

Document Details		
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Main points the document covers		This Guidance sets out the arrangements for safeguarding adults and how this correlates with Local Safeguarding Adults Partnerships and should be used in conjunction with Shropshire Safeguarding Community Partnership (SSCP) – and Multi-agency policy & procedures for the protection of adults with care & support needs in the West Midlands.
Who is the document aimed at?		All employees of Shropshire Community Health NHS Trust
Owner		Julie Harris and Anthony Archambault
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Lead Director		Clair Hobbs, Director of Nursing and Allied Health Professionals, (Director with Safeguarding Responsibility)
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1	17/6/17	Amendments made following internal audit action AT/f497/19117 including roles of other organisations, addition of other useful numbers, references to Mental Capacity Policy and Deprivation of Liberty procedures and policies.

2	2/5/18	The Department of Health and Social Care has issued guidance on the interface between Pressure ulcers and safeguarding referrals and should be incorporated into local adult safeguarding procedures, quality standards and commissioning arrangements. Amendments to policy made according to guidance.
3	19/12/18	Reviewed with new contact details
4	04/04/2019	Reference to 'No Secrets 2000' removed and Care Act 2014 added instead.
5	13/08/2020	Reviewed with new contact details and team emails. Update titles of staff. Updated to reflect new Safeguarding Partnerships and Level 3 training.
6	19/07/2022	Review with new contact details. Update titles of staff and Director of Nursing, and head of safeguarding email.
7	28/07/2023	References to CCG removed and references to the Keeping Adults Safe in Shropshire Network and general review. Updated team contact details.

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1 Introduction

This policy and procedures are aimed at different directorates, and individuals involved in safeguarding adults, including managers, professionals, volunteers and staff working in non-public facing, clinical work.

The policy represents the commitment of SCHT and its partner organizations to: work together to prevent and protect adults at risk from abuse empower and support people to make their own choices investigate actual or suspected abuse and neglect support adults and provide a service to those at risk who are experiencing abuse, neglect and exploitation.

Shropshire Community Health NHS Trusts (SCHT) Role in Safeguarding

SCHT staff have a duty to report promptly any concerns or suspicions that an adult at risk is being, or is at risk of being, abused. Actions to protect the adult from abuse should always be given high priority by all organizations involved. Concerns or allegations should be reported without delay. Organizations working to safeguard adults at risk should make the dignity, safety and wellbeing of the individual a priority in their actions. As far as possible organizations must respect the rights of the person causing, or alleged to be causing, harm. If the person alleged to have caused harm is also an adult at risk they must receive support and their needs must be addressed. Staff should fully understand their role and responsibilities in regard to the policy and procedures. Every effort must be made to ensure that adults at risk are afforded appropriate protection under the law. SCHT will ensure that all staff and volunteers are familiar with policies relating to Safeguarding Adults, that they know how to recognize abuse and how to report and respond to it. SCHT will ensure that staff and volunteers have access to training that is appropriate to their level of responsibility and will receive clinical and/or management supervision that allows them to reflect on their practice and the impact of their actions on others.

Staff must be aware of their role in safeguarding and protecting vulnerable adults. There must be a framework for the development of competence and confidence in this role and appropriate support in order to achieve this. All organisations that work with adults with care and support needs have a statutory duty to safeguard adults as prescribed in the Care Act 2014 and outlined in the Care and Support Statutory Guidance. It is therefore expected that the Partnerships multi-agency procedures and guidance are adhered to and that adult safeguarding policies, procedures and practices within individual organisations are aligned to those of the Partnerships.

It is acknowledged that all cases are individual but key documents influence our approach to Safeguarding Adults and working with other partner organisations to ensure a common, good practice approach when dealing with adults. These key documents include:

- Deprivation of Liberty Safeguards (DoLS) 2015
- The Health & Social Care Act ('Care Act') 2014 (Sections 42-47)
- Domestic Abuse Bill 2020
- Making Safeguarding Personal 2013
- Mental Capacity Act 2005

Shropshire Community Health NHS Trust adheres to national legislation and local guidance. This policy should also be read in conjunction with the Local Safeguarding Adults Partnerships Policies and Procedures which can be found at the Safeguarding Adults webpage which is located on Staff Zone.

Multi Agency Role

Shropshire Local Authority and Telford & Wrekin Local Authority have lead responsibility for adult safeguarding and chair the respective Safeguarding Partnerships. The Partnerships consists of stakeholder partners including social services, health, police, the voluntary sector and care homes.

The local authority can ask any agency, including SCHAT to undertake a section 42 enquiry on its behalf. The local authority and other partners must cooperate with each to ensure the effective safeguarding of the adult experiencing or at risk of abuse or neglect. An enquiry can range from a conversation with the adult affected to a Multi-Disciplinary Meeting including the person and/or their advocate. Any enquiry or intervention must be proportionate to the risk posed by the abuse. Please refer to the Keeping Adults Safe in Shropshire Network Risk Guidance document for more information. More than one option may be selected and some examples of the form enquiries may take are identified below:

- Conversation with the person
- Low level meeting with the person and one or two others
- Enquiries to be made in a registered setting, examining records etc.
- Visiting more than one setting to confirm all details are accurate
- Multi-disciplinary meeting
- Conversation with the person who may be the source of risk to a person

Whilst SCHAT partner organizations will have their own internal operational procedures which relate and adhere to the policy and procedures, including complaints by service users and by staff who raise concerns ('whistleblowers'), Partner organizations will have information about individuals who may be at risk from abuse and may be asked to share this where appropriate, with due regard to confidentiality and information sharing protocols. According to the Care Act (2014) local authorities have the lead role in coordinating work to safeguard adults. However, the Care Act (2014) recognizes that successful responses also require multi-agency and multi-disciplinary working. At all levels within the organisation, Shropshire Community Health NHS Trust is committed to the protection of vulnerable adults, their welfare and protecting them from abuse and neglect. The purpose of this policy is to detail the arrangements for safeguarding adults. This includes the roles and responsibilities of all staff across the organisation and outlining the structure and systems that support the promotion of adult's welfare and protection.

2 Purpose

This policy sets out the key responsibilities and arrangements for staff employed by Shropshire Community Health NHS Trust, in safeguarding and promoting the welfare of adults in Shropshire and Telford & Wrekin. The policy should be read in conjunction with SCHAT Domestic Abuse Policy, Mental Capacity Act and Deprivation of Liberty Policy, Prevent Policy, Self-neglect guidance.

3 Definitions

An adult at risk defined as:

a person aged 18 or over who is in receipt or who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation. Though the following list is not exhaustive, an adult at risk may be a person who:

- is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these
- has a learning disability
- has a physical disability and/or a sensory impairment
- has mental health needs including dementia or a personality disorder
- has a long-term illness/condition
- misuses substances or alcohol
- is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- is unable to demonstrate the capacity to make a decision and is in need of care and support

For the purpose of this policy, an adult is defined as “anyone who has reached their 18th birthday and above”. The fact that the adult is living independently, is in further education, is a member of the Armed Forces, is in hospital or in custody/prison does not change their status or entitlements to services or protection. (HM Government, 2018).

For those who do not meet the criteria as an adult at risk of harm but whom nevertheless appear to be at high risk there are alternative sources of referral and support. In such cases support may be found in local care management procedures or other local processes.

It is important to remember that just because someone is old, frail or has a disability, this does not mean they are inevitably ‘at risk’. For example, a person with a disability who has mental capacity to make decisions about their own safety may be perfectly able to make informed choices and protect themselves from harm. In the context of Safeguarding Adults, the vulnerability of the adult at risk is related to how able they are to make and exercise their own informed choices free from duress, pressure or undue influence of any sort, and the extent to which they can protect themselves from abuse, neglect and exploitation. It is equally important to note that people with capacity can also be vulnerable.

An adult at risk’s vulnerability is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment, and social factors.

Personal characteristics of the adult at risk that increase vulnerability may include

- Not having mental capacity to make decisions about their own safety including fluctuating mental capacity associated with mental illness and other conditions
- Communication difficulties
- Physical dependency – being dependent on others for personal care and activities of daily life
- Low self-esteem
- Experience of abuse
- Childhood experience of abuse

Social/situational factors that increase the risk of abuse may include

- Being cared for in a care setting, i.e. more or less dependent on others
- Not receiving the right amount or the right kind of care
- Isolation and social exclusion
- Stigma and discrimination
- Lack of access to information and support
- Being the focus of anti-social behaviour

Personal characteristics of the adult at risk that decrease vulnerability may include

- Having mental capacity to make decisions about their own safety
- Good physical and mental health
- Having no communication difficulties or if so, having the right equipment/support
- No physical dependency or, if needing help, able to self-direct care
- Positive former life experiences
- Self-confidence and high self-esteem

Social/situational factors that decrease the risk of abuse may include

- Good family relationships
- Active social life and a circle of friends
- Able to participate in the wider community
- Good knowledge and access to a range of community facilities
- Remaining independent and active
- Access to sources of relevant information

Abuse may be:

- A single act or repeated acts
- An act of neglect or a failure to act
- Multiple acts (e.g. an adult at risk may be neglected *and* financially abused).

Abuse is about the misuse of the power and control that one person has over another. Where there is dependency, there is a possibility of abuse or neglect unless adequate safeguards are put in place.

Intent is not necessarily an issue at the point of deciding whether an act or a failure to act is abuse; it is the impact of the act on the person and the harm or risk of harm to that individual.

Abuse can take place anywhere: a person's own home, day or residential centres, supported housing, educational establishments, nursing homes, clinics and hospitals.

4 Duties**4.1 Chief Executive**

All health care organisations have a duty to make arrangements to safeguard and promote the wellbeing of adults, and to co-operate with other agencies to protect said individuals from harm.

These duties are an explicit part of NHS employment contracts, with Chief Executives having responsibility to have in place arrangements that reflect the importance of safeguarding and promoting the welfare of vulnerable adults within organisations.

4.2 Executive Director with Safeguarding Responsibility

The Executive Director Lead for Safeguarding takes leadership responsibility at Board level, for the organisation's safeguarding arrangements.

4.3 Named Nurse/Head of Safeguarding

Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's Safeguarding Lead, Designated professionals and the Safeguarding Partnerships.

4.4 Nurse Specialist for Safeguarding Adults

The Nurse Specialist supports the Named Nurse to provide safeguarding adults advice and support to all staff within the trust.

4.5 Staff

Health Professionals are in a strong position to identify welfare needs or safeguarding concerns regarding individual adults and, where appropriate, should provide support or make a referral to the local Safeguarding Team.

All members of staff that come into contact with vulnerable adults have a responsibility to safeguard and promote their welfare and should know what to do if they have any safeguarding concerns.

This responsibility also applies to adults who have dependent children that may be at risk because of their parent/carers health or behaviour. To fulfil these responsibilities, it is the duty of healthcare organisations to ensure that all their staff have access to appropriate safeguarding training, supervision, learning opportunities and support to facilitate their understanding of the clinical aspects of safeguarding and information sharing.

Further information and guidance for staff can be found on the Trust Website policies page where there is a staff guidance leaflet ID 12032.

Mental capacity

The presumption is that adults have the mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take. This includes their ability: to understand the implications of their situation to take action themselves to prevent abuse to participate to the fullest extent possible in decision-making about interventions.

The MCA 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the Safeguarding adult's process must comply with the Act. Please refer to SCHAT Mental Capacity Act Policy ID 10479.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) provides protection to people in hospitals and care homes. DoLS apply to people who have a mental disorder and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to receive care or treatment.

Care providers must make requests to a local authority supervisory body for authorisation to deprive someone of their liberty if they believe it is in their best interests. Hospitals must make requests.

FOR SHROPSHIRE: to Local authority using Form 1 Request for urgent authorisation via the DOLS Web based application site

<https://shropshire.gov.uk/self-service/dashboard/call-guide/?id=02f7842f-12b7-e611-96c2-005056a4009f>

FOR TELFORD AND WREKIN:

Requests for authorisations should be faxed to the DoLS Team on 01952 381217 or emailed to dols@telford.gov.uk

All decisions on care and treatment must comply with the MCA and the DoLS codes of practice. Please refer to:

Deprivation of Liberty Safeguards Policy ID 10331 and DoLS Flow Chart ID 22035 on Trusts Website and Mental Capacity Act Policy ID 10479

Prevent

Preventing someone from becoming a terrorist or supporting terrorism is no different from safeguarding vulnerable individuals from other forms of exploitation.

The Prevent Policy ID 1244 policy applies to all staff employed by the Trust, either directly or indirectly, including volunteers and to any other person or organisation that uses the Trust's premises for any purpose.

The Prevent Policy sets out where staff can seek advice from and how to escalate their concerns within the Trust. Where concerns need to be raised with external agencies, this Policy describes how referrals will be managed within the existing multi-agency safeguarding processes.

In the event that a member of staff has concerns that a patient, service user or carer may be at risk of being drawn into terrorism, has begun to express radical extremist views or may be vulnerable to grooming or exploitation by others, the primary point of contact will be the Prevent Lead who will manage such enquires with support from Safeguarding colleagues.

Where a staff member has a concern about a colleague, this should be raised with their line manager. (The Whistle-Blowing processes can also be used for reporting concerns.) The line manager will discuss the concerns with the Prevent Lead and Human Resources in the first instance. If deemed necessary, the Prevent Lead will support the completion of/complete a Raising a Prevent Concern Form on behalf of the staff member.

Guidance on Adult Safeguarding Responses to the Development of Pressure Ulcers

The Department of Health And Social Care has issued guidance on when adult social services should consider holding a section 42 enquiry in response to concerns about pressure ulcers. The guidance highlights how health care trust staff should respond when a service user develops pressure ulcers and when to refer the matter to local authority adult safeguarding services.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulcer_protocol_guidance.pdf

The guidance states all instances of multiple grade 2 or single grade 3 or 4 pressure ulcers are to be reported to local health services if the service user is receiving social care services.

The decision to refer as a safeguarding incident must be made using the assessment criteria now incorporated into Datix within 48 hours of the ulcers being identified and should be completed by a registered nurse who has wound management experience and is not directly involved in the care of the service user.

Cases of single category/grade 1 and 2 pressure ulcers must be considered as requiring early intervention to prevent further deterioration of damage. If a professional has concerns regarding poor practice, they must ensure appropriate escalation through datix reporting system.

Severe damage in the case of pressure ulcers is indicated by multiple pressure ulcers of category/grade 2 or a single category/grade 3 or 4 (to include upgradeable and suspected deep tissue injury).

An Adult Safeguarding Decision Guide assessment for service users with pressure ulcers should be completed by a qualified member of staff who is a practising Registered Nurse (RN), with experience in wound management and not directly involved in the provision of care to the patient.

The outcome of the Adult Safeguarding Decision Guide assessment should be documented on datix and the patient electronic notes.

Photographic evidence to support the report **MUST** be provided.

Consent for this should be sought as per local policy but great sensitivity and care must be taken to protect the individual.

Documentation of the pressure ulcer should include site, size – including its max length, width and depth (centimetres) and category/grade.

A score safeguarding assessment is 15 or higher or where professional judgement determines safeguarding concerns, the Datix should be highlighted to the Trust Safeguarding lead and the Registered Nurse should make a referral to the local authority safeguarding team in relation to the pressure ulcer.

Copies of both should also be retained in the patient's electronic records

5 What you should do if you have a concern about an adult

There are a number of resources available to staff to provide support or further information, should they have a concern about an adult.

Staff can discuss their concerns with their Line Manager or Trust Safeguarding Lead who will be able to provide them with further guidance and support.

Staff can also refer to the Safeguarding information and guidance contained within the Trust's Intranet pages on Staff Zone.

If a staff member is concerned that an adult is being abused or at risk of significant harm, they should refer to the multi-agency procedures for the appropriate Local Authority where the adult is living. The links for these procedures can be found on the Safeguarding Adults web page on Staff Zone.

If the concern is such that you believe the adult is in immediate danger then a 999 emergency call to the police may be made.

It is often difficult to make the decision to report a situation where abuse is suspected, however, once concerns have been identified, all staff have a duty to pass the information to the Adult Safeguarding Team (Social Services), in order that they can investigate those concerns and offer protect the person. They should also complete and Incident Report through the Trusts Datix system and inform the Safeguarding Lead.

5.1 Managing allegations against staff

If an allegation regarding an adult has been made against a member of staff, then this should be reported to the Line Manager initially. In this situation, reference will need to be made to Trust Policies, and reference to West Midlands Adult Position of Trust framework.

(2018). If there are concerns around your Line Manager then speak to Human Resources, Position of Trust Lead (Named Nurse/Head of Safeguarding) or a Freedom to Speak Up Guardian. Consider if the information indicates that any immediate risk management actions are needed, or referrals into adult or children safeguarding processes, and if the concern indicates a criminal offence has occurred or may occur, the allegation or concern must be reported to the Police.

This is not only important for the protection of the adult, but for the safety and protection of other potential victims. This duty comes from the Care Act (2014) and individual professional codes of conduct such as the General Medical Council (GMC) Nursing and Midwifery Council (NMC) and Health Care Professionals Council (HCPC).

5.2 Record keeping and documentation

All information relating to safeguarding, for example, letters, reports for conference and minutes of meetings or copies of referrals should be filed in a separate section within the health record for that person and stored securely in accordance with the Records Management Policy which can be located from the policies tab on Staff Zone.

5.3 Safeguarding Supervision

Safeguarding supervision is different to other types of supervision such as clinical or restorative supervision. Safeguarding supervision is available to all staff and is an opportunity to confidentially share and discuss safeguarding concerns. All staff can access Safeguarding Supervision by contacting the Safeguarding Team.

More information can be obtained through the Trusts Intranet Safeguarding pages or by contacting the Named Nurse / Nurse Specialists within the Safeguarding Team.

This does not preclude practitioners from seeking advice, support or supervision outside of their usual agreement should the need arise.

5.4 Training

To protect Adults from harm, all healthcare staff must have the competencies to recognise maltreatment and to take effective action as appropriate to their role.

Safeguarding competencies are a set of abilities that enable staff to effectively safeguard, protect and promote the welfare of vulnerable adults within our community. They are a combination of skills, knowledge, attitudes and values that are required for safe and effective practice. Safeguarding Adult training requirements for clinical staff are being reviewed as part of the Royal College of Nursing Roles and Competencies for Health Care Staff Intercollegiate Document (RCN, 2018). Compliance is due by 2021. This policy will be updated to reflect changes as they are made. Current training requirements are as follows:

- All clinical staff should be undertaking Level 1 and 2 Adult Safeguarding Training.
- All band 6 and 7s in Adult Services (Clinical and non-clinical) should be undertaking Level 3 Training
- All non-clinical staff (including non-patient facing) should be undertaking Level 1
- Higher levels may be found on ESR via eLearning and through the Joint Training programme via Shropshire Council website for high risk areas

If a member of staff requires further support or guidance in accessing the appropriate level of training, please contact the SCHAT Safeguarding Team or the SCHAT OD and workforce Team.

The individual and their line manager should ensure the training is within date. If a member of staff is overdue with training as identified in supervision or appraisal, or within monthly training monitoring, or ESR alert, every opportunity should be explored to ensure the staff member successfully completes the relevant training. If the staff member remains non-compliant despite being afforded opportunity to train then this may become a performance management issue. A risk assessment should be undertaken to mitigate any risks associated with their continued role in working with adults at risk.

6 Consultation

This policy will receive initial consultation by the Safeguarding team and then be forwarded to Clair Hobbs Director with Safeguarding Responsibility. It will be signed off at the Trust Quality and Safety Delivery Group Safeguarding Committee.

7 Dissemination and Implementation

This policy will be disseminated through Datix and implemented through Service Leads and Line Managers.

8 Monitoring Compliance and reporting incidents

All safeguarding referrals should be DATIXED immediately and the trust safeguarding leads will review these the next working day. The leads will provide support and feedback to the referrer. DATIX should include, details of the incident, any on-going risk, any preventative action taken, if the incidents has been referred to the safeguarding authority, or police, if there is any harm, and any actions to make safeguarding personal to the individual at risk. The DATIX should be updated as soon as possible when the patient outcome is known by the service lead. In all cases the safeguarding incident and DATIX number should be recorded in the patient's clinical notes.

Exceptions to this policy where an adult had been put at risk will be DATIXED immediately and subject to investigation leading to a formal incident review within 60 days where lessons learned and outcomes are shared via reports to Quality and Safety meetings and flash reporting.

All safeguarding incidents are reviewed by a member of the Trusts Safeguarding Team, and themes, lessons learned and outcomes are shared via reports to Quality and Safety meetings, and all referred safeguarding incidents have additional oversight and review from ICBs.

All NHS Trusts are required to register with the Care Quality Commission for the services they provide. As part of this registration each Trust must declare its position with regard to compliance with the Health and Social Care Act Regulation 13: Safeguarding service users from abuse and improper treatment The Care Quality Commission may seek evidence that regulations and guidance have been complied with.

9 References

Deprivation of Liberty Safeguards (DoLS) 2015 Shropshire and Telford & Wrekin Local Authorities

The Health & Social Care Act ('Care Act') 2014 (Sections 42-47) at: www.legislation.gov.uk

Domestic Abuse Bill 2020

Making Safeguarding Personal 2013

Mental Capacity Act 2005 at: www.legislation.gov.uk

Care Act 2014 at <http://www.legislation.gov.uk/Care> *Quality Commission (Registration) Regulations 2009* Available at: <http://www.cqc.org.uk/file/4981> (Accessed 13th August 2020)

Health and Social Care Act (Regulated Activities) Regulations 2008 Available at: <http://www.legislation.gov.uk/ukdsi/2009/9780111487006/contents> (Accessed 13th August 2020)

10 Associated Documents

The following Shropshire Community Health NHS Trust Policies may be useful to read in conjunction with this policy:

- Whistleblowing
- Record keeping
- Clinical Supervision
- Mental Capacity Act guidance and Deprivation of Liberty Safeguards Policy
- Information Governance
- Children's Safeguarding Policy
- Prevent
- Domestic Abuse policy
- Pressure Ulcer Prevention Policy
- Pressure Ulcer and Adult Safeguarding Interface

Appendix One: Associated contacts and numbers

For advice or to make a referral to Children's Social Care (Social Services) please contact the following numbers

	Mon to Fri 9-5	Emergency out of Hours
Telford and Wrekin -	familyconnect@telford.gov.uk 01952 385 385	01952 676500
Shropshire	firstpointofcontact@shropshire.gov.uk 0345 678 9044 (Compass)	0345 678 9021

For advice or to make a referral to Adults Social Care (Social Services) please contact the following numbers

	Mon to Fri 9-5	Emergency out of Hours
Telford and Wrekin -	familyconnect@telford.gov.uk 01952 385 385	01952 676500
Shropshire	firstpointofcontact@shropshire.gov.uk 0345 678 9044	Emergency Social Work Duty Team 0345 678 9021

For information and advice about domestic violence and abuse:

[Crime and community Safety - Domestic abuse | Shropshire Council](#)

[The Freedom Programme - Shropshire Domestic Abuse Service | Shropshire](#)

[Domestic Abuse Support | Victims & Survivors | Cranstoun](#)

Contact telephone numbers

West Mercia Women's Aid - 0800 783 1359

West Mercia Women's Aid is available across Shropshire, Telford & Wrekin and Herefordshire. It offers confidential support, information, advice and access to refuge or emergency accommodation where necessary for men and women. It is a free-phone number and is staffed 24 hours a day by trained workers. If you are calling from a mobile you can request that they call you back.

National domestic abuse helpline - 0808 2000 247

To contact a member of the Safeguarding Team:

Name	Designation	Organisation	Contact Details
Julie Harris	Head of Safeguarding	Shropshire Community Health NHS Trust	Mob: 07794 238303 Julie.Harris12@nhs.net
Sarah Rock			Mob: 07500 443231 Sarah.rock1@nhs.net
Anthony Archambault	Nurse Specialist Safeguarding Adults	Shropshire Community Health NHS Trust	Mob: 07896 735903 Anthony.Archambault@nhs.net
Alfie Evans	Nurse Specialist Safeguarding Children	Shropshire Community Health NHS Trust	Mob: 07747 698094 Alfie.Evans@nhs.net
Claire Hughes	Nurse Specialist safeguarding Children	Shropshire Community Health NHS Trust	Mob: 07970 296482 Claire.Hughes1@nhs.net
Bea Jones	Nurse Specialist Child Death Reviews	Shropshire Community Health NHS Trust	Mob: 07826 901962 Bernadette.Jones1@nhs.net
Sam Wheatley	CDOP Administrator/ Secretary to the Named Nurse/Nurse Specialist	Shropshire Community Health NHS Trust	Mob: 07811 731984 Sam.Wheatley@nhs.net
Team emails			Shropcom.safeguardingchildren@nhs.net Shropcom.safeguardingadults@nhs.net Shropcom.headofsafeguardingadults@nhs.net

Appendix 2 West midlands Safeguarding Process Overview



