Safeguarding Adults Procedure

Author Safeguarding Manager

Owner Safeguarding Manager

Approval

Approved by Safeguarding Manager

Amendment (if required)

Date of amendment: November 2024
Reason for amendment: annual review and organisational changes
Amendments made: amended to refer to DSL (replacing the CSLO role); reflect changes to OSCR reporting process

Date of amendment: January 2025
Reason for amendment: amended to include information about advocacy services and clarify CSO responsibilities
Amendments made: advocacy services now expressly mentioned; appendix amended to include details of local and national advocacy services; some sections re-ordered and amended to make CSO responsibilities clearer for all directorates.

Date of amendment: March 2026
Reason for amendment: annual review and ensure alignment with updated safeguarding policies and organisational changes
Amendments made: restructured to follow '7 Rs', clarify escalation and external referral process; include process flowchart; guidance for challenging decisions made by services, guidance around holding risk and recognising bias

Review

Frequency of review: 1 year
Next review date: March 2027

Contents

Scope

Note: This procedure applies to all adults. An adult is an individual over the age of 18.

Where you have concerns about a child, refer to the Safeguarding Children Procedure.

Prevention of harm

Crisis encourages a proactive approach to safeguarding, so that where possible we prevent harm from occurring. Effective prevention involves:

- Embedding a positive safeguarding culture where everyone feels empowered to raise concerns and understands how to do this.
- Implementing safer recruitment processes, carrying out risk assessments and co-creating Safety & Inclusion Plans.
- A comprehensive programme of induction and refresher training for trustees, staff and volunteers.
- Supporting and informing individuals to care for their own wellbeing, understand their risks of experiencing harm, and ways of reducing this risk.

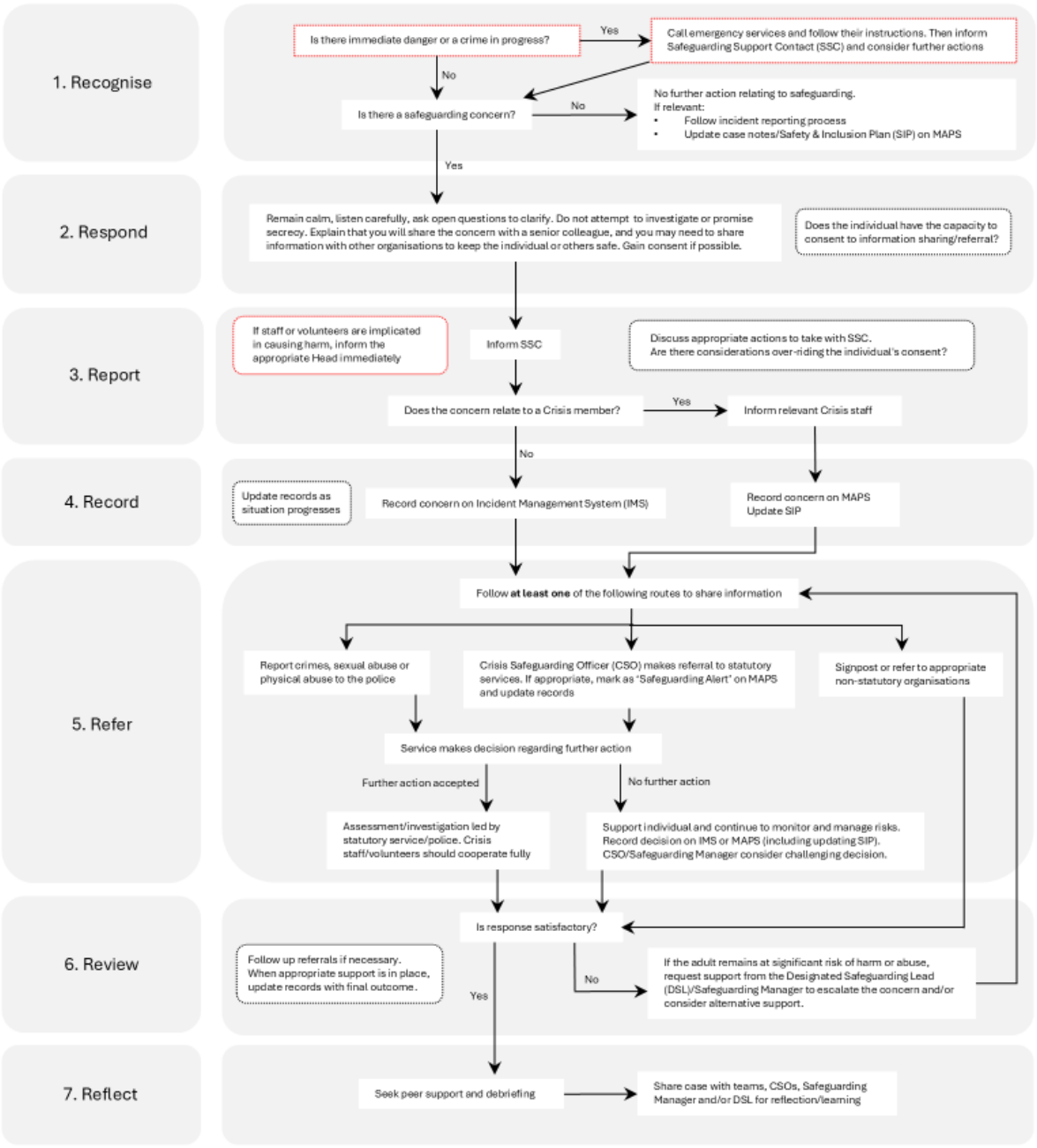
Definitions

Safeguarding concern: a suspicion or worry that that an individual is at risk of harm, abuse, or neglect, requiring a response and investigation.

Safeguarding incident: a confirmed instance where harm or abuse has actually occurred.

Safeguarding referral: the process of reporting concerns about an individual's welfare or safety to the appropriate statutory authorities, such as Social Care or police (also known at Crisis as a 'Safeguarding Alert')

Procedure Flowchart



Crisis' Safeguarding Procedure: The 7 Rs of safeguarding

1. Recognise

It is everybody's responsibility to be alert to the possibility of abuse and be aware of the signs and indicators.

A member of staff or volunteer may become aware of a safeguarding concern by:

- receiving a direct disclosure from the individual involved
- receiving information from another source
- noticing signs of abuse or harm.

1.1 Types of abuse

Abuse or harm can take many forms. The categories below reflect commonly recognised forms of abuse across the UK. They are intended as a guide and are not exhaustive. Harm may fall into more than one category at the same time.

- Physical abuse: The use of force that results in pain, injury, or impairment. This includes assault, hitting, slapping, pushing, misuse of medication, inappropriate restraint, or deprivation of liberty.
- Sexual abuse: Any sexual act or behaviour without consent, including rape, sexual assault, sexual harassment, inappropriate touching, sexual exploitation, or exposure to sexual acts or materials.
- Psychological or emotional abuse: Behaviour that causes emotional distress or psychological harm, such as threats, humiliation, intimidation, coercion, harassment, verbal abuse, isolation, gaslighting, or controlling behaviour.
- Domestic abuse: A pattern of abusive behaviour within intimate or family relationships. This may include physical, sexual, psychological, emotional, or financial abuse, as well as coercive and controlling behaviour, honour-based abuse, forced marriage, and female genital mutilation.
- Financial or material abuse: The misuse or theft of money, property, or possessions. This includes fraud, scams, pressure around finances, misuse of benefits, or preventing someone from accessing their own money or resources.
- Neglect and acts of omission: Failure to meet basic needs, whether intentionally or unintentionally. This includes not providing adequate food, shelter, healthcare, medication, personal care, or emotional support.
- Self-neglect: A person's inability or unwillingness to care for their own health, wellbeing, or living environment, including poor hygiene, untreated health needs, malnutrition, or hoarding behaviours. It can also sometimes include self-harm.
- Discriminatory abuse: Abuse, harassment, or unequal treatment motivated by a person's identity or perceived identity, such as age, disability, race, religion, sex, gender identity, or sexual orientation. Hate crime is a form of discriminatory abuse.

- Organisational or institutional abuse: Poor or harmful practices within an organisation or service, including neglect, lack of choice, rigid routines, unsafe environments, or cultures that normalise disrespect or harm.
- Exploitation: Taking advantage of an adult for personal, financial, criminal, or other gain. This may include sexual exploitation, criminal exploitation, cuckooing, labour exploitation, or radicalisation through grooming, coercion, or manipulation.
- Modern slavery and human trafficking: Situations involving slavery, servitude, forced or compulsory labour, or trafficking for the purposes of exploitation.
- Radicalisation and being drawn into terrorism: The process where an individual increasingly adopts extremist views and ideologies, potentially leading to support for terrorism or other harmful activities. See the radicalisation guidance for more information.

1.2 Signs of abuse

Some of the more obvious signs of abuse may include the following:

- Unexplained or suspicious injuries such as bruising, cuts or burns, particularly if situated on a part of the body not normally prone to such injuries.
- An injury for which the explanation seems inconsistent.
- Disclosure of an abusive act.
- Someone else expresses concern about their welfare.
- Unexplained changes in behaviour (e.g. becoming very quiet, withdrawn or displaying sudden outbursts of temper).
- Engagement in sexually explicit behaviour.
- Difficulty making friends, or being prevented from socialising with others.
- Variations in eating patterns including overeating or loss of appetite.
- Loses weight for no apparent reason.
- Becomes increasingly dirty or unkempt.
- Changes in dress/ style of clothing.
- Shows signs of fear or emotional distress.
- Demonstrates self-harming behaviour.
- Unexplained sudden inability to pay bills or manage finances.
- Making explicit extremist views/ visiting extremist websites

This is not a definitive list and the presence of one or more of the indicators is not proof of actual abuse. It is not the responsibility of staff or volunteers to decide that abuse is occurring, but to report their concerns and take any other appropriate steps e.g. supporting an individual to keep themselves safe.

1.3 Choice and control

It is also important to consider how able an individual is to make and exercise their own informed choices free from duress, pressure or undue influence of any sort and to protect themselves from abuse, neglect or exploitation. An individual may be experiencing conditions that reduce the choice and control they have, their ability to make decisions or to protect themselves from harm and exploitation.

1.4 Bias, stereotyping and prejudices

Crisis understands that all of us as individuals have our own biases as a result of our life experiences. Affinity bias, confirmation bias, stereotyping and prejudices impact our ability to recognise and respond appropriately to risk or instances of harm and abuse.

Examples of how bias, stereotyping and prejudices impact our ability to recognise and respond appropriately to risk or instances of harm and abuse include:

- the phenomenon of the adultification of Black children, where professionals attribute a greater level of maturity, and a lower need for support and care, to these individuals than their white peers
- misogynistic and racist beliefs that Muslim women are often oppressed, quiet and don't like speaking up, leading to professionals missing signs of domestic abuse
- adults with high support needs or learning disabilities not being given access to appropriate sexual health care including consent information
- biases leading us to make assumptions about the likelihood of an individual being a perpetrator or victim of harm.

We recognise that some individuals and communities are more likely to experience both abuse and barriers to accessing support due to their identities. Crisis seeks to learn about, understand and dismantle such barriers both internally within our organisation and externally.

2. Respond

We each have an individual responsibility to take action to prevent the suffering of others.

Our responses to safeguarding concerns must be founded on a strengths-based, person-centred and psychologically-informed approach which respects the dignity and confidentiality of the individuals involved.

At the heart of these approaches is the empowerment of the individual, supporting them to identify and use their own strengths and resources to keep themselves safe and maintain positive wellbeing.

2.1 How to respond to a safeguarding concern

Do

- Discuss the concern with the individual, at a time and in a way that will be supportive and sensitive and enable them to feel safe and be open about what they are experiencing. If the individual is a member, you may choose to use the safeguarding leaflet for members as a conversation starter.
- Listen to the individual and take them seriously.

- Remain calm and try to be reassuring; don't be judgemental and try not to show your emotions.
- If you need to clarify the concern, ask non-leading and open questions so that you have enough information to inform the decision of whether or not to raise an alert, e.g.
- Can you describe what happened?
- When/where/how did it happen?
- Be clear about what information you will need to share, and with whom, and why that is necessary.
- Ask the individual how they feel and discuss with them any possible steps they could take that may help to keep themselves safe.
- Check what other services or organisations the individual is in current contact with and whether they have shared information about the concern with anyone else (e.g. GP, mental health team, advocacy service).
- Make notes to help you remember facts and details.

Do not

- Attempt to investigate the matter yourself
- Confront anyone who is alleged to be responsible for what has happened
- Tell a potential abuser that allegations have been made about them
- Promise the individual you can keep the alleged abuse or harm secret.

References to non-recent abuse may be disclosed and these should be acted upon in accordance with this procedure.

2.2 In an emergency

If there is immediate danger or someone needs urgent medical attention, or you feel there is imminent risk of harm:

- call 999 and request the police or an ambulance; and
- inform your line manager immediately.

If a criminal offence has been or may have been committed, do not tamper with or move any potential evidence and do not clean up.

3. Report

Report the concern according to our internal process.

3.1 Our duty of care

It is not an employee/volunteer's responsibility to decide:

- whether an individual is being, or has been, abused; or
- whether or not someone poses a real risk to an individual's welfare.

Even if you have heard only rumours of abuse or you have a suspicion but do not have firm evidence you should still raise your concerns.

3.2 Safeguarding Support Contact (SSC)

All members of staff and volunteers should seek support from an appropriate member of staff if they have a safeguarding concern, even if the adult has not explicitly given or has refused their consent for information to be shared.

Being aware of and responding to any safeguarding concern can be challenging, no matter how much experience you have. Our responses can be complicated by our own triggers, our current wellbeing, resilience and other external factors. Sharing information and seeking support at the earliest opportunity is an important step to both protect our wellbeing and ensure that we provide the best possible outcome for those we seek to protect from harm.

Concerns should be escalated as below:

- tell your line manager (in person **or** by phone, either call or text, **and/or** Teams **and** email). Notify them that you need to discuss a safeguarding case and ask them to contact you immediately. Do not disclose any personal information in the message. If your line manager is not available, inform
    - another manager in your team; or if that is not possible
    - your Crisis Safeguarding Officer (CSO); or if that is not possible
    - your Director of Operations (if in Client Services); or if that is not possible
- the Safeguarding Manager; or if that is not possible
    - the Designated Safeguarding Lead (DSL).

The person providing support is referred to as the Safeguarding Support Contact (SSC) for the purposes of this procedure.

3.3 Reporting concerns or incidents involving a member of staff or volunteer

If the concern or incident involves or implicates a member of staff, details should be shared directly with the Head of People. If the concern or incident involves or implicates a volunteer, it should be shared directly with the Head of Volunteers or Head of Christmas as appropriate. The Head will follow the Managing Allegations Against Staff and Volunteers Procedure.

3.4 Non-emergency concerns

If no one is in immediate danger:

- support the individual to avoid returning to a situation in which they may be at risk and to make themselves as safe as possible
- if the concern is about a member, add a case note to MAPS detailing the concern
- inform your SSC (in person **or** by phone **and/or** Teams **and** email) by the end of the working day. Ensure conversations are not overheard and emails are marked as ‘confidential’.

3.5 Appropriate sharing with Crisis colleagues

If the adult concerned is a member, you should share your concern with their lead worker.

If the adult is working with any other Crisis team or service, the relevant CSO should be informed of the concern. For example, a concern about a retail volunteer should be shared with the Commerce & Enterprise CSO.

Information must only be shared on a need-to know basis, and with due respect for the confidentiality of the individual.

4. Record

Internal records must be kept up-to-date as the situation progresses. For example, if new details about the concern are known, or if an external referral is made or followed-up.

4.1 Recording safeguarding concerns

If the concern involves an allegation about a member of staff or volunteer: information must not be recorded on MAPS or on the Incident Management System in order to preserve confidentiality. The Head of People/Head of Volunteers must record relevant information in alignment with the Managing Allegations Against Staff and Volunteers Procedure.

If the concern is about an adult who is NOT a Crisis member: complete an incident report. See the Incident Reporting procedure.

If the concern is about a Crisis member: the member's lead worker or another appropriate member of staff must record the concern on MAPS in case notes under the 'safeguarding' topic, including the actions and decisions taken by Crisis staff or volunteers. The member's Safety and Inclusion Plan may need creating or updating. See Member Information: Gathering, Recording and Sharing for more information about consent and information sharing regarding members.

4.2 Best practice guidance for recording

Include details of what has happened and/or what you have been told or have seen in as much detail as possible. Note:

- the reasons for the concern or allegation
- date, time and place of the alleged concern/incident
- names and job titles of staff/volunteers involved/aware
- details of any external referrals or signposting
- any consent given or withheld by the individual involved
- the wishes of the individual involved.

Your notes should be:

- **factual and objective:** focus on recording observable events, not interpreting them.
- **clear and concise:** use plain language that is easy to understand, avoiding jargon and abbreviations.
- **accurate and consistent:** ensure information is correct and consistent with other records.

- **dated and attributed:** each entry should include the date and name of the person making the record.
- **verbatim:** document the words of those involved as closely as possible to their original statement.
- **full records:** record all information that raises concerns, even if it seems minor individually.
- **timely:** record information as soon as possible after the event.
- **secure:** keep safeguarding records separate from general records and accessible only to authorised staff.
- **proportionate:** share information only when necessary and with those who need to know.
- **reviewed regularly:** ensure records are up-to-date and relevant.

Decisions about sharing information must be clearly recorded with reasons clearly stated and these decisions must be open and explicitly discussed at every stage.

5. Refer

If necessary and appropriate, a referral to statutory agencies may be made or information may be shared with another organisation/service.

5.1 Holding risk

Relatively high levels of chronic risk are normal for many of the adults we work with at Crisis, which can feel very uncomfortable for us as professionals. Useful questions to reflect on when considering sharing information or making a referral include:

- Am I working from a feeling of panic or fear?
- Who will this decision benefit?
- Am I prioritising my comfort by 'passing on' the risk or giving another agency the responsibility for 'fixing' it?
- Most importantly: Will this action make the adult safer?

Decision-making that is person-centred, collaborative, and shared with trusted colleagues is the goal. Sharing information or making referrals should never be simply a 'tick box' exercise.

Sometimes, we need to accept that sharing information may not result in greater safety and could even cause harm. We may be left sitting with knowledge of risk. This doesn't make us negligent, but it can be uncomfortable. We may feel that we have failed to find a solution when the only solutions are outside our sphere of influence, and particularly when they lie in systemic issues. It's important that we share our feelings with colleagues and learn to sit with discomfort/moral injury and recognise this can be one of the most difficult parts of our work.

5.2 Consent and information sharing

Where possible, if any information about an adult is to be shared with another organisation (including statutory services), that individual should give informed consent. It the

responsibility of Crisis to make sure that every effort is made to ensure that information about this process is shared in a way that is appropriate for the individual (considering age and support needs such as language or neurodivergence).

It is important for staff and volunteers to take a psychologically-informed approach to help the individual feel safe and supported.

For example, if an individual has had a previous traumatic or harmful experience with the police, they may be understandably anxious about this referral route. It may be appropriate to consider other options and explore alternative or additional ways to ensure the psychological safety of the individual.

An individual's wishes and right to make choices about their own safety must be balanced with the rights of others to be safe. There are times when their wishes can and should be over-ridden.

Consideration should be given to factors such as:

- the seriousness and pervasiveness of the abuse
- the ability of the individual to make decisions
- the effect of the abuse on the individual in question and on others
- whether a criminal offence has occurred
- whether there is a need for others to know (e.g. to protect others who may not be involved in the immediate situation).

If a decision is taken to share information without consent, the individual involved should be informed at the earliest possible opportunity - if appropriate to do so - and the reasons for the decision clearly explained and recorded.

If you have reason to believe that the capacity of the individual involved to give consent to making a safeguarding referral is compromised for any reason, you should include this information in your referral. For example, if you believe that an individual is withholding or giving consent under threat or coercion from someone else.

Safety of members, staff and volunteers is the top priority. If seeking the consent of an individual to make a safeguarding referral about them might put them or others at risk, you may need to follow the process without their consent. This should be the exception rather than the rule.

5.3 Community-based support and signposting

In most circumstances where there is a safeguarding concern about an individual, Crisis will not be the most appropriate service to offer the specific support needed. Crisis staff and volunteers should be confident to explore all the ways that safety can be promoted, taking into account an individual's own wishes and protective factors.

Crisis has developed, and continues to grow, our knowledge and links with other organisations (both national and local) which offer specialised services that may be helpful (e.g. support around mental health or domestic abuse). It is always Crisis' preference to signpost or refer individuals to local, community-based support where possible. We believe that this approach promotes culturally- and geographically-appropriate responses which are best able to respond to the nuances of an individual's support needs.

5.4 Referrals to statutory authorities

Safeguarding referrals to Local Authority (LA) bodies must adhere to strict criteria. It is unlikely that a case will be accepted by the LA unless the legal threshold for duty of care has been attained.

5.4.1 Adult at risk

Whether or not an individual meets the definition of an 'adult at risk' is the test that determines if statutory services have a duty of care to act. The definition varies slightly across England, Scotland and Wales (see Appendix).

It may be difficult to establish if a person might be considered an 'adult at risk', so you should assume that they meet the definition unless and until information suggests this is not the case.

5.4.2 Deciding whether to make a referral to statutory services

The SSC will discuss the identified issue with the staff member or volunteer who brought it to their attention, to clarify the cause for concern and to consider whether there are sufficient grounds to refer to the relevant service.

The discussion should take account of such factors as:

- Is the person affected an 'adult at risk'?
- Is there a person responsible for the (alleged) harm/abuse because of something they did or did not do?
- Did the abuse/harm occur due to a failure in care, a breach of policy and procedure, or a breach of professional code of practice?
- Has the person been harmed?
- Is there a potential risk of significant harm to them or another person?

If unsure about whether to make a safeguarding referral, advice and guidance can be sought from the Safeguarding Manager, DSL and/or the Local Authority. In domestic abuse cases, a referral to MARAC (Multi Agency Risk Assessment Committee) should also be considered. See the Domestic Abuse Procedure.

5.4.3 Making a safeguarding referral

If the SSC believes that a referral to statutory services would be in the best interests of the individual, and the concern is likely to meet thresholds for action, they should share details of the concern with the local CSO. The CSO must agree that a referral is appropriate and is responsible for ensuring the referral is undertaken in a timely manner.

The process of making the referral may be delegated to another member of staff if appropriate. They must follow the local procedure and use the contact details set out in Appendix 1. It is the responsibility of the referrer to ensure a copy of the referral is completed and saved locally for staff to easily refer to.

When making the referral, state clearly that it is an adult safeguarding referral and be prepared to provide the following information:

- Your own details.

- Known information about the adult.
- The adult's address and contact details (where possible).
- Details of the concern.
- The source of the information.
- The adult's response to the concern.

When making the referral you should record the name and job title of the Social Worker (or, in Scotland, in some cases this will be the police officer) to whom the details have been passed.

If you make the initial referral by telephone or email, then you must complete the relevant Local Adult Safeguarding Referral Form within 48 hours (or as soon as possible where this cannot be achieved due to the service being closed e.g. over a weekend) and information on how to access local forms should be available to staff locally (see Appendix for a template).

5.4.4 Writing a safeguarding referral

- Be clear about what you think the person you are raising the safeguarding about is experiencing, or at risk of
- Write clearly and concisely
- Use evidence to support your points
- Explain why you are raising a concern (why the individual meets the criteria of an 'adult at risk of harm'; **and** what they're experiencing or at risk of; **and** why they might not be able to protect themselves from it)
- State what level of risk you would assess there to be
- State expressly that you think the threshold for statutory involvement ('significant harm') is met
- Specify what action you and, where appropriate, the individual at risk want the service to take
- Provide details of any other agencies or organisations involved
- Seek support from your manager or peers – a second pair of eyes is always useful!
- See the safeguarding referral guidance for more guidance.

5.5 Independent advocacy

Where a safeguarding referral is likely to be made, consider whether the individual would benefit from support from their local advocacy service. Every local authority has an obligation to provide an advocacy service for any adult at risk who:

- would have "substantial difficulty" being fully involved in the process; and
- does not have any other appropriate individual (e.g. a friend or family member) to help them. This must NOT be someone who is paid to provide support to the adult at risk e.g. Crisis staff or a paid carer.

For example, an individual may have substantial difficulty being fully involved in any part of the safeguarding process where they have difficulty:

- understanding and remembering information
- communicating their views
- understanding the pros and cons of different options.

See the locally completed version of Appendix 1 (for your site/directorate) for details of your local advocacy services.

In some cases, there will be advocacy services available for those who do not meet the above criteria. This might be available via the local authority (or a service commissioned by them) or from other, independent and/or voluntary organisations. See Appendix 1 for details of some national services that can be approached if appropriate.

5.6 Reporting a crime

Where it is suspected that a crime has been committed, the CSO should consider whether to report it to the police. They should take into account the type of crime (including whether it is or may be indictable), preservation of evidence, the potential risks of both reporting and not reporting, and the wishes of the adult involved (see Member Information: Gathering, Recording and Sharing).

6. Review

All staff and volunteers take responsibility to ensure that safeguarding reports and referrals made are followed up in a timely way and take further action if not satisfied with the response.

6.1 When and how to follow up

If no feedback has been received three days after making a referral, then Crisis staff should follow up or re-refer. It is the responsibility of the person who made the referral to contact the Local Authority after reporting the case to find out what action has been taken and record this.

6.2 Participation in statutory-led Adult Safeguarding (or Support and Protection) actions

All Crisis staff are expected to co-operate and participate in any safeguarding investigations led by the relevant statutory authority. This may include providing further reports and information, acting as a witness and/or attending case conferences. Crisis staff can act as informal advocates for members/guests but should not take on the formal role of 'Appropriate Adult' in any statutory-led processes.

6.3 Challenging decisions

If a statutory agency rejects or does not take up a safeguarding referral made by Crisis, the following steps should be taken:

- The CSO who oversaw or made the original referral must be made aware of the outcome of the referral. They should review the information that was shared and consider whether there are ways to strengthen the referral, and/or if any further relevant information is

now available. If so, they may choose to challenge the decision. Advice may be sought from another CSO or the Safeguarding Manager/DSL.

- The CSO should contact the member of staff/volunteer who originally raised the concern to inform them of the decision and offer any additional support around the potential emotional impact, for both them and the person the referral relates to.
- The CSO and other staff involved with the individual should consider whether there is any further support or signposting that Crisis can offer. They must beware of allowing 'duty creep'
- All CSOs should report all referrals that are rejected, and the follow-up actions taken, in their monthly safeguarding data report.

6.4 Escalation of concerns

If the response from the Local Authority or another agency is unsatisfactory, and the CSO believes that the individual is still at significant risk of harm or abuse, they should consult the Safeguarding Manager/DSL and request support with escalating the concern to higher levels of service management. If the CSO is still not satisfied with the response after escalation within the service, they may then seek support from the relevant ombudsman.

7. Reflect

All staff and volunteers are supported to reflect on their learnings from the safeguarding process and on how to support the wellbeing of themselves and others involved.

7.1 Support for staff

Safeguarding can raise difficult and emotional issues for those involved and Crisis will ensure appropriate support is available to employees/volunteers involved. This includes:

- Continuous conversations with line managers
- Team and individual de-briefs with the Psychologist team and/or one of the CSOs
- Use of the Employee Assistance programme/Volunteer Wellbeing Programme
- Engagement with Mental Health First Aiders

Supervision and debriefing should be designed to enable staff and volunteers to process their own emotional responses, and identify good practice and areas for improvement.

7.2 Safeguarding Panel

The Safeguarding Manager is responsible for facilitating regular meetings with the Safeguarding Panel, which are structured to provide opportunities to reflect on recent safeguarding cases, particularly 'near misses' and serious safeguarding incidents. Panel members are encouraged to provide peer support and constructive challenge, and share learnings and insight.

7.3 Safeguarding development

The Safeguarding Manager is responsible for applying learnings about safeguarding practise and management to the development of Crisis' safeguarding risk registers, policies, procedures, reporting and training.

Appendix 1

Relevant Local Authority Contact Details

CSOs for all Crisis services and directorates must complete Appendix 1 with their own contact details and contact details for all the local authorities covering the areas where they operate and/or deliver services and the local advocacy service(s). It is the responsibility of the CSO to ensure a copy is completed and displayed and saved locally for reference on all Crisis premises that their team works from.

Skylight/Service/Shop/Team name and/or address:

Contact details for Crisis Safeguarding Officer (CSO) for this service/site/team:

Adult safeguarding contact details

Local procedures and contact details for reporting disclosure, suspicions and allegations of abuse of an 'adult at risk':

Contact details here:

All referrals should be confirmed in writing within 48 hours or as soon as possible after that.

Local advocacy service

Details of local advocacy services provided or commissioned by the local authority can be found here.

The local advocacy services for each local authority area covered by the service (to request support from for members whose safeguarding alerts have been rejected or where support promised is not being provided) are listed below.

National advocacy services

Details of some national advocacy services who may be able to support adults at risk regarding safeguarding are below.

- POhWER focus on supporting people around decisions relating to their care. Call POhWER's support centre on 0300 4562370.
- The Advocacy People provide advocacy support. Call 0330 4409000 or text PEOPLE to 80800 for a call back.
- VoiceAbility provide advocacy support. Call 0300 3031660 or use their online referral form.
- Local Age UK may have advocates in your area. Find out more about Age UK in your area or call 0800 0556112.

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