

## **ID Support Ltd Safeguarding Policy and Procedure P010k**

**Related documents:**

- Disciplinary Policy and Procedures
- Disclosure and Barring Policy
- Child Protection Policy
- Complaints Policy
- GDPR Policy
- Whistle Blowing Policy
- Health and Safety Policy
- Risk Assessment Policy
- Lone Working Policy
- Recruitment Policy
- Equality Policy
- Mental Capacity and Deprivation of Liberty Safeguarding Policy
- Autism Policy
- Staff Development Policy
- Local Authority Threshold Guidance
- Local Authority Safeguarding Policy and Procedures
- Appendix 1: Types of Abuse
- Appendix 2: Local Authority Referral Procedures
- Appendix 3: Contact Details
- Appendix 4: Additional Support Contact Details

### **Definition**

This policy is intended to safeguard any adult who:

- Is aged 18 or over
- Has needs for care or support (whether or not those needs are being met) and
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of these needs is unable to protect him or herself against the abuse or neglect or the risk of it.

These adults may previously have been defined as ‘adults at risk’ or ‘vulnerable adults’ but will be referred to as adult/s or clients throughout this policy and procedures.

### **Introduction**

Where someone is aged over 18 years, but still receiving children’s services, and a safeguarding issue is raised, the matter will be dealt with following this policy and procedure.

The Designated Adult Safeguarding Officer for ID Support is Marie Watts, Managing Director, who can be contacted for support and advice on 0191 2587254 or 07841482048.

ID Support provides services to people with learning disabilities, physical disabilities, Autistic Spectrum Disorder in their own homes and whilst in the community.

This policy is discussed in all staff inductions and affirms ID’s determination to ensure that people who use our services are safe using the principles identified in Making Safeguarding Personal (MSP):

- A personalised approach that enables safeguarding to be done with, not to, clients.
- Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- An approach that utilises social work skills rather than just 'putting people through a process'
- An approach that enables practitioners, families, teams, and Safeguarding Authority Boards (SABs) to know what difference has been made

The principles identified above encompass those identified in the Care Act 2014 i.e. Empowerment, Protection, Prevention, Proportionality, Partnership, Accountability.

ID Support believes that the effective safeguarding of adults ensures their wellbeing, through the prevention of harm and responding effectively if concerns are raised. In situations where there is an immediate risk of harm, or need for treatment, all staff employed by ID Support are authorised to call the police or ambulance service, without referring to a senior manager if this would cause delay. Failure to do so might later be construed as negligent and as a failure of their duty of care.

It is important that decisions made about safeguarding interventions are not viewed as being irreversible or non-negotiable.

ID Support expects all staff to consider the mental capacity of each client, when referring to safeguarding issues and to follow the Mental Capacity Policy at all times. However, we also expect staff to recognise that the mental capacity of clients does not relate solely to safeguarding.

### **Aims**

The aim of this policy is to ensure all staff are aware of the different types of abuse and are able to recognise the signs and symptoms, thereby being able to report concerns using the appropriate procedures (Appendix 1). ID Support aims to work in partnership with local Safeguarding Adults Boards alongside other relevant partners, to ensure adults and children are safe from abuse, this extends to agreeing to work within the requirements of the Care Act 2014 and all relevant multi agency guidelines. We aim to:

- Minimise the risk of abuse and promote good practice within a multi-agency framework.
- Ensure our staff act in accordance with the adult's wishes, balanced with their mental capacity, their best interest, and our duty of care to others (including children) following the principles within the Care Act 2014.
- Ensure information is shared within the appropriate legal and ethical constraints.
- Respect equal opportunities and diversity issues.

### **Allegations**

All allegations of abuse will be treated seriously, and will be investigated, with the appropriate procedures being completed e.g. investigation, referral, disciplinary procedure, dismissal etc. However, ID Support recognises that some clients and / or their families may make repeated allegations against support staff, other clients, and the organisation. In such cases a specific risk assessment will be completed, this will identify the hazards, potential risks, and

safeguarding strategies to be used. It is paramount that, whilst we investigate all allegations without prejudice, ID Support must safeguard our staff from the risk of unfounded allegations.

### **Procedures**

All staff will receive Safeguarding training, on commencement of employment, at the appropriate level for their roles and responsibilities, in accordance with the relevant local authority Safeguarding Adults Board's Framework. All training will be delivered by the relevant local authority Safeguarding Training Team, as required, with supporting guidance and mentoring through supervision and team meetings. Mental Capacity Act and Safeguarding Adults training is completed within induction and refreshed every three years, or as legislation changes.

All staff will meet the requirements of the Safeguarding Competency Toolkit, at the appropriate level for their roles and responsibilities.

All concerns of abuse and / or neglect MUST be reported immediately, using ID Support's Safeguarding procedures, in accordance with each authority's referral process and documented requirements.

Risk assessments will be completed to minimise the risk of abuse to / from each client when their service is set up, and reviewed at a minimum of six monthly or when there is a change in the client's needs or level of mental capacity.

ID Support promotes Whistleblowing and ensures all staff receive a Whistle-Blowing Policy during their induction, which identifies the need for openness, transparency and support across the organisation. The policy identifies the process for relaying concerns and how we support staff to invoke the procedures, with anonymity and confidentiality being promoted at all times.

### **The response from ID Support if you Whistle blow**

**If you disclose a concern about wrongdoing in good faith then:-**

- You will be treated fairly and justly.
- Your concerns will be taken seriously.
- We will take all reasonable steps to ensure that no person under our control victimises the person responsible for whistleblowing.
- We will undertake that you will not lose your job because you have whistle blown

### **What happens if you are implicated?**

If you whistle-blow and you actively co-operate with an investigation in which you may be implicated in any wrongdoing, you are likely to receive a lighter sanction than might otherwise have been the case (unless the misconduct is so serious that no amount of co-operation or other mitigating conduct can justify a decision not to bring any action).

## Confidentiality

In raising a concern about a wrongdoing, you may assume that only those ID Support employees investigating it will know your identity. We will not reveal your identity outside this group except:

- Where we are legally obliged to do so
- Where that information is already in the public domain
- On a strictly confidential basis to a professionally qualified lawyer or accountant when seeking advice
- To the police or as otherwise required under financial requirements
- You agree that your name can be disclosed

## Recruitment

ID Support takes great care in the recruitment of staff:

- Enhanced Disclosure and Barring Service (DBS) checks are completed (which includes children when the prospective staff member is going to work within children's services).
- Minimum of 2 written references are requested for all staff who have completed a successful interview.
- References are confirmed with the referee, verbally by the HR Manager, to validate that the named person has completed it.

## Roles and Responsibilities

### Support Staff / Volunteers

In an **emergency** situation, the immediate safety or health of the alleged victim and others is the first concern. Where possible staff should talk to the alleged victim and assess the situation, summoning help, giving first aid if necessary, and calling for medical support, an ambulance, or the police as necessary using the emergency number ie 999. Staff must ensure the preservation of evidence. If the alleged perpetrator is still present, staff should attempt to calm the situation, but must not place themselves at risk. The service manager or on call manager must be informed as soon as possible once the immediate safety or health of the alleged victim / others has been addressed. The Service Manager or On Call Manager will be responsible for ensuring appropriate action has been taken by confirming with Support staff involved without delay (Appendix 2). A concise, written record must be completed by the staff/volunteers involved, with all relevant information included.

If the situation is **not an emergency**, all concerns, suspicions, and events must be accurately recorded and reported to the manager. The information given will be handled in accordance with each local authority's Safeguarding Adults' Board reporting requirements (Appendix 2). It is not, initially, the responsibility of ID Support staff to investigate any reports of abuse or suspected abuse. However, if it is felt by the Manager that the Support staff member raising the concern, is the most appropriate person to initiate an investigation with the client, this will be identified by the manager and the procedure will be invoked.

## Managers

The Managers must follow the safeguarding guidance appropriate to the local authority's Safeguarding Adults Board, re raising an alert or concern. (Appendix 2). On the advice given, the Manager or On Call Manager must complete and submit the relevant documentation, in accordance with the local authority's Safeguarding Adult's Board' requirements. The manager will also liaise with the alerting support worker to ensure that all necessary procedures have been followed and all necessary documentation has been completed. Managers must ensure information is gathered in order that it will be made available, if required, for subsequent investigation.

All subsequent action is the responsibility of the local authority's safeguarding team who will co-ordinate and convene a strategy meeting. If ID Support does not agree with decisions made, we expect Managers to challenge the decision and ask for further explanation from the Local Authority Safeguarding Adults' Manager, or their line manager. Further advice and support can be sought from the relevant Safeguarding Adults Unit. (Appendix 3).

### Registered Manager / Director

All information relating to safeguarding concerns / alerts must be referred to the Registered Manager, Sharon Robe, or in her absence Marie Watts (Director) for support and advice. All contact details can be found on Appendix 3.

## Clients

All clients involved in an alleged safeguarding issue will be offered independent support. Clients deemed to have the mental capacity to make such a decision, have a right to refuse both the sharing of information and safeguarding involvement, however, it may be necessary for ID Support management to override this decision e.g. there is a risk to others, a risk of serious harm, a serious crime has occurred or is at risk of occurring.

ID Support will request the involvement of an Independent Mental Capacity Assessor (IMCA) for those clients who are thought not to have the mental capacity to make this decision, or those who need support to share their views.

These processes are in accordance with the Care Act 2014.

### **Local Authority Safeguarding Adults Manager**

The local authority Safeguarding Adults' Manager will complete more detailed information gathering and contact the client. Where disagreements occur, it is the responsibility of the local authority safeguarding adults' manager to try to resolve differences.

### **Information Sharing and Partnership Working**

All investigations will involve the relevant partners / agencies to enable effective sharing of information ensuring a thorough and complete investigation resulting in positive outcomes for the clients. Depending upon the type of investigation the following partners / agencies would be informed and, where relevant, invited to participate in all strategy meetings:

- Police
- CQC
- ID Support Service Manager / Registered Manager / Director

- HSE
- Local Authority Commissioners
- NHS
- Court of Protection
- Coroner
- DWP
- Housing Provider / Landlord
- Trading Standards

### **Record Keeping**

All records must be factual and not include opinions or assessments.

Any allegation made historically, with vague information, must be recorded and logged/referred.

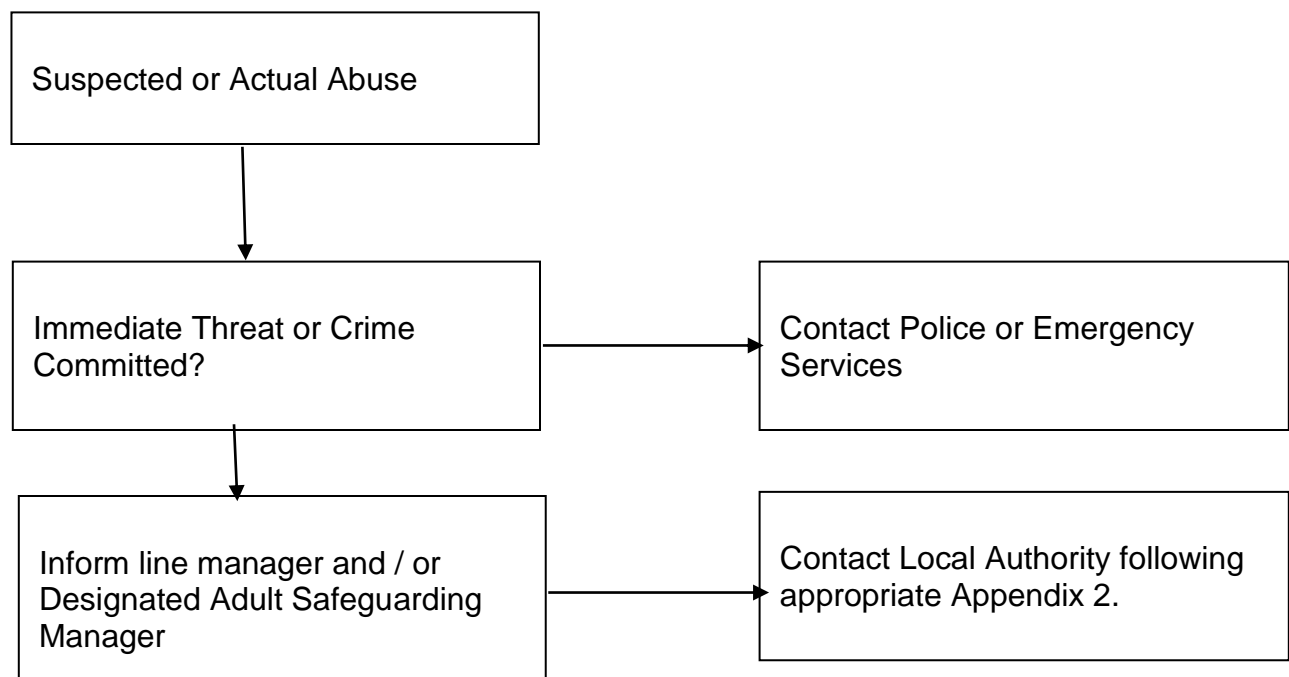
Written records of any allegation of abuse / neglect should be completed as soon as possible, after the incident has occurred. They should reflect, as accurately as possible, what was said and done by the people involved in the incident, either as a victim, suspect or potential witness. These notes must be stored securely, with their own identification reference number, in accordance with GDPR as they may be required as evidence at a later date.

The records must include:

- Date and time of the incident
- Exactly what the adult said, using their own words (their account) about the abuse or neglect and how it occurred.
- The appearance and behaviour of the adult.
- Any injuries observed (complete a body map if appropriate)
- Name and signature of the person completing the record, alongside the date it was written

### **Referral to external agencies**

Allegations of abuse should be reported to the relevant local authority via the named Social Worker or Care Manager, as appropriate. However, it may be necessary to also report them to CQC, in accordance with their regulations, and to the police. In non-emergency cases a decision to inform the police will be taken by the Registered Manager, Service Manager, or On Call Manager in consultation with Social Services who are the lead agency in all situations concerning mistreatment and abuse.



Referral to the police, CQC and Social Services should include:

1. Personal details of the alleged victim
2. The referrers details
3. The substance of the allegation
4. Details of the alleged perpetrator
5. Details of specific incidents or events including dates, places, injuries, witnesses, etc.
6. The actual effect upon the person
7. Whether or not the client has been informed
8. Whether or not the client has given consent to the referral
9. The outcome the client would prefer
10. Whether or not the family / carers have been informed

The police may form part of the multi-agency team and may be invited to meetings to discuss action to be taken. The police may need to conduct their own investigation and early involvement will give them the best opportunity to conduct their investigation effectively.

A decision to inform the police will be taken by the Registered Manager, Service Manager, or On Call Manager in consultation with Social Services who are the lead agency in all situations concerning mistreatment and abuse.

### Capacity

Where it is believed an adult lacks capacity to safeguard him/herself, a Mental Capacity Assessment will be completed in accordance with the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, and the Care Act 2014. Where necessary an IMCA will be involved alongside other relevant people to make 'Best Interest' decisions. In doing so they will:

- Act in ways that are necessary to promote the client's health and well-being or to prevent deterioration to their quality of life.

- Ensure that an appropriate level of safety is provided if an intervention is put in place.
- Ensure that where we can ascertain the wishes and feelings of the client concerned, we will do so
- Ensure that the client is supported to the fullest extent possible, to take part in decisions which affect him/her.

All clients involved in an alleged safeguarding issue will be offered independent support. Clients deemed to have the mental capacity to make such a decision, have a right to refuse both the sharing of information and safeguarding involvement, however, it may be necessary for ID Support management to override this decision e.g. there is a risk to others, a risk of serious harm, a serious crime has occurred or is at risk of occurring.

Clients and staff will be offered contact details of various external support agencies, to enable them to seek further advice and support as required (Appendix 4).

### **Incidents involving ID staff**

In the case of a member of staff being the alleged perpetrator, ID Support will proceed with an internal investigation which may result in disciplinary action. Subsequent action required may include retraining the staff member in safeguarding, providing further support through mentoring and additional shadowing sessions etc. However, the action of the staff member may constitute grounds for dismissal through gross misconduct even if no criminal case is pursued. Planning any disciplinary action must be taken in consultation with social services to ensure any criminal investigation is not compromised. ID Support has a duty to make referrals to the Disclosure and Barring Service in the case of staff dismissal or gross misconduct. Staff are to be made aware of the referral procedures, when necessary.

**Incidents involving another adult or Abuse between Adults** (formerly known as adults at risk or Vulnerable Adults). ID Support recognises that abuse may occur **between** adults/clients. It is important that both parties are given the appropriate support required by them, as identified within their care and support plans, as well as with the actual abusive situation. The protocol followed will be the same as the protocol for all other allegations of abuse.

**Original Policy written by: Paul Bagnall**

**Date: September 2008**

**Last Policy/Procedure review date: July 2007, July 2008, August 2009, November 09, December '10, December '11, March 2012, May 2013, May 2014, April 2015, July 2015, October 2015, April 2016, December 2016, March 2017, August 2018, September 2019, September 2020, October 2020, September 2021, September 2022**

**Authorised by Marie Watts (director)**

*A. Watts*

**Reviewed March 2023 – Marie Watts  
Next Review March 2024**



## Appendix 1

### Types of Abuse:

**Physical:** Examples include: hitting, kicking, punching, pushing, restraint, misuse of medication etc. Signs and symptoms include: bruises, broken bones, regular visits to GP / hospital, flinching, changing in behaviours etc.

These lists are not exhaustive

**Financial:** Examples include: stealing money / possessions, using a client's facilities eg phone / washing machine, adding client's loyalty points to own account. Signs and symptoms include: missing receipts, financial documentation not completed correctly, unexplained phone numbers on phone bills / higher phone bills, unable to pay bills etc.

These lists are not exhaustive

**Sexual:** Examples include: 'grooming', rape, inappropriate touching of a person, forcing a person to carry out sexual acts, making a person look at / watch sexual books / dvd, sexual comments made to a person etc. Signs and symptoms include: change in behaviours / language used, constant bathing / personal care, urine infections, reluctance to communicate with / be in a person's company etc.

These lists are not exhaustive

**Emotional / Psychological:** Examples include: name calling, teasing, threats, bullying, coercion, abandonment, breaking promises etc. Signs and symptoms include: changes in behaviours, not wanting to be with a certain person, not wanting to be left alone / in a new or different environment etc.

These lists are not exhaustive

**Organisational / Institutional:** Examples include: routines put in place by staff / organisation, limited / no choice in everyday decision making etc. Signs and symptoms include: Behaviours of the client, staff rotas / schedules not being flexible etc.

These lists are not exhaustive

### Neglect:

**By Others:** Examples include: not promoting the psychological or emotional welfare of a client, denying a client the opportunity to make and develop relationships, not promoting health and welfare, not promoting healthy lifestyle etc. Signs and symptoms include: unkempt appearance, gaining / losing weight, medical problems not being resolved, not being motivated etc.

These lists are not exhaustive

**By Self:** Examples include: ignoring personal care, refusing to be involved in activities, not eating / eating excessively, ignoring medical symptoms / advice / appointments etc. Signs and symptoms include: Unkempt appearance, weight gain / loss, health issues not improving etc.

**Discriminatory:** Examples include: being refused access to facilities / activities, not being 'listened' to, abusive comments being made, violence directed towards a person because they are 'different' etc. Signs and symptoms include: fear of going out of house, lack of motivation, change in language used etc.

These lists are not exhaustive

**Definition of Radicalism:** The process by which a person comes to support terrorism and forms of extremism leading to terrorism. The people targeted may be vulnerable because of being socially isolated, suffering a personal crisis, not recognising the consequences of their actions or the motivation of others, have a learning disability, have unmet aspirations, be involved with criminal groups etc.

**Definition of Extremism:** The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourages, justifies or glorifies terrorist violence in furtherance of particular beliefs;
- Seeks to provoke others to terrorist acts;
- Encourages other serious criminal activity or seeks to provoke others to serious criminal acts
- Fosters hatred which might lead to inter-community violence in the UK.
- Vocal or active opposition to fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- calls for the death of members of our armed forces, whether in this country or overseas.

**Radicalisation and Extremism:** Examples include: active opposition to fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. Signs and symptoms include: being withdrawn from social groups and family, participating in extreme activities, searching for answers to questions about identity, faith and belonging etc. These lists are not exhaustive.

**Definition of Modern Slavery:** Someone in slavery is when a person is deprived of their human rights, however only one human right needs to be absent for a person to be considered as being abused. **Modern Slavery:** Examples include: forced marriage, forced to work through mental or physical threat, owned or controlled by an 'employer', usually through mental or physical abuse or the threat of abuse, dehumanised, treated as a commodity or bought and sold as 'property', physically constrained or has restrictions placed on his/her freedom of movement. Signs and symptoms include: being withdrawn from social groups and family, being subservient, unable to make decisions. **Definition of Forced Marriage:** A forced marriage is one that is carried out without the consent of both people. This is different to an arranged marriage, which both people will have agreed to.

**Definition of Honour-Based Violence:** Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community. It is often linked to family members or acquaintances who believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage

- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence, however, it can also affect men and boys. **Honour Based Violence:** Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might Examples include: Domestic abuse, Threats of violence, sexual or psychological abuse, forced marriage, being held against your will or taken somewhere you don't want to go, assault. Signs and symptoms include: appearing afraid of family / friends, keeping secrets about themselves and their activities, wearing different clothes when not with family / friends.

**Definition of Hate Crime/ Mate Crime/ Incidents:** Hate crime involves any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice based on a personal characteristic. The definition covers five main strands: disability; gender-identify; race; religion or faith and sexual orientation.

Hate crimes are any crimes that are targeted at a person because of hostility or prejudice towards that person's:

- Disability
- Race or ethnicity
- Religion or belief
- Sexual orientation
- Transgender identity

'Mate Crime' is a form of disability hate crime which happens when someone 'makes friends' with a person and goes on to abuse or exploit that relationship. The founding intention of the relationship, from the point of view of the perpetrator, is likely to be criminal. The relationship is likely to be of some duration and, if unchecked, may lead to a repeat and worsening abuse.

**Hate Crime:** Examples include: assault, vandalism, verbal abuse, theft. Signs and symptoms include: refusing to attend activities, fear of certain people, missing / damaged items. Hate Crimes can be committed against a person or property.

**Domestic:** Examples include: violence between partners / family members, verbal abuse, psychological abuse, sexual abuse etc. Signs and symptoms include: bruises, broken bones, regular visits to GP / hospital, flinching, change in behaviours / language used, constant bathing / personal care, urine infections, reluctance to communicate with / be in a person's company, change in behaviours / language used, constant bathing / personal care, urine infections, reluctance to communicate with / be in a person's company etc

These lists are not exhaustive.

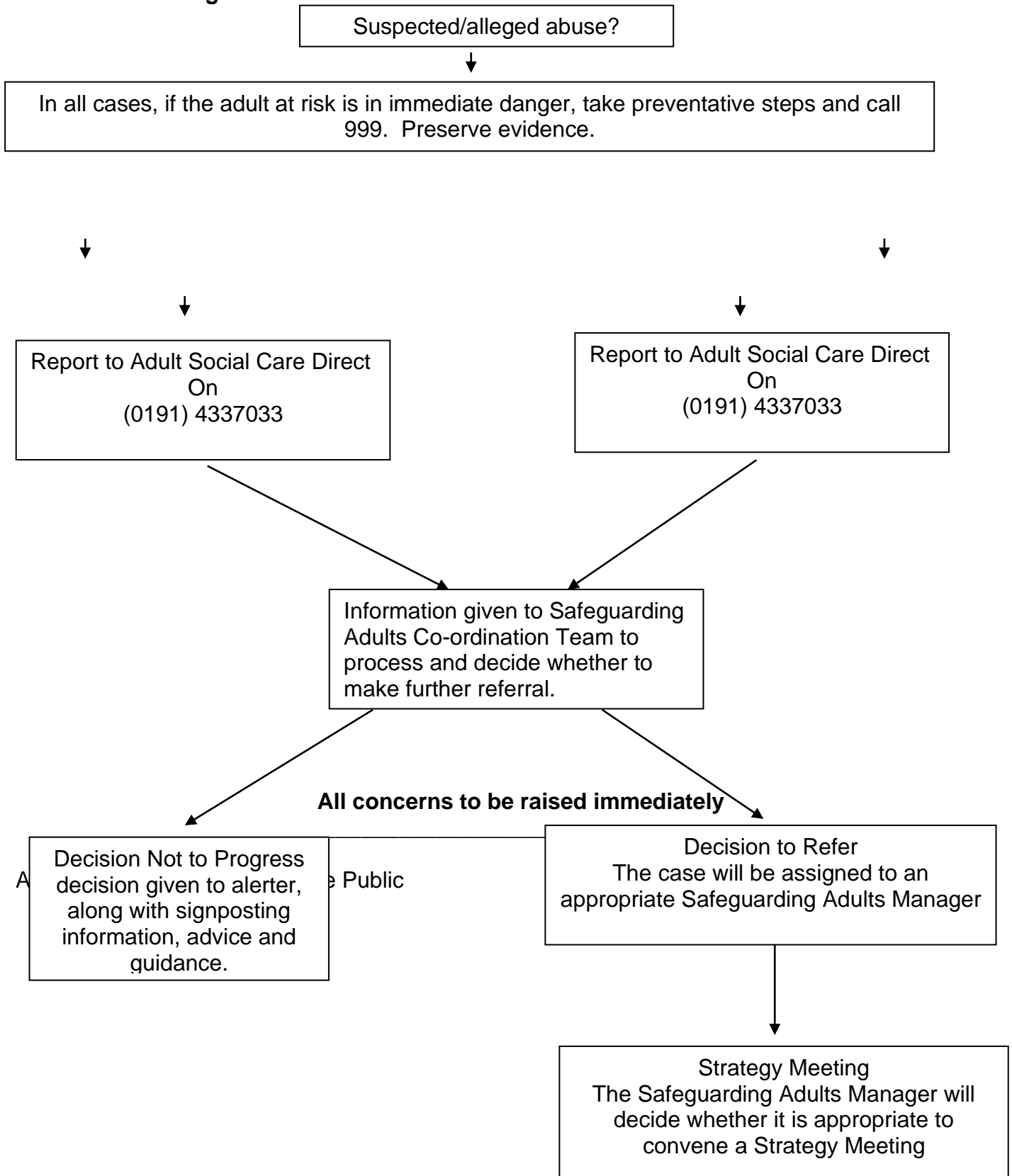
## **Female Genital Mutilation (FGM)**

FGM is any procedure that is designed to alter or injure a girl or woman's genital organs for non-medical reasons. It is sometimes known as 'female circumcision' or 'female genital

cutting'. It is mostly carried out on young girls. FGM procedures can cause: severe bleeding, infections, problems with giving birth later in life – including the death of the baby. FGM is illegal in the UK. It's also illegal to take a British national or permanent resident abroad for FGM or to help someone trying to do this. If someone is in immediate danger the police should be called. If there is someone who is at risk of FGM or has had FGM, this information needs to be shared with social care and the police to investigate and protect the girls or women involved.

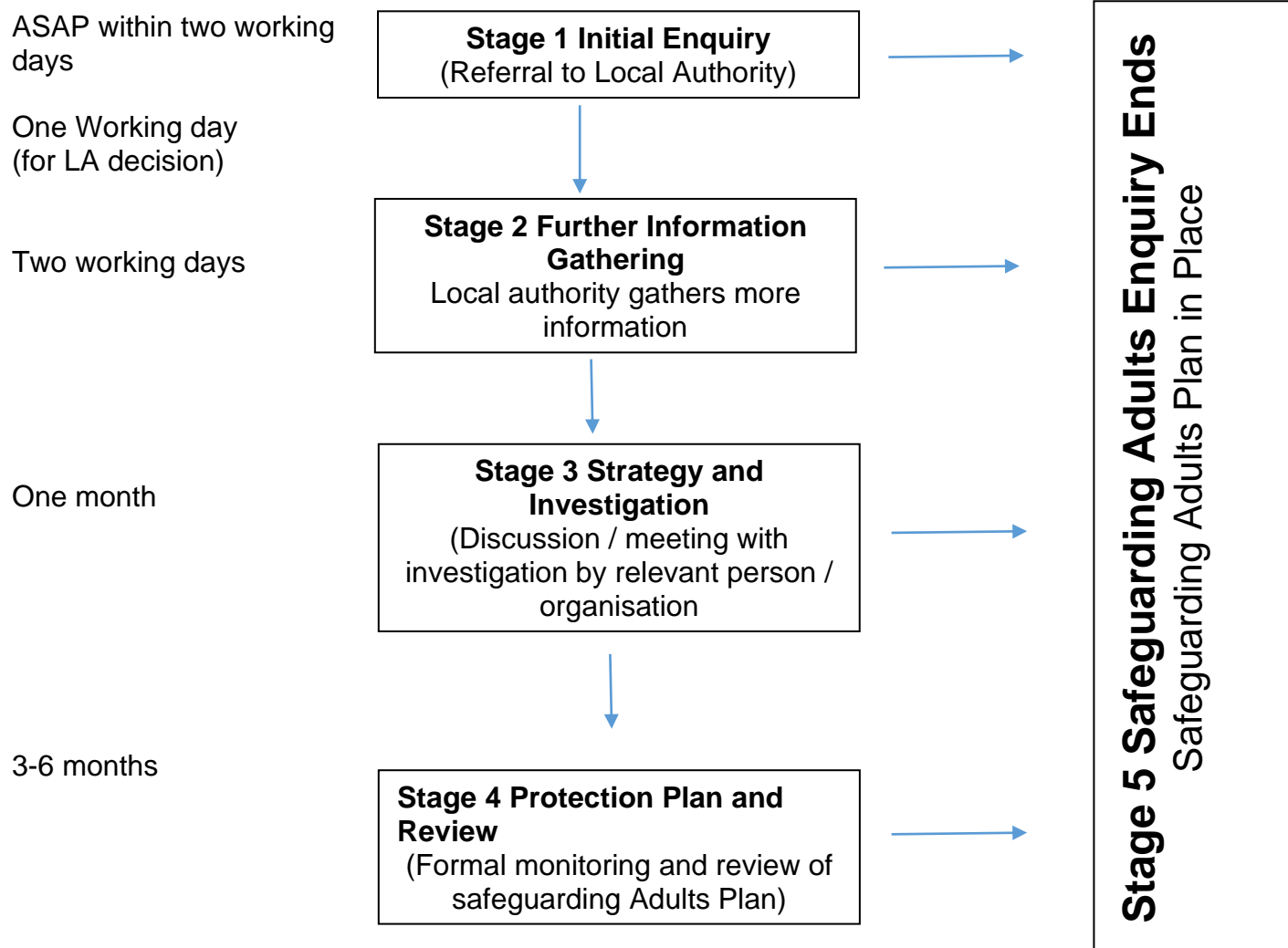
## Appendix 2 Gateshead Referral

### Raising Concern and Initial Contact with Adult Social Care Direct



## Overview of multi-agency safeguarding adults' process

### Suggested timescales



Safeguarding adults enquires are:

- Driven by the desired outcomes of the adult or their representative
- Multi agency
- Proportionate to the level of presenting harm / risk

The Safeguarding Adults Enquiry can end at any state, when it is felt that risks have been managed, and the desired outcomes of the adult (or their representative) have been met, as far as they possibly can be.

At every stage of the Safeguarding Adults Enquiry, risks will be assessed and a Safeguarding Adult's Plan agreed.

**Appendix 2**

**North Tyneside Referral Procedure**

<b>Timescale</b>	<b>Step</b>		<b>Lead</b>
Immediate Within 1 hour	<b>1. Concern identified. Ensure immediate safety</b> <b>2. Raise Alert</b>		<b>Anyone</b>
	↓		
Within 24 hours	<b>3. Gather information and refer into adult Social Care.</b> <b>Tel 6432777</b> <b>Or online report - agencies</b>		<b>Anyone / Agencies</b> <b>Designated person on duty</b>
	↓		
Within 24 hours	<b>AIS Contact recorded</b> <b>Individuals wishes / views identified</b>		<b>Gateway Team</b>
	<b>4. Managing the alert decision</b>		<b>Safeguarding Decision Maker</b>
	↓	↓	
Within 24 hours	<b>4a Low level concern</b> <b>NFA</b> <b>AIS Contact</b>	<b>4b Safeguarding Enquiry</b> <b>AIS Contact</b> <b>Questionnaire</b>	<b>Safeguarding Decision Maker / Care Manager</b>
	↓		
Within 3 working days (max 5)	<b>5 Strategy Meeting / Discussion</b> <b>AIS Strategy Assessment Form completed.</b> <b>6 Further enquires agreed</b>		<b>Safeguarding Decision Maker and Care Manager</b>
	↓		
Within 20 working days	<b>Further Enquiries completed</b> <b>7. Case Conference</b> <b>AIS Conference assessment</b>		<b>Care Manager</b> <b>Safeguarding Decision Maker</b>
	↓		
Within 30 working days	<b>8 Case Conference Review</b> <b>AIS Conference Review completed</b>		<b>Safeguarding Decision Maker</b>

## Appendix 3

## Contact Details

**ID Support - During office hours:** 0191 2587254  
**ID Support - Outside of office hours:** 07815 209515  
**ID Support – Registered Manager:** 07816953148

### Newcastle

#### **Adult Safeguarding, Newcastle Council**

**Community Health and Social Care Direct:** Tel. 0191 278 8377

<http://www.newcastle.gov.uk/care-and-wellbeing/adult-social-care/safeguarding-adults>

#### **Safeguarding Adults Unit**

Advice line: Tel. 0191 278 8156

#### **Child Safeguarding**

Initial Response Service: Tel. 0191 277 2500

Out of Hours Service: Tel. 0191 278 78 78

#### **Northumbria Police**

(24 hours)

Tel: 101 ask for local police station or Protecting Vulnerable Persons (PVP) Team or '999' in an emergency

Domestic Abuse Helpline: Tel. 0800 066 55 55 or 999 in an emergency

#### **ARCH**

Hate Crime Reports: Tel. 0800 032 32 88 or

Northumbria Police: Tel. 101

### Gateshead

#### **Adult Social Care Direct, Gateshead Council**

(For Safeguarding Adult Alerts)

(24 hours – outside of working hours the call is referred to the Emergency Duty Team)

Tel: (0191) 433 7033 or [adultsocialcaredirect@gateshead.gov.uk](mailto:adultsocialcaredirect@gateshead.gov.uk)

#### **ARCH, Gateshead Council**

(For Hate Crime Reports)

(24 hours)

Tel: (0191) 433 2648

#### **Health Watch**

(Consumer champion for health and social care)

Call: General enquiries Tel. 0191 491 1668

Information & signposting - Freephone 0808 801 0382



Email: [info@healthwatchgateshead.co.uk](mailto:info@healthwatchgateshead.co.uk)

**Northumbria Police**

(24 hours)

Tel: '999' in an emergency, 101 if not an emergency. Text 07786 200814 if preferred and not an emergency.

**Referral and Assessment, Gateshead Council**

Integrated Referral and Assessment Team (IRAT) (24 hours – outside of working hours the call is referred to the Emergency Duty Team)

Tel: (0191) 4332653

**North Tyneside**

Adult Social Care – Gateway Team: Tel. 0191 643 2777      Fax: 0191 643 2569

Out of Hours: Tel. 0191 200 6800      Fax: 0191 643 2569

Safeguarding Adults Team (for advice) Tel. 0191 643 7079

## **Appendix 4          Additional Support Contact Details**

**Domestic Abuse Helpline: Tel. 0808 802 3333**

**National Centre for Domestic Violence: Tel. 0800 970 2070 (press option 1)**

**Refuge: Tel. 0808 2000 247**

**Childline: Tel. 0800 1111 (free phone number)**

**Samaritans: Tel. 116123 (free phone number)**

**Rape Crisis: Tel. 0808 802 3344**

**Carers' Centre – North Tyneside: Tel 0191 643 2298**

**Gateshead Carers: Tel. 0191 4900 121**

**Newcastle Carers: Tel. 0191 275 5060**

**Citizens Advice Helpline: Tel 0344 411 1444**

**Female Genital Mutilation Helpline: Tel. 0800 028 3550 (free phone number)**

**National LGBT & Domestic Abuse Helpline 0800 999 5428**

**Shout (text 05258) - free confidential, anonymous support service for people with depression, anxiety, abuse, panic attacks, suicidal thoughts, self-harm, relationships, bullying**

