

Safeguarding adults from abuse procedure

Scope

This procedure sets out the process for dealing with cases of abuse of adults.

This procedure should be used by all staff:

- where abuse is suspected
- wherever there is a report of abuse
- For a referral to a statutory service.

This procedure should be read in conjunction with the HACO Healthcare safeguarding adults from abuse policy

1. Purpose of the procedure

This procedure aims to ensure that all reports or suspicions of abuse are recorded and swiftly reported to the appropriate agencies. It also outlines our responsibilities to work with partner organisations to identify early signs of abuse and act quickly, together.

It is not our responsibility to decide whether or not an adult has been subject to abuse, nonetheless we do have a responsibility to act if we have a concern. It is therefore important for staff to be more alert to the possible signs of abuse and how it may manifest itself.

2. Service standards

Report all suspicions of abuse to line manager within 24 hours If a crime has been committed inform the police immediately.

Managers report concerns to statutory agency immediately once the concern is realised Managers must inform HR department of an allegation against a staff member within 24 hours.

Lead officer for HACO will report an allegation against a contracted member of staff to the lead contract officer within 24 hours.

Line manager should report concerns of abuse that involve a member of staff from a partner organisation to that organisation within 24 hours.

3. Roles and responsibilities

Abuse can also take place in any setting such as at home, in a place where people are cared for, where people go to learn or for leisure and in the community.

It is the responsibility of all staff and volunteers to act on any concerns about abuse within the homes we own or manage and within the local community where we work. Such concerns should initially be shared with a manager in accordance with the steps outlined in this procedure.

3.1 The Operational Executive assumes responsibility for this procedure

3.2 Staff involved in delivering this procedure are colour coded as follows.

Staff Responsibilities

All staff – anyone who could identify a case or suspected case of abuse.

- Report all suspicions and incidents to line manager
- Contact emergency services, where necessary
- Complete referral form
- Liaise with manager to provide details for the case

Line managers

- Accept reports from staff. Consider all information and determine appropriate action
- Contact statutory agencies and Police
- Support staff to complete referral forms
- Chase agencies for response to referral (if required)
- Record outcomes
- Securely store all confidential information
- Arrange debrief meetings with staff involved
- Arrange critical incident review meetings with staff and agencies involved

4. Process map 1 – Reporting a suspicion or a concern

The suspected abuser is a member of staff, volunteer, contractor or member of staff for a partner agency. Speak to line manager, or next manager if line manager is not available (within 24 hours)

If **the line manager** is the suspected abuser, or is colluding with an abuser, speak to the next manager.

- Manager to gather more details and investigate the allegation.
- Manager to inform HR department within 24 hours with details including any recommendation to suspend the staff member Is the staff member directly employed by HACO Healthcare
- Liaise with HR department. HR department to seek legal advice. Has a criminal offence been committed? Inform police and statutory agencies

For **temporary staff**, HR to terminate contract and explain to agency

For **contractors or members of staff from partner agencies**, HR to inform lead officer from HACO Healthcare. Lead officer to contact the employing organisation

HR to determine appropriate disciplinary action and report any outcomes

For **volunteers**, HR to terminate voluntary arrangement

Line manager generally means your appraising manager.

5. Step by step process

If you suspect abuse or an adult tells you they are suffering or have suffered harm through abuse or neglect then that adult may be vulnerable or in physical danger. Their safety and welfare should be your key concern. Definitions of abuse can be found in appendix 1.

Good practice tip

- Take what is being said seriously
- Remain calm
- Listen before asking any questions
- Be sympathetic and concerned
- Offer assurance – it is not their fault
- Be aware that medical evidence might be required
- Explain what you are going to do

Do not

- Appear shocked, disgusted or angry
- Ask probing questions, make comments or judgements
- Interrupt when the individual is relaying information to you
- Promise to keep secrets
- Contact or confront the alleged abuser
- Interfere with any evidence

If you suspect abuse, the following steps should be taken:

1. Check that the adult is safe and not in any immediate danger. If the adult needs immediate medical assistance:
2. telephone for an ambulance
3. inform the police
4. accompany the individual to the hospital and inform your line manager
5. advise the examining doctor of the suspicion of abuse so that a written report can be made available to the police if required
6. In these circumstances, it is important to follow HACO Healthcare procedure on personal safety and lone working.
7. Inform your line manager immediately. If your line manager isn't available then speak to the next-tier manager. The report must be passed on within 24 hours.
8. If the information provided suggests abuse and issues around consent and capacity have been fully considered (see page 11), the manager will report the concerns following the local relevant multi-agency safeguarding adults' procedure.
9. The member of staff who identified the abuse must complete a referral form and pass it to the manager. When making a report, draw a clear distinction between what is fact, opinion or hearsay. Provide details of witnesses to the incident(s) as well as the abused person's account of what has happened where possible. Don't attempt to investigate the allegations yourself – this can result in misunderstandings and make a situation worse.
10. If a crime has been committed, inform the police immediately and then the statutory agencies.

- 11.. Referrals should be made by telephone but followed up in writing with a copy of the referral letter and any supporting information kept on a central file. Copies of any subsequent correspondence, telephone call reports etc. should be held on the central file maintained by (line manager and stored securely.
12. If the manager decides not to refer the matter to local statutory agencies, a record must be made by documenting the reasons for this on the referral form. The form should be placed on the central secure file.
13. The manager will liaise with the local statutory services. If the referral has not been followed up or no response has been received, the manager will make further enquiries until there is evidence of appropriate action being taken. This may include a decision that there is insufficient evidence to take any further action.

Abuse can and does take place outside of the family environment. It can occur within institutions and different settings such as residential units, care homes, hostels, sheltered housing schemes etc. It is therefore important that staffs are aware of the possibilities for abuse and that any allegations are taken seriously, and acted upon quickly.

After following the steps outlined where a member of staff or volunteer is suspected of abusing a vulnerable adult, the procedure below should be followed.

1. If you suspect a colleague of abuse speak to your line manager immediately. All reports should be made within 24 hours.
2. If you suspect that your line manager is the abuser or is colluding with the abuser then you should speak to the next tier line manager. Staff should also refer to HACO Whistle blowing Procedure
3. The responsible manager will carry out a brief, preliminary investigation.
4. The manager must inform the Human Resources (HR) department within 24 hours and provide them with details of the allegation and any other relevant information.
5. The HR department will take the following action depending on the nature of the staff member's employment with HACO. The Human Resources Department will also liaise with the relevant manager to agree if the manager should / has already, where necessary, reported the incident to the statutory authorities and/or the police where it is suspected that a criminal offence has occurred.
 - a) If the staff member is an agency temp, their assignment will be terminated. Human Resources will also make the employment agency aware that allegations of abuse have been made but that they have not been confirmed or disproved.
 - b) If the staff member is directly employed by HACO Healthcare the staff member may be suspended during an investigation. Any suspension must be agreed by HACO .Human Resources may seek legal employment advice. If the suspected abuse is criminal, the investigation will also take account of any police investigation that is occurring. An assessment of all individual cases under the appropriate disciplinary procedures will determine whether a member of staff or volunteer can be reinstated and how this can be sensitively handled

with other staff or volunteers. This may be a difficult decision, particularly where there is insufficient evidence to uphold any action by the police. In such cases, HACO Healthcare must reach a decision based on the information available whether the allegation is true. The welfare of the 'abused' person should always remain paramount.

- c) If the staff member is employed by a partner agency/contractor, the lead officer for the contract within HACO Healthcare will be notified. They must report the incident within 24 hours to the organisation responsible for employing the individual and will require them to ensure that the individual in question is not used again. Confirmation of this will be required from the partner agency/contractor in writing. The lead officer will arrange a review meeting where an action plan will be agreed.
- d) If a member of staff suspects that someone is being abused in anyway by a member of staff employed by another organisation with which HACO Healthcare has no contractual relationship, they should still report their concerns to their line manager immediately. The line manager must report these concerns to the organisation responsible for employing the alleged abuser within 24 hours. The line manager must refer upwards until there is evidence of the organisation taking appropriate action, e.g. informing Social Services/police etc. and receiving a formal written acknowledgement from them.

Action taken relating to concerns regarding work practice

Should concerns centre on allegations of poor conduct, practice or where performance is not up to the required standard, this will be dealt with through the disciplinary/capability procedures invoked by the line manager.

For example, where a job description outlines a clear responsibility for a specific post and the post holder fails to comply, this would be a breach of their contract that may be defined as poor conduct and practice.

Where poor conduct or practice results in harm, abuse or neglect the procedure to report such concerns to the appropriate agencies should be followed.

Steps taken for allegations concerned with poor practice

All concerns about colleagues must be discussed with your line manager. If the concerns are in relation to your line manager however these concerns must be discussed with the next tier line manager, who should then report their concerns to the Human Resources department as soon as possible.

Allegations of previous abuse

Allegations of abuse may be made some time after the event. Where such an allegation is made, HACO Healthcare will follow the procedure outlined above. It is essential that this course of action is taken as other people may still be at risk.

Malicious allegations against staff

If a member of staff feels that a customer is abusing them or another member of staff they should refer to the Dignity at Work policy. Any member of staff who may have been accused of causing abuse, can access Care First, the employee assistance programme which is in place.

Details of all cases or abuse of suspected abuse must be recorded and stored on a central file maintained by HACO manager. This includes:

- copies of referral forms or reports to statutory agencies
- copies of follow up correspondence with statutory agencies or Police
- file notes relating to any incidents, visits, observations etc

Any information relating to cases of abuse must be stored in a secure place with access limited to line managers in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure).

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only.

Refer to the privacy and confidentiality procedures for more details. Staff should explain openly to adults at the outset what and how information could/will be shared and why, and to seek their agreement.

The exception is where to do so would put the adult or others at increased risk of significant harm, or if it would affect the prevention, detection or prosecution of a serious crime.

Any information that is shared should be accurate, up-to-date and shared securely. The principles outlined below should be applied in situations when abuse is reported.

They recognise that confidential information may need to be disclosed in the best interests of the individual and discussed in what circumstances this may be appropriate and what safeguards need to be observed. The principles are:

- information can only be shared on a “need to know” basis when it is in the best interest of the patient
- confidentiality must not be confused with secrecy
- informed consent must be obtained but, if this is not possible and other adults are at risk, it may be necessary to override the requirement
- it is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other people may be at risk.

Data protection

All information needs to be exchanged or disclosed in accordance with the Data Protection Act 1998. The Act does allow for personal data to be processed without the consent of the individual, when the processing is for the prevention or detection of crime. Government policy, ‘No Secrets’ also suggests that when sharing personal or sensitive information regarding a service user, ideally informed consent should be sought. If this is not possible and other vulnerable adults are at risk, it may be necessary to override this requirement.

Wherever possible, therefore, staff should obtain the consent of an individual before sharing their personal information, but this requirement can be overridden in situations where concerns regarding possible abuse have been raised.

Information gathering – assisting with police investigations

The police will undertake an investigation where any 'crime' has been committed. They will work closely with statutory agencies. The staff member concerned will assist the police with any enquiries following an incident which may include providing witness statements, checking records for historic/relevant information etc.

Consent from the individual to share information must be freely given and not inferred or provided under duress. If consent is refused then information may only be shared in the following circumstances:

- acting in the best interest of the adult
- there is a need to safeguard other adults or children as it is felt they are at risk e.g. in a residential care setting
- certain criminal offences have been committed i.e. serious assault, rape.

It is important to remember that adults have the right to take risks and may choose to live at risk if they have the capacity to make such a decision and this must be respected.

If an individual is identified as lacking capacity in relation to a specific decision, the decision should then be made in their 'best interest'.

When making a 'best interest' decision the following factors must be considered:

- The past and present wishes and feelings of the person concerned (including any written statements)
- The beliefs and values (including religious and cultural beliefs) likely to influence the individual's decision, had they capacity
- Other factors that the person would be likely to consider if they were able to do so, e.g. a sense of family obligation
- The views of others it is considered appropriate to approach e.g. carers
- The recommendation of the Independent Mental Capacity Advocate if one is appointed, (someone appointed to support a person who lacks capacity).
- Where decisions are made without consent and in someone's best interest, this must be clearly recorded.

Following the Mental Capacity Act 2005

The Act was introduced to ensure that, as far as possible, all adults can take decisions about their own lives. It places professional responsibility on *individuals* within an organisation and it is important to note that failure to comply with the Act's Code of Practice may incur new criminal offences of ill treatment and wilful neglect.

The most relevant aspect of mental capacity is that of understanding and making decisions about safety from abuse and neglect. Making this decision includes having information about what is taking place, the harm that it may cause and the options that are open to stop abuse or neglect or to reduce harm.

The Act acknowledges that everyone has a right to follow a course of action that others judge to be unwise, including the taking of reasonable risks as long as these do not threaten, harm or put at risk other adults or children who may be involved. Anything done for or on behalf of people without capacity must be in their best interests and should be the least restrictive decision in terms of their basic rights and freedoms.

The Act sets out five fundamental principles which should be applied when deciding if someone lacks or may lack capacity. The principles are:

1. assume capacity unless proved otherwise
2. take all practicable steps to help a person to make a decision for themselves
3. accept that someone can make an unwise decision without it meaning they lack capacity
4. an act done or decision made for someone without capacity must be in their best interests
5. the act or decision must be the least restrictive approach in terms of the person's rights and freedom of action outcome

Where the relevant manager has been advised that an investigation has been concluded, records should be updated accordingly. The manager and all relevant staff should debrief and review their actions to see if any lessons can be learnt. Where no information is received from police or statutory agencies, the relevant manager should make contact with the statutory agencies on a quarterly basis and update records accordingly.

Critical incident review

Managers will convene a full review where a critical incident has taken place; for example where an adult is significantly harmed. Partners involved in the case should be invited to join the review, for example local authority adult services or police.

During the review, managers will identify lessons that have been learned from the case and adapt working practices accordingly. If a change in policy or procedure is required the matter will be referred to HACO Healthcare head of policy to convene a policy review. Where it is appropriate lessons from the incident will be shared with colleagues around HACO Healthcare to improve safeguarding arrangements

HACO Healthcare will support and protect any member of staff who, in good faith (without malicious intent), reports his or her concerns about a colleague's professional conduct and practice, or the possibility that someone is being abused. Staff should also refer to HACO Whistle blowing Procedure.

All staff, including those who may have been accused of causing abuse, can access Care First, the employee assistance programmes which are in place.

If a member of staff would like to receive further training on safeguarding adults, they should speak to their line manager. Line managers should contact the Learning and Development team to discuss training requirements.

6. Related Documents

1. Safeguarding adults from abuse policy
2. Safeguarding children and young people policy
3. Anti-social behaviour policy and procedure
4. HR policies including:
 - Whistle blowing Policy
 - Capability procedure
 - CRB policy
 - Disciplinary procedure
 - Dignity at work

Care Quality Commission is the independent regulator of health and social care in England. They inspect and report on care services and councils. They are independent but set up by Government to improve social care and stamp out bad practice. The commission was established on 1 April 2009, the work was previously carried out by **CSCI** - the Commission for Social Care Inspection. Their website contains useful information: www.cqc.org.uk

Physical abuse – physical mistreatment of one person by another which may or may not result in physical injury.

This may include (this is not an exhaustive list):

- Beating
- Pushing
- Slapping
- Rough handling
- Shaking
- Force-feeding
- Burning
- Unreasonable confinement (e.g. locked in, tied to a bed or chair)
- Misuse of medication
- Misuse of restraint
- Misuse of manual handling techniques

Person being abused:

- Fractures
- Bruising
- Physical pain
- Burns
- Blisters
- Unexplained weight loss
- Unexplained falls
- Bite marks
- Pinch marks
- Sleep disturbances
- Recoiling from physical contact / flinching
- Patterns of bruising / marks (e.g. always after weekends)
- Evidence of old injuries occurring over a period of time
- Time lapse between injury and seeking medical attention
- Explanation of injuries given not consistent with situation / lifestyle

Sexual abuse - the involvement of a person in sexual activities or relationships that either they do not want and have not consented to or they cannot understand.

This may include (this is not an exhaustive list):

- Abuser exposing genitals
- Abuser touching victim's body (breasts, buttocks, genital or anal areas) for own gratification
- Full sexual intercourse
- Rape (sexual intercourse without consent)
- Rewards for sexual acts
- Not allowing expression of sexuality

- Withholding appropriate educational information
- Using personal care tasks as an opportunity for the care giver's sexual gratification.
- Use of offensive or suggestive language

Psychological abuse - action or neglect that while not of a physical nature severely impairs the psychological well being of the person.

This may include (this is not an exhaustive list):

- Threats
- Gross restriction of freedom
- Withholding of security and affection
- Provoking fear of violence
- Threat of institutional care
- Threat to withdraw care or support
- Humiliation and ridicule
- Not treating with respect
- Denial of the opportunity for privacy
- Shouting, yelling and swearing
- Name-calling
- Use of bribes

Person being abused:

- Frightened of specific individuals
- Stress and/or anxiety in response to certain people
- Lack of self esteem
- Withdrawn, unresponsive and displays overly compliant behaviour
- Displays compulsive behaviour
- Reduction in skills and concentration
- Lack of trust particularly with Significant others
- Change in sleep pattern

Financial abuse –

1. Misappropriation of money/assets.
2. Transactions to which the person could not consent or which were invalidated by intimidation/deception.
3. Misuse of assets.

This may include (this is not an Exhaustive list):

- Withholding pension or property book
- Not spending allowances on the individual
- Not allowing the person access to their own money
- Misuse of benefits
- Mismanagement of bank accounts
- Denying access to money
- Misuse of Power of Attorney / Enduring Power of Attorney
- Theft of monies
- Theft of property
- Embezzlement
- Use of personal allowances to pay for care

- Denial of legal advice and representation
- Intimidation and extortion
- Unreasonable restriction of a person's right to control their lives to the best of their ability

Person being abused:

- Insufficient funds in account
- Account does not balance
- Unable to account for monies being spent
- Over protection of money or property
- Money not available for activities
- Accounts balancing but errors found in accounting
- Losses from accounts disguised
- Forged signatures

Neglect/Acts of omission - Behaviour by carers that result in the persistent or severe failure to meet the physical and/or psychological needs of an individual in their care.

This may include (this is not an exhaustive list):

- Abandonment
- Wilful failure to intervene, or consider the implications of non intervention in behaviour which is dangerous to the individual concerned or to others
- Failure to use agreed risk taking procedures resulting in the person taking unnecessary risks.
- Not giving personal care
- Withholding provision of aids, e.g. hearing aids, spectacles, walking aids
- Withholding food, drink, heat, light, clothing
- Not providing access to medical services
- Inadequate furnishings, bedding and appliances
- Limiting choice
- Denial of access to services or advocacy
- Withholding affection or communication

Person being abused:

- Pressure sores
- Dehydration
- Complaints of pain or discomfort
- Demanding e.g. food and or drink
- Unkempt look
- Unexplained accidents occurring
- Deterioration of health

Discriminatory abuse - abuse based on discrimination because of a person's race, culture, belief, gender, age, disability, sexual orientation etc. Discrimination may be a motivating factor in other forms of abuse.

This may include (this is not an exhaustive list):

- Any form of discrimination both direct and indirect based on the person's colour, language, faith, and belief and his/her cultural norms and values, gender, sexuality, disability, class, age, HIV status
- Can be in the form of personal or institutional discrimination: Personal discrimination being the prejudice of the individual; Institutional discrimination being where systems and structures directly or indirectly discriminate against potential or actual users of services

Person being abused:

- Withdrawal, rejection of inappropriate services e.g. food, mixed gender groups
- Sometimes the individual may agree with the abuser just to have an easier life. (This needs to be established by a professional with the same background as the individual)
- Low self esteem

Institutional abuse – repeated incidents of poor professional practice or neglect. Inflexible services based on needs of providers rather than the person receiving services.

This may include (this is not an exhaustive list):

- Service users required to 'fit in' excessively to the routine of the service
- Not homely environment, stark living areas
- One commode used for a number of people
- Lack of privacy for personal care
- Deprived environment
- Lack of procedures/guidelines for staff
- No/little evidence of training programmes for staff
- System that encourages poor practice
- Lack of staff support/guidance
- Manager / person in charge implicated in poor practice

Person being abused:

- Left on commode for long periods
- Lack of personal clothing/ possessions
- Lack of stimulation
- No care plan
- Unexplained bruising/burns etc.
- Bites
- Recoiling from specific individuals
- Removal from home without discussion with appropriate people/agencies

Referral Form - Abuse of vulnerable adults

This form is to be completed by a member of staff upon witnessing, suspecting or receiving a report of alleged abuse. Please take the time to complete as much information as possible.

Victim's details

| | |
|---|--|
| Name: | |
| Telephone number: | |
| Address: | |
| Gender: | |
| Date of birth: | |
| Date(s) of incident(s): | |
| Where did the incident(s) happen? | |
| Did the alleged abused give consent to take action? | |
| Ethnic Group White British <input type="checkbox"/> Any other white <input type="checkbox"/> Black or Black British British Caribbean <input type="checkbox"/> Irish African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Please specify ----- Asian or Asian British Mixed Indian White and Black Caribbean <input type="checkbox"/> Pakistani White and Black African <input type="checkbox"/> Bangladeshi White and Asian <input type="checkbox"/> Any other Asian background <input type="checkbox"/> Any other mixed background <input type="checkbox"/> Chinese Other <input type="checkbox"/> | |
| Information refused | |
| Information unknown | |

| | |
|---|--|
| <p>Nature of vulnerability</p> <p>Learning disability <input type="checkbox"/></p> <p>Sensory impairment <input type="checkbox"/></p> <p>hearing loss <input type="checkbox"/></p> <p>Visual loss <input type="checkbox"/></p> <p>Dementia <input type="checkbox"/></p> <p>Physical disability <input type="checkbox"/></p> <p>Mental Health Needs <input type="checkbox"/></p> <p>Older person <input type="checkbox"/></p> <p>Other (please specify)</p> | |
| <p>Type of abuse suspected</p> <p>Physical abuse Financial abuse <input type="checkbox"/></p> <p>Institutional abuse <input type="checkbox"/></p> <p>Sexual abuse Neglect <input type="checkbox"/></p> <p>Psychological abuse Discriminatory abuse <input type="checkbox"/></p> | |
| <p>Who was there when the incident(s) took place? Please include details of any witnesses including where known their name, address, telephone number, position etc.</p> | |
| <p>Please record details of the incident(s) factual information only. Please include anything that was said, physical actions etc.</p> | |
| <p>What details are known about the alleged abuser? Include name, address, relationship etc. where known</p> | |

| | |
|--|--|
| Signature of person completing this form: Name: Date: | |
| Signature of Line manager: Name: Date: | |
| For completion by Line Manager | |
| Action taken – which of the following, if any, has been contacted in response to this report. Please detail dates, and persons spoken to etc. Where a matter has not been referred, detail reasons fully in the space below. | |
| Police | |
| Social Services | |
| Emergency services/Doctor | |
| Advice Centre | |
| Next of kin / Advocate | |
| Genesis Human Resources | |
| Other (specify) | |

Good practice investigation responsibilities

National advice organisations

Action on Elder Abuse

Address: Astral House, 1268 London Road, London SW16 4ER
Telephone: 0208 764 7648 (administration) 9.30am - 5.30pm, Mon – Fri
Help line telephone: 0808 808 8141 (10am - 4.30pm, Mon - Fri)

Provides information to a wide range of organisations and individuals concerned with the issue of elder abuse. It also operates the Elder Abuse Response which is a confidential service providing information and support for anyone involved when an older person is abused.

Age Concern England

Address: Astral House, 1268 London Road, London SW16 4ER
Telephone: 0808 808 6060 (9.15am - 5.30pm, Mon - Fri)
Offers information and advice, on a wide range of issues. Local groups are listed in the telephone directory under Age Concern. Some offer advocacy services.

Alzheimer's Society

Address: Gordon House, 10 Greencoat Place, London SW1P 1PH
Helpline telephone: 0845 300 0336 (8:30am - 6:30pm, Mon - Fri)
Provides advice and information on Alzheimer's disease and has a network of local branches.

Carers National Association

Address: 20-25 Glasshouse Yard, London EC1A 4JT
Telephone: 0207 490 8818 (admin) / 0808 808 7777 (Carers Line, 10am - 12pm, and 2pm - 4pm Monday to Friday)
Provides advice, information and support for carers.

Counsel and Care

Address: Twyman House, 16 Bonny Street, London NW1 9PG
Telephone: 0845 300 7585 (advice line, 10.30am - 4pm, Mon - Fri)
Has particular expertise in residential and nursing home care and runs an advice line for older people, carers, and relations.

Crimestoppers

Address: Apollo House, 66A London Road, Morden, Surrey, SM4 5BE
Telephone: 0800 555 111
Crimestoppers operates across the UK to help identify, prevent, solve and reduce crime.
This community service enables anyone with details of criminal activity to pass them on anonymously, without fear of exposure or retribution.

Dial UK

Address: St Catherine's, Tickhill Road, Doncaster, DN4 8QN
Telephone: 01302 310123. For textphone please use voice announcer
Free, independent, confidential information and advice for people with disabilities.
Promotes equal opportunities and challenges discrimination.

Help the Aged

Address: St James's Walk, London EC1R OBE

Telephone: 0808 800 6565 (Senior Line, 9am-4pm, Mon - Fri)

Senior Line is a free, national telephone welfare benefits advice and information service for

older people, their relatives, carers and friends.

Mencap

Address: 123 Golden Lane, London EC1Y 0RT

Telephone: 020 7454 0454

Mencap is the UK's leading learning disability charity working with people with a learning disability and their families and carers.

MIND National Association for Mental Health

Address: Mind, PO Box 277, Manchester, M60 3XN

Telephone: Mind info line: 0845 766 0163. (9.15am – 5.15pm, Mon – Fri)

Mind is the leading mental health charity in England and Wales. It works to create a better life for everyone with experience of mental distress by advancing the views, needs and ambitions of people with mental health problems, challenging discrimination and promoting inclusion.

Public Concern at Work

Address: Suite 306, 16, Baldwins Gardens, London, EC1N 7RJ

Telephone: 0207 404 6609 (9am - 6pm, Mon - Fri)

A legal advice centre that can be contacted by those working with older people without breaching any terms of employment or duty of confidentiality.

THT Direct Helpline

Address: 314-320 Gray's Inn Road, London, WC1X 8DP

Telephone: 0845 122 1200 (10am – 10pm, Mon – Fri & 12pm – 6pm
Sat & Sun)

THT Direct Helpline is a gateway to HIV services, support and information. Provides service information, generalist advice, answers frequently asked questions about HIV and offers emotional support to people who want to talk through any issues or questions they might have about HIV; whether they are infected, affected or concerned.