FAMILIES TOGETHER SUFFOLK
(FAMILIES TOGETHER)
Safeguarding Adults at Risk of Harm Policy and Procedures

Policy Statement

Families Together Suffolk follow the 'Safeguarding Adults' Policy and Procedures which are consistent with the principles and legal frameworks provided by the Human Rights Act, the Mental Capacity Act 2005, and the Care Act 2014.
There are procedures in place for an appropriate assessment to be carried out, when necessary, as to whether a person has the mental capacity to make decisions about achieving safety from abuse or neglect.
Families Together is committed to safeguarding and protecting the safeguarding of all who use its service. We recognise that we have a responsibility to protect the safeguarding of adults at risk through our support for families and to ensure they are protected from harm. Every person's right to live a life free from abuse and neglect. Families Together has no statutory remit or role to investigate but acknowledges a responsibility to pass on to the appropriate statutory agency concerns in relation to the safeguarding of an adult at risk so that these concerns can be assessed.
The Safeguarding Adults Framework has been developed by multi-agency partners of the Suffolk Safeguarding Partnership which we use to identify types of abuse and what, if any, interventions are required (such as reporting a concern): https://www.suffolksp.org.uk/safeguarding-framework-and-threshold-matrix#gsc.tab=0

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DEFINITION OF AN ADULT AT RISK

A person aged 18 years or over who is receiving or may need community care services and is or may be unable to take care of themselves or protect themselves from significant harm or serious exploitation. This may include a person who:

- Are elderly or frail.
- Has a mental illness including dementia, shows signs of acute psychosis, suicide, self-harm, harm to others or homicide.
- Has a physical or sensory disability.
- Has a learning disability.
- Has a severe physical illness.
- Is a substance misuser.
- Is homeless.

In this context community care services includes all care services provided in any setting by any agency whether statutory, voluntary or community and therefore includes the services provided by Families Together.

PRINCIPLES

Families Together Suffolk will follow the 6 principles of Safeguarding Adults outlined in the Care Act 2014: Empowerment, Prevention, Protection, Proportionality, Partnership and Accountability

Families Together Suffolk will also follow Making Safeguarding Personal Approach stated in the Care Act 2014. We will aim to ensure that the person in relation to the safeguarding enquiry, are fully engaged and consulted throughout and that their wishes and views are central to the final outcomes as far as possible. If there is a concern about an adult's mental capacity Families Together will contact the relevant agency.

Adults at risk in Families Together, irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion and belief, sex, or sexual orientation, have the right to:

- Have their money, goods and possessions treated with respect and to receive equal protection for themselves and their property.
- Guidance and help in seeking assistance because of abuse.
- Be supported in making their own decisions about how they wish to proceed in the event of abuse and to know their wishes will only be over-ridden if it is considered necessary for their own safety or the safety of others.
- Be supported in bringing a complaint under any existing complaint procedure.
- Be supported in reporting the circumstances of any abuse to independent bodies.
- Have alleged, suspected, or confirmed cases of abuse that come to light through Families Together support dealt with as a priority.
- Receive appropriate support following abuse.

It is the responsibility of all within Families Together to report any concerns about abuse. Please see flow chart of reporting concerns. When abuse of an adult is reported, Families Together Suffolk will make a referral to the **Suffolk Adult Care Portal** and in the case of an urgent referral contact the **Customer First** on **0808 800 4005.**

In the case of an adult at risk of harm who is in immediate danger, call the **Police on 999** or **Suffolk Police 01473 613500.**

If you have a safeguarding concern about an Adult at Risk of Harm and cannot contact any of the safeguarding personnel listed above and/or need further advice, please call:
MASH (Multi-Agency Safeguarding Hub) Professional Consultation Line on **0345 606 1499**
(Monday – Thursday 0900-17.00, Fri 09.00-16.25).

All incidents of alleged poor practice, misconduct or abuse will be taken seriously and responded to swiftly and appropriately.

All personal data will be processed in accordance with the requirements of the General Data Protection Regulations (GDPR).

Where there are concerns about the safeguarding of an adult at risk this policy and these procedures will be followed, and information will be shared with the relevant agencies to protect them following the guidelines of The Care Act 2014

Families Together will take all possible steps to ensure that adults with whom it works are kept safe through:

- Clear procedure for the raising of concerns about an adult at risk.
- Safe recruitment processes for all trustees, staff and volunteers including the obtaining of DBS checks as appropriate.
- Procedures to structure the management of an allegation of abuse against trustees, staff, or volunteers.
- Effective induction, training and support for trustees, staff, and volunteers to ensure they are aware of and understand the importance of implementing this policy and the related procedures.
- Identified personnel to hold the strategic lead and designated safeguarding responsibilities for the safeguarding of adults at risk within Families Together
- Clear expectations of all trustees, staff, and volunteers for sharing information.

PROCEDURE WHEN THERE ARE CONCERNS

(please also see Appendix 2)

a) If anyone who is associated with Families Together has concerns about the safeguarding of an adult at risk of harm, they must raise those concerns and inform the designated person **without delay.**

b) If an adult discloses that they are being or have been abused this information must be taken seriously and the information must be passed to the designated person for dealing with their concerns without delay and in any event **within 24 hours** of the information coming to light.

c) The first priority should always be to protect the safety of all adults at risk, and it is the responsibility of all within Families Together to act on any suspicion or evidence of abuse or neglect.

d) The information regarding the concerns and the action taken will be recorded and passed to the relevant agencies. Written information will be recorded on the Charity Log Data Base (CLOG) and if needed will be passed to the respective agencies.

e) If an adult is at risk of immediate harm, then the designated person will inform the appropriate agency without delay.

f) If the adult is not in immediate harm the information must be passed to the designated person who will respond as soon as possible but **within 24 hours.**

g) Failure to report concerns may lead to suspension pending investigation and for staff, disciplinary action.

h) If a member of staff, volunteer or trustee is alleged to have put the safety of an adult at risk, the designated person will inform the appropriate agency and cooperate fully with the authority in the way the matter is dealt with including the immediate suspension of the person pending an investigation.

Staff or volunteers supporting adults showing signs of Acute Psychosis/Suicide/Self-Harm /Harm to Others or Homicide

- Ensure the person is safe and stay with them.
- Contact a trusted person e.g., family member.
- Contact the Mental Health Crisis Team if you know the person is being supported by them Contact Adult Safeguarding Team
- Contact their GP or
- Phone 999 It is important to stay with the person until help arrives.
- Inform your line manager.

Allegations against Staff and Volunteers

It is important that any concerns for the safeguarding of an adult at risk arising from abuse or harassment by a member of staff or volunteer should be reported immediately to the designated person, or, if they are implicated in the concerns, to the safeguarding lead or a named trustee, and an incident form completed. Concerns about poor practice should also be reported to the designated person.

Where there are allegations of abuse or concerns about poor practice of staff or volunteers there may be three strands of investigation as follows:

1. Adult at risk protection investigation (externally led)
2. Criminal investigation (externally led by the Police Authority)
3. A disciplinary investigation (internally led)

It may be that the employee will be suspended with pay during an investigation or a volunteer asked to cease volunteering pending the outcome of the investigation.

Retention of Records

A factual, dated and signed/initialled record of concerns about an adult at risk in a family supported will be kept, in line with Families Together record keeping and procedures.

Records kept by employees about adults at risk should only include contacts made, referrals made including date, time, and reason, and referral agency.

PATIENT SAFETY INCIDENTS

Charity Commission

It is a requirement of the Charity Commission that all charities inform them of serious incidents that may occur. The Charity Commission defines a serious incident as “an adverse event, whether actual or alleged, which results in or risks significant:

- loss of your charity’s money or assets
- damage to your charity’s property
- harm to your charity’s work, beneficiaries or reputation

It is the responsibility of the trustees to report a serious incident. More details can be found on the Charity Commission website https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity#what-to-report

Patient Safety Incident Response Framework (PSIRF)

In case of a patient safety incidents and responses, FTS will follow the policy and procedures as prescribed by NHS England in the PSIRF.

The NHS describes a patient safety incident as something unexpected or unintended has happened, or failed to happen, that could have or did lead to patient harm.

The PSIRF has four key aims with regards to patient safety incidents: compassionate engagement and involvement of those affected; a system-based approach to learning; considered and proportionate responses; supportive oversight focused on strengthening response systems and improvement.

Should a significant patient safety incident arise FTS will inform the ICB for information sharing and investigation support purposes. FTS will also undertake Duty of Candour for notifiable patient safety incidents, of moderate or greater harm.

Disclosure of Information

- Families Together recognises the importance of sharing information to protect an adult at risk and normally any disclosure of confidential information to any other person may only be undertaken with the express permission of the person.
- Where it is considered necessary for the safeguarding of an adult at risk, the person will be kept informed unless to do so would put his or her at risk of harm.
- In recognition of its commitment to pass on concerns, Families Together will maintain effective working partnerships with organisations working with adults at risk of harm within the community and will maintain current information on and work within the requirements of the local procedures followed by statutory and voluntary agencies.

NAMED PERSONS IN KEY SAFEGUARDING ROLES AT FAMILIES TOGETHER SUFFOLK

All those who work for or with Families Together Suffolk share the responsibility for safeguarding and protecting children and vulnerable adults but there are individuals within Families Together with specific safeguarding responsibilities.

Safeguarding Lead Sarah Newell 07542 785649
Named Trustee for Safeguarding Nina Sherwood 07579 965459

Safeguarding duty rota:
Mon to Thursday - Sarah Newell 07542 785649
Fridays – Gina Clarke 07563 029117
Backup – Honor Warner 07415 689087 or Jo Pearson 07933 801871

REVIEW OF POLICY

The safeguarding policy must be reviewed, approved and endorsed by the board of trustees annually or when legislation changes.

Signed by Chair:	C. Read
Date:	November 2025
Review Date:	November 2026

Appendix 1 Types of Abuse include but are not limited to:

Self-neglect including Hoarding
Self-neglect is an extreme lack of self-care to the extent that it threatens a person's health and/or their safety. It will often involve the person neglecting their personal care, their health or their environment. Sometimes people who self-neglect are reluctant to access services to meet their needs and this leads to an impact on their health and well-being. It can also include behaviours such as hoarding which impacts on their health and/or their safety. Hoarding is the accumulation of a large number of items. It is different to a collection as it is associated with having a detrimental effect on emotional, physical, social or financial well-being. Items can often have no value and would be considered rubbish by others but someone who hoards will struggle to part with them.

Modern Slavery
This encompasses slavery, human trafficking, forced labour, and domestic servitude.

Domestic Abuse
This includes psychological, physical, sexual, financial, and emotional abuse perpetrated by anyone within a person's family. It also includes so-called "honour" based violence.

Discrimination
Discrimination is abuse that centres on a difference or perceived difference, particularly with respect to race, gender, disability, or any of the protected characteristics of the Equality Act.

Organisational
This includes neglect and poor care practice within an institution or specific care setting, such as a hospital or care home, or in relation to care provided in one's own home. Organisational abuse can range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice because of the structure, policies, processes, and practices within an organisation.

Physical
This includes hitting, slapping, pushing, kicking, restraint, and misuse of medication. It can also include inappropriate sanctions.

Sexual
This includes rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent

exposure and sexual assault, or sexual acts to which the adult has not consented or was pressured into consenting.

Financial or Material

This includes theft, fraud, internet scamming, and coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance, or financial transactions. It can also include the misuse or misappropriation of property, possessions, or benefits.

Neglect and Acts of Omission

This includes ignoring medical or physical care needs and failing to provide access to appropriate health social care or educational services. It also includes the withdrawing of the necessities of life, including medication, adequate nutrition, and heating.

Emotional or Psychological

This includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation, or withdrawal from services or supportive networks.

Cyber Bullying

Cyber bullying occurs when someone repeatedly makes fun of another person online, or repeatedly picks on another person through emails or text messages. It can also involve using online forums with the intention of harming, damaging, humiliating, or isolating another person. It includes various types of bullying, including racist bullying, homophobic bullying, or bullying related to special education needs and disabilities. The main difference is that, instead of the perpetrator carrying out the bullying face-to-face, they use technology to do it.

Female Genital Mutilation (FGM)

Definition

FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of abuse with long-lasting harmful consequences.

Reporting

FGM is illegal. If it is 'known' a case of FGM has taken place, then the Police must be notified immediately via the non-emergency number - 101.

It is a personal duty which requires the individual who has become aware of the case to make a report; the responsibility cannot be transferred. Volunteers will be supported by their coordinator or the Safeguarding Lead.

The Safeguarding Lead must be informed.

If there is a belief, there is a risk of FGM social care services must be notified immediately.

Forced Marriage

A forced marriage is illegal in England and Wales. A forced marriage is one where one or both people do not or cannot give consent to the marriage and pressure or abuse is used to force them into marriage.

Reporting

If there is a belief there is a risk of a forced marriage, contact Suffolk County Council-Customer First by following the procedures shown on the flow chart in this policy or dial 999 in an emergency.

Mate Crime

"Mate Crime" is when "vulnerable people are befriending by members of the community who go on to exploit and take advantage of them" (Safety Network Project, ARC). It may not be an illegal act, but it still

has a negative effect on the individual. A mate crime is carried out by someone the adult knows, and it often happens in private. In recent years there have been several Serious Care Reviews relating to people with a learning disability who were seriously harmed, or even murdered, by people who purported to be their friend.

Radicalisation

The aim of radicalisation is to inspire new recruits, embed extreme views and persuade vulnerable individuals to the legitimacy of a cause. This may be direct through a relationship, or through social media.

Extremism

Although not specifically a category of abuse, extremism is something we are aware of at Families Together Suffolk. "Extremism goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities based on race, faith, or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society."

Extremism is defined in the Counter Extremism Strategy 2015 as "the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist".

If there is concern FTS Safeguarding lead will contact Act Early website or call Act Early support line for advice 0800 011 3764, in an emergency dial 999.

Criminal Exploitation, Gangs and County Lines Exploitation

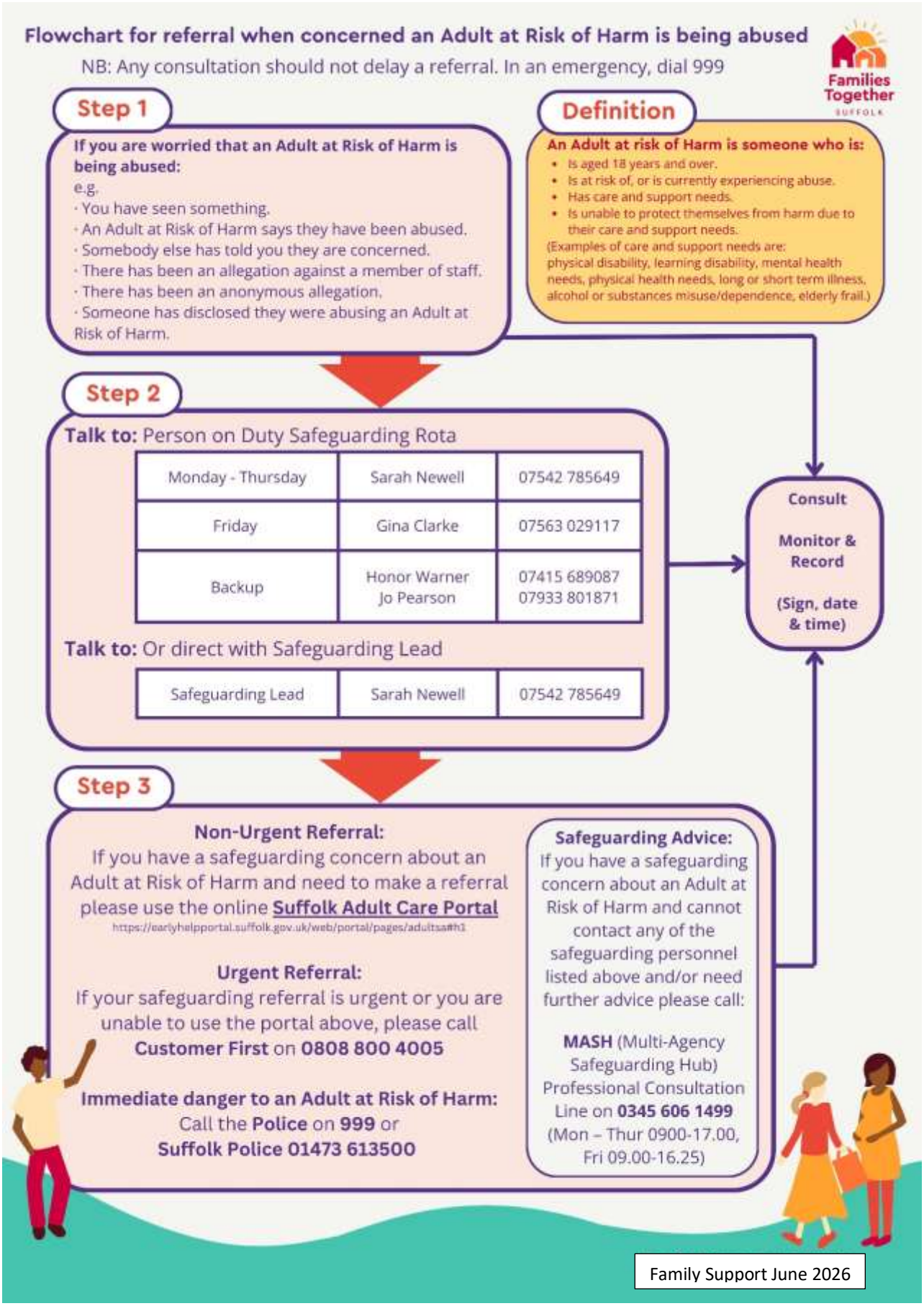
Criminal exploitation is where an individual or group takes advantage of an in balance of power to coerce, control or manipulate a vulnerable adult to commit a crime. The victim may have been exploited even if the activity seems consensual. Criminal exploitation does not always involve physical contact, it can also occur through the use of technology.

For further guidance see the government website for Criminal Exploitation of Children and Vulnerable adults or in an emergency dial 999

PREVENT: Vulnerable to radicalisation (VTR) or influenced by Extremism
We will act in accordance with the policies and procedures on the Suffolk Safeguarding Partnership website for PREVENT

Staff may notice a change in an adult's behaviour that may suggest they are vulnerable to violent extremism. After having discussed concerns with the Safeguarding Lead, being mindful of confidentiality, where the staff member still has concerns that the individual may be vulnerable to violent extremism, a Vulnerable To Radicalisation (VTR) referral form is to be completed and sent to the preventreferrals@suffolk.pnn.police.uk. For urgent safeguarding concerns call Customer First 0808 800 4005 **STAFF MUST NOT DISCUSS EXTREMISM CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL**

Appendix 2 Flowchart of what to do when you have a concern about an adult



Appendix 3 Roles and Responsibilities within Families Together Suffolk

The Trustees retain ultimate responsibility for promoting the safeguarding of adults supported by Families Together. They should agree:

- the member of staff with responsibility for undertaking the **Safeguarding Lead.** This is normally a senior staff member.

The role of the Families Together Suffolk Lead is to:

- Model and promote Families Together Suffolk's commitment to safeguarding children/adults in all aspects of their work and conduct.
- Ensure that the Safeguarding Policy and Procedures and Code of Conduct are available and understood by all trustees, staff, and volunteers, and that these are integrated into practice.
- Ensure the Families Together Policy and Procedures for Safeguarding is updated and reviewed annually in line with local guidance.
- Ensure appropriate training provision and dissemination of information for trustees, staff, and volunteers on safeguarding issues.
- Take lead responsibility for dealing with safeguarding issues and providing.
- information, advice and support to trustees, staff, and volunteers.
- Support the staff, trustees, and volunteers with their responsibilities in keeping adults safe, by:
  - ensuring the provision of regular, recorded supervision.
  - maintaining an overview of records of concern and action (ROCA) and referrals to appropriate agencies and collate safeguarding concerns raised by Families Together to identify patterns.
  - ensuring that the Safeguarding Adviser or nominated trustee contribute to this overview.
  - ensuring records are kept appropriately, in line with policy and practice.
- Maintain up to date knowledge of national and local safeguarding procedures and liaise appropriately with local agencies regarding any issues.
- Notify and liaise with the Families Together trustees and the Local Authority around any allegations of harm or inappropriate behaviour made against staff, volunteers, and trustees.

The Role of the Safeguarding Deputies

In the absence of the Safeguarding Lead, the Deputies will assume the role and the responsibilities of the Safeguarding Lead (see above).

All Staff, Trustees and Volunteers role is to

- Model and promote Families Together Suffolk's commitment to safeguarding adults in all aspects of their work and conduct.
- Take responsibility for dealing with concerns about the safety of adults following the Families Together Suffolk's policies and procedures.
- Staff maintain a clear, factual, dated and signed/initialled record of contact with each supported family, in accordance with Families Together guidance on record keeping.
- Inform the Families Together Safeguarding Lead/ Deputies of concerns raised, and processes followed; ensuring records of concern and action (ROCA) are discussed, signed off and actioned appropriately.
- Liaise with relevant agencies where appropriate about concerns, in accordance with Families Together confidentiality policy.
- Ensure the Safeguarding Policy is available to families, including parents/carers and children and young people in Families Together.

- Liaise with the Families Together Safeguarding Lead/Deputies about any concerns, including where there are allegations against trustees, staff, and volunteers, in accordance with Families Together policies and procedures.
-

Trustee with Responsibility for Safeguarding

Families Together Suffolk nominates a trustee who has a working knowledge of Safeguarding or who undertakes local training to fulfil that role. The role of the trustee is to:

- provide a sounding board for staff with a Safeguarding Lead/Deputies role to consider the most appropriate course of action to take where there is a safeguarding concern in a family.
- support the strategic lead to use local procedures appropriately (e.g. for referral, for escalation or dispute resolution)
- contribute to Board discussions about scheme capacity in working with more complex families, including those where there are safeguarding concerns.
- support the Board and Safeguarding Lead/Deputies to monitor and review systems, policy, and procedures to ensure good safeguarding practice within the Families Together and compliance with the Families Together Quality Assurance Standards
- undertake spot checks of family and volunteer file.
-

External Local Specialist Safeguarding Adviser to the trustees and staff:

Rosie Carter SAFE (CIC) 01379 871091

Appendix 4 Disclosures

A disclosure is the act of making new or secret information known.

Recording information

Refer to flowchart for referral when concerned a child/adult is being abused

A report of the disclosure will be passed to social care services or the Police as soon as possible

All records will be written by the person with the concern within 24 hours, on headed paper or incident sheets and will be factual, non-judgmental. It is helpful to record any known details of the children, young people or vulnerable adult(s) involved e.g. name, address, date of birth etc. It is equally important to record the reasons for making the decision not to refer to social care services as when the decision is taken to refer. Always sign, date and time these records

All records will be securely kept in a Confidential File on our password protected internal system. Only limited persons will have access.

Records will be kept up to 25 years (children)

Records will be kept for 10 years (adult). NB. If the disclosure is made about a member of staff, records will be kept for 10 years or until retirement, whichever is the longer.

After which records will be securely destroyed (shredded)

Note the 'must destroy by date' on the front of each folder/ in the name of the file/ folder.

Other internal information

Data Protection Policy

Policy for Safeguarding Children

Flow Charts for referral when concerned a child/adult is being abused

Appendix 5 Training

All staff, trustees, Home-Visiting and Group volunteers complete a certificated safeguarding module during their initial training. Retail volunteers are encouraged to complete an online safeguarding course.

Training is refreshed every 3 years either by joining our prep course or online and an annual update is completed.

All staff are required to complete Prevent Awareness training.

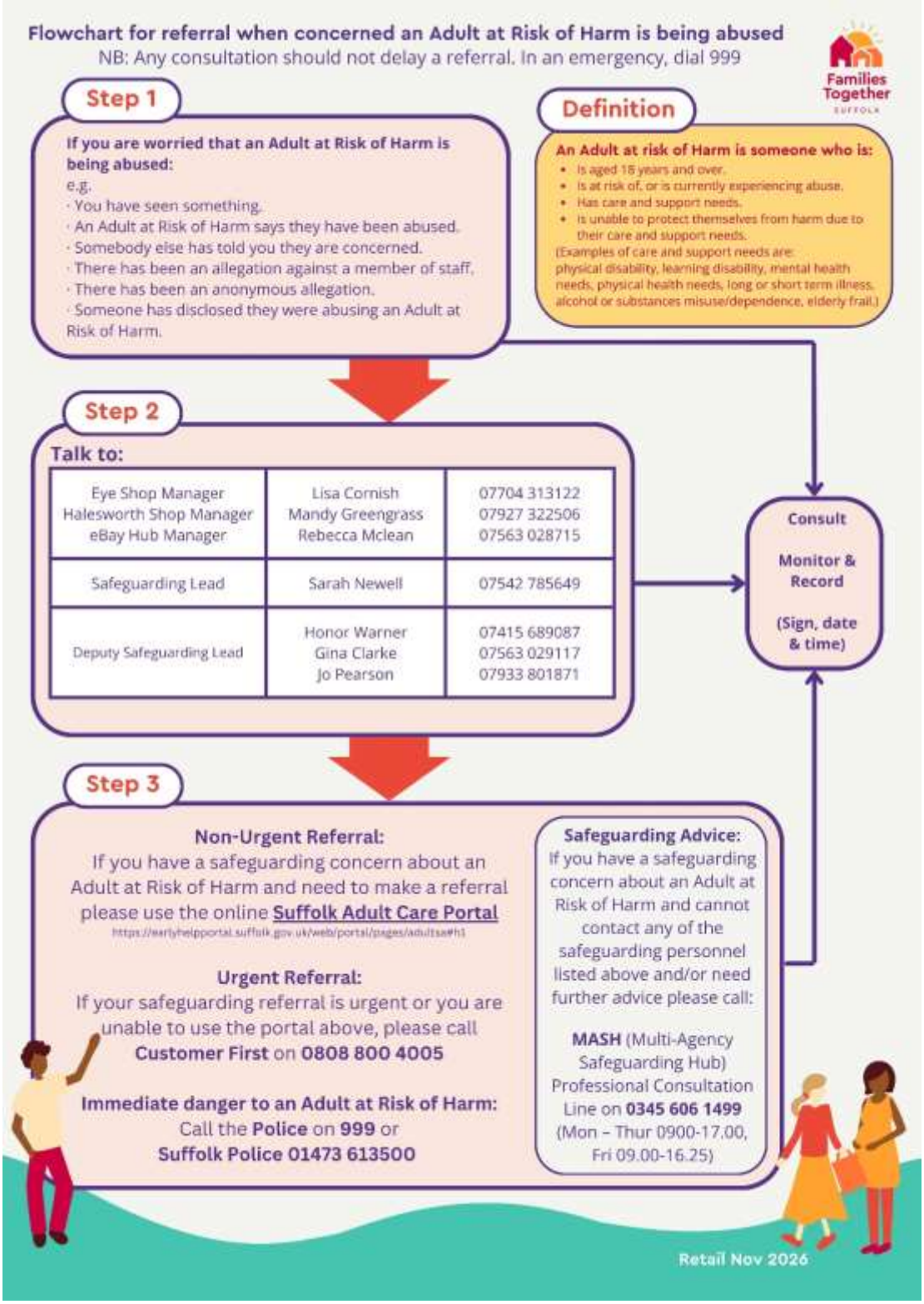
All staff are required to complete Safeguarding Adults Basic Awareness training, which includes MCA.

The Safeguarding Lead is required to complete Adults Safeguarding Leads training and is also required to complete a more detailed MCA training.

Any further updating needed in safeguarding policies or procedures are cascaded as necessary either at Board, team or supervision meetings.

Appendix 6 Retail Safeguarding Policy and Procedures - Charity Shop & eBay Hub

In addition to the safeguarding training at induction and ongoing updates (see Appendix 5) retail staff and lead volunteers will complete the Charity Retail Association online training for safeguarding. The organisation is accrediting its retail safeguarding procedures through the Charity Retail Safeguarding Scheme (CRSS) to ensure industry standards are met.



APPENDIX 7: CATEGORIES AND SIGNS OF ADULT ABUSE

The example signs and symptoms are not exhaustive and are guideline only. The presence of one or more does not automatically confirm abuse. The existence of a number of the indicators may, however, suggest a potential for abuse and should be further reviewed. If there is any concern at all about the possibility of abuse then advice should be sought and an if appropriate a safeguarding referral/alert should be submitted without delay.

Abuse can generally be viewed in terms of the following categories; Physical, Domestic, Sexual, Psychological, Financial/ material, Modern Slavery, Discriminatory, Organisational, Neglect and acts of omission, and Self-neglect and Hoarding

Physical abuse	Physical injuries which have no satisfactory explanation or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person, including hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions. Possible Indicators of physical abuse • History of unexplained falls or minor injuries • Unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking • Unexplained burns in an unusual location or of an unusual type • Unexplained fractures to any part of the body that may be at various stages in the healing process • Unexplained lacerations or abrasions • Slap, kick, pinch or finger marks • Injuries/bruises found at different stages of healing for which it is difficult to suggest an accidental cause • Injury shape similar to an object • Untreated medical problems • Weight loss – due to malnutrition or dehydration; complaints of hunger • Appearing to be over medicated
Domestic abuse	This can encompass, but is not limited to, the following types of abuse: •psychological , physical, sexual, financial, emotional, 'Honour' based violence, Female Genital Mutilation, forced marriage. Domestic violence and abuse includes 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. It also includes so called 'honour' -based violence, female genital mutilation and forced marriage. Coercive or controlling behaviour is a core part of domestic violence. Coercive behaviour can include: • acts of assault, threats, humiliation and intimidation • harming, punishing, or frightening the person • isolating the person from sources of support • exploitation of resources or money

	• preventing the person from escaping abuse • regulating everyday behaviour.
Sexual abuse	Sexual acts which might be abusive include non-contact abuse such as looking, pornographic photography, indecent exposure, harassment, unwanted teasing or innuendo, or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by penis, fingers or other objects (rape). Possible Indicators of sexual abuse • A change in usual behaviour for no apparent or obvious reason • Sudden onset of confusion, wetting or soiling • Overt sexual behaviour/language by the adult at risk • Disturbed sleep pattern and poor concentration • Difficulty in walking or sitting • Torn, stained, bloody underclothes • Pain or itching, bruising or bleeding in the genital area • Sexually transmitted urinary tract/vaginal infections • Bruising to the thighs and upper arms • Severe upset or agitation when being bathed/dressed/undressed/medically examined • Pregnancy in a person not able to consent
Psychological abuse	Psychological, or emotional abuse, includes the use of threats, fears or bribes to remove an adult at risk's choices, independent wishes and self- esteem; cause isolation or overdependence, or prevent an adult at risk from using services, which would provide help. Possible Indicators of psychological abuse • Ambivalence about carer • Fearfulness expressed in the eyes; avoids looking at the carer, flinching on approach • Deference • Overtly affectionate behaviour to alleged source of risk • Insomnia/sleep deprivation or need for excessive sleep • Change in appetite • Unusual weight gain/loss • Tearfulness • Unexplained paranoia • Low self-esteem • Excessive fears • Confusion • Agitation
Financial abuse	This usually involves a persons money or resources being inappropriately used by a third person (i.e. theft) It includes the withholding of money or the inappropriate or unsanctioned use of a person's money or property or the entry of the adult at risk into financial contracts or transactions that they do not understand, to their disadvantage. Possible Indicators of financial abuse • Unexplained or sudden inability to pay bills • Unexplained or sudden withdrawal of money from accounts • Person lacks belongings or services, which they can clearly afford

	• Extraordinary interest by family members and other people in the adult at risk's assets • Power of Attorney obtained when the adult at risk is not able to understand the purpose of the document they are signing • Recent change of deeds or title of property • Unpaid carer or support worker only asks questions about the adults financial affairs and does not appear to be concerned about the physical or emotional care of the person • The person who manages the financial affairs is evasive or uncooperative • A reluctance or refusal to take up care assessed as being needed • A high level of expenditure without evidence of the person benefiting • The purchase of items which the person does not require or use • Personal items going missing from the home • Unreasonable and /or inappropriate gifts
Modern Slavery	Modern slavery encompasses human trafficking, domestic servitude and forced labour. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Possible indicators of modern slavery • Marked isolation from the community • Seeming under the control and influence of others and relying on others to communicate on their behalf • Restricted freedom of movement • Unusual travel times • Unfamiliarity with the local neighbourhood • Signs of physical or psychological abuse such as looking malnourished or unkempt or appearing withdrawn • Poor living conditions such as unhygienic, overcrowded accommodation or living and working at the same address • Few or no personal effects and no identification documents • Reluctance to seek help often characterized by hesitance to speak to strangers or professionals and limited eye contact • Fear of law enforcement This list is not exhaustive. Where modern slavery is suspected and the victim is an adult at risk, a Safeguarding Adults referral process must be followed. All other victims should be referred to the police directly by dialling 101. However, if you think a person is in immediate danger, call 999 and ask for the police. Advice and Guidance can be sought from the Modern Slavery Helpline on 08000 121 700.
Discriminatory abuse	This is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender. It can take any of the other forms of abuse, oppressive treatment, harassment, slurs or similar treatment. Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system. Possible Indicators of discriminatory abuse

	• Hate mail • Verbal or physical abuse in public places or residential settings • Criminal damage to property • Target of distraction burglary, bogus officials or unrequested building/household services • Discriminatory abuse can manifest itself as the other types of abuse; physical or sexual abuse/ assault, financial abuse/ theft, neglect, psychological abuse.
Organisational abuse	Organisational abuse happens when the routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source of risk from an individual or by a group of staff engaged in the accepted custom, subculture and practice of the institution or service. Organisations may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults at risk. The distinction between abuse in institutions and poor care standards is not easily made and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies. Possible Indicators of Organisational Abuse It may be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low quality diet – anything which treats the person concerned as not being entitled to a 'normal' life.

Neglect and acts of omission	Neglect can be both physical and emotional. It is about the failure to keep an adult at risk clean, warm and promote optimum health, or to provide adequate nutrition, medication, being prevented from making choices. Neglect of a duty of care or the breakdown of a care package may also give rise to safeguarding issues i.e. where a carer refuses access or if a care provider is unable, unwilling or neglects to meet assessed needs. If the circumstances mean that the 'adult at risk' is at risk of significant harm, then Safeguarding Adults procedures should be followed. Possible Indicators of neglect • Poor condition of accommodation • Inadequate heating and/or lighting • Physical condition of person poor, e.g. ulcers, pressure sores etc. • Person's clothing in poor condition, e.g. unclean, wet, etc. • Malnutrition • Failure to give prescribed medication or appropriate medical care • Failure to ensure appropriate privacy and dignity • Inconsistent or reluctant contact with health and social agencies • Refusal of access to callers/visitors A person with capacity may choose to self-neglect, and whilst it may be a symptom of a form of abuse it is not abuse in itself within the definition of these procedures.
	Wilful neglect and ill treatment Section 44 of the Mental Capacity Act 2005 and Section 127 of the Mental Health Act 1983 make it a criminal offence to ill-treat or wilfully neglect a person who lacks the capacity to care for themselves, or where the 'abuser' believes the individual lacks capacity. The abuser is committing an offence when they are responsible for the care of the adult at risk and they wilfully neglect or ill treat them. This includes paid carers, senior staff or managers in a hands-off role, family carers, a holder of a lasting power of attorney or court appointed deputy. The terms 'ill-treatment' or 'wilful neglect' are not defined in either the Mental Health Act or Mental Capacity Act. The offences are separate. **Wilful neglect** means deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk harm. **Ill-treatment** involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the alleged abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the adult. Most of the indicators of the other types of abuse may also indicate wilful neglect or ill treatment if the adult at risk lacks the mental capacity to make the relevant decisions so these two offences

	should always be considered with each allegation of abuse in such circumstances.
Self-neglect and hoarding	**Self-neglect** differs from the other forms of abuse listed here because it does not involve another person/ source of risk. Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is reasonably likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect falls into the Safeguarding Adults remit when the adult meets the requirements of the three stage test. Self-neglect can happen as a result of an individual's choice of lifestyle or the person may have depression or other mental health condition, poor physical health, cognitive difficulties , substance misuse Possible indicators of self-neglect • Living in grossly unsanitary conditions which endangers health and wellbeing • Grossly inadequate self-grooming or personal care and/ or inappropriate or inadequate clothing. • Maintaining an untreated illness, disease or injury or lacking eyeglasses, dentures, hearing aids, etc. • Being malnourished or dehydrated to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired • Creating severely hazardous living conditions that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets, such as severe hoarding, improper wiring, lack of indoor plumping or heating, infestation • Managing own assets in a manner that is likely to cause substantial damage to or loss of assets The scope does not include issues of risk associated with deliberate self-harm. However, it may be appropriate to address the concerns by raising a Safeguarding Alert if: • The self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service • There appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct • Actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.
	The Care Act Guidance states that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as **hoarding.** Hoarding is now considered a standalone mental disorder however, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting, it is not simply a lifestyle choice and is also different from people whose property is generally

	cluttered or messy. Included below are resources to assist staff to identify and respond appropriately when supporting people where concerns exist in relation to Self-Neglect and Hoarding and the form for making a referral. **Referral** If you are concerned an individual is at significant risk of harm due to self-neglect or hoarding you can make a referral using the form below: • Self-Neglect and Hoarding Referral Form for Professionals **Self-Neglect and Hoarding Resources** • Suffolk Self-Neglect and Hoarding Multi-Agency Policy and Practice Guidance • Multi-Agency Self-Neglect and Hoarding Risk Assessment Guidance ToolSelf-Neglect and Hoarding Pathway for Professionals
Other safeguarding issues	
Honour Based Violence	Honour Based Violence (HBV) is a crime or incident which has or may have been committed to protect or defend the honour of the family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when a relative has shamed the family and/or community by breaking their honour code. Women are predominately but not exclusively the victims of so-called Honour Based Violence which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be disguised from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Such crimes cut across all cultures, nationalities, faith groups and communities and should be referred within existing adult protection procedures where the victim is an 'adult at risk' as defined by the Care Act 2014. Where children or adults at risk are identified as being victims of, involved in, or witness to Honour Based Violence, contact should be made with Customer First on 0808 800 4005. Victims of Honour Based Violence can also access help and advice from Karma Nirvana at www.karmanirvana.org.uk or by contacting 0800 5999247. Victims of Forced Marriage can also access help and advice from Karma Nirvana at www.karmanirvana.org.uk or by contacting 0800 5999247.

	It is important to remember the following when addressing issues of Forced Marriage and/or Honour-based violence: **DO NOT** go directly to, share information with, or use as an interpreter a relative, friend, neighbour, community leader or other with influence in the community. This will alert them to your enquiries and may place the adult at further risk. **DO NOT** attempt to give the person immigration advice. It is a criminal offence for any unqualified person to give this advice.
Forced marriage	A forced marriage is where one or both people do not (or in cases of people lacking the mental capacity to make the relevant decisions, cannot) consent to the marriage and pressure or abuse is used. Forced marriage is recognised in the UK as a form of violence against women and men, domestic/child abuse and a serious abuse of human rights. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they are bringing shame on their family). Financial abuse (removal of wages or deprivation of finances or necessities) can also be a factor. All Forced Marriage alerts relating to adults at risk are to be submitted to Customer First on 0808 800 4005. Further support can be accessed via the Forced Marriage Unit (FMU). The FMU is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals. The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescue victims held against their will overseas. Tel: +44 (0) 20 7008 0151.
Female genital mutilation	Female genital mutilation/ FGM (sometimes referred to as female circumcision) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK. Girls under the age of 15 are mainly at risk but it is important for everyone working with adults at risk to be mindful of this practice and refer any concerns to Customer First if they believe that the adult or a child within the family may be at risk of FGM. The police and Health colleagues will be notified in the Multi-Agency Safeguarding Hub.

Vulnerable to radicalisation (VTR) or influenced by Extremism	Staff may notice a change in an adults' behaviour that may suggest they are vulnerable to violent extremism. Below is guidance to assist in deciding whether a Prevent referral is appropriate and help to make referrals. If we need to make a referral we will follow the information on the Suffolk Safeguarding Partnership website. https://www.suffolksp.org.uk/radicalisation?rq=radicalisation#gsc.tab=0 For urgent safeguarding concerns call Customer First 0808 800 4005 UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL See Appendix B for more details