



Safeguarding Policy

Version Control Table	
Version 1 Published & Amended	04/04/2020-2022
Review Date: V002/FWP/SP	17/04/2023
Document Written/Amended by	Kate Husband – Safeguarding Officer
Approved by Board of Trustees	
Review Date: V003/FWP/SP	16/04/2024
Document Written/Amended by	K Husband – Safeguarding Officer
Approved by Board of Trustees	30/01/2024
Review Date: V004/FWP/SP	30/01/25
Document Written/Amended by	K Husband – Safeguarding Officer
Approved by Board of Trustees	29/04/25
Review Date: V005/FWP/SP	28/04/26
Document Written/Amended by	K Husband – Safeguarding Officer
Approved by Board of Trustees	

***Trustee, Rachel Price, will be responsible for the Safeguarding Officer duties in the current absence of a Safeguarding Officer, from 15th July 2025.**

Contents

Section 1 – Safeguarding Adults Policy

- 1.0 Introduction
- 1.2 Policy
- 1.3 Purpose
- 1.4 Scope
- 1.5 Commitments
- 1.6 Implementation

Section 2 – Supporting Information

- 2.1 Key Points
- 2.2 Safeguarding Adults
- 2.3 Legislation Definition of an Adult at Risk
- 2.4 Wellbeing Principle
- 2.5 Person Centred Safeguarding/ Making Safeguarding Personal
- 2.6 Mental Capacity and Decision Making
- 2.7 Recording and Information
- 2.8 Sharing Multi-Agency Working

Appendices

- Appendix 1 Safeguarding Officer
- Appendix 2 Case Management Group
- Appendix 3 Types of Abuse
- Appendix 4 Adults at Risk Home Nations Definitions
- Appendix 5 Care & Wellbeing Acts Home Nations Definitions
- Appendix 6 The Safeguarding Adults Legislation in each Home Country Category Definition
- Appendix 7 Safeguarding Adults Procedural Framework
- Appendix 8 Sources of Information

Section 1: Safeguarding Adults Policy

1.1 Introduction

1.1.1 Fighting With Pride (FWP) has no greater duty than ensuring the safety, health and wellbeing of our Staff, Volunteers, Service Users and their families. We must be an organisation that puts significant resources into ensuring we are a well led and safe organisation for all. The safeguarding of adults is a priority for everybody in FWP and we are fully committed to Safeguarding Adults in line with all national legislation and relevant national and local guidelines. We do not aim to simply comply, we aim to be an exemplar in that:

- We will safeguard adults by ensuring that FWP is conducted in a way which keeps all adults safe.
- FWP is committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation or neglect manifests itself; and being willing to report safeguarding concerns.
- This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any support setting.
- FWP is committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.
- FWP will encourage and support partner organisations, including but not limited to other Military Charities and organisations, partner organisations, local council, businesses and charitable sponsors to adopt and demonstrate their commitment to the principles and practice of equality as set out in this safeguarding adult's policy and procedures.

1.2 Policy Statement

1.2.1 FWP believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, gender identity or marital status.

- 1.2.2 FWP is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.
- 1.2.3 FWP acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.
- 1.2.4 The types of abuse and neglect recognized in legislation can be found at **Appendix 3**.
- 1.2.5 FWP recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.
- 1.2.6 FWP recognises that there is a legal framework within which it need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.
- 1.2.7 Actions taken by FWP will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

1.3 Purpose

- 1.3.1 The purpose of this policy is to demonstrate the commitment of FWP to safeguarding adults and to ensure that everyone involved in FWP is aware of:
 - The legislation, policy and procedures for safeguarding adults.
 - Their role and responsibility for safeguarding adults.
 - What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation .

1.4 Scope

- 1.41 This safeguarding adult policy and associated procedures apply to all individuals involved in FWP including Trustees, Board members, Staff, Volunteers, Service Users, and their families and to all concerns about the safety of adults whilst taking part in our organisation, its activities and in the wider community. See Appendix ? for The Responsibilities of Trustees.
- 1.42 We expect our partner organisations, suppliers and sponsors to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

1.5 Commitments

1.51 In order to implement this policy FWP will ensure that:

- Everyone involved with FWP is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult (see **Appendix 7 - Safeguarding Adults Procedural Framework**).
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with FWP Safeguarding Adults Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to.
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and Procedures.
- FWP acts in accordance with best practice advice.
- FWP will cooperate with the Police and the relevant Local Authorities in taking action to safeguard an adult.
- All Board members, staff, officials and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role.
- FWP uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment/deployment of unsuitable individuals in this organisation.
- FWP shares information about anyone found to be a risk to adults with the appropriate bodies. For example: Disclosure and Barring Service, Services, Police, Local Authority/Social Services.
- When planning activities and events FWP includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person who will be in attendance as a safeguarding lead for that event.
- Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.

- This policy, related policies (see below) and the Safeguarding Adults Procedures are reviewed no less than on an annual basis and whenever there are changes in relevant legislation.

1.6 Implementation

1.61 FWP is committed to developing and maintaining its capability to implement this policy and procedures. In order to do so the following will be in place:

- 1.61.1 A clear line of accountability within the organisation for the safety and welfare of all adults.
- 1.61.2 Access to relevant legal and professional advice.
- 1.61.3 Regular management reports to the Board detailing how risks to adult safeguarding are being addressed and how any reports have been addressed.
- 1.61.4 Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.
- 1.61.5 A Safeguarding Officer (see Appendix 1).**
- 1.61.6 A delegated Safeguarding Lead/Welfare Officer for events.
- 1.61.7 A process for forming a Case Management Group on a case by case basis within clear terms of reference (**see Appendix 2 – Case Management Group and Appendix 7 - Safeguarding Adults Procedural Framework**).
- 1.61.8 Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- 1.61.9 Codes of conduct for Board members, Staff and Volunteers and other relevant individuals that specify zero tolerance of abuse in any form.
- 1.61.10 Risk assessments that specifically include safeguarding of adults.**
- 1.61.11 Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy as follows:
 - Bullying and harassment
 - Social Media
 - Equality, diversity and inclusion
 - Safe activities risk assessments
 - Code of Conducts and a process for breach of these –
 - Board Members, Staff, Volunteers
 - Discipline and grievance
 - Concerns, Complaints and Compliments

- Whistleblowing
- Safe recruitment and selection (staff and volunteers)
- Contract compliance
- Information policy, data protection and information sharing

Section 2: Supporting Information

2.1 Key Points

- 2.01 There is a legal duty on Local Authorities to provide support to 'adults at risk'.
- 2.02 Adults at risk are defined in legislation and the criteria applied differs between each home nation (see definitions for each home nation at Appendix 4, 5 & 6). The safeguarding legislation applies to all forms of abuse that harm a person's well-being.
- 2.03 The law provides a framework for good practice in safeguarding that makes the overall well-being of the adult at risk a priority of any intervention. The law in all four home nations emphasises the importance of person-centred safeguarding, (referred to as 'Making Safeguarding Personal' in England).
- 2.04 The law provides a framework for making decisions on behalf of adults who can't make decisions for themselves (Mental Capacity).
- 2.05 The law provides a framework for organisations to share concerns they have about adults at risk with the local authority.
- 2.06 The law provides a framework for all organisations to share information and cooperate to protect adults at risk.

2.2 Safeguarding Adults Legislation

- 2.21 Safeguarding Adults in all home nations is compliant with United Nations directives on the rights of disabled people and commitments to the rights of older people. It is covered by:
 - The Human Rights Act 1998
 - The Data Protection Act 2018
 - General Data Protection Regulations 2018
- 2.22 The practices and procedures within this policy are based on the relevant legislation and government guidance.
 - England - The Care Act 2014
 - Care and Support Statutory Guidance (especially chapter 14) 2014
 - Wales - Social Services and Well Being Act 2014
 - Wales Safeguarding Procedures 2019

- Scotland - Adult Support and Protection Act 2007
- Adult Support and Protection (Scotland) Act 2007 Code of Practice 2014
- Northern Ireland - Adult Safeguarding Prevention/Protection in Partnership 2015

2.23 Many other pieces of UK and home nation legislation also affect adult safeguarding. These include legislation about different forms of abuse and those that govern information sharing.

- Physical Assault
- Murder/attempted murder
- Sexual Offences
- Domestic Abuse/Coercive control
- Forced Marriage
- Female Genital Mutilation
- Theft and Fraud
- Modern slavery and Human exploitation
- Hate crime
- Harassment
- Listing and Barring of those unsuitable to work with adults with care needs

2.24 Each home nation also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

- England and Wales - Mental Capacity Act 2005
- Scotland - Adults with Incapacity Act 2000
- Mental Capacity (Northern Ireland) 2016

2.25 There are specific offences applying to the mistreatment of and sexual offences against adults who do not have Mental Capacity and specific offences where mistreatment is carried out by a person who is employed as a carer e.g. willful neglect and willful mistreatment.

2.3 Definition of an Adult at Risk

- 2.31 The Safeguarding Adults legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to Adults at Risk.
- 2.32 When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.
- 2.33 The actions that need to be taken might be by the Local Authority (usually social services) and/or by other agencies, for example the Police and Health. A sporting organisation may need to take action as part of safe-guarding an adult, for example, to use the disciplinary procedures in relation to a member of staff or member who has been reported to be harming a participant. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.
- 2.34 The types of abuse and neglect recognized in legislation can be found at **Appendix 3**

2.4 Wellbeing Principle

- 2.41 The concept of 'well-being' is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society.
- 2.42 Being able to live free from abuse and neglect is a key element of well-being.
- 2.43 The legislation recognises that statutory agencies have sometimes acted disproportionately in the past. For example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of Justice Mumby '*What good is it making someone safe when we merely make them miserable?*' What Price Dignity? (2010)
- 2.44 For that reason any actions taken to safeguard an adult must take their whole well-being into account and be proportionate to the risk of harm.

2.5 Person Centred Safeguarding/ Making Safeguarding Personal

- 2.51 The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.
- 2.52 None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety we need to understand ‘What matters’ to them and what outcomes they want to achieve from any actions agencies take to help them to protect themselves.
- 2.53 The concept of ‘Person Centered Safeguarding’/‘Making Safeguarding Personal’ means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult’s views, wishes, feelings and beliefs must be taken into account when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity and supporting their ability to make decisions also helps promote people’s sense of self-worth and supports recovery
- 2.54 If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation).
- 2.55 Definitions of the Care and Wellbeing Acts: Home Nations Definitions can be found at **Appendix 5**

2.6 Mental Capacity and Decision Making

- 2.61. We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions, unless it has been proved that they can't. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.
- 2.62 We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:
- Understand information
 - Remember it for long enough
 - Think about the information
 - Communicate our decision
- 2.63 A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health. Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.
- 2.64 Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity".
- 2.65 Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves. For example:
- A person with epilepsy may not be able to make a decision following a seizure.
 - Someone who is anxious may not be able to make a decision at that point.
 - A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.
- 2.66 Mental Capacity is important for safeguarding for several reasons:
- 2.66.1 Not being allowed to make decisions one is capable of making, is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer won't allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.
- 2.66.2 Another situation is where an adult is being abused and they are scared of the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions'.

- 2.67 Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you their views.
- 2.68 Each home nation has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.
- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
 - If the decision can wait, wait – e.g. to get help to help the person make their decision or until they can make it themselves.
 - If we have to make a decision for someone else then we must make the decision in their best interests (for their benefit) and take into account what we know about their preferences and wishes.
 - If the action we are taking to keep people safe will restrict them then we must think of the way to do that which restricts to their freedom and rights as little as possible.
- 2.69 Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst engaging with FWP will ordinarily be accompanied by someone e.g. a family member or formal carer whose role includes supporting them to make decisions.
- 2.69.1 It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food and drink choices etc. but will also include things they like and don't like doing. It's also important to have an agreement with the person who has enrolled the adult in the sports activity about how different types of decisions will be made on a day to day basis.
- 2.69.2 If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support they need to make decisions.
- 2.69.3 There may be times when an organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:
- Sharing information about safeguarding concerns with people that can help protect them.
 - Stopping them being in contact with the person causing harm.

2.7 Recording and Information Sharing

- 2.71 All organisations must comply with the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR). Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.
- 2.73 Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.
- 2.74 Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know'. This does **NOT** automatically include the persons spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know in order to help keep the person safe.
- 2.75 The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:
- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
 - Case management meetings can take place to agree to co-ordinate actions by the organisation
- 2.76 There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are overriding reasons for sharing information.
- 2.77 The circumstances when we need to share information without the adult's consent include those where:
- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
 - you believe they or someone else is at risk, including children.
 - you believe the adult is being coerced or is under duress.
 - it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
 - the adult does not have mental capacity to consent to information being shared about them.

- the person causing harm has care and support needs.
 - the concerns are about an adult at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).
- 2.78 When information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them. If you are in doubt as to whether to share information seek advice e.g. seek legal advice and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.
- 2.79 Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

2.8 Multi-Agency Working

Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

FWP may need to cooperate with the Local Authority and the Police including to:

- Provide more information about the concern you have raised.
- Provide a safe venue for the adult to meet with other professionals e.g. Police/Social Workers/Advocates.
- Attend safeguarding meetings.
- Coordinate internal investigations (e.g. complaints, disciplinary) with investigations by the police or other agencies.
- Share information about the outcomes of internal investigations.
- Provide a safe environment for the adult to continue their sporting activity/their role in the organisation.

Section 3: Appendices

Appendix 1 - Safeguarding Officer

FWPs Safeguarding Officer has primary responsibility for putting into place procedures to safeguard adults at risk.

Their duties and responsibilities include:

- Working with others within the organisation to create a positive inclusive environment in FWP.
- Play a lead role in developing and establishing the organisation's approach to safeguarding adults and in maintaining and reviewing the organisation's implementation plan for safeguarding adults in line with current legislation and best practice.
- Coordinate the dissemination of the safeguarding adult policy, procedures and resources throughout the organisation.
- Contribute to ensuring other policies and procedures are consistent with the organisation's commitment to safeguarding adults.
- Advise on the organisation's training needs and the development of its training strategy.
- Receive reports of and manage cases of poor practice and abuse reported to the organisation – including an appropriate recording system.
- Support the chair to co-ordinate the case management process.
- Manage liaison with, and referrals to, external agencies for example adult social-care services and the police.
- Create a central point of contact for internal and external individuals and agencies concerned about the safety of adults within the organisation.
- Represent the organisation at external meetings related to safeguarding.
- The incumbent Safeguarding Officer:

Kate Husband NE VCW

Kate.husband@fightingwithpride.org.uk

Appendix 2 – Adult Safeguarding Trustee Responsibilities

Protecting people and safeguarding responsibilities should be a governance priority for all charities. It is a fundamental part of operating as a charity for the public benefit.

As part of fulfilling your trustee duties, whether working online or in person, you must take reasonable steps to protect from harm people who come into contact with your charity.

This includes:

- people who benefit from your charity's work
- staff
- volunteers
- other people who come into contact with your charity through its work

The Charity Commission will hold trustees to account if things go wrong and will check that trustees followed this guidance and the law. Trustees are expected to take responsibility for putting things right.

The Commission will refer concerns to relevant safeguarding agencies where needed to take further action as it is not a nominated body with the power to implement safeguarding legislation.

Trustees should promote an open and positive culture and ensure all involved feel able to report concerns, confident that they will be heard and responded to.

We expect all trustees to make sure their charity:

- has appropriate policies and procedures in place, which are followed by all trustees, volunteers and beneficiaries
- checks that people are suitable to act in their roles
- knows how to spot and handle concerns in a full and open manner
- has a clear system of referring or reporting to relevant agencies as soon as concerns are suspected or identified
- sets out risks and how they will be managed in a risk register which is regularly reviewed
- follows statutory guidance, good practice guidance and legislation relevant to their charity: this guidance links to the main sources of information
- is quick to respond to concerns and carry out appropriate investigations
- does not ignore harm or downplays failures
- has a balanced trustee board and does not let one trustee dominate its work – trustees should work together
- makes sure protecting people from harm is central to its culture
- has enough resources, including trained staff/volunteers/trustees for safeguarding and protecting people
- conducts periodic reviews of safeguarding policies, procedures and practice

Safeguarding and protecting people for charities and trustees - GOV.UK (www.gov.uk)

Appendix 2 - Case Management Group

A Case Management Group will be formed if it becomes necessary to do so. It will comprise of a select number of individuals with identified and relevant skills, knowledge experience and/or status within the organisation and include at least one member with safeguarding adult expertise. The group's role and decision- making powers need to be embedded within the organisation's governance structure and be linked to related organisational functions such as codes of conduct, and the disciplinary policy and procedures.

The senior management team and FWP Board should receive regular reports from the Case Management Group summarising the cases that have been addressed and their outcomes, as well as any issues that require action by FWP e.g. changes to policy or procedures.

Case Management Groups should have clear terms of reference. They may be 'standing committees' who meet regularly or can be brought together as the need arises.

Case Management Group roles include:

- to ratify any actions already taken by Safeguarding Lead Officer.
- to initially assess and agree immediate response to a safeguarding case (does there appear to be a case to answer?).
- to identify appropriate 'route' for case (e.g. internal/ disciplinary action alone or referral to statutory agencies plus internal/ disciplinary action).
- to decide the level (from local to national) at which the organisation will deal with the concern.
- to consider the need for temporary/ interim suspension order (some organisations' Case Management Group issue suspensions directly, while others can only make recommendations to their disciplinary group).
- to review progress of case(s).
- to identify/ communicate learning from cases. Case Management Groups' membership should include:
 - A designated Chair
 - A secretary (often the designated Safeguarding Lead).
 - Managers from relevant parts of the organisation where appropriate e.g. Human Resources, Member- ship, Legal.
 - Co-opted independent safeguarding expertise (e.g. from another Sport or relevant profession such as the Police or Social services).

Appendix 3 – Types of Abuse

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert staff to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive and people may be subject to a number of abuse types at the same time.

A. Physical abuse

Types of physical abuse

- Assault, hitting, slapping, punching, kicking, hair-pulling, biting, pushing
- Rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Making someone purposefully uncomfortable (e.g. opening a window and removing blankets)
- Involuntary isolation or confinement
- Misuse of medication (e.g. over-sedation)
- Forcible feeding or withholding food
- Unauthorised restraint, restricting movement (e.g. tying someone to a chair)

Possible indicators of physical abuse

- No explanation for injuries or inconsistency with the account of what happened
- Injuries are inconsistent with the person's lifestyle
- Bruising, cuts, welts, burns and/or marks on the body or loss of hair in clumps
- Frequent injuries
- Unexplained falls
- Subdued or changed behaviour in the presence of a particular person
- Signs of malnutrition
- Failure to seek medical treatment or frequent changes of GP

B. Domestic violence or abuse

Types of domestic violence or abuse

Domestic violence or abuse can be characterised by any of the indicators of abuse outlined in this briefing relating to:

- psychological
- physical
- sexual
- financial
- emotional.

Domestic violence and abuse includes any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been, intimate partners or family members regardless of gender or sexuality. It also includes so called 'honour'-based violence, female genital mutilation and forced marriage.

Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include:

- acts of assault, threats, humiliation and intimidation
- harming, punishing, or frightening the person
- isolating the person from sources of support
- exploitation of resources or money
- preventing the person from escaping abuse
- regulating everyday behaviour

Possible indicators of domestic violence or abuse

- Low self-esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home or property
- Isolation – not seeing friends and family
- Limited access to money

C. Sexual abuse

Types of sexual abuse

- Rape, attempted rape or sexual assault
- Inappropriate touch anywhere
- Non-consensual masturbation of either or both persons
- Non-consensual sexual penetration or attempted penetration of the vagina, anus or mouth
- Any sexual activity that the person lacks the capacity to consent to
- Inappropriate looking, sexual teasing or innuendo or sexual harassment
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Indecent exposure

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Torn, stained or bloody underclothing
- Bleeding, pain or itching in the genital area
- Unusual difficulty in walking or sitting
- Foreign bodies in genital or rectal openings
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Pregnancy in a woman who is unable to consent to sexual intercourse
- The uncharacteristic use of explicit sexual language or significant changes in sexual behaviour or attitude
- Incontinence not related to any medical diagnosis
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Excessive fear/apprehension of, or withdrawal from, relationships
- Fear of receiving help with personal care
- Reluctance to be alone with a particular person

D. Psychological or emotional abuse

Types of psychological or emotional abuse

- Enforced social isolation – preventing someone accessing services, educational and social opportunities and seeing friends
- Removing mobility or communication aids or intentionally leaving someone unattended when they need assistance
- Preventing someone from meeting their religious and cultural needs
- Preventing the expression of choice and opinion
- Failure to respect privacy
- Preventing stimulation, meaningful occupation or activities
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Addressing a person in a patronising or infantilising way
- Threats of harm or abandonment
- Cyber bullying

Possible indicators of psychological or emotional abuse

- An air of silence when a particular person is present
- Withdrawal or change in the psychological state of the person
- Insomnia
- Low self-esteem
- Uncooperative and aggressive behaviour
- A change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger
- Apparent false claims, by someone involved with the person, to attract unnecessary treatment

E. Financial or material abuse

Types of financial or material abuse

- Theft of money or possessions
- Fraud, scamming
- Preventing a person from accessing their own money, benefits or assets
- Employee's/volunteer's taking a loan from a person using the service
- Undue pressure, duress, threat or undue influence put on the person in connection with loans, wills, property, inheritance or financial transactions
- Arranging less care than is needed to save money to maximise inheritance
- Denying assistance to manage/monitor financial affairs
- Denying assistance to access benefits
- Misuse of personal allowance in a care home
- Misuse of benefits or direct payments in a family home
- Someone moving into a person's home and living rent free without agreement or under duress
- False representation, using another person's bank account, cards or documents
- Exploitation of a person's money or assets, e.g. unauthorised use of a car
- Misuse of a power of attorney, deputy, appointeeship or other legal authority
- Rogue trading – eg. unnecessary or overpriced property repairs and failure to carry out agreed repairs or poor workmanship

Possible indicators of financial or material abuse

- Missing personal possessions
- Unexplained lack of money or inability to maintain lifestyle
- Unexplained withdrawal of funds from accounts
- Power of attorney or lasting power of attorney (LPA) being obtained after the person has ceased to have mental capacity
- Failure to register an LPA after the person has ceased to have mental capacity to manage their finances, so that it appears that they are continuing to do so
- The person allocated to manage financial affairs is evasive or uncooperative
- The family or others show unusual interest in the assets of the person
- Signs of financial hardship in cases where the person's financial affairs are being managed by a court appointed deputy, attorney or LPA
- Recent changes in deeds or title to property
- Rent arrears and eviction notices
- A lack of clear financial accounts held by a care home or service
- Failure to provide receipts for shopping or other financial transactions carried out on behalf of the person
- Disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house
- Unnecessary property repairs

F. Modern slavery

Types of modern slavery

- Human trafficking
- Forced labour
- Domestic servitude
- Sexual exploitation, such as escort work, prostitution and pornography
- Debt bondage – being forced to work to pay off debts that realistically they never will be able to

Possible indicators of modern slavery

- Signs of physical or emotional abuse
- Appearing to be malnourished, unkempt or withdrawn
- Isolation from the community, seeming under the control or influence of others
- Living in dirty, cramped or overcrowded accommodation and or living and working at the same address
- Lack of personal effects or identification documents
- Always wearing the same clothes
- Avoidance of eye contact, appearing frightened or hesitant to talk to strangers
- Fear of law enforcers

G. Discriminatory abuse

Types of discriminatory abuse

- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as '**protected characteristics**' under the **Equality Act 2010**)

- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic
- Denying basic rights to healthcare, education, employment and criminal justice relating to a protected characteristic
- Substandard service provision relating to a protected characteristic

Possible indicators of discriminatory abuse

- The person appears withdrawn and isolated
- Expressions of anger, frustration, fear or anxiety
- The support on offer does not take account of the person's individual needs in terms of a protected characteristic

H. Organisational or institutional abuse

Types of organisational or institutional abuse

- Discouraging visits or the involvement of relatives or friends
- Run-down or overcrowded establishment
- Authoritarian management or rigid regimes
- Lack of leadership and supervision
- Insufficient staff or high turnover resulting in poor quality care
- Abusive and disrespectful attitudes towards people using the service
- Inappropriate use of restraints
- Lack of respect for dignity and privacy
- Failure to manage residents with abusive behaviour
- Not providing adequate food and drink, or assistance with eating
- Not offering choice or promoting independence
- Misuse of medication
- Failure to provide care with dentures, spectacles or hearing aids
- Not taking account of individuals' cultural, religious or ethnic needs
- Failure to respond to abuse appropriately
- Interference with personal correspondence or communication
- Failure to respond to complaints

Possible indicators of organisational or institutional abuse

- Lack of flexibility and choice for people using the service
- Inadequate staffing levels
- People being hungry or dehydrated
- Poor standards of care
- Lack of personal clothing and possessions and communal use of personal items
- Lack of adequate procedures
- Poor record-keeping and missing documents
- Absence of visitors
- Few social, recreational and educational activities
- Public discussion of personal matters
- Unnecessary exposure during bathing or using the toilet
- Absence of individual care plans
- Lack of management overview and support

I. Neglect and acts of omission

Types of neglect and acts of omission

- Failure to provide or allow access to food, shelter, clothing, heating, stimulation and activity, personal or medical care
- Providing care in a way that the person dislikes
- Failure to administer medication as prescribed
- Refusal of access to visitors
- Not taking account of individuals' cultural, religious or ethnic needs
- Not taking account of educational, social and recreational needs
- Ignoring or isolating the person
- Preventing the person from making their own decisions
- Preventing access to glasses, hearing aids, dentures, etc.
- Failure to ensure privacy and dignity

Possible indicators of neglect and acts of omission

- Poor environment – dirty or unhygienic
- Poor physical condition and/or personal hygiene
- Pressure sores or ulcers
- Malnutrition or unexplained weight loss
- Untreated injuries and medical problems
- Inconsistent or reluctant contact with medical and social care organisations
- Accumulation of untaken medication
- Uncharacteristic failure to engage in social interaction
- Inappropriate or inadequate clothing

J. Self-neglect

Types of self-neglect

- Lack of self-care to an extent that it threatens personal health and safety
- Neglecting to care for one's personal hygiene, health or surroundings
- Inability to avoid self-harm
- Failure to seek help or access services to meet health and social care needs
- Inability or unwillingness to manage one's personal affairs

Indicators of self-neglect

- Very poor personal hygiene
- Unkempt appearance
- Lack of essential food, clothing or shelter
- Malnutrition and/or dehydration
- Living in squalid or unsanitary conditions
- Neglecting household maintenance
- Hoarding
- Collecting a large number of animals in inappropriate conditions

- Non-compliance with health or care services
- Inability or unwillingness to take medication or treat illness or injury

Appendix 4 – Adults at Risk: Home Nations Definitions

<p>England (Care Act 2014)</p> <p>An adult at risk is an individual aged 18 years and over who:</p> <ul style="list-style-type: none"> (a) has needs for care and support (whether or not the local authority is meeting any of those needs) AND; (b) is experiencing, or at risk of, abuse or neglect, AND; (c) as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. 	<p>Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)</p> <p>An adult at risk of harm is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect <u>may</u> be increased by their a) personal characteristics and/or b) life circumstances.</p> <ul style="list-style-type: none"> a) Personal characteristics may include, but are not limited to age, disability, special educational needs, illness, mental or physical frailty or impairment of, or disturbance in, the functioning of the mind or brain. b) Life circumstances may include, but are not limited to, isolation, socio-economic factors and environmental living conditions.
<p>Scotland (Adult Support and Protection Act 2007)</p> <p>An adult at risk is an individual aged 16 years and over who:</p> <ul style="list-style-type: none"> a) is unable to safeguard their own well-being, property, rights or other interests, b) is at risk of harm, and c) because they are affected by disability, mental disorder, illness or physical or mental infirmity, is more vulnerable to being harmed than adults who are not so affected. 	<p>An adult in need of protection is a person aged 18 or over, whose exposure to harm through abuse, exploitation or neglect <u>may</u> be increased by their: Personal characteristics AND/OR Life circumstances AND;</p> <ul style="list-style-type: none"> c) who is unable to protect their own well-being, property, assets, rights or other interests; AND d) where the action or inaction of another person or persons is causing, or is likely to cause, him/her to be harmed.
<p>Wales (Social Services and Well Being Act 2014)</p> <p>An adult at risk is an individual aged 18 years and over who:</p> <ul style="list-style-type: none"> a) is experiencing or is at risk of abuse or neglect, AND; b) has needs for care and support (whether or not the authority is meeting any of those needs) AND; c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. 	<p>In order to meet the definition of an 'adult in need of protection' either (a) or (b) must be present, in addition to both elements (c), and (d)</p>

Appendix 5 – Care and Wellbeing Acts: Home Nations Definitions

Wales (Social Services and Well Being Act 2014)

The Act's principles are:

- **Responsibility** - Safeguarding is everyone's responsibility.
- **Well-being** - Any actions taken must safeguard the person's well-being.
- **Person-centred approach** - Understand what outcomes the adult wishes to achieve and what matters to them.
- **Voice and control** - Expect people to know what is best for them and support them to be involved in decision making about their lives.
- **Language** - Make an active offer of use of the Welsh language and use professional interpreters where other languages are needed.
- **Prevention** - It is better to take action before harm occurs.

Scotland (Adult Support and Protection Act 2007)

The Act's principles are:

The overarching principle underlying Part 1 of the Act is that any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available which will meet the purpose of the intervention.

This is supported by a set of guiding principles which, together with the overarching principle, must be taken account of when performing functions under Part 1 of the Act. These are:

- The wishes and feelings of the adult at risk (past and present);
- The views of other significant individuals, such as the adult's nearest relative; their primary carer, guardian, or attorney; or any other person with an interest in the adult's well-being or property;
- The importance of the adult taking an active part in the performance of the function under the Act;
- Providing the adult with the relevant information and support to enable them to participate as fully as possible;
- The importance of ensuring that the adult is not treated less favourably than another adult in a comparable situation; and
- The adult's abilities, background and characteristics (including their age, sex, sexual orientation, gender, religious persuasion, racial origin, ethnic group and cultural and linguistic heritage).

Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)

The Act's principles are:

- **A Rights-Based Approach** – To promote and respect an adult's right to be safe and secure; to freedom from harm and coercion; to equality of treatment; to the protection of the law; to privacy; to confidentiality; and freedom from discrimination.
- **An Empowering Approach** – To empower adults to make informed choices about their lives, to maximise their opportunities to participate in wider society, to keep themselves safe and free from harm and enabled to manage their own decisions in respect of exposure to risk.
- **A Person-Centred Approach** – To promote and facilitate full participation of adults in all decisions affecting their lives taking full account of their views, wishes and feelings and, where appropriate, the views of others who have an interest in safety and well-being.
- **A Consent-Driven Approach** – To make a presumption that the adult has the ability to give or withhold consent; to make informed choices; to help inform choice through the provision of information, and the identification of options and alternatives; to have particular regard to the needs of individuals who require support with communication, advocacy or who lack the capacity to consent; and intervening in the life of an adult against his or her wishes only in particular circumstances, for very specific purposes and always in accordance with the law.

A Collaborative Approach – To acknowledge that adult safeguarding will be most effective when it has the full support of the wider public and of safeguarding partners across the statutory, voluntary, community, independent and faith sectors working together and is delivered in a way where roles, responsibilities and lines of accountability are clearly defined and understood. Working in partnership and a person-centred approach will work hand-in-hand.

England (Care Act 2014)

The Act's principles are:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

Appendix 6 - The Safeguarding Adults Legislation in each Home Country Category Definition

Each Home country defines categories of adult abuse and harm as follows:

England (Care Act 2014)	Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership 2015)
Physical Sexual Emotional/Psychological/Mental Neglect and acts of Omission Financial or material abuse Discriminatory Organisational / Institutional Self-neglect Domestic Abuse (including coercive control) Modern slavery	Physical Sexual violence Psychological / emotional Financial Institutional Neglect Exploitation Domestic violence Human trafficking Hate crime
Scotland (Adult Support and Protection Act 2007)	Wales (Social Services and Well Being Act 2014)
Physical Psychological Financial Sexual Neglect	Physical Sexual Psychological Neglect Financial

Appendix 7 – SAFEGUARDING ADULTS PROCEDURAL FRAMEWORK

The Stages of a Safeguarding Adult Enquiry

A Safeguarding Adults Alert is raised to the Safeguarding Officer to tell us that harm is suspected or is happening. **If there is immediate danger or a crime in progress CALL 999**



The Safeguarding Alert form is completed and sent to the Safeguarding Officer who will then form a Case Management Group

Information is gathered and the person is asked about what they want to happen.
Immediate measures are put in place to keep the person(s) safe.

Within 24 hours: A Safeguarding Decision is made by The Case Management Group
This will decide whether the alert needs to be considered as a Safeguarding Issue and will raise the alert following the relevant reporting action commensurate with the procedure in the area of the UK in which the adult lives.



The Safeguarding Officer and/or the local VCW will continue to monitor and liaise with the local authority Safeguarding Team or relevant body and the team member raising the alert.



6 weeks after the Safeguarding Issue has been raised to the local authority or body concerned a Case Management Group Review Meeting will be held.

At this meeting the issue and process is discussed and reviewed regarding:

- a. The actions agreed been taken
- b. Have they reduced the risks
- c. The person now feels safe
- d. If there is anything else that FWP needs to do to protect the person(s)
- e. Ongoing work with the individual and their VCW. Feedback and advice
- f. Closure of Safeguarding Alert

N.B. Further review meetings may need to be held if the safeguarding issue is still open

Appendix 8 – SAFEGUARDING ADULTS STATUTORY NOTIFICATION BODIES (England & Wales)

Government departments that oversee safeguarding policy and law

England

The Department for Education is responsible for government policy and legislation on child safeguarding and protection.

Read statutory guidance on [interagency working to safeguard and promote the welfare of children](#).

Read statutory guidance for [schools and colleges on safeguarding children and safer recruitment](#).

The Department of Health and Social Care is responsible for government policy and legislation on safeguarding adults at risk.

Read [Care and Support Statutory Guidance](#) for adults.

Wales

The Welsh Government is responsible for policy and law on safeguarding children and adults at risk in Wales.

[All Wales Child Protection Procedures 2008](#)

[Keeping Learners Safe 2015](#)

[Codes of practice and statutory guidance under section 145 of the Social Services and Well-being \(Wales\) Act 2014](#)

Regulators

There are a number of regulators that you may need to engage with or report to.

Disclosure and Barring Service (DBS)

The [Disclosure and Barring Service](#) provides information on criminal records and barring decisions. It helps employers make safer recruitment decisions and prevent unsuitable people from working with adults at risk and children. Its website provides information on how and when to check a person's criminal record. This also provides information on where a charity has a statutory duty to refer an individual to the DBS.

Local authority social services

Local Authority Social Services have a statutory duty to safeguard and promote the welfare of children and adults at risk. Local Authorities have a designated officer (designated senior manager in Wales) responsible for the management of allegations against people who work with children.

Care Quality Commission

The [Care Quality Commission](#) monitors, inspects and regulates health and social care services provided by hospitals, care homes, doctors and dentists in England.

Office for Standards in Education, Children's Services and Skills (OFSTED)

[OFSTED](#) inspects and regulates services that care for children and young people and services providing education and skills for learners of all ages.

Office of the Public Guardian

[Office of the Public Guardian](#) which protects people in England and Wales who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance.

Police

The Police investigate allegations of criminal abuse against children and adults. Under the Children Act 1989, the police, working with other agencies (such as the Local Authority children's social care services, health and education services), are responsible for making enquiries to safeguard the welfare of any child within their area who is suffering (or likely to suffer) significant harm. The police also have a duty to refer to the Local Authority those children 'in need' whom they come into contact with in the course of their work.

Local Safeguarding Children / Adult boards

Local Safeguarding Children/ Adults Boards are multi-agency bodies set up in every local authority. They lead and co-ordinate the effectiveness of the safeguarding work of their members and partner agencies to protect children and adults at risk. In England these are set up under the Children Act 2004 and the Care Act 2014; and in Wales under the Social Services and Well-being (Wales) Act 2014.

The Care Inspectorate Wales

The [Care Inspectorate Wales](#) regulates and inspects social care and childcare in Wales.

Healthcare Inspectorate Wales

[Healthcare Inspectorate Wales](#) regulates and inspects health care in Wales.

National Crime Agency interest in overseas matters

In cases where a person has committed or potentially committed a child sexual abuse/exploitation offence overseas, involving a British national or a person with a claim to UK residency, the UK authorities may have an interest even though it is overseas.

The NCA advice is that reporting to the NCA should normally follow on from the matter being reported locally in the country where the offence allegedly took place.

Find out more on reporting to the [National Crime Agency](#)

Appendix 8 – Sources of Information and Support

Action on Elder Abuse

A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research and collecting and disseminating information.

Tel: 020 8765 7000

Email:

enquiries@elderabuse.org.uk

www.elderabuse.org.uk

Ann Craft Trust (ACT)

A national organisation providing information and advice about adult safeguarding. ACT have a specialist Safeguarding Adults in Sport and Activity team to support the sector

Tel: 0115 951 5400

Email: Ann-Craft-Trust@nottingham.ac.uk

www.anncrafttrust.org

Men's Advice Line

For male domestic abuse survivors

Tel: 0808 801 0327

National LGBT+ Domestic Abuse Helpline

Tel: 0800 999 5428

National 24Hour Freephone Domestic Abuse Helplines

England	Northern Ireland
Tel: 0808 2000 247 www.nationaldahelpline.org.uk/Contact-us	Tel: 0808 802 1414 www.dsahelpline.org Twitter: www.twitter.com/dsahelpline Facebook: www.facebook.com/dsahelpline
Scotland	Wales
Tel: 0800 027 1234 Email: helpline@sdafmh.org.uk Web chat: sdafmh.org.uk	Llinell Gymorth Byw HebOfn/ Live free from fear helpline Tel: 0808 8010 800 Type Talk: 18001 0808 801 0800 Text: 078600 77 333

Rape Crisis Federation of England and Wales

Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.

Email: info@rapecrisis.co.uk

www.rapecrisis.co.uk

Respond

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

Tel: 020 7383 0700 or

0808 808 0700 (Helpline)

Email:

services@respond.org.uk

www.respond.org.uk

Stop Hate Crime

Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential and accessible reporting and support for victims, witnesses and third parties.

24 hours service:

Telephone: 0800 138 1625

Web Chat: [www.stophateuk.org/talk-to-](http://www.stophateuk.org/talk-to-us/)

[us/](http://www.stophateuk.org/talk-to-us/) E mail: talk@stophateuk.org

Text: 07717 989 025

Text relay: 18001 0800 138 1625

By post: PO Box 851, Leeds LS1 9QS

Susy Lamplugh Trust

The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal and psychological.

Tel: 020 83921839

Fax: 020 8392 1830

Email: info@suzylamplugh.org

www.suzylamplugh.org

Victim Support

Provides practical advice and help, emotional support and reassurance to those who have suffered the effects of a crime.

Tel: 0808 168 9111

www.victimsupport.com

Women's Aid Federation of England and Wales

Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.

www.womensaid.org.uk/information-support

National Helplines for the Armed Forces Community:

[Op Courage](#) (NHS veteran mental health line)

24 hours call: 0300 323 0137

[Samaritans](#) (Military & Armed Forces community support available)

24 hours call: 116 123

Or download the [Samaritans Veteran App](#) to your mobile device

[Combat Stress](#)

24 hours Support (for veterans and their loved ones.)

Call: 0800 138 1619

Text Helpline on [07537 173 683](tel:07537173683)

Email helpline@combatstress.org.uk

[Veterans Gateway](#)

24 hours call: 0808 802 1212

Or download the [Veteran Gateway App](#) to your mobile device

Other Support:

[Galop LGBT+ Domestic Abuse](#) (LGBT+ Anti-Abuse)

Monday Tuesday: 10:00- 17:00

Wednesday / Thursday 10:00 – 20:00 Call: 0800 999 5428

[Switchboard LGBT+](#) (LGBT+ Helpline)

10:00 – 22:00 call: 0300 330 0630

[Refuge Domestic Abuse](#)

24 hours call: 0808 2000 247

[Frank – Confidential Drug Advice](#)

24 hours call: 0300 123 6600

[Alcoholics Anonymous](#)

0800 917 7650

Date of approval by Board of Trustees: 29/04/25

Next review date: 28/04/26