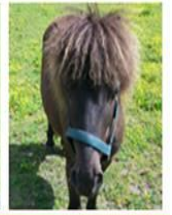




# Densholme Farm action



Densholme Care Farm – Hull Road – Great Hatfield – HU11 4UX – 01964 532640

# Policies and Procedures

## Safeguarding Adults

**26<sup>th</sup> February 2019**

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# 1. INTRODUCTION

DENSHOLME CARE FARM takes its responsibility seriously to promote safeguarding within our organisation and with any groups that we work with.

We aim to safeguard adults by:

- Ensuring that all of our staff are carefully selected and trained to ensure their awareness of safeguarding issues relating to adults;
- Having a Safeguarding Adults policy and procedure that is clearly understood, so that any member of staff, volunteer or Director has an appreciation of the appropriate guidance to follow, should a concern be raised;
- Reviewing our Safeguarding Adults policy and procedure annually in order to ensure it is in line with national and local policy. This will be done as part of our ongoing practice of annual reviewing of all policies with the management committee;
- Ensuring that dedicated officers are appointed, to hold a specific role in relation to advising DENSHOLME CARE FARM staff and volunteers, whereby advice and a clear course of action can be offered in relation to any safeguarding adult concerns. In the event of the lead officer not being available at the time the issue arises, deputy lead officers will be appointed and will deputise in this role for advice and guidance. If both officers are unavailable, and the situation warrants a swift response, the matter will be referred directly to the relevant local Safeguarding Adult Team;
- Ensuring that paid staff and volunteers who work closely with adults and their carers, develop practice which ensures they know how to report their concerns about an adult, staff member or volunteer. This will be achieved by ensuring an appropriate induction is carried out and recorded, which will include information on our Safeguarding Adults policies and procedures;

## 2. POLICY GUIDANCE - the legal context

Additionally, this Safeguarding Adults policy, procedures and guidance should be read and cross referenced in conjunction with the following DENSHOLME CARE FARM policies and procedures:

- Safeguarding Children/Child Protection
- Health and Safety
- Discipline and Grievance
- Complaints
- Equality & Diversity
- Lone working
- General Data Protection Regulation (GDPR)

### 2.1 The Care Act 2014

2.1 The Care Act 2014 sets out the statutory framework for adult safeguarding and is binding on local authorities, the police and the NHS but it also has relevance for a much broader range of organisations and individuals. It is the most significant piece of legislation in the adult safeguarding sector since the establishment of the welfare

state. The bulk of the specific safeguarding duties and powers are set out in 42-45, 68 and schedule 2 of the Act but there are a range of relevant other provisions throughout part one including the principle of promoting well-being, assessment and care planning, prevention, and information & advice. Importantly, the Act aims to put people at the centre of their care and support and maximise their involvement. This is a major piece of policy in the field of adult safeguarding.

2.2 The Care Act was followed by the publication of statutory guidance which is the main guidance to refer to when faced with an adult safeguarding issue. The guidance is the basis for any procedures related to adult safeguarding, including these multi agency procedures which follow this Policy section. An easy read version of the Care Act is available on: <https://www.scie.org.uk/care-act-2014/advocacy-services/commissioning-independent-advocacy/easy-read/>

2.3 The Care Act Guidance (Nov 2014) replaces all previous guidance related to adults safeguarding including No Secrets 2003. The guidance makes it clear that the safeguarding duties apply to an adult who:

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

If DENSHOLME CARE FARM becomes aware of a situation that meets the above criteria, then it must make an enquiry. An enquiry should establish whether any action needs to be taken to prevent or stop the abuse or neglect, and if so by whom. This is known as a section 42 enquiry and there is no rule as to what form this enquiry should take. There is more information on the enquiry in the procedures section of this document. Care Act guidance is available here:

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

2.4 DENSHOLME CARE FARM always promotes the adults wellbeing in their safeguarding arrangements. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

### **3. Mental Capacity Act 2005**

3.1 The Mental Capacity Act (MCA) 2005 is in itself a safeguard for adults at risk. Therefore, any application of the safeguarding adult's procedures must be in accordance with these legislative requirements.

3.2 The MCA provides a statutory framework for acting and making decisions on behalf of individuals who may lack the mental capacity to make decisions for themselves. The Act came into force in October 2007. The MCA 2005 should not be confused with the Mental Health Act (MHA) and different legislation is applicable for people who are treated under the MHA.

3.3 In some cases people lack the capacity to consent to particular treatment or care that is recognised by others as being in their best interests, or which will protect them from harm. The extra safeguards which are put in place by law ensure that the care or treatment they receive is in their best interests. This must be justified and documented clearly and factually using all efforts to gather relevant facts and information, to inform decision making.

3.4 Mental capacity should be presumed. It is time and decision specific. Being able to give consent to a safeguarding investigation is an important consideration. Sometimes it will be necessary to act contrary to a person's expressed wishes, for example:

- The person lacks mental capacity to consent and a decision is made to investigate in the person's best interests (MCA 2005);
- The person is being unduly influenced or intimidated, to the extent that they are unable to give consent;
- Where it is in the public's interest to balance the rights of the individual to privacy with the rights of others to protection.

Densholme Care Farm will take advice from the ERSAB for any matters relating to the MCA 2005.

## 4. Making Safeguarding Personal

**Making Safeguarding Personal (MSP)** is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.

Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal. Densholme Care Farm aims to embed the 'Making Safeguarding Personal' approach by establishing and developing:

- a broader participation strategy where farm participants have a voice
- accessible information to support participation of people in safeguarding support
- a focus on qualitative reporting on outcomes as well as quantitative measures
- person-centred approaches to working with risk
- policies and procedures that are in line with a personalised safeguarding approach
- strategies to enable practitioners to work in this way, by looking at the skills they need and the support they are getting to enable this shift in culture.

## **5. Who are we safeguarding?**

5.1 Safeguarding means protecting an adult's right to live safely, free from abuse, it involves people and organisations working together to prevent and stop abuse whilst at the same time making sure the adult's wellbeing is promoted.

5.2 The safeguarding duties apply to an adult who:

- is 18 or over;
- has needs for care & support (whether or not the local authority is meeting any of those needs);
- is experiencing, or at risk of harm, abuse or neglect, and
- as a result of those care and support needs is unable to protect themselves from either the risk of harm, or the experience of abuse or neglect.

5.3 Persons who have care and support needs could include almost anyone at some time in their life but as a guide the person may:

- Be elderly and frail due to ill health, physical disability or cognitive impairment ;
- Have a learning disability;
- Have a physical disability and or sensory impairment;
- Have a mental health need including dementia or a personality disorder;
- Have a long-term illness or condition;
- Misuse substances or alcohol.

## **6. What are abuse and neglect?**

6.1 This section explores the different types and patterns of abuse and neglect along with the different circumstances in which they may take place. Staff should be mindful that there are many different forms of abuse and what they may see or be concerned about may not necessarily fit exactly into the examples which are provided in this procedure. Discretion is therefore required when deciding what action to take to make a person safe.

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- Domestic abuse – including psychological, physical, sexual, financial, emotional abuse, so called “honour” based violence.
- Sexual abuse – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure or sexual acts to which the adult has not consented or was pressured into consenting.
- Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation,

coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- Financial or material abuse – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Modern slavery – encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- Discriminatory abuse – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- Organisational abuse – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- Neglect and acts of omission – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- Self-neglect – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

6.2 Incidents of abuse may be one-off or multiple, and affect one person or more. Professionals and other people who may be aware of adult abuse need to be aware that there may be patterns and themes emerging and they should not treat incidents as one-offs, and look beyond the single incident. Repeated incidents of poor care may also result in safeguarding measures being enacted therefore agencies need to be mindful about how they capture and record such information.

6.3 Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and ‘grooms’ individuals. Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around. Staff should not limit their view of what constitutes abuse or neglect as it can take many forms.

6.4 Some minor incidents may happen as a result of sub-optimal practice or other issues which can be addressed by Managers using internal procedures. Some

incidents, even those which may have involved an adult at risk, may not always require a safeguarding concern to be raised. The Multi-Agency Safeguarding Risk Management Framework should be followed and the appropriate action taken as outlined within that document.

6.5 If there is any doubt about whether to complete a safeguarding concern form, Densholme Care Farm will discuss the issue with the Local Authority Safeguarding Adults Board (ERSAB).

## **7. Becoming aware of abuse and neglect**

7.1 Anyone can witness or become aware of information suggesting that abuse is occurring. Through thorough induction to the Care Farm, both internal and external training, it is important that everyone understands what to do, and where to go to get help and advice. It is vital that everyone remains vigilant on behalf of those unable to protect themselves. This will include:

- knowing about different types of abuse and neglect and their signs;
- supporting adults to keep safe;
- knowing who to tell about suspected abuse or neglect; and
- supporting adults to think and weigh up the risks and benefits of different options when exercising choice and control.

### 7.2 Initial Actions

These initial actions can normally be undertaken by anyone who becomes aware of abuse and neglect:

- Remain calm and non-judgemental;
- Take whatever action is required to ensure the immediate safety or medical welfare of the adult;
- Do not discourage the adult from further disclosure;
- Use active listening skills, clarify the main facts and summarise what has been said to you;
- Remain sensitive, supportive and attentive;
- Give reassurance but do not press for more detail or make promises;
- Retain, record and report information;
- Ensure all potential evidence has been preserved;
- If you are a paid worker or formal volunteer you will need to inform your supervisor or senior person.

### 7.3 Further Action

The actions in this section will normally be undertaken by a more senior person to the person in the former section or someone with an operational understanding of safeguarding, but this might not always be the case. It is important that this person also ensures the initial actions have been completed or at least considered.



- Take all reasonable steps to ensure the adult is in no immediate danger of further harm.
- Explain that you cannot keep information about alleged or suspected abuse confidential.
- Explain that your line manager must be informed but seek the person's consent to share this information with other people who may need to know.
- Consider the importance of; Capacity, Consent, Best Interest, and Public Interest.
- Offer future support from yourselves or others (e.g. key worker or advocate).

#### 7.4 Follow up Actions

These actions will normally be carried out by the person with overall responsibility for safeguarding in that area of work, this will be the responsible Director. However on some occasions it may simply be the most senior person on duty at that time, it is important that action that might further protect the person or secure evidence of the incident is not unduly delayed to await the attendance of a more senior person.

- Review the action taken to ensure the adult is in no immediate danger of further harm.
- Ensure all potential evidence has been preserved.
- Apply the Multi Agency Safeguarding Risk Management Framework.
- Review any records made and ensure they are factual/accurate and correspond to the account given.
- Discuss any concerns you have with the local authority Safeguarding Adults Team.
- Inform more senior manager if necessary.
- When required inform your statutory regulator.
- Remember your duty of care.

7.5 Once Densholme Care Farm senior staff are confident that all the necessary steps have been taken and you have decided that you need to now raise your concerns with the local authority Safeguarding Adult Team and follow the steps outlined in the ERSAB 'multi-agency procedure for safeguarding adults' document so that the local authority can decide what course of action is required, and by who.

## **8 Record keeping (To be read in conjunction with the GDPR policy)**

8.1 Accurate comprehensive records must be kept at all stages of the safeguarding adults process, either typed or handwritten legibly, signed and dated by the record keeper. This includes keeping records from the initial point of the concern, right through the enquiry and thereafter until the process has fully concluded. This general rule applies to everyone involved in the adult safeguarding process.

8.2 There are a set of specific principles of good record keeping which have been developed by the Nursing & Midwifery Council (NMC) which are also applicable to any kind of worker engaged in work with individuals at risk. The principles are:

1. Handwriting should be legible;

2. All entries to records should be signed. In the case of written records, the person's name and job title should be printed alongside the first entry;
3. In line with local policy, you should put the date and time on all records. This should be in real time and chronological order, and be as close to the actual time as possible;
4. Your records should be accurate and recorded in such a way that the meaning is clear;
5. Records should be factual and not include unnecessary abbreviations, jargon, meaningless phrases or irrelevant speculation;
6. You should use your professional judgement to decide what is relevant and what should be recorded;
7. You should record details of any assessments and reviews undertaken, and provide clear evidence of the arrangements you have made for future and ongoing care. This should also include details of information given about care and treatment;
8. Records should identify any risks or problems that have arisen and show the action taken to deal with them;
9. You have a duty to communicate fully and effectively with your colleagues, ensuring that they have all the information they need about the people in your care;
10. You must not alter or destroy any records without being authorised to do so;
11. In the unlikely event that you need to alter your own or another healthcare professional's records, you must give your name and job title, and sign and date the original documentation. You should make sure that the alterations you make, and the original record, are clear and auditable;
12. Where appropriate, the person in your care, or their carer, should be involved in the record keeping process;
13. The language that you use should be easily understood by the people in your care;
14. Records should be readable when photocopied or scanned;
15. You should not use coded expressions of sarcasm or humorous abbreviations to describe the people in your care;
16. You should not falsify records.

8.3 As well as the recording of individual incidents managers need to look at past incidents, concerns, risks and patterns. We all know that in many situations abuse and neglect arise from a range of incidents over a period of time.

8.4 Sharing information should be done in line with current guidance: SCIE Safeguarding sharing-information (January 2019)

## **9. DENSHOLME CARE FARM CODE OF PRACTICE**

Due to the nature of DENSHOLME CARE FARM's work with adults at risk, the following people are nominated as Safeguarding Adults Officers:

Designated Officer: ...Rachael Fell-Chambers.... Contact Tel: 07747691411.....

Deputy Officer: ...Denys Fell..... Contact Tel: .....01964 532640.....

DENSHOLME CARE FARM staff and directors should be aware of new areas of knowledge concerning safeguarding practices and ensure they have received at least introductory/awareness raising training in safeguarding adults.

DENSHOLME CARE FARM is committed to minimising and preventing abuse and recognise the importance of safe recruitment policies and practices for paid staff, volunteers and trustees. It is important when recruiting paid staff and volunteers to adhere to DENSHOLME CARE FARM's recruitment procedures.

It is important to be robust in emphasising appropriate safeguarding measures when screening potential staff and volunteers to work with adults.

These will include:

- All paid staff and volunteers with access to adults or with access to sensitive information will be required to undertake an enhanced DBS check;
- Staff and volunteers are encouraged to join the DBS update service.
- Staff and volunteers working with adults will undertake Basic Awareness Safeguarding Adults training within 3 months of commencing employment;
- All staff to read, sign and understand the Safeguarding Adults Policy and for this to be reviewed to ensure up-to-date knowledge;
- Application forms for employment and for volunteer work to include details of previous employment, any convictions for criminal offences (including spent convictions), agreement for enhanced DBS checks, permission to contact two referees, including their current or most recent employer (which should be taken up);
- The potential staff member/volunteer will be interviewed for their suitability for any vacant post;
- Staff and volunteers will be subject to a probationary period (3-6 months) during which they will be supervised and overseen by a manager;
- Staff and volunteers will undertake an in-house induction where they will complete a full induction which includes looking at, and being given access to, the Safeguarding Adults policy. Staff and volunteers will sign to confirm this has been undertaken.
- A Single Central Record containing all relevant details of all staff and volunteers will be kept and updated regularly.

## **10. Disclosure and Barring Service (formerly CRB) Checks**

DBS search police records and, in relevant cases, barred list information, and then issue a DBS certificate to the applicant.

All paid staff and volunteers with access to adults or with access to sensitive information will be required to undertake an enhanced DBS check with potential barred list check dependent upon role, this will be documented.

DBS recognise that information released on DBS certificates can be extremely sensitive and personal. Therefore a code of practice for recipients of criminal record information has been developed to ensure that any information they get is handled fairly and used properly.

A list of guidance documents about the DBS checking service is available on this website. For more information go to:  
<https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

## 11. PREVENT

The current threat from terrorism and extremism in the United Kingdom is real and severe. It can involve the exploitation of vulnerable people, including children and young people. Ensuring and promoting the health, wellbeing and safety of all our participants at Densholme Care Farm requires that the farm has a structured and informed response to safeguarding concerns for our participants who may be vulnerable to possible exploitation by terrorist/extremist groups. This section provides details of the local interagency process which enables an appropriate intervention to be put in place in response to such safeguarding concerns. Some concerns which may be identified could carry a security risk because of the violent nature of the groups attempting to exploit the vulnerability of the individuals concerned. It is important therefore to involve Humberside Police at an early stage and follow the designated procedure for sharing information and where appropriate making referrals (i.e. via the 'Channel' process – see below).

**Radicalisation** is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.

**Extremism** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas (HM Government Prevent Strategy 2011).

### National Guidance and Strategies

PREVENT is a key part of the Government's strategy to stop people becoming terrorists or supporting terrorism. Early intervention is at the heart of PREVENT in diverting people away from being drawn into terrorist activity. PREVENT happens before any criminal activity takes place. It is about recognising, supporting and protecting people who might be susceptible to radicalisation. The PREVENT strategy objectives are:

**Ideology:** respond to the ideological challenge of terrorism and the threat we face from those who promote it.

**Individuals:** prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support

**Institutions:** work with sectors and institutions where there are risks of radicalisation which we need to address.

### Vulnerability/Risk indicators

The following lists are not exhaustive and all or none may be present in individual cases of concern. Nor does it mean that vulnerable young people experiencing these factors are automatically at risk of exploitation for the purposes of extremism. The accepted view is that a complex relationship

**between the various aspects of an individual's identity determines their vulnerability to extremism. There is no such thing as a 'typical extremist' and those involved in extremism come from a range of backgrounds and experiences. The following indicators may help to identify factors that suggest a young person or their family may be vulnerable or involved with extremism:-**

#### Vulnerability

- Identity crisis - Distance from cultural/religious heritage and uncomfortable with their place in the society around them;
- Personal crisis - Family tensions; sense of isolation; adolescence; low self esteem; disassociating from existing friendship group and becoming involved with a new and different group of friends; searching for answers to questions about identity, faith and belonging;
- Personal circumstances Migration; local community tensions; events affecting country or region of origin; alienation from UK values; having a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet aspirations Perceptions of injustice; feeling of failure; rejection of civic life;
- Criminality Experiences of imprisonment; poor resettlement/reintegration, previous involvement with criminal groups;

#### Access to extremist influences

- Reason to believe that the young person associates with those known to be involved in extremism;
- Possession or distribution of extremist literature/other media material likely to incite racial/religious hatred or acts of violence;
- Use of closed network groups via electronic media for the purpose of extremist activity;

#### Experiences, Behaviours and Influences

- Experience of peer, social, family or faith group rejection;
- International events in areas of conflict and civil unrest had a personal impact on the young person resulting in a noticeable change in behaviour;
- Verbal or written support of terrorist attacks;
- First-hand experience of racial or religious hate crime;
- Extended periods of travel to international locations known to be associated with extremism;
- Evidence of fraudulent identity/use of documents to support this;
- Experience of disadvantage, discrimination or social exclusion;
- History of criminal activity;
- Pending a decision on their immigration/national status.

#### More critical risk factors include:

- Being in contact with extremist recruiters;
- Articulating support for extremist causes or leaders;

- Accessing extremist websites, especially those with a social networking element;
- Possessing extremist literature;
- Justifying the use of violence to solve societal issues;
- Joining extremist organisations;
- Significant changes to appearance/behaviour.

### **Referral and intervention process**

Any identified concerns resulting from observed behaviour or reported conversations which suggest that a participant supports terrorism and /or extremism MUST be reported to the named designated safeguarding professionals (ie Rachael Fell-Chambers, Safeguarding Coordinator). Where a participant is thought to be in need or there is a risk of significant harm which requires investigation, then a referral to Social Care should be made in line with the Farm's Safeguarding Adults policy. However it should be recognised that concerns of this nature related to violent extremism are most likely to require a police investigation. Therefore as part of the referral process the designated professional will also raise an electronic referral to Channel (prevent@humbersidepnn.police.uk 01482 220754).

### **Channel referral process**

Some concerns which are identified may have a security dimension to them. For this reason, it is important that liaison with the police forms an early part of all investigations. Humberside Police will carry out an initial assessment and, if appropriate, set up a multi-agency meeting to agree actions for supporting the individual. If it is deemed that there are no concerns around radicalisation other ways to provide appropriate and targeted support will be considered for the person.

## **12. Medication and Personal Possessions**

Only medication required should be brought onto site by clients and handed in to a member of staff for safekeeping. Parents/Carers should keep farm staff fully informed of any changes to medication. Farm staff are not responsible for supervising or administering medication.

Personal possessions of value should not be brought onto site and if necessary should be handed in to a member of staff until required.

## **13. Contacts**

Densholme Supervisory Officer: Denys Fell 01964 532640

Densholme Senior Safeguarding Officer: Rachael Fell-Chambers 07747 691 411

Safeguarding Adults Team: 01482 861103 (Duty Officer 9-5)

Emergency Duty Team: 01377 241273

Channel - [prevent@humbersidepnn.police.uk](mailto:prevent@humbersidepnn.police.uk). Tel: 01482 220754.

Police non-emergency: 101

### **Local Safeguarding Adults Teams Contact Details**

The Multi Agency Safeguarding Hub provides information and advice to the general public and health and social care professionals about abuse of adults. It also provides a central team which receives referrals/alerters about suspected abuse and coordinates any investigation.

The alerter form to use for any concern can be accessed via this link  
<http://safeguardingadultshull.com/reporting-abuse>

### **East Riding of Yorkshire Safeguarding Adult Team**

Duty Team: 01482 861103

E-mail: [safeguardingadultsteam@eastriding.gov.uk](mailto:safeguardingadultsteam@eastriding.gov.uk)

<http://www.ersab.org.uk>

### **Hull Safeguarding Adult Team - MASH Team**

Brunswick House, Strand Close, Beverley Road, Hull HU2 9DB

#### **Multi Agency Safeguarding Hub details**

**Tel:** 01482 616092 - ask for the adults safeguarding team duty officer

**Tel:** 01482 247111 - after 5:00pm or during weekends

**Fax:** 01482 318217 - address to the Multi Agency Safeguarding Hub

**Email:** [adultsafeguarding@hullcc.gcsx.gov.uk](mailto:adultsafeguarding@hullcc.gcsx.gov.uk) (secure)

Concerns will be discussed with the Multi Agency Safeguarding Hub before completing and sending the alerter form. A member of the team will be able to give you guidance and support and agree the next steps with you. If you are a professional you need to assess the incident using the [risk matrix](#).

### **Hull Safeguarding Adults Partnership Board**

<http://www.safeguardingadultshull.com/>

### **North East Lincolnshire Care Plus Trust – Adult Social Care**

Advice Officer/Duty Care Practitioner: 01472 232244 / 256256

[www.nelincs.gov.uk/health-and-social-care/supporting-people/supporting-people-safeguarding-adults-children/](http://www.nelincs.gov.uk/health-and-social-care/supporting-people/supporting-people-safeguarding-adults-children/)

### **North Lincolnshire Adult Social Services**

Duty Care Team: 01724 297979

Out of hours: 01724 298160

[www.northlincs.gov.uk/NorthLincs/SocialCare/abuse/SafeguardingAdults.htm](http://www.northlincs.gov.uk/NorthLincs/SocialCare/abuse/SafeguardingAdults.htm)

## **Policy agreed and adopted**

**Date: 26.02.19**

**Next review date: 26.02.20**

**Signed by Chair:**

A handwritten signature in black ink, appearing to read "A. Chambers". The signature is written in a cursive style with a large, circular flourish at the end.