



Suffolk
Safeguarding
Partnership

SUFFOLK SAFEGUARDING ADULTS FRAMEWORK FOR ADULTS 18 YEARS AND OVER

The purpose of this document is to provide guidance on the different indicators of abuse and to assist practitioners to make decisions about when to raise a safeguarding concern. The Framework is also intended to support practitioners in preventing low level and quality concerns becoming safeguarding issues.

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INTRODUCTION

This Framework has been developed by multi-agency partners of Suffolk Safeguarding Partnership in consultation with a number of organisations across Suffolk. It was developed in response to the 2017 Independent Review of Safeguarding Adults and aims to assist practitioners and their organisations with a common understanding of the indicators of abuse. This Framework should read in conjunction with your own organisations Safeguarding Adults policies and procedures and will help inform a more consistent terminology and response to safeguarding adults in Suffolk.

The Framework will help identify the possible abuse type and what, if any, interventions are required and can be used at any time. However, practitioners should always use their knowledge, skills and professional judgement in deciding what actions to take. Professionals should use the framework to assist decision making with their organisations safeguarding leads. Professionals can also contact the MASH Consultation Line if they do not have a safeguarding lead or they are unavailable (please have this document to hand when making the call. The decision-making process must always be recorded in the persons notes or records, even if no intervention has occurred. Individual cases may not sit within one specific abuse type, or one category, practitioners will need to ensure that they have a full understanding of the situation to inform their decision- making process and identify the support or preventative interventions required.

The Suffolk Safeguarding Adults Framework format is based on the Oxford thresholds document and utilises the health thresholds guidance and health safeguarding thresholds triangle from the NHS Best Practice Guidance. It compliments existing guidance from Social Care in Excellence (SCIE), the Royal College of General Practitioners and has been developed in line with the safeguarding requirements set out in the Care Act 2014.



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CATEGORIES

Under each abuse type, there are four categories:

LOCAL MANAGEMENT

Resolutions can be sought by individuals, their representatives or organisations themselves without the need to refer to Customer First or Safeguarding Leads.

QUALITY CONCERNS

These are concerns that have been raised with regards to the quality of the care being delivered either by formal or informal carers and will require a response such as care management review, complaint raised or referral to other agencies but is not considered abuse that requires a specialist safeguarding response.

REQUIRES CONSULTATION

These are concerns raised that dependent on the context and case specific details may require reporting for a specialist safeguarding response or may be able to be managed via local management or quality concern response. Therefore, these concerns will require discussion and consultation with a safeguarding lead or MASH consultation line.

REPORTABLE SAFEGUARDING CONCERN

These are incidents of abuse that are criminal or result in serious harm and require a specialist safeguarding response. This may result in a police lead response and/or a safeguarding enquiry under Section 42 of the Care Act. It is important to note that if the person is in any immediate danger the police must be contacted on 999 straight away.



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USING THE FRAMEWORK

The Framework is designed to ensure adults at risk can access the right support at the right time and responses to concerns are appropriate and proportionate.

The following three statutory criteria (Care Act 2014, Section 42:1) will be applied before considering the need for a safeguarding enquiry (Care Act 2014, Section 42:2):

Has a need for care and support (whether or not the Local Authority is meeting any of those needs)* AND

Reasonable cause to suspect there is a risk of, or experiencing abuse and/or neglect AND

As a result of those care and support needs is unable to protect themselves from either the risk or experience of abuse or neglect



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An adult who meets the above criteria is referred to as an “adult at risk”.

However, practitioners need to be mindful that safeguarding duties apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with. As well as victims of domestic abuse or modern slavery **who are in receipt of care and support.**

* In some situations, the Local Authority can undertake enquiries for those that only have support needs if there is a significant risk and it is appropriate for the individual.



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OVERVIEW OF SUFFOLK SAFEGUARDING ADULTS FRAMEWORK

REPORTABLE SAFEGUARDING CONCERN

If the person/s have been seriously harmed or is at risk of serious harm because of actions, or omissions, deliberate or unintentional of others, then report as a safeguarding concern to Customer First on 0808 800 4005. If there is indication that a criminal act has occurred, and the matter is urgent, contact the Police.

REQUIRES CONSULTATION

Moderate care and support needs and or moderate risk. Concerns at this point may be reportable and must be considered on a case-by-case basis. The persons views must be considered. Advice should initially be sought from your organisations Adult Safeguarding Lead or the Suffolk MASH Consultation Line on 0345 60 61 499.

LOCAL MANAGEMENT

Low care and support needs or low risk, advice and guidance is given, All actions to prevent abuse or protect a person from abuse are recorded in persons records. Persons needs are met through local support services accessed via appropriate referral routes.

QUALITY CONCERN

A level of concern that can be dealt with through care management, complaints, case reviews, quality processes or contract management. It may be appropriate to refer to other agencies.



INDICATORS OF DISCRIMINATORY ABUSE/HATE CRIME

Unequal or abusive treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, or sexual orientation.

LOCAL MANAGEMENT

- Isolated incident of care planning that fails to address a person's specific diversity needs.

QUALITY CONCERNS

- Denial of civil liberties e.g., preventing person from voting, making a complaint.

REQUIRES CONSULTATION

- Recurring failure to meet specific care/support needs associated with diversity.

REPORTABLE SAFEGUARDING CONCERN

- Humiliation, threats, or taunts on a regular basis.
- Failure to meet specific care & support needs associated with diversity.
- Unnecessary medical intervention or treatment.
- Hate crime.
- Mate crime.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 20). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

Incidents of this nature do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.

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Incidents of this nature should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.

Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

INDICATORS OF DOMESTIC ABUSE

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been intimate partners or family members regardless of gender or sexuality. Can include incidents where abuse is directed towards a family carer from the person being cared for, and vice versa.

LOCAL MANAGEMENT

- Person has no current fears and there are adequate protective factors, AND it is:
 - One off incident with no injury or harm experienced.
 - Occasional taunts or verbal outbursts where the person has capacity to decide whether to have the situation/incident referred on.
- Situational incident with no previous history where carer breakdown/lack of support may have resulted in incident.

QUALITY CONCERNS

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REQUIRES CONSULTATION

- Situational incident with history of previous incidents.

REPORTABLE SAFEGUARDING CONCERN

- Domestic abuse can include:
 - [Coercive control](#) (a pattern of intimidation, degradation, isolation, and control with the use or threat of physical or sexual violence)
 - Psychological and/or emotional abuse
 - Physical or sexual abuse
 - [Financial or economic abuse](#)
 - [Harassment and stalking](#)
 - [Online or digital abuse](#)

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg 20 - 22). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

Incidents of this nature do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies. Exploration required to check if incidents are one off or are part of a pattern of abuse/behaviour.

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Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

Supporting documents: Individuals must refer to their own organisational policy in the first instance. Suffolk Safeguarding Partnership also have a number of policies available on their website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; Suffolk Constabulary Domestic Violence & Abuse Strategy; NHS England Safeguarding Adults: a guide for health care staff (2017); The Homeless Reduction Act 2017 and The Homeless Reduction Act Duty to Refer Guidance 2018. Where immigration status is uncertain, refer to the Financial Inclusion and Advice Service (FIAS).



INDICATORS OF FINANCIAL OR MATERIAL ABUSE

This is the unauthorised and improper use of funds, property or any resources.

This included the use of theft, coercion or fraud to obtain or try to obtain a person's money, possessions or property.

LOCAL MANAGEMENT

- Isolated incident where money is not recorded safely or recorded properly.
- Isolated incident where adult not involved in a decision about how their money is spent or kept safe, capacity in this respect is not properly considered.
- Care Fees not being paid.
- Single incident of missing money (where a third party is not thought to be involved) and/or belongings where the quality of the service user's life has not been affected, little or no distress is caused and no other person cared for by that worker/team has been affected.

QUALITY CONCERNS

- A number of incidents where money is not recorded safely or recorded properly for one or more persons.
- Adult not involved in a decision about how their money is spent or kept safe - capacity in this respect is not properly considered.
- Misuse of direct payments.

REQUIRES CONSULTATION

- Person's monies kept in a joint bank account - unclear arrangements for equitable sharing.
- Lasting Power of Attorney claimed to exist but unregistered.
- Person denied access to his/her own funds or possessions.
- Loss of property, possessions, or money without appropriate explanation (possible theft).
- Person falling behind on rent payments.
- Person deemed to be failing to engage with practitioners with regard to financial concerns.
- General deterioration in persons health and wellbeing due to lack of funds.
- Property falling into disrepair.

REPORTABLE SAFEGUARDING CONCERN

- Suspected fraud/exploitation relating to benefits, income, property or will, including 'cuckooing'.
- Misuse/misappropriation of property, possessions, or benefits by a person in a position of trust or control. To include misusing loyalty cards.
- Reasonable cause to suspect theft
- Personal finances removed from individuals' control.
- Direct payments fraud or theft relating to council or health commissioned services/equipment.
- Payments to doorstep callers, i.e., for home maintenance or being taken to the bank by traders.
- Hate crime.
- Mate crime.
- Scamming and doorstep crime.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 23). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

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INDICATORS OF MODERN DAY SLAVERY

This is holding a person in a position of slavery, forced servitude, or compulsory labour, or facilitating their travel with the intention of exploiting them soon after for personal or commercial gain.

LOCAL MANAGEMENT

- All concerns about modern slavery are deemed to be of a level requiring consultation.

QUALITY CONCERNS

- All concerns about modern slavery are deemed to be of a level requiring consultation.

REQUIRES CONSULTATION

- No direct disclosure of slavery but:
- Appears under control of another.
- Long hours at work.
- Poor living conditions/low wages.
- Lives in work place or accommodation provided.
- No health and safety in work place.
- Risk of physical/psychological harm.
- Person being encouraged to participate in unsafe or criminal activity.
- Limited or no access to medical and dental treatment.
- No access to appropriate benefits.
- Regularly moved to avoid detection.
- Removal of passport or ID documents.
- Debt bondage.

REPORTABLE SAFEGUARDING CONCERN

- Any direct disclosure or evidence of slavery including:
- Regularly moved to avoid detection.
 - Lives in sheds/lockup/containers.
 - Risk of fatality or serious injury.
 - No control over movements/ imprisonment
 - Wages used for debt.
 - Not in possession of identification or passport.
 - Subject to forced marriage.
 - Unable to access medical treatment/care/equipment.
 - Under control of others e.g., gang master, dealers, pimp for prostitution.
 - Subject to violence/threats/ fearful.
 - Actual physical/psychological harm.
 - Domestic servitude.
 - Organ harvesting.
 - Sexual exploitation
 - Criminal exploitation including county lines

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INDICATORS OF NEGLECT & ACTS OF OMISSION – GENERAL & FALLS

Not recognising and/or addressing medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

LOCAL MANAGEMENT

- Isolated missed home care visit - no harm occurs and no other person is missed that day.
- Person is not assisted with a meal/drink on one occasion and no harm occurs.
- Inadequacies in care provision leading to discomfort.
- Falls - Isolated incident, risk assessment reviewed, associated care plan in place.
- Falls - risk assessment and associated care plan in place but is not being followed. There is no harm to the person.

QUALITY CONCERNS

- Missed home care visits - a number of people are missed on a given day/consecutive days, but no harm occurs.
- A person is not assisted with a meal/drink on one or more occasions and no harm occurs.
- Inadequacies in care provision affecting more than one person leading to small discomfort - no harm e.g. left wet for a period of time.

REQUIRES CONSULTATION

- Missed home care visits where risk of harm escalates, or one miss where harm occurs.
- Discharge from hospital where harm occurs that does not require readmission.
- Fall where harm occurs whilst in receipt of care (e.g., fractured bone).
- Discharge from hospital where harm occurs that requires re-admission.

REPORTABLE CONCERN

- Failure or recurrent lack of care leading to deterioration in health & wellbeing.
- Failure to arrange access to medical care or life-saving services.
- Failure to intervene in dangerous situations where the person lacks the capacity to assess risk.
- Falls- No risk assessment and insufficient prevention measures.
- Numerous falls affecting more than one person from the same care setting.
- Failure by a person in a position of trust to report harm.
- Where a person has fallen, and appropriate medical attention has not been sought in a reasonable time frame and in accordance with the organisations policy and NICE's Falls Guidance

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 24 - 28). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

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INDICATORS OF NEGLECT & ACTS OF OMISSION – PRESSURE DAMAGE

Ongoing failure to meet a person's basic physical or psychological needs.

LOCAL MANAGEMENT

- Pressure damage with no evidence of neglect or failure to provide or access adequate care or pressure relieving equipment.
- Pressure damage, person has capacity and makes an informed decision to decline treatment and pressure ulcer develops.
- Single or isolated incident of pressure ulcer.

QUALITY CONCERNS

- Isolated pressure ulcers where:
- A care plan is in place and being followed; and
 - Action is being taken; and
 - Other relevant practitioners have been notified; and
 - There has been full discussion with the person, their family or representative; and
 - There are no other indicators of abuse or neglect.
 - Pressure damage as a result of suspected abuse or neglect is a reportable safeguarding concern.

REQUIRES CONSULTATION

- Pressure ulcers that have been investigated through the serious incident process and have found to be preventable.

REPORTABLE SAFEGUARDING CONCERN

- Pressure damage - Person **not** risk assessed with regards to pressure ulcers risk and management and harm occurs.
- Pressure damage - Person risk assessed with regards to pressure ulcers, but actions not implemented
- Failure to provide suitable pressure relieving equipment and harm occurs.
- Failure to follow the advice of clinical specialists regarding pressure ulcer care.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 24 - 28). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

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Pressure damage that meets the threshold of a serious incident should be reported as such. The following questions must be considered: ♦1. Has there been rapid onset and/or deterioration of skin integrity? 2. Has there been a recent change in medical condition e.g. skin or wound infection, other infection, pyrexia, anaemia, end of life care that could have contributed to a sudden deterioration of skin condition? 3. Have reasonable steps been taken to prevent skin damage? 4. Is the level of damage to the skin disproportionate to the person's risk status for skin damage? e.g. low risk of skin damage with extensive injury. 5. Is there evidence of poor practice or neglect?

Supporting documents: Individuals must refer to their own organisational policy in the first instance. Suffolk Safeguarding Partnership also have a number of policies available on their website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; Department of Health Safeguarding adults protocol: pressure ulcers and the interface with a safeguarding enquiry; NHS England Serious Incident Framework (2015); MCA 2005; Local Complaints & PALS Policies. The Purple Books Resource for Care Homes provides best practice guidance for managing pressure care and reassurance damage.

INDICATORS OF NEGLECT & ACTS OF OMISSION – MEDICATION ERRORS

Ongoing failure to meet a persons basic physical or psychological needs.

LOCAL MANAGEMENT

- Isolated incident where the person is accidentally given the wrong medicines, given too much or too little medicines or given it at the wrong time but no harm occurs.
- Isolated incident causing no harm that is not recorded by carer.
- Isolated prescribing or dispensing error by GP, pharmacist or other medical practitioner resulting in no harm.

QUALITY CONCERNS

- Reoccurring incident where one person is accidentally given the wrong medicines, given too much or too little medicines or given it at the wrong time but no harm occurs.
- Prescribing or dispensing error by GP, pharmacist or other medical practitioner resulting in no harm.

REQUIRES CONSULTATION

- Recurring missed medicines or errors that affect more than one person and results in actual or potential harm to one or more persons.
- A number of Incidents causing no harm that are not reported by carer/s.
- Recurring prescribing or dispensing errors by GP, pharmacist or other medical practitioner that affect more than one person and/or result in harm to one or more persons.
- Covert administration without the person's consent or having a best interest decision recorded in the care plan.

REPORTABLE SAFEGUARDING CONCERN

- Deliberate maladministration of medicines or failure to follow proper procedures, e.g. controlled medicines.
- Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death.
- Deliberate falsification of records or coercive/ intimidating behaviour to prevent reporting.
- Misuse of/over-reliance on sedatives to control challenging behaviour.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 24 - 28). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

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INDICATORS OF ORGANISATIONAL ABUSE

This is neglect or poor professional practice as a result of the structure, policies, processes or practices across a care setting, resulting in ongoing neglect or poor care.

LOCAL MANAGEMENT

- Lack of stimulation/ opportunities to engage in social and leisure activities.
- Person not enabled to have a say in how the service is run.

QUALITY CONCERNS

- Denial of individuality and opportunities to make informed choices and take responsible risks.
- Care-planning documentation not person-centred/does not involve the person or capture their views.
- Single incident of insufficient carer/s to meet all the persons needs in a timely fashion but causing no harm.
- Odours at low level.
- Unclean environment causing no harm.

REQUIRES CONSULTATION

- Rigid/inflexible routines that are not always in the person's best interests.
- Persons dignity is undermined e.g. lack of privacy during support with intimate care needs.
- Recurrent poor or bad practice that lacks management oversight and is not being reported to relevant organisations/ departments.
- Unsafe and unhygienic living environments that could cause harm to the person/s.
- Inability of providers to manage own safeguarding enquiries.

REPORTABLE SAFEGUARDING CONCERN

- Carer/s misusing position of power
- Over-medication and/or inappropriate restraint managing behaviour.
- Recurrent or consistent ill-treatment by carer/care provider to more than one person over a period of time.
- Recurrent or consistent incidents of insufficient staff resulting in harm requiring external medical intervention or hospitalisation of person.
- Lack of engagement from health and/or social care
- Whistle blower concerns not addressed or investigated appropriately.
- Inability of providers to manage own enquiries.
- Lack of recognition of failings and/or care quality issues.
- Lack of response or inability to respond to concerns.
- Care plans that have inconsistent and/or incorrect information that could lead to harm.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

Incidents of this nature do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.

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Incidents of this nature should be discussed with your organisations adult safeguarding lead and/or MASH Consultation Line on 0345 6061 1499. After the conversation you must record the concern and the actions you have taken in the professional records

Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.



INDICATORS OF PHYSICAL ABUSE

The act of causing physical harm to someone. When considering a physical assault in relation to two customers/patients/tenants please also consider neglect of care needs that may have contributed to the incident occurring.

LOCAL MANAGEMENT

- Error by carer causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling.
- Isolated incident by another person causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress.
- Unexplained very light marking/bruising found on one occasion.
- Minor events that still meet criteria for 'incident reporting'.

QUALITY CONCERNS

- Error by carer causing no/little harm to more than one person, e.g. skin friction marks due to ill-fitting hoist sling, manual handling equipment not maintained appropriately.
- Recurrent incidents by another person causing no/little harm e.g. one resident strikes another but it leaves no mark and does not cause emotional distress lasting hours.
- Unexplained very light marking/bruising found on a couple of occasions.

REQUIRES CONSULTATION

- Unexplained minor marks or lesions, burns, minor cuts or grip marks on a number of occasions or on a number of persons cared for by a specific team and/or carer.
- One off inappropriate restraint that causes marks to be left but no external medical treatment/ consultation required.
- Appearing to be over-medicated.
- Weight loss - due to malnutrition or dehydration; complaints of hunger.
- Untreated medical conditions.
- Reoccurring incidents between people causing distress.

REPORTABLE SAFEGUARDING CONCERN

- Intended harm towards a person.
- Deliberately withholding of food, drinks or aids to independence.
- Unexplained fractures/serious injuries (current or historic).
- Assault by a person in position of trust
- Assault by another person requiring acute medical intervention.
- Continuous disproportionate restraint that may or may not result in the need for medical treatment.
- Injuries requiring acute hospital intervention and/or overnight stay.
- Grievous bodily harm/assault leading to significant harm or death.
- Actual bodily harm, battery, or manslaughter.
- Homicide.
- Deliberate maladministration of medications.
- Serious bodily harm as a result of care intervention.
- Fabricated illnesses.
- Assisted suicide.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

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Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.



INDICATORS OF PSYCHOLOGICAL ABUSE

This is ongoing psychological/emotional maltreatment of an adult. Consideration of the impact on the person at risk must be taken into consideration.

LOCAL MANAGEMENT

- Isolated incident where a person is spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused.
- Occasional taunts or verbal outbursts which do not cause distress between people.

QUALITY CONCERNS

- A number of incidents where a person/s are spoken to in a rude or inappropriate way - respect is undermined but no or little distress caused.
- Taunts or verbal outbursts which do not cause distress between person/s but have not been addressed/managed by carer/provider.

REQUIRES CONSULTATION

- Treatment that undermines dignity and damages esteem.
- Repeated incidents of denying or failing to recognise a person's choices or of failing to value their opinion.
- Occasional taunts or verbal outbursts which cause distress.
- Cyber bullying causing distress.

REPORTABLE SAFEGUARDING CONCERN

- Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage, prolonged intimidation.
- Vicious/personalised verbal attacks.
- Humiliation of a person with care and support needs.
- Emotional blackmail e.g., threats of abandonment/harm.
- The withholding of information to disempower.
- Allegations or concerns relating to 'cuckooing'.
- Vulnerable to radicalism.
- Persistent cyber bullying causing psychological distress and harm.
- Withdrawal of services or support for coercion and controlling purposes.
- Revenge Porn.
- Fabricated illness.
- Hate crime.
- Mate crime.

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

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INDICATORS OF SELF-NEGLECT AND HOARDING

The inability (intentionally or non-intentionally) to maintain a socially and culturally acceptable standard of self-care with the potential for serious consequences to the health and wellbeing of those who self-neglect and perhaps to their community

LOCAL MANAGEMENT

- Eating & Drinking - Quality of food and/or drink inconsistent through lack of knowledge or effort.
- Washing & Bathing - Irregular bathing.
- Clothing - clothing inappropriate for weather or environment.
- Medical Needs - Seeks advice from practitioners on matters of genuine and immediate concern. Occasionally fails to keep appointments.

QUALITY CONCERNS

- Left Intentionally blank.

REQUIRES CONSULTATION

- Eating & Drinking - Quality of food and/or drink is consistently poor through lack of effort; consistent support required to improve any quality. Poor food safety. May be experiencing health related issues.
- Washing & Bathing Occasionally bathed but seldom groomed.
- Clothing often dirty and/or unsuitable to weather conditions/environment. Concerns that this maybe having an impact on health.
- Medical Needs - Only seeks advice when illness becomes moderately severe. Fails to keep some medical appointments and takes only partial medical advice.

REPORTABLE SAFEGUARDING CONCERN

- Eating & Drinking - Quality and frequency of food and/or drink consistently not a priority despite support leading to health issues of concern such as dehydration, malnutrition, infection, diarrhoea, vomiting and/or significant weight loss.
- Washing & Bathing Seldom/never bathed or clean, concern regarding odour.
- Dirty and/or poor condition of clothing (Maybe wholly unsuitable to weather conditions).
- Poor health of significant concern such as skin infections, sores, abscesses. Likely to be unmanageable within community setting.
- Medical Needs - Only seeks help when illness becomes critical (emergencies), this can also be ignored. Clear disregard for own welfare and/or fails to consistently take medication leading to physical ill health and frequent hospital admissions. Significant mental ill health may also be of concern.

Responding to self-neglect & hoarding is a multi-agency priority and all partner agencies will engage and cooperate with the lead agency to support the individual. Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg.29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

Incidents of this nature do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.

Left Intentionally blank.

Complete the Suffolk Multi-Agency neglect and hoarding risk assessment and discuss Incidents at this level should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.

Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.

INDICATORS OF SELF-NEGLECT AND HOARDING (CONTINUED)

Self-neglect and hoarding is complex and any referrals should be made after consulting Suffolk's Self-Neglect and Hoarding Policy. All standard interventions must be used first to manage risk e.g. Care Management/Care Plan Approach/ Multi-Disciplinary Team.

| LOCAL MANAGEMENT | QUALITY CONCERNS | REQUIRES CONSULTATION | REPORTABLE SAFEGUARDING CONCERN |
|---|--|---|--|
| <ul style="list-style-type: none"> •Home Amenities - All essential amenities - heating, power, water, useable shower/bath, cooker and fridge. Some repairs needed and amenable to repair or able to self-repair. •Home & Garden Cleanliness - Cleanliness is not of concern. However, level of untidiness may be having some impact on well-being but manageable. | <ul style="list-style-type: none"> •Left Intentionally blank. | <p>Home Amenities - Lack of some essential amenities or lack of access to essential amenities due to hoarding. In disrepair - unable and/or unamenable repair.</p> <p>Home & Garden Cleanliness - Unclean and/or cluttered home and/or garden. Dirty (bad odour), some infestations, animal/ human waste, food waste. These are having a moderate impact on person's health and well-being and with support could be managed.</p> | <p>Home Amenities - Little or no essential amenities or hoarding prevents safe use of any amenities within the home. Dangerous disrepair - significant risk to well-being of person and/or others.</p> <p>Home & Garden Cleanliness - Hoarding within unclean environment of home and garden. Dirty (bad odour). Infestations animal/ human waste and or food waste. These are significantly impacting on person's health and well-being - consider whether there is any impact on animals or children in the property also.</p> |
| <p>Incidents of this nature do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.</p> | <p>Left Intentionally blank</p> | <p>Complete the Suffolk Multi-Agency neglect and hoarding risk assessment and discuss. Incidents of this nature should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.</p> | <p>Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.</p> |

Responding to self-neglect & hoarding is a multi-agency priority and all partner agencies will engage and cooperate with the lead agency to support the individual. Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg.29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act

Supporting documents: Individuals must refer to their own organisational policy in the first instance. Suffolk Safeguarding Partnership also have a number of policies available on their website. Other policies to consider include: Mental Capacity Act 2005; Human Rights Act 1998; NHS England Safeguarding Adults: a guide for health care staff (2017); Suffolk Safeguarding Partnership Self-Neglect and Hoarding Policy (Oct 2017). Local Fire Policy and Risk Assessments; The Homeless Reduction Act 2017 and The Homeless Reduction Act Duty to Refer Guidance 2018.



INDICATORS OF SELF-NEGLECT AND HOARDING (CONTINUED)

| LOCAL MANAGEMENT | QUALITY CONCERNS | REQUIRES CONSULTATION | REPORTABLE SAFEGUARDING CONCERN |
|--|-----------------------------------|--|--|
| <p>Home Safety All doors and windows in use and accessible. Possible fire risk. Lacking/ insufficient essential safety features, DIY that is not safe, overloaded electrical sockets. Lacking an escape plan. Own views of safety in home and environment - variable awareness and perception of personal safety issues, accepting of advice.</p> | <p>•Left Intentionally blank.</p> | <p>Home Safety Limited access to windows and doors. Increased fire risk - No essential safety features. Some possible hazards of escape/fire due to disrepair and/or clutter. Evidence of smoking. Flammable items stored in the home, consider stocked piled continence aids, paraffin-based medications, irresponsible use of oxygen. No escape plan. Person is unable to sleep in a bed and must sleep in an alternative place due to clutter or hygiene. Risk of entry by intruders - Problems keeping a dwelling secure against unauthorised entry due to disrepair, and the maintenance of defensible space. Own views of safety in home and environment - Oblivious to personal safety issues and/or reluctant to accept advice due to lack of motivation or understanding.</p> | <p>Home Safety Access/exit via one route only or unable to exit unaided due to mobility. No essential safety features. Significant fire risk. Definite hazard of escape/fire from disrepair or clutter. Exposed electric wires and sockets, unsafe electronic items. Evidence of cigarette burns to clothes or bedding. Evidence of small fires or burns. Unsafe storage or use of flammable liquids or gases. Excessive damp or mould overgrowth. Excess cold in winter with no functioning heating system or hot water. Person is unable to sleep in a bed and is forced to sleep in uncomfortable and/or insanitary conditions. Own views of safety in home and environment - Unconcerned about personal safety issues Lacks motivation or understanding to address concerns.</p> |
| <p>Responding to self-neglect & hoarding is a multi-agency priority and all partner agencies will engage and cooperate with the lead agency to support the individual. Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg.29). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.</p> | | | |
| <p>Incidents of this nature do not require reporting to the Customer First. However, agencies should keep a written internal record of what happened and what action was taken. Actions/ outcomes may include advice, information, risk management, staff training or referral to other appropriate agencies.</p> | <p>Left Intentionally blank.</p> | <p>Incidents of this nature should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.</p> | <p>Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.</p> |

INDICATORS OF SEXUAL ABUSE

When an adult is forced, persuaded or coerced to take part in sexual activities.
This does not have to be physical contact and it can be online. May include cases of an historical nature.

| LOCAL MANAGEMENT | QUALITY CONCERNS | REQUIRES CONSULTATION | REPORTABLE SAFEGUARDING CONCERN |
|----------------------------------|-----------------------------------|---|---|
| <p>Left intentionally blank</p> | <p>Left intentionally blank</p> | <ul style="list-style-type: none"> Sexualised incident between adults with care and support needs. | <ul style="list-style-type: none"> Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care. Rape & attempted rape. Sexual assault. Sexual harassment (incl. teasing, unwanted sexual attention, indecent exposure). Sex without capacity to consent (rape). Voyeurism. Being made to look at pornographic material against will/where consent cannot be given. Attempted penetration, sexualised touch or masturbation by any means (whether or not it occurs within a relationship) without consent. Sexual exploitation. Sexting. Revenge porn. <p>All of the above could be recent or historical.</p> |
| <p>Left Intentionally blank.</p> | <p>Left Intentionally blank..</p> | <p>Incidents of this nature should be discussed with your organisations Adult Safeguarding Lead and/or MASH Consultation Line on 0345 6061499. After the conversation you must record the concern and the actions you have taken in the professional records.</p> | <p>Incidents of this nature should be reported directly to Customer First on 0808 800 4005. If there is any indication a criminal act has occurred and the matter is urgent, the Police must be contacted.</p> |

Actions taken at any level should involve the person, or their representative or advocate and be shaped by the best outcome for that person. Support should be offered at all levels (Pg. 30). The Care Act makes it clear that if a person will struggle to understand and be involved in the safeguarding process and they do not have family or friends to help then the Local Authority must refer for an independent advocate. Refer to Appendix for guidance on where and how to refer for additional services/support. All support and intervention should be based on the 6 safeguarding principles in the Care Act.

SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|--|---|--|-------------------------|
| DISCRIMINATORY/ HATE CRIME (Pg. 6) | | | |
| Honour Based Abuse - The SharanProject | Offering free impartial, confidential and culturally sensitive support, advice and information to Asian woman in the UK | 0844 504 3231 www.sharan.org.uk | Self-refer |
| ISCRE - Ipswich and Suffolk Council for Racial Equality | ISCRE runs culturally informed interventions to support individuals and organisations to understand the extent and nature of inequality | 01473 408111 | Self-refer |
| GYROS | Supports newcomers and migrant communities across Norfolk and Suffolk. | http://www.gyros.org.uk/ | Self-refer |
| DOMESTIC ABUSE (Pg. 7) | | | |
| Suffolk Police | 24 / 7 response to domestic abuse. | Call 999 if emergency or call 101 | Self-refer/direct refer |
| Samaritans | Provides emotional support to anyone in distress, struggling to cope or risk of suicide. | 0845 790 9090 | Self-refer |
| National Domestic Violence Helpline | The National Centre for Domestic Violence was established in 2003 to help survivors of domestic violence and abuse obtain protection against an abuser. | 0808 2000 247 www.nationaldomesticviolencehelpline.org.uk | Self-refer |
| Domestic Abuse - Local Contacts Ipswich - Lighthouse Women's Aid 24hr Hotline Waveney - Haven Women's Aid Project Bury St Edmunds Women's Aid - Refuge & Centre Men's Advice Line Victims for Domestic Abuse | 24-hour hotline, advice, advocacy, and support. Refuge & centre with provisions for victims of domestic abuse to seek legal, financial help, support groups. | 01473 745111 or https://www.lighthousewa.org.uk 08454 674876 01284 753085 0808 8010327 | Self-refer |



SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|---|--|--|--|
| DOMESTIC ABUSE | | | |
| Rights of Women | Free Legal Advice Line | 0207 2516577 | Self-refer |
| Broken Rainbow | LGBT Helpline | 0300 9995428 | Self-refer |
| Karma Nirvana | British human rights charity supporting victims of honour-based abuse and forced marriage | 0800 5999 247 or info@karmanirvana.org.uk | Self-refer- call, email, complete online secure form |
| NSPCC | Free FGM 24hr advice and support | 0800 0283550 | Self-refer |
| Women's Aid | Provide life-saving services and building a future where domestic violence is not tolerated | www.womensaid.org.uk | Self-refer |
| Domestic Abuse Outreach Service | Crisis and intensive support, advice and information | Freephone 0800 9775690 | Self-refer |
| Mankind | Helpline for men escaping domestic abuse | https://www.mankind.org.uk/ or 01823 334244 | Self-refer |
| Leeway | IDVA service for Suffolk, Helpline & online referral | https://www.leewayssupport.org/ 0300 561 0077 | Self-refer |
| Leeway Domestic Violence and Abuse Services | Independent Domestic Violence Advice Service (high risk victims of DA) | General Contact 0300 561 0077 admin@leewaynwa.org.uk | Professional referral |
| Anglia Care Trust | Online referral - Domestic Abuse Outreach Service | https://angliacaretrust.org.uk/services/ | Self-refer |
| Respect | Respect is the UK membership organisation for work with domestic violence perpetrators, male victims of domestic violence and young people's violence in close relationships | https://respect.uk.net/ or 0808 802 4040 | Self-refer |



SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|---|--|---|--|
| DOMESTIC ABUSE | | | |
| Ripfa Coercion and Control information | Information for social workers and other health and social care practitioners to develop their knowledge and skills in working with situations of coercive control | https://coercivecontrol.ripfa.org.uk/ | For information |
| Norfolk and Suffolk Victim Care | Free, confidential support service specifically designed to help victims and witnesses of crime. | 0300 303 3706 between 8am and 5pm, Monday to Friday Out of hours support is available via Victim Support; call: 0808 16 89 111 https://www.nsvictimcare.org/ | Self-refer, whether or not reported to police. |
| Waveney Domestic Violence and Abuse Forum | Advice and guidance for professionals and clients | 01502 572143 / 07906 245979 info@waveneydvforum.org.uk www.waveneydvforum.org.uk | Self-refer or Professional |
| Caring Dads | For parents of children aged 0 to 19 years. 17-week Intensive programme for men who have been perpetrators of domestic abuse. | parenting@suffolk.gov.uk or call the Suffolk Families Information Service on 0345 60 800 33. | By referral only |
| Venta | Venta is a 16-week programme of exploration, understanding, learning and self-development. It is designed to work with men who behave or have behaved in a violent, abusive, coercive or controlling way, primarily within intimate relationships. | admin@iceniipswich.org or call 01473 214006 | Self-refer |
| Perpetrator Programme - The Change Project | The programme will help the client to understand their behaviour, take responsibility for it and offer skills and support to end abusive behaviour. | tcp@thechange-project.org or call 01245 258 680 / 0845 372 7701 | (CAFCASS referral only) |
| Financial Inclusion and Advice Service (FIAS) | The Financial Inclusion and Advice Service (FIAS) is there to support local advice agencies in the work that they do providing advice to members of the public | https://www.suffolk.gov.uk/adult-social-care-and-health/money-advice-and-funding-support-services/welfare-rights/ or call 01473 264544 | Self-refer |



SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|---|---|--|---|
| DOMESTIC ABUSE | | | |
| Turning Point | Provider of substance misuse treatment services | Turning Point http://www.wellbeing.turning-point.co.uk/suffolk/ 0300 123 0872 - Suffolk@turning-point.co.uk | Self-refer |
| Anglia Care Trust | Providing support, assistance and challenge to young people and families in need of support | https://angliacaretrust.org.uk/contact/ | Self-refer |
| Iceni | Support to parents and families who are experiencing addiction issues | http://www.iceniipswich.org 01473 214006 | Self-refer |
| Marginalised Vulnerable Adults Service | Engages clients that have complex needs and provides them with treatment, information and advice on health-related issues. The service also facilitates access to GP's and other mainstream health and social services | Health Outreach NHS Main Office, 70-74 St Helens Street, Ipswich, Suffolk, IP4 2LA | Self-refer or GP/healthcare professional referral |
| Suffolk Domestic Abuse Helpline | A freephone 24/7 helpline delivered by Suffolk Collective and ACT | 0800 977 5690 | Self-refer |
| FINANCIAL ABUSE (Pg. 8) | | | |
| Trading Standards | Assistance with scams and fraud | http://www.suffolk.gov.uk/community-and-safety/trading-standards-for-consumers or tradingstandards@suffolk.gov.uk or 01473-264859 | Self-refer/ Practitioner Refer |
| CIFAS -Fraud Protection | | https://www.cifas.org.uk/insight/public-affairs-policy/anti-fraud-lesson-plans | Self-refer |
| Citizens Advice Consumer Helpline | Assistance with consumer problems | 03454-040506 | Self-refer |
| MODERN DAY SLAVERY (Pg. 9) | | | |
| The Salvation Army | Specialist support for all adult victims of modern slavery in England and Wales. Access to a wide range of specialist services to meet individual needs whether that is within a safehouse or through outreach support. | 0300 303 8151 - www.salvationarmy.org.uk | Practitioner or self- referral |
| National Crime Agency - The National Referral Mechanism | Framework for identifying victims of human trafficking or modern slavery and ensuring they receive the appropriate support | www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre/national-referral-mechanism | Professional referral |

SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|--|---|------------------------------|---|
| NEGLECT & ACTS OF OMISSION (Pg. 10 - 12) | | | |
| Falls - Ipswich and East Suffolk - FAB (Frailty Assessment Team) | Assessment where an individual experiencing a number of falls/high risk | GP | Referral via GP to FAB at Ipswich Hospital |
| Falls - West Suffolk- Early Intervention Team (Frailty Assessment Team) | Assessment where an individual experiencing a number of falls/high risk | 01284 713712 | Referral via GP to Team based at West Suffolk Hospital. |
| Falls - Falls Assessment Coordinator based at Allington Clinic. | Provides advice to Care Homes/Nursing Homes, general advice on falls at home, training. | Via CCC: 0300 123 2425 | Refer direct via Care Contact Centre for Community Services (CCC) /telephone referral |
| Medication - Local Pharmacies | General advice available from local pharmacists on medication, side effects, medicines management, medicine audits) | Available locally | No referral needed - advice and guidance |
| Medication - CCG Care Homes Team | Medication errors, care quality issues. | 01473 770035 | Telephone contact or email via CCG Care Homes Purple Books online contacts. |
| Medication CCG Medicines Management Team East Suffolk CCG Medicines Management Team West Suffolk | Issues with regards to medications prescribed and or optimisation appropriate medicines. | 01473 770249 01284 758010 | Direct Referral |
| Medicines Information Team | Provides evidence-based information and advice to ensure the safe, effective and optimal use of medicines. | 01473 704431 | Direct |

SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|---|--|--|--|
| NEGLECT & ACTS OF OMISSION (Pg. 10 - 12) | | | |
| Pressure Ulcer - Local District Nursing Team- Nursing /Care Homes can refer direct or referral can be made via GP | Provision of advice, support and direct care. | Via GP or Via CCC: 0300 123 2425 | Referral via GP or direct to Local District Nursing Service |
| Pressure Ulcers - Tissue Viability Nurse Health Practitioners | For specialist advice on significant high risk patients | Via GP or Via CCC: 0300 123 2425 | Referral via GP or direct to Specialists |
| Admission Prevention - REACT (Reactive Emergency Assessment Community Team) based at Ipswich Hospital. | To prevent hospital admission where carers struggling to support | MONDAY-FRIDAY WEEKENDS 0800-16.00 and during winter 08.00-20.00 Contact via Phone extension 40982 at Ipswich Hospital or Contact via Bleep 0213 weekdays 0800-16.00 During winter 08.00-20.00 - contact via bleep, extension number or through Switch | Direct Referral |
| Occupational Therapy | Practical support to help overcome barriers preventing everyday tasks | Care Contact Centre for Community Services(CCC) 0300 123 2425 | Via GP or CCC referral |
| OUTREACH SERVICES | | | |
| Health Outreach Service (previously known as the Marginalised and Vulnerable Adults (MVA) service) | Provides care and support in community settings, hostels, on the street or in the home for people who would not normally access healthcare; such as the homeless, Gypsies, Travellers, Roma, refugee and asylum seekers, migrant workers, ex-offenders and Black and Minority Ethnic groups. | 01473 341763 Address Health Outreach NHS, 70 - 74 St Helens Street, Ipswich, IP4 2LA | Self-refer or GPs and other healthcare professionals can also refer clients to this service by phone or through a referral form. |



SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|---|--|--|-------------------------|
| NEGLECT & ACTS OF OMISSION (Pg. 10 - 12) | | | |
| Dementia Intensive Support Team (DIST) | Intensive and expert support and advice to support health and social care management for people who have dementia | 07852 769172 | Direct |
| Dementia Friends | Charity aiming to increase understanding of living with and understanding dementia for the wider population. | 0300 222 5855 | Direct |
| Dementia Together Free helpline: Monday to Friday, 9am - 6pm. Saturday, Sunday & Bank Holidays, 10am - 4pm. | Provides practical information and support for people living with dementia and their carers in Suffolk, excluding Waveney. | http://www.dementiatogether.com/Content/Assets/Employer-Documents/DementiaTogetherLeaflet.pdf 08081 688 000 | Direct |
| Local Health Protection Team | Provides general advice and guidance on specific infectious diseases. | 0344 225 3546 | Direct |
| Palliative Care team Ipswich Hospital Palliative Care Team West Suffolk Hospital | Offers guidance on pain and symptom control, assessment and management of end-of-life care. | 01473 704932 01284 713776 | GP or telephone contact |

SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|--|---|----------------------------------|--|
| NEGLECT & ACTS OF OMISSION (Pg. 10 - 12) | | | |
| Parkinson's Disease specialist nurse West Suffolk | Provides services for those living with Parkinson's | 01284 748840 | GP or telephone |
| Physiotherapy Pulmonary | Physiotherapy to aid with respiratory conditions | Via CCC: 0300 123 2425 | Via Care Contact Centre for Community Services (CCC) |
| Poisons Service | Advice on ingestion of poisons | Access via 111 | Access via 111 |
| Rapid Assessment Clinic Ipswich Hospital Stroke Unit West Suffolk Hospital | A service for patients with communication and/or swallowing difficulties. | 01473 275285 01284 713303 | GP or telephone contact |
| Suffolk Family Carers | A registered charity providing information, advice and support to those looking after a family member. | 01473 835477 | Direct |
| The Rough Sleeping Project | The Rough Sleeping Project, is an Ipswich-based project for those who are homeless or threatened with homelessness; to receive advice, support and assistance to access the accommodation that they can call home | 01473 433207 | Direct |
| St Nicholas Hospice St Elizabeth Hospice | Provides guidance on palliative care, and advice and support for patients, families and clinicians. | 01284 766133 0800 5670111 | GP or telephone contact |



SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|---|--|----------------------------------|---|
| NEGLECT & ACTS OF OMISSION (Pg. 10 - 12) | | | |
| 111/Out of Hours | Provides out-of-hours medical advice in urgent situations which cannot wait until GP practices are open, or are unsuitable for management via self-care. | 111 | Telephone contact |
| Crisis Action Team (East Suffolk) | Multi-agency (health, social and voluntary care) service working to reduce unnecessary emergency admissions. | 0300 123 2425 | Via CCC (Care Coordination Centre) referral form or telephone 0300 123 2425 |
| Age UK Suffolk | Information and advice for services provided by Age UK, including befriending. | 01473 351234 | Telephone contact |
| Dietetics West Suffolk Community Team Ipswich Hospital Dietetic Service | Teams provide support in a variety of settings including own home, sheltered accommodation, supported living, care homes, hospice and community hospitals. | 01284 713760 01473 704000 | Referral via GP or District Nurse or direct referrals from Care/Nursing Homes |
| Discharge Planning Team Ipswich Hospital Discharge Planning Team West Suffolk Hospital | Discharge planning for adults (over 18) who need Adult and Community Services as part of their discharge plan. | 01473 703540 01284 713369 | Telephone contact |

SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|--|---|---|-------------------------------|
| ORGANISATIONAL ABUSE (Pg. 13) | | | |
| CQC | Independent regulator of all health and social care in England- will receive concerns and complaints regarding health and social care providers | https://cqc.org.uk/ | Direct to CQC |
| PYSCHOLOGICAL ABUSE (Pg. 15) | | | |
| See support services for Domestic Abuse and Neglect & Acts of Omission | | | |
| PHYSICAL ABUSE (Pg. 14) | | | |
| See support services for Domestic Abuse & Neglect & Acts of Omission and Discriminatory & Hate Crime | | | |
| SELF-NEGLECT & HOARDING (Pg. 16 - 18) | | | |
| Hoarding UK | Advocacy Support | https://hoardinguk.org/ 020 3239 1600 | Self-refer |
| Help for Hoarders | Online Support | https://www.helpforhoarders.co.uk/ | Self-refer |
| Lofty Heights | House clearance and declutter service in Suffolk | http://www.lofty-heights.org/ 01473 345 301 or 07745 215 114 | Self-refer |
| Your Life, Our Help | Working with people across Suffolk | http://www.yloh.co.uk 01473 487676 08001337355 info@yloh.co.uk | Self-refer |
| Suffolk Fire and Rescue | Fire Safety Home Visit | https://www.suffolk.gov.uk/suffolk-fire-and-rescue-service/fire-safety-in-the-home/ | Self-refer/practitioner refer |

SUPPORT SERVICES/REFERRAL AGENCIES (This is not an exhaustive list)

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|--|---|--|---|
| SEXUAL ABUSE (Pg. 19) | | | |
| Survivors in Transition | Suffolk based organisation that supports adults with a history of sexual abuse. | Telephone contact details can be found at https://www.survivorsintransition.co.uk/ or support@survivorsintransition.co.uk or 07765052282 | Self-refer |
| Sexual Health services in Suffolk are provided across Suffolk by iCaSH | Sexual health advice, guidance, treatment | https://www.icash.nhs.uk/ there is a hub in Ipswich, Bury and Lowestoft | Self-refer |
| The Ferns | Sexual Assault Referral Centre | 0300 123 5058 or email contact@theferns-suffolk.org.uk - www.theferns-suffolk.org.uk | Self-refer/practitioner referral |
| Suffolk Rape Crisis (Women and girls only) | Helpline & counselling therapy | 08000850520-Tuesdays and Thursday evenings between 7pm and 9pm only. | Self-refer/ practitioner refer |
| CARE QUALITY ISSUES | | | |
| CQC | Independent regulator of all health and social care in England- will receive concerns and complaints regarding health and social care providers | https://cqc.org.uk/ | Direct to CQC |
| SCC Service Development Team (ACS STAFF ONLY) | Ensures SCC commissioned services are meeting their contractual obligations | ACSContractsHelpdesk@suffolk.gov.uk | Via Customer First or practitioner from SCC |
| Stop it Now | The helpline is available for anyone with concerns about child sexual abuse. Callers do not need to give identifying information | https://www.stopitnow.org.uk 08080 1000 900 | Direct to Stop it now |
| Ofsted | Ofsted is responsible for inspecting a range of educational institutions, including state schools and some independent schools. | 0300 123 1231 | Direct to Ofsted |

GLOSSARY OF TERMS

| AGENCY/SERVICE | PROVISION | CONTACT DETAILS | HOW TO REFER |
|--|---|--|--|
| Customer First | Customer First is the first point of contact for Social Services in Suffolk | 0808 800 4005 https://www.suffolk.gov.uk/adult-social-care-and-health/ | Self-refer/carer refer |
| General Victim Support | Advice and emotional support to victims of crime in Suffolk | http://www.victimsupport.org.uk | Self-refer |
| Counselling Services in Suffolk | Providing details of counsellors that can be contacted directly | http://www.suffolk-counselling-directory.uk | Self-refer |
| Healthy Lifestyles | Providing advice on weight control, health checks, smoking cessation and activity/exercise) | https://onelifesuffolk.co.uk/ or Mariner House, Hanford Road, Ipswich, IP1 2GA | Self-refer |
| Customer Rights (Suffolk County Council) | Complaints/comments or compliments regarding actions by Suffolk County Council | https://www.suffolk.gov.uk/about/give-feedback-or-make-a-complaint/ | Self-refer |
| Healthwatch | Complaints/ Care Quality Issues | http://www.healthwatchesuffolk.co.uk or 01449 703949 | Self-refer |
| Homelessness/ risk of being homeless | Support and guidance for individuals who are homeless or at risk of homelessness | Local Authority Housing Departments | dutytorefer.insertlocalauthorityname.gov.uk |
| Patient Advice & Liaison | Complaints about health services | https://www.nhs.uk/common-health-questions/nhs-services-and-treatments/what-is-pals-patient-advice-and-liaison-service/ | Self-refer or practitioner refers with consent |
| Total Voice Suffolk | Advocacy: Types of advocacy provided - Care Act, IMHA, IMCA, DOLS, RPR, NHS Complaints, Professional Advocacy | Website: https://www.totalvoicesuffolk.org/ Email: info@totalvoicesuffolk.org Phone: 01473 857631, Text: 07948 160240 | Referral forms for professionals can be found on the website: https://www.totalvoicesuffolk.org/ self-referrals can be made over the phone or via email |
| Purple Books | CCG Resources for Care Homes to support good management of healthcare and facilitate appropriate and proportionate response and interventions to health queries, concerns or incidents. | https://www.westsuffolkccg.nhs.uk/local-health-services/care-homes-team/ https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2018/10/Purple-Book-Section-1-Main-v1.0.pdf https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2018/08/Purple-Book-Section-2-Medicines-v1.0.pdf https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2018/10/Purple-Book-Section-3-Protocols.pdf | Self-review |

GLOSSARY OF TERMS

| WORD | MEANING |
|-----------------------|--|
| Abuse | Deliberately doing or failing to do something that causes suffering or harm. |
| Actual Bodily Harm | Bodily harm caused by one person to another as a result of assault or battery. |
| Advocate | An advocate conducts Advocacy – the Advocacy Code of Practice 2018 defines advocacy as ‘taking action to help people say what they want, secure their rights, represent their interests and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice.’ There is a statutory duty for professionals to refer people to advocacy services in certain circumstances. |
| Battery | The application of unlawful force. |
| Care Management | A collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual’s health, social care, educational and employment needs. Care Management involves as few or as many people in the person’s life to meet their needs. |
| Care Plan | A care plan is a personalised written document that details how someone’s assessed care/health/support needs will be met. |
| Care Quality | Care quality is the degree to which health and care services for individuals and groups are delivered in line with current best practice, and therefore increases or decreases the likelihood of positive outcomes for people. |
| Civil Liberties | The freedom of a citizen to exercise customary rights, as of speech or assembly, without unwarranted or arbitrary interference by the government. |
| Clinical Specialists | Clinical nurse specialists (advanced practice nurses) who can provide expert advice related to specific conditions or treatment pathways. |
| Covert Administration | When medicines are administered in a disguised format without the knowledge or consent of the person. E.G; in food or drink. |
| Criminal Act | An act committed in violation of law where the consequence of conviction by a court is punishment. |
| Cuckooing | The practice where drug dealers take over the property of a person with care and support needs and use it as a place from which to run their drugs business. |

GLOSSARY OF TERMS

| WORD | MEANING |
|--------------------------------|--|
| Cyber Bullying | The use of electronic communication to bully a person, typically by sending messages of an intimidating or threatening nature. |
| Direct Payments | A method of giving social care users money directly to pay for their own care, rather than the traditional route of a Local Government Authority providing care for them. |
| Debt Bondage | A person is forced to work to pay off a debt. They are tricked into working for little or no pay, with no control over their debt. |
| Domestic Servitude | The practice of exploiting and exercising undue control over another to coerce them into performing services of a domestic nature in unacceptable conditions. |
| Emergency Medical Intervention | Emergency medical care or other health treatment, services, products or accommodations provided to an injured or ill person for the sudden onset of a medical condition of such nature that failure to render immediate care would reasonably result in deterioration of the injured person's medical condition. |
| Fabricated Illness | A rare form of abuse. It occurs when a parent or carer, usually the child's/person's biological mother, exaggerates or deliberately causes symptoms of illness in the child. |
| Fraud | Wrongful or criminal deception intended to result in financial or personal gain. |
| Grievous Bodily Harm | Really serious bodily harm caused by one person to another. |
| Harm | An adverse impact brought about by personal or external action. |
| Hate Incident/ Crime | An incident or a crime, typically one involving hostility or violence, that is motivated by prejudice on the basis of race, religion, sexual orientation, or other grounds. |
| Honour Based Violence | A violent crime or incident which may have been committed to protect or defend the honour of the family or community. |
| Inappropriate Restraint | Restraint of any kind should be used only when the patient's behaviour presents a danger to themselves or another person. It should only be used as a last resort and only when other options have been eliminated. The use of restraint should always be minimised. |

GLOSSARY OF TERMS

| WORD | MEANING |
|--------------------------------------|---|
| Indecent Exposure | A person intentionally exposing their genitals intending for another to see and to be alarmed or distressed. |
| Local Management | Resolutions can be sought by individuals, their representatives or organisations themselves without the need to refer to Customer First or Safeguarding Leads. |
| Multi-Agency Safeguarding Hub (MASH) | The (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis and decision-making, to safeguard vulnerable children, young people and adults more effectively. |
| Mate Crime | When a person is harmed or taken advantage of criminally by someone they thought was their friend, the person is often seen as less powerful than the person who has committed the crime. |
| Medical Intervention | In medicine, an intervention is usually undertaken to help treat or cure a condition. |
| Neglect | Failure to provide care or services by omission or act, which has an adverse effect on physical or emotional wellbeing. |
| Position of Trust | A job/position in which a practitioner has a lot of responsibility and power when working with adults who may be vulnerable. A position of authority over another person or within an organisation. The legal definition with regards criminal offences is described in the Sexual Offences Act 2003. |
| Possessions | Ownership of a material object or property. |
| Pressure Damage | Damage to skin integrity in areas of pressure where there is skin redness/discolouration indicating high risk of skin breakdown or there is a pressure ulcer (broken skin) present. |
| Protection | To keep people safe and make them feel safe. |
| Quality Concern | These are concerns that have been raised with regards to the quality of the care being delivered either by formal or informal carers and will require a response such as care management review, complaint raised or referral to other agencies but is not considered abuse that requires a specialist safeguarding response. |
| Radicalisation | The process by which an individual, or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject or undermine the status quo or undermine contemporary ideas and expressions of the nation. |

GLOSSARY OF TERMS

| WORD | MEANING |
|---------------------------------|---|
| Rape | Unconsented, unlawful sexual activity (usually intercourse) carried out forcibly or under threat of injury against a person's will or with a person who is beneath a certain age or incapable of valid consent because of mental illness, mental deficiency, intoxication, unconsciousness, or deception. |
| Revenge Porn | The sharing of revealing or sexually explicit images or videos of a person posted on the Internet, typically by a former sexual partner, without the consent of the subject and in order to cause them distress or embarrassment. |
| Requires Consultation | These are concerns raised that dependent on the context and case specific details may require reporting for a specialist safeguarding response or may be able to be managed via local management or quality concern response. Therefore, these concerns will require discussion and consultation with a safeguarding lead or MASH consultation line. |
| Reportable Safeguarding Concern | These are incidents of abuse that are criminal or result in serious harm and require a specialist safeguarding response. This may result in a police lead response and/or a safeguarding enquiry under Section 42 of the Care Act. It is important to note that if the person is in any immediate danger the police must be contacted on 999 straight away. |
| Risk | Exposure to the chance of injury or loss. |
| Risk Assessment | A risk assessment is a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm. |
| Safeguarding | Working together with a person and their family or network, to prevent and/or reduce the risk of harm. |
| Sexual Exploitation | An act committed through non-consensual abuse or exploitation of another person's sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose. |
| Sexting | Sharing sexual, naked or semi-naked images or videos of themselves or others, or sending sexually explicit messages. Messages can be sent using any device that allows sharing of media and messages. |
| Scamming | Scamming is a fraudulent or deceptive act on an individual or organisation. |
| Serious Incident Process (SI) | The NHS Serious Incident Framework to help ensure serious incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again. |
| Voyeurism | A person obtaining sexual gratification by watching another person engaging in a private act without having obtained their consent. |
| Wellbeing | A person can describe a feeling of being in a good emotional, physical, and dignified state. |

GLOSSARY OF TERMS

| WORD | MEANING |
|--|---|
| Welfare | To promote wellbeing. |
| Whistle Blower | A Whistle Blower is a person who informs on a person or organisation regarding unlawful or immoral activity. |
| MODERN DAY SLAVERY (Home Office Guidance) consists of | |
| Human Trafficking | <p>For a person to have been a victim of human trafficking there must have been:</p> <ul style="list-style-type: none"> • Action (recruitment, transportation, transfer, harbouring or receipt, which can include either domestic or cross-border movement); • Means (threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability - however, there does not need to be a means used for children as they are not able to give informed consent); • Purpose of exploitation (e.g. sexual exploitation, forced labour or domestic servitude, slavery, financial exploitation, illegal adoption, removal of organs). |
| Slavery, Servitude and Forced or Compulsory Labour | <p>For a person to have been a victim of slavery, servitude and forced or compulsory labour there must have been:</p> <ul style="list-style-type: none"> • held, either physically or through threat of penalty – e.g. threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability. However, there does not need to be a means used for children as they are not able to give informed consent • Service (an individual provides a service for benefit, e.g. begging, sexual services, manual labour, domestic service) • Forced or compulsory labour (may be present in trafficking cases) <p>However, not every person who is exploited through forced labour has been trafficked</p> |