



Suffolk
Safeguarding
Partnership

SUFFOLK SAFEGUARDING ADULTS FRAMEWORK FOR ADULTS 18 YEARS AND OVER

The purpose of this document is to provide guidance about the different indicators of abuse and to assist practitioners with decision making on what interventions are required.

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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 indicator of abuse throughout this Framework, 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) will be applied before considering the need for a Section 42 enquiry:

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. 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.

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/HATE CRIME

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

LOCAL MANAGEMENT

- Isolated incident of teasing motivated by prejudicial attitudes towards a person's individual differences.
- Isolated incident of care planning that fails to address a person's specific diversity needs.

QUALITY CONCERNS

- Reoccurring incidents of teasing motivated by prejudicial attitudes towards a person's individual differences. Lack of risk assessment to manage situations.
- Reoccurring incident of care planning that fails to address a person's specific diversity needs.
- 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 that cause distress.

REPORTABLE SAFEGUARDING CONCERN

- Hate crime resulting in injury/emergency medical treatment/fear for life - includes Honour Based Violence.
- Being refused access to essential services to maintain health and wellbeing which results in serious harm and or death.
- Humiliation, threats or taunts on a regular basis causing significant emotional harm or distress.
- Recurring failure to meet specific care/support needs associated with diversity that cause significant distress or harm.
- 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 at this level 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 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 at this level 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 aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

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 case 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

- Unexplained marking or lesions or grip marks on a number of occasions.
- Frequent verbal outbursts that cause some distress or some level of harm.
- Sexual assault or humiliation where the person has capacity and does not want to be referred.
- Person experiences occasional episodes of fear by alleged perpetrator.

REPORTABLE SAFEGUARDING CONCERN

- Subject to regular violent behaviour.
- Threats to kill/choke /suffocate.
- In constant fear of being harmed.
- Sex without consent.
- Female genital mutilation.
- Honour based violence &/or forced marriage.
- Person denied access to medical treatment/care/vital equipment to maintain independence by alleged abuser.
- Frequent physical outbursts that cause distress or some level of harm.
- Subject to stalking/harassment.
- Subject to severe controlling behaviour or coercive behaviour e.g. finances/ medical/ psychological/ emotional.

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Incidents at this level 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 at this level 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 person's health and wellbeing due to lack of funds.
- Property falling into disrepair.
- Scamming and door step crime.

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.
- Repeated payments to doorstep callers, i.e. for home maintenance or being taken to the bank by traders.
- 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. 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.

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 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 required to maintain independence.
- 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.
- No control over movements/imprisonment.

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INDICATORS OF NEGLECT & ACTS OF OMISSION – GENERAL & FALLS

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

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 - no significant harm.
- 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 discomfort - no significant harm e.g. left wet for a period of time.
- Falls - One person experiencing recurring falls whilst in a care setting or receiving care services. Risk assessment, care plans not completed/need updating, lack of maintenance of manual handling equipment, however appropriate referral made to relevant health professional and no harm has occurred.

REQUIRES CONSULTATION

- Recurrent 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.
- Recurrent lack of care to extent that health and well-being deteriorate e.g. pressure ulcers, dehydration, malnutrition, self-harming (assessed to the capability of the person reporting).
- Unwitnessed fall where 111 are called and external medical treatment e.g. an ambulance required.
- Fall where serious harm occurs whilst in receipt of care (e.g. fractured bone).
- Discharge from hospital where harm occurs that requires re-admission.

REPORTABLE

- Failure to comply with care planning and/or risk assessments leading to self-harm.
- Failure to arrange access to medical care or life-saving services.
- Lack of care necessitates emergency medical interventions.
- Failure to intervene in dangerous situations where the person lacks the capacity to assess risk.
- Fall causing serious or significant harm to person, leading to the need for medical intervention. Previous concerns identified but not addressed by organisation.
- 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 significant 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. 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 Grade 1 or 2 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.
 - Single or isolated incident of Grade 3 or 4 pressure ulcer.

REQUIRES CONSULTATION

- Pressure damage - Person risk assessed with regards to pressure ulcers, but actions not implemented, and harm occurs.
- Failure to follow the advice of clinical specialists and harm occurs.
- 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.
- Failure to provide suitable pressure relieving equipment and harm occurs.
- Failure to follow the advice of clinical specialists leading to catastrophic harm/possible hospitalisation/irreparable damage/death.

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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 reassure damage.

INDICATORS OF NEGLECT & ACTS OF OMISSION – MEDICATION ERRORS

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

LOCAL MANAGEMENT

Medication Errors

- 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

Medication Errors

- 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

Medication Errors

- 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

Medication Errors

- 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 noharm.

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 persons.
- Over-medication and/or inappropriate restraint managing behaviour.
- Recurrent or consistent ill-treatment by carer/ care provider to more than one person user 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 support services.
- Whistle blower concerns not being 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.

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 at this level 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 at this level 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 at this level 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.

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.
- Hate crime.
- Mate crime.
- Assisted suicide.

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Incidents at this level 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; 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.



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 may be 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.

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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 at this level 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
<p>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.</p> <p>Home & Garden Cleanliness - Cleanliness is not of concern. However, level of untidiness may be having some impact on well-being but manageable.</p>	<p>•Left Intentionally blank.</p>	<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 at this level 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 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.</p>	<p>Incidents at this level 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>			
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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

- Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low.
- Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one person by another whether or not capacity exists - no harm or distress caused.

QUALITY CONCERNS

- Isolated incident of teasing or unwanted attention, either verbal or physical (but excluding genitalia), where the effect on the person is low.
- Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one person by another whether or not capacity exists - no harm or distress caused.

REQUIRES CONSULTATION

- Non-contact sexualised behaviour which causes distress to the person at risk.
- Verbal sexualised teasing or harassment.
- Being subject to indecent exposure where the person with care and support needs is not distressed.

REPORTABLE SAFEGUARDING CONCERN

- Any allegation of sexualised behaviour relating to a person in a position of trust against a person in their care.
 - Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and adult with care and support needs.
 - Rape.
 - Sex without capacity to consent.
 - 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
- All of the above could be recent or historical.

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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/Employee-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	A service for patients with communication and/or swallowing difficulties.	01473 275285	GP or telephone contact
Stroke Unit West Suffolk Hospital		01284 713303	
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	Provides guidance on palliative care, and advice and support for patients, families and clinicians.	01284 766133	GP or telephone contact
St Elizabeth Hospice		0800 5670111	



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	dutyrefer. 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>