No Secrets
in Swindon and Wiltshire
What all staff need to know about reporting suspected abuse of vulnerable adults
‘The Policy and Procedures for Safeguarding Vulnerable Adults from Abuse in Swindon and Wiltshire’ applies to all residents of Swindon and Wiltshire, including people who are funding their own care services and people living in Swindon and Wiltshire who are funded by local authorities and health authorities outside the area.
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Definitions

Who is a vulnerable adult?
In brief the definition of a Vulnerable Adult is a person aged 18 years or over who:

• may be in need of community care services by reason of mental or other disability, age or illness
• is or may be unable to take care of himself or herself, or unable to protect himself or herself against significant harm or exploitation.

Abuse may include one or more of the following:

• Discriminatory abuse – including that based on a person’s ethnic origin, religion, language, age, sexuality, gender, disability, and other forms of harassment, slurs or similar treatment.
• Sexual abuse – including rape and sexual assault, contact or non-contact sexual acts to which the vulnerable adult has not consented, or could not consent or was pressurised into consenting.
• Psychological abuse – including emotional abuse, threats of harm or abandonment, deprivation of contact or communication, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
• Financial or material abuse – including theft, fraud, exploitation and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation or property, possessions or benefits.
• Neglect or acts of omission – including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating.
• Physical abuse – including hitting, slapping, pushing, kicking, misuse of medication, inappropriate restraint or inappropriate sanctions.
• Institutional abuse – indicated by repeated instances of unsatisfactory professional practice, pervasive ill treatment or gross misconduct indicating an abusive climate.
Why you and your agency must report vulnerable adult abuse

All agencies which provide a service to vulnerable adults in Swindon and Wiltshire have a duty to report any allegations or suspicions that a vulnerable adult is being abused in accordance with the policy and procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire. This places an individual responsibility on all members of staff to report abuse as well as an organisational responsibility on your agency to ensure that all staff receive support and training in safeguarding adults’ issues.

All agencies or members of staff must:

- actively work together within the agreed inter-agency framework based on the guidance contained in ‘No Secrets’ (2000 Department of Health, Home Office)
- ensure that all staff are familiar with and actively work together within the agreed procedures, guidance and protocols underpinning this framework, to investigate abuse and manage protection
- actively promote the empowerment and well-being of vulnerable adults through the services they provide
- actively support the rights of the individual to lead an independent life based on self-determination and personal choice
- ensure the law is followed when assessing an individual’s capacity to make particular decisions
- Ensure that decisions made on their behalf are in their best interests if they are assessed as lacking capacity to do this for themselves
- ensure that when the right to an independent lifestyle and choice is at risk, the individual concerned receives appropriate advocacy including advice, protection and support from relevant agencies and is aware of their rights within the law
- ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process
- identify others who may be at risk of harm including children and effect immediate referral to the appropriate authority
• make a referral, using the local safeguarding children’s procedures, if there are concerns about the risk of harm to a child
• recognise the ongoing duty of care to service users who perpetrate abuse and facilitate any necessary action to address abusive behaviour
• actively promote an organisational culture within which all those who express concern will be treated seriously and will receive a positive response from management
• ensure rigorous recruitment practices deter those who actively seek vulnerable people to exploit or abuse
• ensure that confidentiality and information sharing related to the protection of vulnerable adults and perpetrators of abuse in a multi-agency context are maintained through the agreed protocols
• ensure that all staff responsible for managing and conducting investigations within these procedures receives the appropriate training and support.

Recognition of adult abuse

Who may be the abuser?
Perpetrators of abuse are not confined to any section of society and may be people who hold a position of trust, power or authority in relation to a vulnerable adult. A person who abuses may be:
• a member of staff, proprietor or service manager
• a member of a recognised professional group
• a volunteer or member of a community group such as a place of worship or social club
• a service user or another vulnerable adult
• a partner, spouse, relative or member of the person’s social network
• a carer, that is someone who is eligible for an assessment under the Carers and Disabled Children Act 2000/Carers (Equal Opportunities) Act 2004
• a neighbour, member of the public or stranger
• a person who deliberately targets vulnerable adults.

As well as their responsibility to the person who has been abused, agencies may have a responsibility in relation to the perpetrators of abuse. Their powers and duties will vary depending upon the role of the perpetrator in relation to the agency.
Where may abuse occur?
Abuse can take place in any situation:
• where the person lives, either alone or with someone else
• within care homes, care homes with nursing or day support setting
• in hospital
• in custodial situations
• where support services are being provided
• in public places.

Patterns of abuse/abusing
Patterns of abuse vary and reflect very different dynamics. These include:
• serial abusing in which the perpetrator seeks out and ‘grooms’
  vulnerable adults over a period of time; sexual abuse usually falls into
  this pattern, as do some forms of financial abuse
• long-term abuse in the context of an ongoing family relationship such
  domestic violence between partners, spouses or generations of family
  members
• situational abuse which arises because pressures have built up and/or
  because of difficult or challenging behaviour
• neglect of a person’s needs because those around him or her are
  not able to be responsible for their care, for example the carer has
  difficulties attributable to debt, alcohol, mental health problems or
  learning disabilities
• institutional abuse such as poor care standards, lack of positive
  responses to needs, rigid routines, inadequate staffing and an
  inadequate knowledge base within the service
• failure of hospitals and care homes to follow the law in particular,
  restrictive care planning with people who lack capacity to consent
  to these arrangements which may be in their best interests, but may
  deprive them of their liberty and require further action, for example
  ‘Deprivation of Liberty Safeguards’
• hospitals, care homes, supported living and placement failure to follow
  the law to seek authorisation, where restrictive care planning, which
  maybe in the persons best interests amounts to a ‘Deprivation of
  Liberty’ (ref Mental Capacity Act 2005)
• unacceptable ‘treatments’ or programmes which include sanctions or punishments such as withholding food and drink, seclusion, unnecessary and unauthorised use of control and restraint, or over medication
• prevention or failure to allow access to healthcare, dentistry and prostheses
• misappropriation of benefits and/or use of a person’s money by other members of the household
• fraud or intimidation in connection with wills, property or other assets
• failure of agencies to address racist and discriminatory attitudes, behaviour and practice
• violence.

More indicators of possible abuse

Indicators of discriminatory abuse include:
• a lack of respect shown to an individual
• a failure to respect dietary needs
• a failure to respect cultural and religious needs
• signs of a substandard service offered to an individual
• exclusion from rights and services afforded to citizens for example health, education, employment, access to the criminal justice system and civic status.

Indicators of physical abuse include:
• injuries inconsistent with the lifestyle of the vulnerable adult
• bruises and/or welts on the face, lips, mouth, torso, arms, back, buttocks and thighs
• clusters of injuries forming regular patterns or reflecting the shape of the article used to inflict the injury
• burns, especially on the soles of the feet, palms of the hands, on the back, signs of immersion in hot water, friction burns, rope or electrical appliance burns
• multiple fractures
• lacerations or abrasions to the mouth, lips, gums, eyes and external genitalia
• marks on the body including slap marks and finger marks
• injuries at different stages of healing
• medication misuse
• inappropriate restraint.

**Indicators of sexual abuse include:**
• significant changes in sexual behaviour, language or outlook
• pregnancy in a woman who is unable (legally or mentally) to consent to sexual intercourse
• wetting or soiling
• unexplained responses to personal or medical care tasks
• signs of withdrawal, depression and stress
• full or partial disclosure or hints of sexual abuse
• overly sexualised language
• unusual difficulty in walking and sitting
• pain or itching, bruises or bleeding in the genital area
• sexually transmitted disease, urinary tract or vaginal infections
• psychosomatic disorders – stomach pains or excessive period pains.

**Indicators of psychological abuse include:**
• changes in appetite
• low self esteem, deference, passivity and resignation
• unexplained fear, defensiveness and ambivalence
• emotional withdrawal
• sudden changes in behaviour
• the person managing care uses bullying, intimidation or threats to induce desired behaviour
• the person managing care has a punitive approach to bodily functions or incontinence.

**Indicators of financial abuse include:**
• unexplained sudden inability to pay bills or maintain their previous lifestyle
• a lack by the person of belongings or services they can clearly afford
• recent acquaintances expressing sudden or disproportionate affection for a person with money or property
• a lack of records and accounting for where money was spent
• unusual or inappropriate bank account activity
• power of attorney or enduring power of attorney obtained when the person is unable to comprehend and give consent
• withholding money
• recent changes of deeds or title of property
• unusual interest being shown by family or others in the person’s assets
• the person managing the financial affairs of the vulnerable adult being evasive or unco-operative
• the selling or offering to sell possessions of a vulnerable adult who does not have the capacity to consent or know the full value of those possessions.

**Indicators of neglect include:**
• inadequate heating and/or lighting
• inappropriate, old or shabby clothing, or being kept in nightclothes during the day
• sensory deprivation – not being allowed to have a hearing aid, glasses or other aids to daily living
• poor physical condition like bedsores and unwashed ulcers
• clothing in poor condition, for example unclean, wet and ragged
• inadequate physical environment
• inadequate diet
• untreated injuries or medical problems
• inconsistent or reluctant contact with health or social care agencies
• failure to engage in social interaction
• malnutrition when not living alone
• failure to give or offer prescribed medication
• poor personal hygiene

**Indicators of institutional abuse include:**
• inappropriate or poor care
• misuse of medication
• inappropriate restraint
• sensory deprivation, for example denial of the use of spectacles and hearing aids
• lack of recording on client files
• lack of respect shown to the person
• denial of visitors or phone calls
• restricted access to toilet or bathing facilities
• restricted access to appropriate medical or social care
• failure to ensure appropriate privacy or personal dignity
• lack of flexibility and choice including restricted mealtimes and specified bedtimes and a restriction on the choice of food
• lack of personal clothing and possessions
• a lack of privacy
• a lack of adequate procedures for things like medication and financial management
• controlling relationships between staff and service users
• poor professional practice
• a lack of response to complaints.

Alerting/making an alert/reporting abuse

Alerting
Any person from any agency working with vulnerable adults must be aware of the potential for abuse. Any worker who has a suspicion or a concern that abuse may have taken place, or might take place if no preventative measures are taken, is an ‘alerted person’. It is essential that any allegation of abuse is taken seriously, however insignificant it may seem at the time.

Making an alert
The alerted person must contact either Swindon Adult Social Care or the Wiltshire Council Customer Advisors or the appropriate Community Mental Health Team or Vulnerable Persons’ Unit (Wiltshire Police), or, if out of hours or at weekends, the Emergency Duty Service (Swindon), Emergency Duty Service (Wiltshire), or police out-of-hours service. The alerted person should give all the information they can about their suspicions or any disclosure made to them. Whilst in general most people would wish to discuss this with their senior before ‘alerting’, it is not necessary to do so to comply with this policy.
Reporting

• **When a person is in immediate danger or in need of medical attention the appropriate emergency services must be called.**

• Whenever possible, you must act in accordance with the wishes of the vulnerable adult. Circumstances when their wishes may be overridden, or when other considerations may apply, are examined in full under the section on ‘**Capacity, Consent and Best Interest**’ in the main manual ‘**Policy and Procedures for Safeguarding Vulnerable Adults from Abuse in Swindon and Wiltshire**’.

• In some situations, a safe place may be needed for the vulnerable adult before an investigation can begin, such as residential care or an alternative placement.

• If the person wishes action to follow as a result of alleged abuse, do not ask investigative questions. Offer support and reassurance that the matter has been reported and that someone will contact them.

• When abuse may have taken place, ensure that the person has the protection and support they need at all times.

• Record accurately and in detail what has been said to you using the vulnerable adult’s own words and what action you have taken.

• If there is any possibility that forensic evidence still exists, preserve it and do not clean it up.

• Information should only be shared on a ‘need to know’ basis. However, disclosures of abuse may be requested to be made ‘in confidence’ to a trusted member of staff. Care staff cannot agree to be bound by such a request.

• In recording what the person has said, facts must be clearly separated from opinion.

• The presence of witnesses to an incident must be recorded in detail.

• Information recorded by agencies must be available to the safeguarding adults’ investigation.

• When an allegation concerns a member of staff, who may also be a colleague, it is still the clear duty of those concerned to report the matter.

• If the alleged abuse takes place within a service regulated under the Care Standards Act (2000), it must also be reported to the Care Quality Commission.
Flow chart for potential alerters – who to contact in Swindon

Abuse discovered/suspected or a disclosure is made to you.

Is the vulnerable adult in immediate danger/need of medical attention?
   Has there been a crime committed e.g. rape/assault?
   Is there a need to protect forensic evidence?

Yes

Contact emergency services: police/ambulance

No

Does the allegation or suspicion involve:
   a care home?
   a domiciliary care agency?
   adult placement?

Yes

Inform the Care Quality Commission 03000 616161

Make a safeguarding adults’ referral.

During office hours:
   Monday – Friday, 9am – 5pm
   Adults with learning disabilities 01793 466724
   Older people or people with physical disabilities 0800 085 6666
   Mental Health Trust (under 65 yrs) 01793 715000
      (over 65 yrs) 01793 327800
   Police Safeguarding Adult Investigation Team 01380 826350

If the allegation involves someone in hospital – contact the relevant hospital social work team

Out-of-hours service including weekends and bank holidays:
   Emergency Duty Service 5pm – 9am 01793 436699
   police-out-of-hours non-emergency 101 or emergency 999

Not sure which team?
   Phone any of the services.
   They will assist you in ensuring that the referral gets to the right person.
Flow chart for potential alerters – who to contact in Wiltshire

Abuse discovered/suspected or a disclosure is made to you.

Is the vulnerable adult in immediate danger/need of medical attention?
Has there been a crime committed e.g. rape/assault?
Is there a need to protect forensic evidence?

Yes

Contact emergency services: police/ambulance

No

Does the allegation or suspicion involve:
A care home?
A domiciliary care agency?
Adult placement?

Yes

Inform the Care Quality Commission 03000 616161

No

Make a safeguarding adults’ referral.

During office hours:
Wiltshire Council customer advisors
Tel: 0300 456 0111  Text phone: 01225 712501
8.30am – 5.20pm Mon – Thursday. 8.30am – 4.20pm Friday

Avon and Wiltshire Partnership Mental Health NHS Trust
Primary Care Liaison Service (North Wiltshire): 01380 737840
Primary Care Liaison Service (South Wiltshire): 01722 820372

Police Safeguarding Adult Investigation Team 01380 826350
If the allegation involves someone in hospital – contact the relevant hospital social work team.

Out-of-hours service including weekends and bank holidays:
Emergency Duty Service
5pm – 9am
0845 6070888
police out-of-hours non-emergency 101 or emergency 999

Not sure which team?
Phone any of the services
They will assist you in ensuring that the referral gets to the right person.
Basic guidance for alerters
This is a checklist for maintaining good practice in responding, reporting and recording allegations of abuse.

Responding
• Ensure that you remain calm and do not show shock or disbelief.
• Listen carefully to what you are being told.
• Ensure a caring response is given.
• Reassure the person that you are treating the information seriously.
• Reassure the person that what has happened is not their fault.
• Ensure that any forensic evidence is preserved.
• Explain that you are required to share the information with a relevant manager and inspectors at the Care Quality Commission (if in a regulated service).
• Reassure the person that any further investigation will be conducted sensitively and with their full involvement whenever possible.
• Reassure the person that the service will take steps to support and when appropriate, protect them in the future.
• Do not stop someone who is freely recalling significant events.
• Make a written record of what the person has told you, taking into account the fact that this report might be required as part of any legal action or disciplinary procedure.
• Do not promise to keep the information secret or make promises you will be unable to keep.
• Do not contact the alleged ‘abuser’ or alleged ‘victim’ (depending on the source of the information).
• Do not be judgmental or ask questions like: “why didn’t you try to stop them?”
• Do not discuss the content of the disclosure with others outside of the investigation. However, other people may need to be informed that an allegation has been made in order to ensure the safety of the vulnerable adult.
• Do not ‘sit’ on the information over the weekend until you are next on duty. Report the information immediately.
• Do not interrogate the person for more details; factual investigation may take place later, so it is important to avoid unnecessary stress and repetition for the person concerned.
Reporting if you see, hear about or suspect abuse:

- Take urgent action as appropriate to protect the vulnerable adult from any immediate danger.
- Pass on the information to a relevant manager if appropriate.
- Act within the wishes of the vulnerable adult whenever possible.
- Avoid asking investigative questions, such as who, what, where, when, why?
- Avoid making comments about what has happened.
- Support and reassure the adult throughout.
- If the suspected abuse has taken place in a regulated service, report the allegation to Swindon Adult Social Care or Wiltshire Council’s community services team and the Care Quality Commission.

Recording basic facts

- Make sure that your writing is legible.
- Complete the adult protection referral form.
- Highlight if the alleged perpetrator is a service user.
- Forward the form to the relevant social services area/emergency duty service.
- Record on the service user’s file that an adult protection alert was raised.
- Record what was said to you in the person’s own words.
- Record if anyone else was there at the time of the disclosure.
- Record the date, time and setting in which the allegation was made or the event was witnessed.
- Separate any factual information from any opinions expressed.
- Remember to date, time and sign your report.
Preserving evidence

Whilst your first concern will be the immediate wellbeing of the victim, your efforts to preserve evidence may be vital to the investigation of the incident.

‘Whenever two surfaces come into contact there is an exchange of each, to the other.’ (Locards principle)

Clearly vital evidence can be transferred easily and any subsequent contact can destroy the evidence. Therefore, do not touch anything unless it is for the immediate wellbeing of the victim or the preservation of the evidence.

In any instance when the victim is seriously injured and is taken to hospital, inform the hospital staff that a sample of blood should be taken before any blood transfusion. This sample will assist the investigation of the incident in respect of DNA analysis. Clearly the decision to take this sample rests with the medical practitioner.

Do not allow the victim to come into contact with the alleged perpetrator or any person who has had contact with the alleged perpetrator, as contamination of evidence can occur which will destroy the evidence.

Do identify the scene(s) of the incident and remove all persons from the location, preventing any further entry until the police attend.

Strongly discourage the victim from washing, drinking, cleaning their teeth, or going to the toilet when any sexual offence is suspected, until they have been medically examined by a police surgeon.

Essential handling of potential evidence should be kept to an absolute minimum, with any such handling/movement being carefully carried out and recorded and a police officer notified.

Preserve anything used to warm or comfort the victim for example a blanket.

Make a written record of any injuries to the victim and alleged perpetrator.

You can comment on the condition and attitude of the people involved in the incident. Consider a sketch or photograph if that is easier.
Medical examinations
Medical examinations and investigative type questions as previously stated must be left to the police, the emergency services and those professionals involved in any investigation that might follow allegations of abuse.

Medical practitioners need to be aware of and to follow in full the sections entitled ‘Medical examinations and medical treatment’ in the ‘Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire’. This is because medical practitioners may be asked to undertake medical examinations or assessments or report on medical records when cases of alleged abuse occur.

The next section is to let staff know what happens once a report of alleged abuse has been made?
If you report abuse, whether it is by phone, letter, adult protection referral form or in person, then the process as set out under the Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire takes over.

The primary responsibility for co-ordinating an investigation into the abuse of a vulnerable adult lies with Swindon adult social care and within adult social care in Wiltshire Council. Investigations will, therefore, be co-ordinated by managers of adult care teams, community mental health teams and community teams for people with learning disabilities. They will work in close partnership with the police and the Care Quality Commission (CQC). The police have a vulnerable adult unit to investigate incidents and allegations of abuse in the same way as they have separate, but linked, child protection and domestic abuse units. Investigating officers and managers are responsible for ensuring that the policy and procedures for safeguarding adults are adhered to.

Any investigation could involve a joint investigation or single agency investigation, or could lead to a disciplinary procedure where allegations amount to misconduct or gross misconduct on the part of a staff member. You may find that you, as the alerter to alleged abuse from your agency, may be asked to attend an ‘early strategy’ meeting convened to plan the investigation of alleged abuse.
You or a representative from your agency may also be asked to attend an adult protection conference and then an adult protection review and may be part of any plan that is drawn up and decided at those meetings to ensure the safety of the vulnerable adult and others who may be at risk.

NB – For more details on the investigating officer’s role, early strategy meetings, adult protection conferences and reviews etc. please refer to the appropriate section in the Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire.

What other policies and procedures does my agency also need to have in place or develop?

All agencies need to ensure that disciplinary procedures for staff are compatible with the responsibility to protect vulnerable adults.

All agencies, including providers of services, are responsible for disseminating information about the ‘policy and procedures for the Safeguarding Vulnerable Adults in Swindon and Wiltshire’ to all their staff.

All agencies should either have, or be developing, guidelines covering the following areas:

• Confidentiality and information sharing
• Assessing capacity and making best interests decisions
• Deprivation of liberty safeguards
• Challenging behaviour
• Control and restraint
• Sexuality
• Medication
• Invasive treatments
• Handling of vulnerable adults’ money
• Risk assessment and risk management
• Violence at work
• ‘Whistle blowing’.
All agencies should develop and promote ‘whistle blowing’ policies and procedures so that all staff feel able to report any suspicions, concerns or incidents of alleged abuse that might occur within their own workplace or organisation without fear of recrimination. Relevant statutory agencies, notably the police, the local authority, the Care Quality Commission and the Primary Care Trusts, are able to provide further guidance on what should be included in any ‘whistle blowing’ policy.

All staff members’ responsibilities in relation to the safeguarding of vulnerable adults must be clearly documented and incorporated into their terms and conditions and specified contracts of employment. This is necessary as some staff who may be unsuitable to work with vulnerable adults can be referred, in accordance with The Safeguarding Vulnerable Groups Act (2006), for consideration for inclusion on the list of people barred from working with children and vulnerable adults.

All staff should be offered support from their line managers or any other relevant agency, staff association or union if they are working in situations where disclosures or allegations of abuse have been made.

Risk assessment procedures and concerns about personal safety from staff should be dealt with by developing or using violence at work procedures.

Agencies need to comply with the Safeguarding Vulnerable Groups Act 2006.

All staff and volunteers will need to attend training on working with vulnerable people as part of their induction and as directed, or as appropriate, to their role.

All agencies are expected to inform all staff and volunteers of any amendments to adult protection policies and procedures as they occur.

**NB – For more details on organisations’ or agencies’ accountability please see the main manual: ‘Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire.’**
Appendix 1

Member agencies local safeguarding adults boards in Swindon and Wiltshire

**Swindon Local Safeguarding Adults Board:**
Swindon Borough Council  
Wiltshire Constabulary  
NHS Swindon  
Care Quality Commission (CQC)  
Great Western Ambulance Service NHS Trust  
Great Western Hospital NHS Foundation Trust  
Avon and Wiltshire Mental Health Partnership NHS Trust  
Swindon Carers’ Centre  
Wiltshire Probation Area  
Wiltshire Fire & Rescue Service

**Wiltshire Local Safeguarding Adults’ Board:**
Avon and Wiltshire Mental Health Partnership NHS Trust  
Care Quality Commission (CQC)  
Royal United Hospital Bath NHS Trust  
Salisbury Healthcare NHS Foundation Trust  
Great Western Hospital NHS Foundation Trust  
Great Western Ambulance Service NHS Trust  
NHS Wiltshire  
Wiltshire Police  
Wiltshire Council  
Wiltshire Probation Trust  
Wiltshire and Swindon Users’ Network
Further information

How to get training and access the electronic version of Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire

1. Swindon:
   - Learning & Development: 01793 464980
   - learning&development@swindon.gov.uk or
   - Head of Service Safeguarding: 01793 463559
   - Email: care@swindon.gov.uk

2. Wiltshire:
   - Learning in Wiltshire: 01225 713183
   - Email: learning@wiltshire.gov.uk

A copy of this booklet and the Policy and Procedures for Safeguarding Vulnerable Adults in Swindon and Wiltshire are available on both the Swindon Borough Council and Wiltshire Council websites:
www.swindon.gov.uk or www.wiltshire.gov.uk

Details of ‘Basic Awareness’ training as well as Joint Investigation training can be obtained from adult services training departments, police department and local police: Safeguarding Adult Investigation Team (SAIT).

If you need to discuss how to apply The Mental Capacity Act 2005 or Deprivation of Liberty Safeguards please contact:

- Swindon: Mental Capacity Act Programme Manager 01793 463239, jdart@swindon.gov.uk
- Wiltshire – Safeguarding Adults and Mental Capacity Act Team (SAMCAT) Manager: 01380 826505, SAMCAT Triage: 01380 826510, samcat@wiltshire.gov.uk
- or go to www.publicguardian.gov.uk/index.htm

Details of all courses will be circulated to agencies and organisations as programmes are agreed or courses developed.