

SAFEGUARDING IN SUFFOLK EXPLAINED

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Purpose of our report

Put simply, we want to explain how safeguarding works in Suffolk and what it means for everyone involved. Most risks take place within people's homes. Many people at risk are hidden away, behind closed doors. It is important to shine a light on what is happening to them. The same is true of harm in the community, whether from criminal or sexual exploitation: hate crime, mate crime, cybercrime – from any modern attack in an individual unable to defend themselves.

Methodology

Our short report is based upon discussions with about 150 individuals in Suffolk - a snapshot of public opinion. We spoke to people without prior notification or selection. The report also draws from our case reviews about serious incidents of abuse, neglect or exploitation. You can read these on our website. The tragic stories of Maria, Nigel, Anika and the Two Sisters will break your heart.

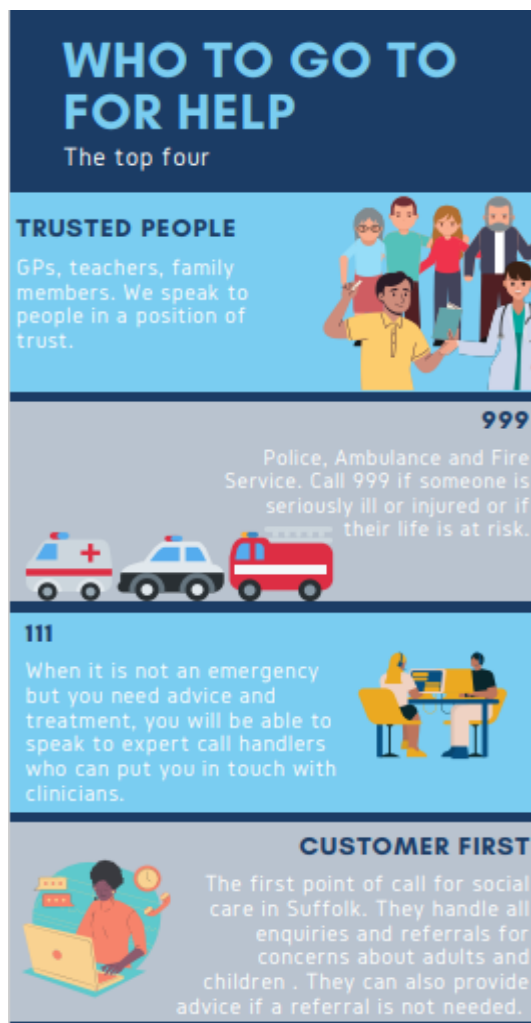
Abuse, Neglect and Exploitation – what they mean

No-one in Suffolk is exempt from the risk of abuse, neglect and exploitation because they cross age, gender, race and culture. Here are the main types of abuse neglect and exploitation.

1. **Physical abuse** which results in an injury of any description. Sometimes physical abuse can be fatal, in domestic abuse for instance. It can be constant hitting, pushing, biting, twisting, kicking – any assault on a body.
2. **Sexual abuse** is any forced or unsought sexual contact between one person and another. This ranges from harassment like upskirting, downblousing, catcalling, cyberabuse like revenge porn through to unwanted touching and ultimately rape. Sexual abuse can take place between any two people or any group, within the family or in the community.

3. Like sexual abuse, most **emotional abuse** is invisible to the naked eye but it can feel terrifying to the victim. It includes persistent undermining, threats and intimidation, scapegoating, coercive control and being ignored to the point of an individual's very existence being denied. **Emotional abuse** is nearly always a factor in other types of abuse.
4. **Neglect** is a comprehensive failure to look after a vulnerable child or adult and a failure to meet some or all of their needs. In a neglect situation, food, warmth, clothing and all other needs are either deliberately withheld or the person who cannot meet their own needs is ignored. Neglect can also be carried out by organisations against the people they have a legal duty to look after. This is called **organisational abuse**, perpetrated by people in a *position of trust*.
5. **Financial abuse** is where an individual's resources are being taken from them by someone close to them inside their home or in the community.
6. **Exploitation** includes criminal, sexual and financial exploitation. This can involve grooming, trafficking, County Lines, extortion, coercion, baiting, catfishing, manipulation and modern slavery. **Transitional safeguarding** means that a young person of concern may become a young adult of concern. There is no ageing out of safeguarding at 18 or 21. The need for protection continues and can be continuous.

It is crucial that if you see or suspect any type of abuse, neglect and exploitation, you should report it – see it, say it, report it. Talk to someone in authority or a trusted adult or ring one of the numbers below.



WHO TO GO TO FOR HELP
The top four

TRUSTED PEOPLE
GPs, teachers, family members. We speak to people in a position of trust.

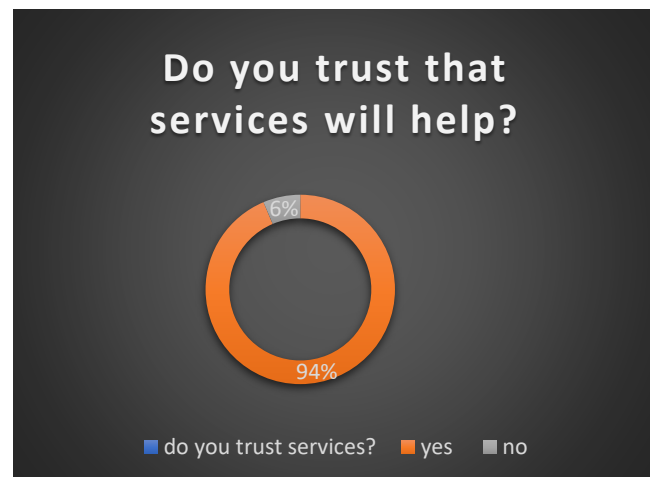
999
Police, Ambulance and Fire Service. Call 999 if someone is seriously ill or injured or if their life is at risk.

111
When it is not an emergency but you need advice and treatment, you will be able to speak to expert call handlers who can put you in touch with clinicians.

CUSTOMER FIRST
The first point of call for social care in Suffolk. They handle all enquiries and referrals for concerns about adults and children. They can also provide advice if a referral is not needed.

What the public thinks about safeguarding

Most people we spoke to knew where to go for help and trusted those services to help them. Considering the negative publicity about safeguarding when mistakes are made, this was a surprising yet encouraging finding.



Most people appeared to understand ‘safeguarding’ and even young children we met talked about ‘stranger danger’ and ‘help’ for example. Over half of local people with no prior knowledge used words like ‘safety’, ‘protection’, ‘help’ and ‘prevention’. Only 5% of those we talked to had no knowledge about safeguarding at all.



Some differences emerged from our discussions in Bury and Stowmarket, Ipswich and in Lowestoft.

In Bury and Stowmarket

Most people we spoke to in West Suffolk were concerned with County Lines – organised drug trafficking involving children and young people in the distribution of those drugs. The language used was county lines and not gangs or drugs, suggesting media reporting of the issue defines how it is thought of. Smaller groups of people in the West were worried about mental health issues, cyberbullying and online safety equally.

In Ipswich

In Ipswich there was a notable difference in the language used as well as the issues on people's minds. The local population in Ipswich was more diverse and the responses were more varied. Issues of concern were homelessness and mental health services. Some of the people we spoke to by chance were service users who had positive things to say about the individuals who cared for them despite that care appearing to be short of time and frequency at times.



In Lowestoft

Everyone we spoke to in Lowestoft seemed to understand what Safeguarding was in some form or another. The most common words we heard were 'help and care' 'support' 'protection' 'prevention'



Overwhelmingly the concerns in Lowestoft related to neglect. A lot of people gave examples such as children showing up to school with holes in their shoes or appearing unkempt in one way or another but that parents had expensive clothing. One group remarked that 'some people just shouldn't have kids'. Another concern was suicide as there had recently been a case in the area. Drugs were on people's minds as they commented that they are prevalent everywhere in the town. Mental health was a big concern as well as homelessness.



Themes, stories and quotes

Being helped

“Honour-based violence is handled really well”

I feel safe at home, despite barely being able to move. I have a carer who comes in four times a day. If I am desperate in the middle of the night, I can ring her and she comes straight round. I can survive in the hours in between her visits because I know she will be coming soon. Without her, I wouldn't want to stay alive.

Worrying about others

There were twice as many quotes about concerns for others than for any other theme. This may be partly due to the sample size having little direct experience of safeguarding rather than a disproportionate number not being helped. A strong sense of community responsibility came through. We had little sense of people 'walking by on the other side', even though sometimes the person concerned wasn't sure what to do.

“Safeguarding means looking after the people around us, including your own and others mental health and physical safety in and out of school.”

“I worry about some of the children in my local school, they look like they have nothing and their parents have everything”

One family spoke to me about a concern they have had in their local school: Mum A makes conversation with Mum B who appears to have a learning difficulty. Mum B 'latches on' to Mum A and forms an attachment with her. Mum A finds this a bit much but doesn't say anything as thinks it is harmless even if a little unusual. Mum B then spends a lot of time outside the classroom of Mum A's older child at the school in order to get attention from Mum A. The teacher of the class notices and Mum A's child tells the teacher that this is making her uncomfortable as she is worried about Mum B's intentions. The headteacher of the school was notified and escalated appropriately. This family felt happy and safer because of the actions of the school.

“I am worried about the lack of services for Mental Health. People become desperate and make bad decisions under stress”

“The cost of living crisis is affecting people here”

“Safeguarding is about looking out for people”

‘Homeless people need help; services need to adapt to them’

Becoming a safeguarder

Another group wanted to speak about suicide in particular and why the word itself or even death appears to be such a ‘taboo’ subject. There have been a few incidents of suicide recently in Lowestoft and one lady in this group has recently tried to get involved with helping people to make a different choice by joining the Samaritans. Apparently, she spoke to customer services at the train station at first but they do not have anything in place for this. They rely on the Samaritans.

“As a parent, you think safeguarding is your responsibility”

“You feel a greater responsibility these days. There is definitely a growth of awareness amongst parents”

I feel positive about the help I received although I think that mental health services were very lacking back then although the people working in the service were kind to me. The help I get now is more beneficial. I have a wrap-around service, encompassing medication to help me to be more regulated and functional day to day. I also receive therapy and have been advised to exercise more. I try to do my 10,000 steps every day. Walking in the fresh air helps me a lot. I want to help people who suffer with their own mental health and think I have some insight now that could be valuable to people in a similar situation.

Not knowing what to do

We noticed that people did not understand the purpose of Customer First. They assumed it was a customer service department. It did not relate at all to Safeguarding in their minds. So, when we asked if they knew where to go for help, answers were mostly friends or police for adults. Children mostly said teachers or neighbours.

“The whole community has a responsibility for safeguarding. We must educate local residents about its importance”

For others, it was not so clear where to go to for help. We spoke to a young girl in care who was concerned about her friend who she thought had attempted to take her own life the night before. She said she thought she was in hospital but didn't know. She didn't know how to ask for help. We did suggest her social worker and also gave her the number for Customer First as she didn't know who her friend's social worker was.

She was worried that her friend was going to keep trying to take her own life. The children were housed in a residential unit and have obviously formed a close bond.

This made us think of a girl in Suffolk who did take her own life. Despite telling her best friend and her boyfriend she was about to do this, even telling them the location, they felt too panic-stricken to call any agency for help. Another person we spoke to described a young man who was about take his own life and no one around him knew what to do.

The theme of no one knowing what to do was widespread, despite procedures being clear. A Head Teacher said she was not sure what to do about an allegation against a teacher. Even if someone is in place waiting to respond – in this example it is a specialist called a LADO (the local authority designated officer) – that is not the same as people involved being confident about what to do.

‘Parents in my area don't know where their teenagers are, they have even asked me to help look for them before’

Self-help Suffolk

Some people we spoke to had asked for help, got nothing so decided to help themselves. In the Covid Inquiry we wrote in 2021, we tell the story of a mother who set up an NHS Unit in her own house to manage the care of her anorexic daughter, in which she replicated the care she received herself twenty years before as a teenager with anorexia. This time, we spoke to a mother who trained herself in cognitive behaviour therapy (CBT) in order to help her child who was unable to access the service.

One lady wanted to let me know that her (adult) son used to self-harm as a teenager and she reached out for help via ‘crisis outreach’ who let her know that he was just being himself! She identified that this behaviour was a result of bullying and took the step to home educate him. He is now thriving and working full-time having completed his school education.

“I had a positive experience even though I didn’t get anywhere”

“I didn’t know who to call and when I did call someone, there wasn’t anyone able to assist”

“Suffolk thresholds are so high that it is impossible to get a service or register a concern”

Inconsistency

Whilst we did not speak to that many people who had direct experience of safeguarding, those who had described very different experiences, suggesting inconsistency in service provision.

Many people told us that responses to concerns were inconsistent. A father said he’d brought the mental health problems of his daughter to the attention of her school but they did nothing about it. A different school gave massive support to his other daughter, with a Pastoral Support manager available to help her when needed and conscious efforts made by the school to provide a secure and nurturing environment for the girl – ‘that doesn’t resolve her health problems but it does make school bearable for her’.

Feeling Safe

Most people reported feeling safe. Feeling unsafe was about being in a specific threatening situation occasionally, not a constant feeling.

“Drugs are such a huge issue, I have seen people dealing in the open”

“County lines is a major worry; I worry about this effecting my family”

“Family courts allow violent men to carry on seeing their children after the woman escapes. Perpetrators are not being held to account. Of course, women open their front doors if he comes round. They keep thinking he will see sense”

“I feel safe out at night as long as I have a mobile phone for communication. I would not go out without my phone”

And in school

Most children felt safe. For example, 3 out of the 7 students we spoke to had received random messages online but were aware of the need to block and delete such messages. Vaping was a big issue and was seen as common place. This leads onto drug taking in some cases.

“PSHE follows a curriculum of study looking at all sorts of different issues that affect us. Assemblies always start with a PowerPoint of who to contact in school and links to NSPCC and Childline if we cannot speak to anyone in school”

“I know the teachers I should go to if I have any worries.”

“I always feel listened to and supported in School, we feel that our concerns are taken seriously and not dismissed.”

How safeguarding concerns are dealt with

Calls about a child or adult’s immediate safety should always go via 999, so that emergency services can respond and assess urgent care, treatment or any need for a place of safety. All other concerns can be raised with anyone in a position of trust – in a school, in a care home, in a GP practice or to a voluntary or community organisation. The mantra is *see it, say it, report it*.

Non-emergency concerns should find their way to Customer First in Suffolk County Council (either ring 0800 800 4005 or e mail them at customer.first@suffolk.gov.uk). All concerns will find their way into the MASH, which stands for the Multi-Agency Safeguarding Hub. Safeguarding staff from the County Council, the Health Service, the Police and from Education, work together in the MASH to decide how best to handle each safeguarding concern. They operate a professional consultation line so that a collaborative conversation can take place to discuss a concern before a formal referral is made (0345 606 1499). Each concern needs to be triaged for severity and significance and if a defined threshold of concern is reached, the situation will be thoroughly assessed. A concern may also be flagging that someone needs support and the MASH will refer this person or family for help in the best way they can from the resources they know about.

Some new forms of assistance are being brought in such as Suffolk Police’s use of videocalls to speak with victims of domestic violence. Even if the defined threshold is not reached, people can still be effectively helped. For example, a social prescriber linked to a GP surgery went on domestic abuse training and put a team around a victim successfully even though the situation did not reach the threshold for a statutory intervention.

An assessment might take a number of forms.

First, it might involve gathering information from agencies and family members who know a person with vulnerabilities, in order to form a picture of the person concerned. The most important person to consult is always the person themselves – they are a person, not an object of concern. Their consent is needed for the MASH to make these enquiries unless there is a clear safeguarding concern which must be followed up – consent is not needed in these circumstances, especially if the act of seeking consent places someone at a greater risk.

THE DUTIES THAT MATTER

The duty to share information is one of the most important safeguards. If you pass on a safeguarding concern to the authorities, you are protected in law if you are acting in good faith. In truth, very few safeguarding alerts are malicious and lacking in substance. Time after time, agencies fail to share information and Suffolk is no different – a duty is a duty, not an option.

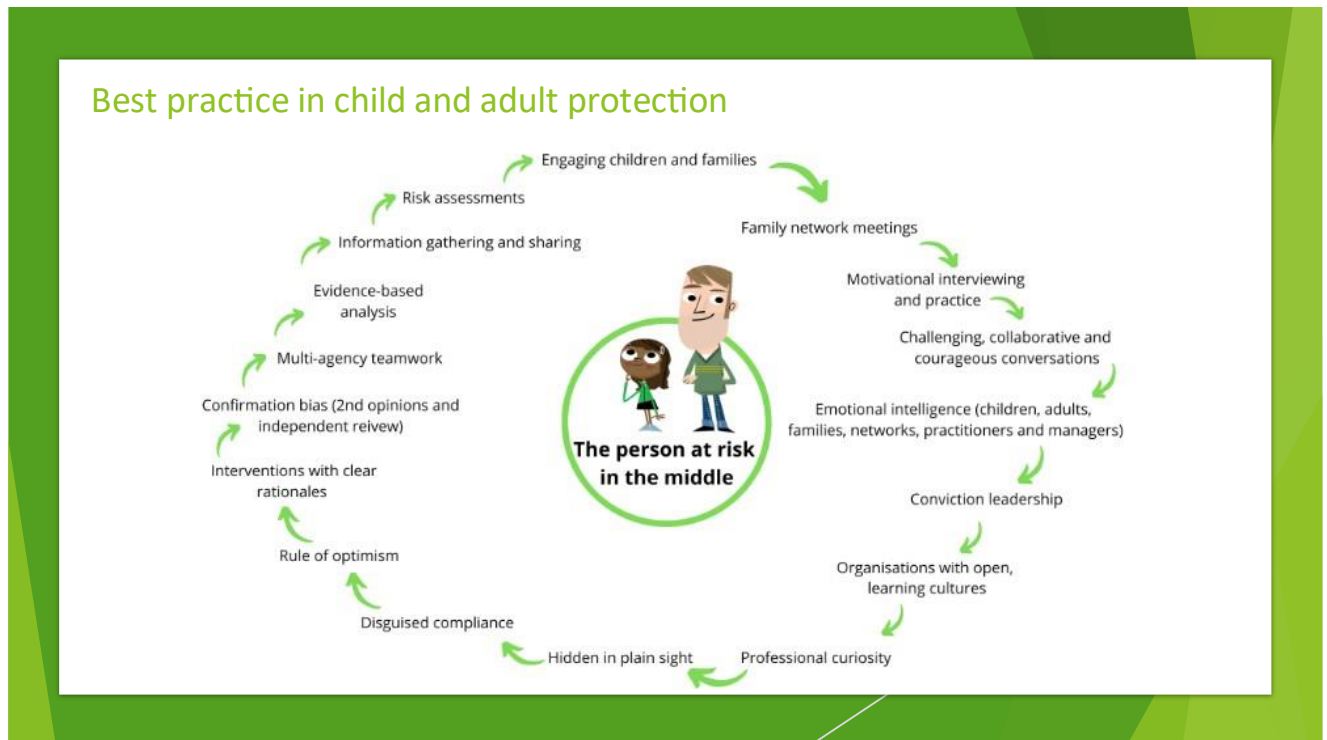
The duty of candour. Transparency is important when emotions run high. Safeguarding work needs a presumption of transparency which should only be set aside when to tell all will leave the person at risk even more vulnerable.

The duty to act. Action must always be taken to protect an individual at risk. Not responding is inexcusable.

Second, it might involve a joint investigation by social workers and the police. A joint investigation must always be planned - the rationale. It will always involve speaking to the people concerned and in some situations, it may need a police interview or the child or adult may need to be interviewed and examined – this is always done in carefully controlled and safe circumstances and always by specially trained professionals. Depending on the outcome, the investigation may proceed to a Strategy Meeting and if concerns are high, an initial child or adult protection conference. We should emphasise that it is extremely rare for individuals at risk to be removed from their families either in the short-term or for a longer period. Most assessments and investigations end up with help being offered. We should also make clear that adult victims are as important as child victims.

Thirdly and finally, the same principles are followed for abuse, neglect or exploitation that might be going inside organisations or in the community. So, the spectrum of settings ranges from inside the home, out in the community or inside organisations where people in positions of trust are violating that trust. Whilst this does not happen often, we all still need to be aware of these shocking possibilities, to be alert to them and to be ready to take action to stop them.

Best practice in safeguarding



There are specific types of best practice. For instance, people on waiting lists may need to be kept safe in the meantime. We set out an example of best practice below. It means the person on the waiting list is kept in touch with and knows where to go if their circumstances change or the risks, they face get worse. They may be on the waiting list for a great service, but it is a poor service if it never materialises.

We have decided to highlight our Top 5 best practice examples, which we hope will be educative and inspirational. They are drawn from what we have been told and what we think.

1. Child and adult protection needs a **clear practice model** so that all professional follow clear principles. Here are two models you will find used a lot in Suffolk. The first is Signs of Safety and the second is Thrive.

The Signs of Safety framework asks 3 basic questions, based on professional curiosity: -

- What are we worried about? – what are the risks to the child or the adult?
- What is working well? – how is the child or the adult being protected?
- What needs to happen next?

The Thrive framework focuses on future well-being – see below from the Health Service. It another clear and positive practice model.

CYP Transformation Framework for SNEE

- The Thrive Framework is an integrated, person centred, and needs led approach to delivering mental health services for children, young people and their families that was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust.
- It conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.
- The Thrive Framework provides a set of principles for creating coherent and resource efficient communities of mental health and wellbeing support for children, young people, and families. It aims to talk about mental health and mental health support in a common language that everyone understands.



2. The **co-production principle** should be followed. So, when someone reports a concern, those investigating or assessing that concern must let the referrer know the outcome. A common complaint expressed to us, by GP's and schools for instance, was that no one let them know the next steps that were being taken. This left them feeling high and dry. Another key co-production point is to ensure you have person-reported outcomes, not just the outcomes a professional defines. Another is personal safety planning, so that a person at risk is helped to protect themselves, especially if their situation cannot be changed.

3. **Accountability** means that when something goes wrong or a serious mistake is made, the organisation in question owns up to it and does not either minimise what has happened or cover it up – the duty of candour set out above.

4. Building a **learning culture** is important so that improvement is continuous and that organisations help those who work in them to learn lessons from mistakes, from reviews of cases or from new understanding about safeguarding. It is important to exercise accountability without blaming workers unfairly. Even when someone is responsible for a mistake, the best way forward is to teach them how to do better so they never make the same mistake again.

5. People with vulnerabilities are often hard to engage. They may refuse help by any means. It is important to be **engagement-led** and to keep offering help, not taking no for an answer.

Where does the help come from?

Here is an example of one service, the Kooth service. We include this in full to illustrate the range of services organisations in Suffolk provide. We are not listing them in this short document but you can find the full range of resources if you look on the following websites:

[The Lullaby Trust - Safer sleep for babies, Support for families](#)

[NSPCC | The UK children's charity | NSPCC](#)

[Stop It Now! UK and Ireland | Preventing child sexual abuse](#)

[Action For Children | Children's charity | For safe and happy childhoods](#)

[About dementia | Alzheimer's Society \(alzheimers.org.uk\)](#)

[Home | Refuge National Domestic Abuse Helpline \(nationaldahelpline.org.uk\)](#)

[Lighthouse | From a brighter future, free from domestic abuse \(lighthousewa.org.uk\)](#)

[Suffolk Mind - Suffolk's independent mental health charity](#)

[Community Action Suffolk](#)

[Suffolk Safeguarding Partnership](#)

What we have commissioned..... The Kooth online service compliments other face to face support we have in place in Suffolk and NEE and has been embedded in the system for sometime – with excellent usage and outcomes for CYP.

The Kooth Service: Right place, right time - one size doesn't fit all

Remove barriers to access

Remove stigma

Choice, not prescription

Safe space

Anonymity: Our users remain anonymous, giving them the confidence to speak out and access without the fear of judgement



Therapeutic choice: Kooth is a full mental health toolkit - giving our users the opportunity to choose the kind of therapy that works for them.

Content

Journal and goal setting

Live chat
12.00-10pm
Weekdays
6pm-10pm
weekends/BH

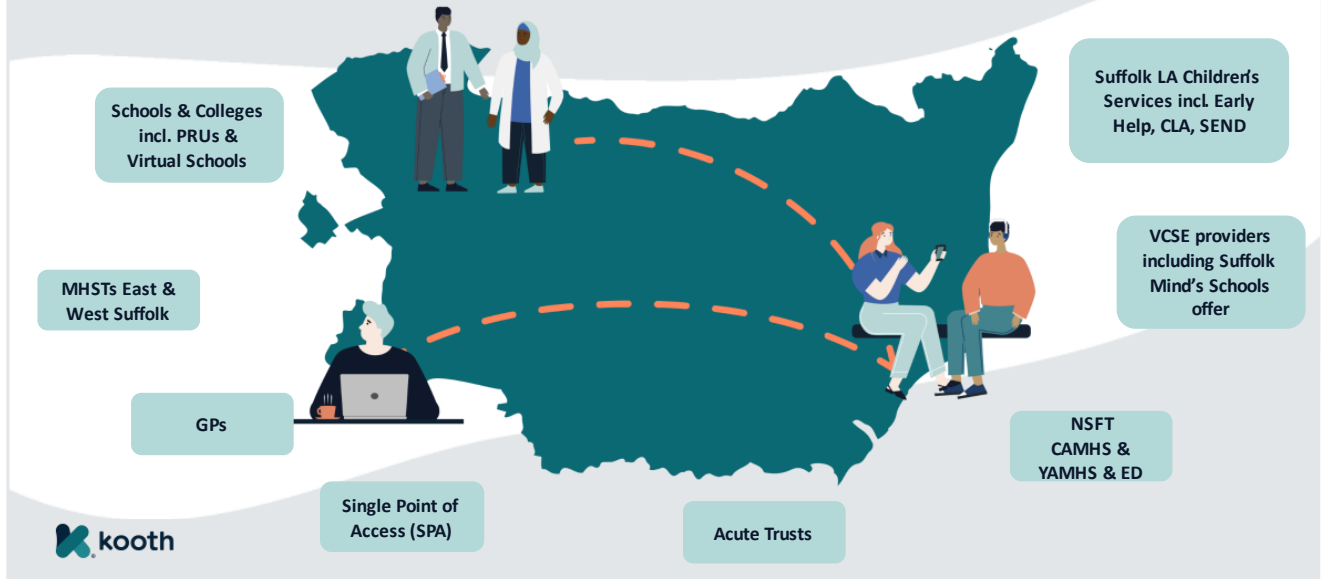
Peer to peer support
Moderated by our practitioners

24 hour messaging

Mini Activities



Kooth is already embedded into local system pathways : Their Engagement Team will continue to nurture new and build upon existing positive relationships



Our Digital offer.....



Self-Harm
A MANAGEMENT TOOLKIT FOR EDUCATIONAL SETTINGS

WELLBEING IN EDUCATION
Staff Wellbeing, Children and Young People, Family Wellbeing, Whole School and College Approach to Wellbeing

Children & Young People's Emotional Wellbeing Hub
Action & Transformation

Emotional Wellbeing Gateway
Whether you are experiencing mental health issues, or worried about someone you care for or want to know how to stay mentally well, there are many ways you can get information and support.

ChatHealth

infoLink
Help for Adults, Emotional Wellbeing and Mental Health, Suffolk Local Offer, Families and Community

kooth

wellbeing Service

THE SOURCE

Digital Offer - local online support

- **Emotional Wellbeing Gateway website (Suffolk Infolink Directory)** Information, advice and guidance on common mental health issues. Access to mental health services like the Emotional Wellbeing Hub www.emotionalwellbeinggateway.org.uk
- **Just One Norfolk**- Mental health support service in Lowestoft and Waveney www.justonenorfolk.nhs.uk/mentalhealth
- **Wellbeing Service**- A range of online courses and webinars www.wellbeingnands.co.uk/suffolk
- **Wellbeing in Education website (on Suffolk County Council website)** Supports the wellbeing of schools and educational settings. Podcasts, training courses, wellbeing events calendar, parent and carer workshops www.suffolk.gov.uk/wellbeingeducation
- **Suffolk Local Offer**- Local support and opportunities for children and young people with SEND www.suffolklocaloffer.org.uk
- **Suffolk Sendiass**- Special Educational Needs and Disabilities Information Advice and Support Service: <https://suffolksendiass.co.uk>
- **The Source website for young people**- Sources of information and advice important to young people in Suffolk, including emotional wellbeing support: www.thesource.me.uk/wellbeing
- **Kooth**- Online counselling service and peer to peer support for young people aged 12-15: www.kooth.com
- **Healthy Suffolk**- Public Health website which includes The Five Ways to Wellbeing Suffolk initiative for how families can look after their emotional wellbeing: www.healthysuffolk.org.uk
- **Turning Point**- Support for young people affected by drug and alcohol abuse www.wellbeing.turningpoint.co.uk/suffolk
- **Yojo Careers and Apprenticeships App**- Support young people's aspirations for the future by helping them find employment opportunities. www.yojoapp.co.uk

Digital Offer - Online support from organisations that work with families

- **Suffolk Minds** - Resources and support for adults and children to help them stay well www.suffolkmind.org.uk
- **PACT (Parents And Carers Together)** - Support parents and carers to support the mental health of their children and young people: www.parentsandcarerstogether.co.uk
- **Suffolk Parent Carer Forum** - A group of parents helping to shape services for children and young people with SEND in Suffolk: <https://suffolkpcf.co.uk>
- **Home-Start**- One-to-one volunteer-based, homevisiting, family support: www.homestartinsuffolk.org
- **4YP Suffolk Young People's Health Project**- Provides services that improve the social, emotional, and physical health and wellbeing of young people in Suffolk, aged 12-25: <https://4yp.org.uk>

Digital Offer – National online support

- **MindEd** - Practical guidance, and learning modules for families and professionals. www.mindedforfamilies.org.uk
- **Anna Freud National Centre for Children and Families** - Resources and support to parents, and an 'On My Mind' young person's directory. www.mindedforfamilies.org.uk
- **Young Minds** - Empowers and supports the mental health and wellbeing of young people. www.youngminds.org.uk
- **The Mix** - Information and support for young people's mental health: www.themix.org.uk/mental-health
- **The Samaritans** - www.samaritans.org
- **CALM** - Mental Health support for boys and men: www.thecalmzone.net
- **Hopeline (Papyrus)** - Support for young people, adults struggling with suicidal thoughts www.papyrusuk.org

And finally

Day in day out, people at risk are being kept safe by professionals, family members, local volunteers, sports organisations, town pastors, churches and a range of teams and organisation around the county who spend their time making sure the safeguarding system has 'eyes on' people who need to be seen and checked for their own safety. The best businesses take safeguarding seriously if one of their staff has a problem. Community organisations support people at risk in their programmes through which their confidence and resilience is built up, their isolation is reduced and they feel they are members of something that matters – these are vital factors in effective safeguarding in Suffolk. There are over 1000 domestic abuse champions working inside a diverse range of organisation. It has taken a generation to grow this Suffolk safeguarding infrastructure. It is something to be truly proud of as well as one that we are determined and committed to sustain.

Here is our glossary of commonly used terms. We will add to them as this document evolves and as it is updated.

An A-Z OF SAFEGUARDING

A is for...

Accountability including governance and scrutiny. This is where safeguarding professionals and agencies are held to account via various internal and external scrutiny mechanisms.

Active listening means that the person you tell your story to listens to you in a way that makes you feel understood and supported.

Adverse childhood experiences (ACE's) are things that occur in your childhood which cause you great difficulty at the time and which can go on causing difficulty until less you are helped to recover.

Advocacy is when someone who needs safeguarding or who is involved in a safeguarding investigation or enquiry has someone in their corner who speaks up for them and argues their case.

Assessment/s are when a professional like a social worker or a psychologist take steps to understand you or your situation.

Asset-based practice, also called *strengths-based practice*, is an approach to practice which emphasises the strengths of an individual, family or community, not just the things that are wrong.

Autism-friendly provision means that the experiences of someone with autism are understood and that the service provided is adjusted to take account of the needs of the person with additional needs. The same goes for any type of disability, whether visible or invisible and in any setting such as a school or a care home.

B is for.....

C is for.....

Caldicott principles emphasise that information should only be shared on a need-to-know basis with the necessary minimum amount of information being shared. In safeguarding practice, there is a duty to share information but this still has to be managed using Caldicott principles.

The Care Act 2014 sets out the law on safeguarding adults. The 3 main principles are that:

- 1) Safeguarding is everyone's responsibility
- 2) Any safeguarding response should be a personal one

- 3) It should be recognised that adults are experts in their own lives and should be treated accordingly with respect

The 6 guiding principles of the Care Act overall are these:

- 1) *Prevention* – concerns are identified early and actions taken to prevent escalation of concerns into abuse
- 2) *Protection* – supporting adults to be free from abuse and neglect
- 3) *Proportionality* – a safeguarding response that is appropriate in scale to the presenting concern
- 4) *Empowerment* – adults are encouraged to make their own decisions and are supported to do so
- 5) *Partnership* – professionals work with the adult and each other to reach the most effective solutions
- 6) *Accountability* – it is clear who is doing what and why and actions are transparent

Case management is the process through which safeguarding services to an individual are organised.

Case Review Panel is the monthly panel administered by the Suffolk Safeguarding Partnership to consider and evaluate any reviewing or learning needs for children referred to the Partnership because of concerns that a child was not being properly safeguarded.

Catfishing is when an abuser creates a fake person or identity online targeting an individual in order to compromise them or to cause them harm.

Channel and Prevent Panels is the statutory multi-agency approach to identify and support individuals at risk of being drawn into terrorism.

Child Death Overview Panel (CDOP) is the branch of the Suffolk Safeguarding Partnership which reviews every child death in Suffolk in order to identify any learning which might prevent future deaths. The vast majority of child deaths are medical and are not a safeguarding issue.

Child sexual abuse (CSA) is shorthand for the sexual abuse of children within their own home, nearly always by one of their parents but less frequently, members of the child's extended family.

Child sexual exploitation (CSE) is shorthand for the sexual abuse of children in the community, be that by individuals or gangs.

Clutter is a symptom of self-neglect, typically associated with hoarding, only relevant to safeguarding at a level where an individual or family are placing themselves at extreme risk as a result, for example of a fire hazard.

Collaborative conversations are the best way for professionals to work with individuals or families, so that dialogue takes place in as open an atmosphere as possible.

Confirmation bias happens when subsequent opinions and assessments merely confirm or parrot what the first person assessing a situation has thought or said.

Contextual safeguarding correlates with CSE and means that a lot of abuse and neglect happens because of a particular set of factors operating in the community at the time, rather than being an inherent characteristic of the people involved. Having said that, some of the most dangerous situations faced by people at risk are contextual.

Corporate parenting sets out how local agencies look after children and young people in care who are in care to the state and who need and deserve to be treated by local agencies as they would treat their own children.

County Lines are a drug supply model for trafficking drugs into rural areas and smaller towns, away from major cities in the UK . Criminal gangs recruit and exploit vulnerable children, sometimes including children in pupil referral units and those who have been excluded. Sometimes vulnerable people are targeted by traffickers in order to set up their business in random properties to avoid detection, a practice known as **cuckooing**.

Curiosity is a permanent state of mind about safeguarding, usually deployed after an initial concern. Curiosity means being open to alternative explanations, being open to being challenged and having a readiness to challenge others. A lack of professional curiosity at all levels and in all agencies has been a key factor in many cases where a child or an adult at risk has been killed or seriously harmed.

D is for.....

Decision-making is the framework for taking decisions about safeguarding, covering the many types of action taken by individuals, families and professionals in order to keep a person at risk safe. Professionals should always have a rationale for their decisions. Most safeguarding decisions are taken by individuals and their families or carers and safeguarding agencies have a responsibility for advising people accurately and with good sense.

DHR is a Domestic Homicide Review, which must be held when an adult is murdered in a context of domestic abuse or violence. DHR's are commissioned and overseen by Community Safety Partnerships of which there are 3 in Suffolk – for West, Ipswich and North.

Disguised compliance happens when someone with a track record of abuse or neglect pretends to be compliant with safeguarding agencies whereas in reality, they are either going through the motions or gaming the system.

DOLS is the framework in which a court agrees a local authority or other body like a Health Trust can lawfully depriving an individual of their liberty, for example through restraint, because that individual poses a significant threat to themselves or others whilst the are being cared for.

Domestic abuse is one of the main forms of abuse in which one partner in a household abuses another, either in a single incident or in a pattern. Concerns or allegations about abuse are always investigated and a range of actions can be taken to support the victim/s and/or disrupt or stop the perpetrator. There are many organisations in Suffolk working to support the victims or the survivors of domestic abuse.

E is for.....

Early Help is the generic terms for services which reduce the risk of abuse, neglect or exploitation taking place. Too often, what is classed as early intervention is late intervention so the challenge is to offer help as close as possible to the time when a safeguarding risk is first apparent.

Elder abuse is the term used from the 1970's onwards when the various ways in which adults were being abused began to be realised. Before then, there was a far greater focus on children being abused so the recognition of the scale and extent of elder abuse was a major step towards understanding the need for an all-age approach to safeguarding and putting in place the services to achieve that.

Exploitation is the term defining the multiple ways in which a vulnerable person can be taken advantage of, sometimes in life-threatening way.

F is for.....

Family safeguarding is a safeguarding practice model in which all services to families at risk are provided by multi-agency teams.

Fluctuating or situational capacity (mental capacity) describes how a situation can be so challenging for an individual that they lose the capacity to think for themselves or make decisions for themselves about how to keep themselves safe. A court has the power to delegate an individual's capacity decisions to someone specifically appointed for this purpose.

G is for.....

Gaslighting is when someone close to you tells you what to experience, thereby denying the existence of what you are actually experiencing.

Gillick competence is the term used to define when a child has the capacity for informed consent, about sex or contraception for example. Thinking about this has matured over recent years, for example with it now being common practice to take the view that an individual who is being exploited cannot be determined to have given their consent freely.

Governance is the structure or process which oversees the work of safeguarding organisations, to make sure they are still functioning in accordance with defined standards.

Greenwashing is the term defining a range of green energy scams which financially exploit individuals, often over many years by selling fake or unnecessary green products. *Greenwashing* is the latest in a long line of scams which are increasing daily.

H is for ...

Historic abuse is the umbrella term to describe the abuse that took place over the last fifty to one hundred years – and before that – in 'total institutions' such as the church, residential schools, children's homes, learning disability hospitals and residential homes and in mental health units. The Suffolks Safeguarding Partnership is open to listening to the stories of anyone in Suffolk who has experienced historic abuse with a view to helping them seek reparation.

Human Rights legislation is set out in numerous laws and conventions since the benchmark Human Rights Act in 1998 which repeatedly emphasise the sanctity of rights and freedoms in law which must be applied to all aspects of safeguarding practice.

I is for.....

Information gathering and information sharing are fundamental to carrying out safeguarding duties effectively. There is a duty to share information which might lead to safeguarding an individual from defined risks. This duty is a greater duty in law than the duty to protect confidentiality. Serious case reviews of one type or another invariably find that relevant information has not been shared so the requirement to share information has to be continuously emphasised and briefed to all concerned.

Integrated Care Boards are the local organisations within the NHS through which health safeguarding services are commissioned and organised. Services are usually commissioned through Health Trusts which are either hospital-based or community-based but other services in the voluntary and community sectors may also be commissioned where they can make a clear contribution to keeping people safe.

J is for ...

Judgment is what is exercised every time a decision is taken or an assessment carried out. In many safeguarding situations, the facts are far from clear so either an individual in authority or a group or conference convened for that purpose must exercise professional judgment on the basis of any known facts, assessments and their experience of similar situations in the past, which are relevant despite every situation being unique.

K is for.....

L is for....

Language can be a safeguard in itself. Generally speaking, motivational language both in tone and content can keep people safe. Language used by professionals should be *clear* – because of the potential to be misunderstood: *direct* because honesty and transparency is vital: and *respectful* so that human rights are respected even when strong action is being taken to protect a child or an adult at risk.

Learning is the most important action after a safeguarding incident, to reduce the risk of it happening again. The Suffolk Safeguarding Partnership sponsors a range of learning processes, such as Case Reviews, learning events, single agency training and multi-agency training. Learning is at the heart of every action plan assemble after something goes wrong. There is learning to be understood and applied from every incident.

Legislation and legal safeguards for children and adults at risk includes emergency action to remove someone from a situation that is below a threshold of safety through to long-term protection by keeping someone away from harm for a long period of time. The safeguards against intrusive and unnecessary intervention on the one hand and failing to take action on the other hand, have been written into numerous protocols and procedures, all of which are in place locally

Learning and Improvement Groups (LIG's) are convened by the Suffolk Safeguarding Partnership when a particular issue needs taking forward over a short period of time by a multi-agency team selected for the purpose. LIG's report into either the Safeguarding Adults Board or the Safeguarding Children's Board.

M is for.....

Making safeguarding personal is the legally binding way in which a safeguarding duty for an adult risk must be combined with taking steps to help the individual determine the outcomes they want

MAPPA is the acronym for multi-agency public protection arrangements, charged with managing the risks posed by sexual and violent offenders:

MARAC is a Multi-Agency Risk Assessment meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners and domestic abuse specialist practitioners.

MCA is shorthand for the Mental Capacity Act (2005) which forms part of an assessment of a person at risk in terms of their capacity to make decisions to protect themselves from known harm or harms

MDT is shorthand for a multi-disciplinary team meeting which considers the risks facing someone. There are various acronyms in use about particular types of risk management meeting, like CPA, CETR etc but they are all essentially a multi-disciplinary meeting to consider the situation of a person at risk.

Missing is a key term because going missing frequently leads to a safeguarding risk. If someone vulnerable goes missing, local procedures are activated, including the Philomena protocol for missing children and the Herbert Protocol for missing adults. Good practice is to carry out Return Home Interviews after someone vulnerable goes missing, in order to identify how any risk associated with going missing can be prevented, reduced or managed.

Modern slavery is a term covering inhuman treatments of an individual including human trafficking, forced labour, domestic servitude or organ harvesting.

Money mules are individuals who transfer or move illegally acquired money on behalf of someone else. Criminals recruit money mules to help launder proceeds derived from online scams and frauds or crimes like human trafficking and drug trafficking. Money mules add layers of distance between crime victims and criminals, which makes it harder for the police to accurately trace money trails.

Multi-agency is at the heart of safeguarding practice. Few risks can be managed by one agency alone. Good risk management is associated with partnership working in which the priorities of one agency or person become a priority for all when it comes to protecting a child or an adult at risk.

N is for

Normalisation happens when abuse, neglect or exploitation is taken for granted.

O is for.....

Organ harvesting, also known as *transplant tourism*, is the trafficking of an individual for the purpose of removing one or more of their organs for money.

P is for....

Perpetrator is the term for someone guilty of an act or acts of abuse, neglect or exploitation. Sometimes such acts pass the threshold for a criminal charge, at other times the act or acts require intervention using family law provision. At a slightly lower threshold, action may be taken through child or adult protection conferences resulting in a protection plan. Disruption of how a perpetrator behaves or operates is an example of a standard intervention. Sometimes, perpetrators are also victims of abuse themselves or they have been in the past.

Person-centred is the umbrella term used to signify that the care and support a vulnerable individual receives is designed with them and takes into account their unique needs.

Plans are a crucial stage in protecting a child or adult once a concern is known about. Plans should be designed with the person or people at risk as far as possible and should set out the specific steps being taken to protect the person at potential risk or at a proven risk. Responsibility for the overall plan and for its specific parts must be made clear. Monitoring the implementation of the plan is as important as designing it in the first place. All plans must reflect changes in circumstances as they evolve.

Position of trust is a person trusted with the care of a vulnerable child or adult. Professional carers are in positions of trust, they are trusted adults and their duty is to care and protect the person or group they are looking after. If trust is breached, procedures are in place to hold that individual to account.

Q is for ...

R is for....

Relationship-based practice is one of the common practice models used in Suffolk. It recognises that positive and lasting change is usually brought about through positive relationships, either within the family, within a network or by professionals with the person or group they work with.

Re-traumatisation takes place either when an earlier trauma is reproduced because the person being traumatised is in exactly the same situation or when that person is in a new situation but one which also reproduces an earlier trauma, often without intending to.

Risk is the most important single word in safeguarding practice. All safeguarding practice has to be dedicated to either removing risk or reducing risk. A *risk assessment* or *risk analysis* is the basic tool which helps to determine the level of risk and the action that should be taken. All known *risk factors* must be taken into account. *Risk management* is what you do with the risk once it is identified.

Rule of Optimism is a syndrome by which people are too ready to believe a risk has either been reduced or eliminated. This can be highly dangerous especially if the person posing the risk has manipulated onlookers to believe everything is ok when it is not.

S is for.....

A safeguarding enquiry under s42 of the Care Act 2014 is triggered if the following 3 criteria apply:

- 1) The adult has a care and support need
- 2) The person is suffering or is at risk of suffering abuse and/or neglect
- 3) The person is unable to protect themselves because of their care and support need/s.

Not all criteria have to be met for an enquiry to be started. These enquiries are called 'other safeguarding enquiries'. If all 3 criteria do apply, the adult concerned is officially 'at risk'.

SAB is the Suffolk Safeguarding Adults Board. The Board consists of senior professionals from all local safeguarding agencies who meet quarterly to discuss pressing operational and strategic issues about safeguarding adults in Suffolk.

The Safeguarding Children's Board consists of senior professionals from all local safeguarding agencies who meet quarterly to discuss pressing operational and strategic issues about safeguarding children in Suffolk.

SAR – A Safeguarding Adults Review is an in-depth review of the circumstances surrounding the death or serious injury to an adult who possibly could have been safeguarded better. A SAR links to other reviews (LeDeR (a learning disability mortality review) and a Coroners Prevention of Future Deaths report). Reviews conducted over the last few years can be read on the Partnership's website

SARP is the Safeguarding Adults Review Panel is the monthly panel administered by the Suffolk Safeguarding Partnership to consider and evaluate any reviewing or learning needs for adults referred to the Partnership because of concerns that an adult was not being properly safeguarded.

Significant harm is the legal phrase often used to describe the threshold for legal intervention into abuse, neglect or exploitation. There are no clearly written criteria to define 'significant' so it has to be done for each child and adult in question.

Statutory Safeguarding Partners are Suffolk County Council, Suffolk Constabulary and the 2 Integrated Care Boards covering health services in Suffolk. These 3 agencies are every Safeguarding Partnership's core team in law. They fund the partnership equally and operate joint accountability for everything that happens.

Strengths-based practice is a model of practice in common use in Suffolk in which conscious efforts are made to acknowledge and work with people's strengths, not just their faults or weaknesses.

Supervision is the process in which the work of a safeguarding professional is overseen and scrutinised by one of their managers, both to hold them accountable but also to advise them what to do in certain situations, to motivate and inspire them and to look after their own well-being.

T is for...

Threshold/s are levels or stages of concern about a safeguarding risk. Determining a threshold leads to a classification of need and the associated package of services or interventions.

Trafficking is the deliberate movement of a person into a dangerous situation, often without their consent or their awareness of the consequences.

Transitional safeguarding seeks to make sure that if the risks to a young person continue into young adulthood, that they continue to be protected rather than their case being closed and with them being left on their own without support.

Trauma in the safeguarding context means the impact on your lived experience when you have been abused, neglected or exploited. A *trauma timeline* shows how your experience changes and develops over time. *Post-traumatic stress* can be a lasting adverse consequence. All safeguarding agencies in Suffolk aim to work in a *trauma-informed way*, which involves understanding the meaning of someone's behaviour and its probable cause in trauma, rather than the signs and symptoms.

U is for.....

Unaccompanied asylum seeking children (UASC) may be experiencing trauma as a result of adverse experiences in their country of origin or from their experiences along their migration path. These risks may be proportionately more concealed due to their reluctance to disclose what is happening to them, out of fear of compromising their asylum claim or prospects. This has been called the 'thin story', which is their cover story, and their 'thick story', which is the true story and which they might talk about if and when they feel secure enough to do so.

V is for.....

VCSE is the voluntary and community sector in Suffolk, consisting of hundreds of local organisations whose focus can include safeguarding. It is important for volunteers and activists to know how to pass on a safeguarding concern without this being made too complicated for them. It is also important for them to feel part of our local safeguarding community in Suffolk.

Vicarious (secondary) trauma can be experienced by family members, friends or professionals who have been in direct contact with someone who has experienced abuse, neglect or exploitation. In feeling their pain and hearing their story, the listener may also become traumatised and may also need support.

Victim is the term for anyone who is on the receiving end of abuse, neglect or exploitation. Victims should be offered 'victim support' and 'victim impact statements' either in a court case or in general casework.

Video interactive guidance (VIG) is a strengths-based, brief intervention that promotes better relationships in any setting.

Vigilance is needed when a safeguarding concern arises. This does not mean 'snooping' but if you have a concern for a child or an adult who may be at risk, *see it, say it and report it*.

Virtual Reality films can show graphically the harm a vulnerable person experiences, such as what an unborn baby experiences in the womb when their mother is a victim of domestic abuse. VR can be used for training professionals and also in direct work with families.

Visualisation is a technique in working with people at risk where they are supported to imagine a safer future and the steps they need to take in a viable personal safety plan.

W is for ...

Well-being is defined in the Care Act 2014 as:

- Personal dignity
- Physical and mental health and emotional well-being
- Control by the individual over daily life
- Participation in work, education, training and recreation
- Social and economic well-being
- Domestic and family relationships
- Suitability of living accommodation
- The individual's contribution to society
- Protection from abuse and neglect

Working Together is the name of Government guidance about protecting children and young people from all types of abuse and neglect. It was first issued in 1999 and has been updated several times since then.

Y is for.....

Young carers often face hidden stresses in running their own lives and looking one or more family members. Once known about, they should receive a support service to reduce any future safeguarding risks.