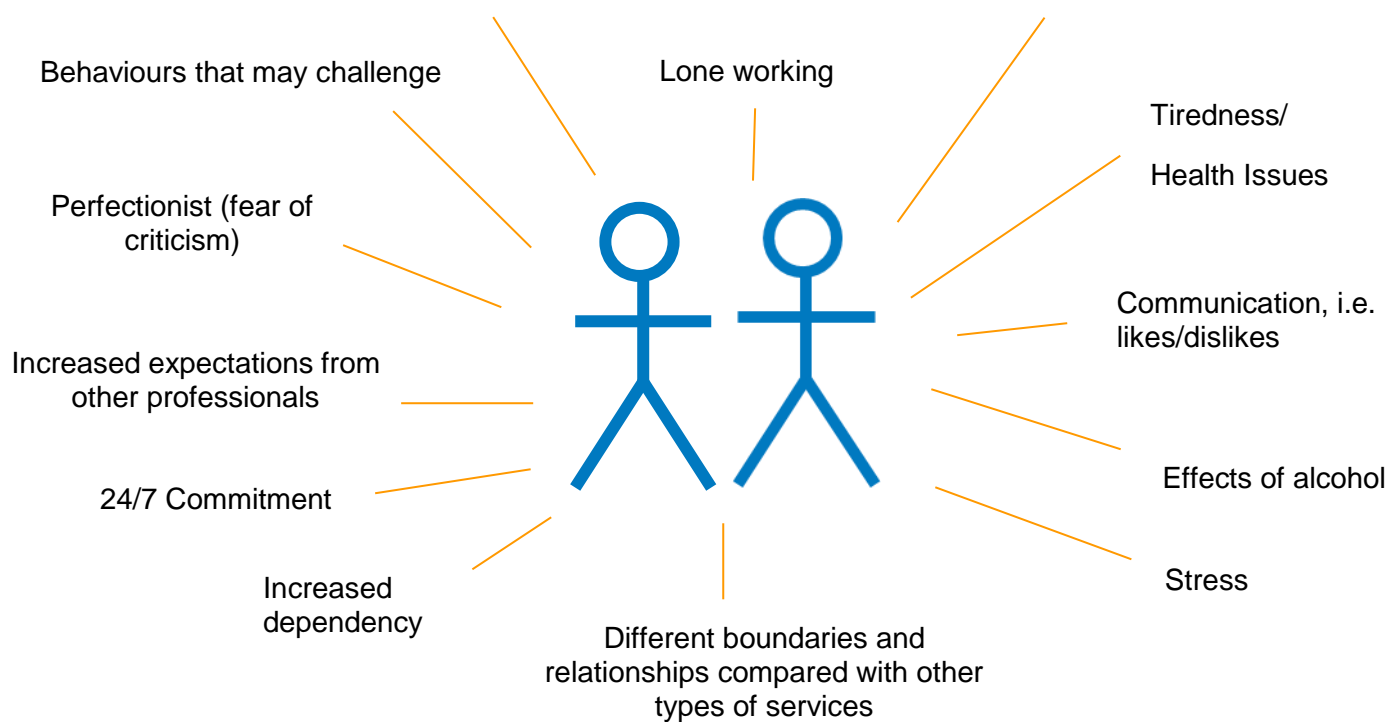
Duty of Candour can be defined simply as a legal obligation to:

- Be open and transparent in relation to care and support, and for SLSW to promote a culture that encourages honesty at all levels.
- To report notifiable safety issues or incidences in an honest manner – including SLSW providing truthful information to relevant agencies such as CQC/Police.
- Carers to adhere to SLSW policies and procedures and report issues in an open and honest manner.
- To treat everyone with respect, empathy and consideration and to provide reasonable support when incidences do occur.

Why might a SLSW Carer be more at risk of allegations?

Life changes, i.e. illness/bereavement/moving/divorce

Previous allegations from Service users



Responding to a Disclosure

Sometimes an abused person may disclose information without realizing the significance of what they are saying, or understanding that they are experiencing abuse.

Don't:

- Do not be judgmental (e.g. 'Why didn't you try to stop them?')
- Do not ask leading questions
- Do not talk to other shared lives carers or service users about the information shared with you (e.g. 'It's awful, you'll never guess what I've just been told.')
- Do not take it upon yourself to investigate
- Do not promise to keep secrets
- Do not contact the alleged abuser

Do:

- Listen carefully
- Stay calm
- Explain that you need to inform SLSW, and with their consent SLSW will inform their local authority. In some cases SLSW may inform the local authority without their consent
- Remember the principles of the Mental Capacity Act
- Make a note of what the person said – using their words and phrases where possible

When to contact who?

You need to inform your SLC of any major changes in service user's needs, wishes, health or behaviour, so that any changes to the service they require can be assessed, document and implemented.

You will be aware of any identified risks relevant to any service users living in your home and inform Shared Lives South West of any additional risks to service users that arise.

You will inform Shared Lives South West immediately (and no later than within 24 hours) of:

- The death of any service user
- Any serious accident or incident involving a service user
- Any serious injury to a service user
- Any serious illness of a service user
- The outbreak of any infectious disease which in the opinion of a registered medical practitioner is "notifiable"
- Any theft or burglary within your home
- **Any allegation against you or any other person providing support to a service user at your home**
- **Any incident which occurs in connection with the service which is reported to, or investigated by the police**
- **Any allegation of misconduct by a service user or their representative in relation to you or a member of the family**
- Any unexplained absence of more than 12 hours of a service user from your home
- **Any criminal or civil conviction of yourself, or a member of the household**
- You will notify Shared Lives South West immediately if you become unable to meet the support needs of any service user(s) through illness, accident or family circumstances
- You will notify Shared Lives South West of any changes to the members of the household as listed in Schedule 2 to your agreement
- You will inform Shared Lives South West immediately about any major failure of services to the home (i.e. electricity, water etc.) or any serious damage or disruption that may make it unsafe or undesirable for the service user to continue living in your home in the short term
- You will notify Shared Lives South West of any period longer than 48 hours when you plan to be away from home accompanied by any service users who live with you
- You will notify Shared Lives South West of any changes in circumstances which may have a long term effect on your ability to undertake your role as set in any Shared Lives agreement which may include taking paid employment outside the home; taking on additional caring responsibilities for family members within the home; and/or the breakdown of a marriage or significant relationship
- You will report to Shared Lives South West any disputes or major disagreements with other agencies or individuals who provide services or support to a service user or with the relatives of any service users
- You will make Shared Lives South West aware of any complaint or allegation made about you that might affect your role of Shared Lives carer or made against any service user living with you

When a concern is raised

- We now raise concerns, these used to be called alerts.
- If it is an emergency, call 999 immediately.
- Report to Shared Lives South West as soon as possible (carer handbook online)
- If it is out of hours, call the local authority duty number and update shared lives during SLSW opening hours.
- The concern will be referred to the local authority, this can be done by either the carer or SLSW staff.
- The local authority will make enquiries - previously they used to carry out investigations. The Local Authority can ask organisations such as Shared Lives to undertake an enquiry on their behalf for people who live within Shared Lives.
- Enquiries do not require an outcome as investigations previously did, as there is less focus on guilt and blame.
- Shared Lives Carers will be given access to a paid carer supporter who have experience of the safeguarding process, and are trained and able to offer emotional support to a carer who is going through a safeguarding process.
- Carers may be allocated a different SLC to support the carer through the SG process to endeavour to maintain impartiality.
- If a person moves out of the carer's home, the carer will not be paid even if the allegations/concerns are found to be untrue at a later date. Carers cannot claim for loss of earnings. The funding follows the individual as is in place to pay for the individuals support needs to be met.
- The police may be involved if needed and if so Shared Lives has to follow the instructions of the police whilst they carry out their own enquiries or criminal investigation.

What happens after a Safeguarding Enquiry?

- A safeguarding plan for the adult requiring support may be put in place
- A carer may be required to complete further training or undertake refresher training
- There may be disciplinary action for the alleged abuser
- A service improvement plan may be implemented to improve the standards of Shared Lives if needed
- A criminal investigation may take place depending upon the circumstances/evidence
- Mediation/conflict resolution can be offered if circumstances require
- Shared Lives South West complaints procedure can be used
- Deregistration of carers depending upon the situation
- Termination of placements depending upon the situation
- Increase in contact from SLC's to support Carers where appropriate
- De-briefing for the Shared Lives Carer

Advocacy

The role of an Independent Advocate under the Care Act:

Advocates should represent the individual, always with regard to their wellbeing and interests, including helping a person to:

- Understand the process
 - Communicate their wishes, views and feelings
 - Make decisions and challenge those made by the authority
 - Challenge a decision made by the local authority
 - Understand their rights
- Support and represent them in the safeguarding process.

Safeguarding Children

- Working Together, 2015 - is the statutory guidance for adults working with children and families in England; streamlined previous guidance and clarified the children's workforces' responsibilities.
- Aim - to ensure that the needs of the child and not processes are the key focus of safeguarding practice.
- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best life chances
- Keeping children safe is everyone's responsibility
- Carers and their families will have children
- Children's Act 1989 defines a child as anyone under 18 years
- SLSW can provide care from 16years and to parent & child
- It is not a carers responsibility to investigate – just tell your SLC

SLSW Safeguarding Policies

Please refer to the SLSW Carer Handbook for our policies on safeguarding.

Information and Resources

Shared Lives South West – <http://sharedlivessw.org.uk>

CQC - <https://www.cqc.org.uk/>

Social Care Institute for Excellence – www.scie.org.uk

Somerset

Somerset Direct 0300 123 224

Torbay

Safeguarding Adults Team 01803 219700

Out of Hours 01803 52419

safeguarding.alertstct@nhs.net

Torbay safeguarding information <https://www.torbayandsouthdevon.nhs.uk/services/safeguarding-adults/>

Plymouth

Customer Services 01752 668000

Out of Hours 01752 346984

customerservcies@plymouth.gov.uk

Online referral form - <http://www.plymouth.gov.uk/homepage/socialcareandhealth/adultsocialcare/adultsafeguardingboard/asbpublic/ascadultabuse.htm>

Plymouth Council's Safeguarding Information <http://web.plymouth.gov.uk/adultsafeguardingboard.htm>

Devon

Care Direct (open 8 a.m. to 8 p.m.) 0345 155 1007

Out of Hours 0845 6000 388

csc.caredirect@devon.gov.uk

Devon safeguarding information <https://new.devon.gov.uk/devonsafeguarding/>

Cornwall

Contact the Multi Agency Referral Unit (MARU) 0300 123 1116

MultiAgencyReferralUnit@cornwall.gcsx.gov.uk

Out of Hours 01208 251300

Cornwall Safeguarding Information <https://www.cornwall.gov.uk/safeguardingadults>

Children's Contact

Cornwall:

MARU - 0300 1231 116

Out of hours service - 01208 251300

LADO - 01872 326536 N.B. LADO – phone this number where a professional is suspected of abusing a child, or putting a child at risk of harm e.g. teacher, paid carer, social worker.

Domestic Violence Helpline - 01872 225629

Plymouth:

Children's safeguarding 01752 668000

Out of Hours Service - 01752 346984

Torbay:

Children's Social Care - 01803 208100 or email mash@torbay.gov.uk

Out of hours service – 0300 4564876

Somerset:

Children's Social Care – 0300 123 224 or email childrens@somerset.gov.uk

Emergency Duty Team – 0300 123 2327

Devon

Contact the Multi-Agency Safeguarding Hub (MASH) on 0845 155 1071

Email: mashsecure@devon.gcsx.gov.uk

General

Police - 101

NSPCC Helpline - 0808 800 5000

Childline - 0800 1111

Prevent Elearning Course - <https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html>

Advocacy – Devon Advocacy Consortium <http://www.devonadvocacy.org.uk/>

Devon County Council's Advocacy Information <https://new.devon.gov.uk/care-and-health/disabilities/getting-help/advocacy/>