
UNSCENE SUFFOLK LIMITED

Safeguarding adults at risk of harm procedures

June 2026

Introduction

Safeguarding is everyone's responsibility. Unscene Suffolk Limited is committed to safeguarding adults at risk of harm and providing a safe environment where everyone can engage with our organisation and activities.

All members of staff (paid and unpaid) must report any actual or suspected abuse following these procedures whenever there are concerns about an adult at risk of harm.

All staff will be aware that adult abuse can take many forms and the examples in the definitions in Appendix A are not exhaustive. There may be other situations not covered in the examples that give you concern for an adult's safety and wellbeing.

All staff will be aware of adult safeguarding categories of abuse [Physical abuse](#), [Domestic abuse](#), [Sexual abuse](#), [Psychological or emotional abuse](#), [Financial or material abuse](#), [Modern slavery](#), [Discriminatory abuse](#), [Organisational or institutional abuse](#), [Neglect or acts of omission](#), [Self-neglect](#) and Hoarding, Appendix A.

These procedures are to be read in conjunction with Unscene Suffolk Limited Safeguarding policy.

Definition

Adult at risk of harm;

- a) has needs for care and support (whether or not the authority is meeting any of those needs),
- b) is experiencing, or is at risk of, abuse or neglect, and
- c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Part 1: Reporting Safeguarding concerns – for all staff and volunteers

Part 2: Responsibilities for Safeguarding leads

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Glossary

Part 1: Reporting Safeguarding concerns – for all staff and volunteers

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FLOWCHART FOR REPORTING SAFEGUARDING CONCERNS: ADULTS AT RISK OF HARM (2024)

Is the person in immediate danger, need immediate medical attention, or a serious crime is in progress or has been committed? Phone 999 for the emergency services.

See it

- Is it safe to speak with the adult?
- What does the adult want to happen?
- It is essential that, wherever possible, it is the adult at risk who will decide on the action taken.
- You must take into account the impact of their mental capacity where relevant.

If you are aware of the adults views you must include their views throughout the process

It is not your responsibility to decide if abuse has happened. It IS your responsibility to report it to the Safeguarding Lead and/ or appropriate authority



Recognise it

Share your concerns/ information with your Designated Safeguarding Lead/ Deputy Safeguarding Lead.

Use the Suffolk *Safeguarding Adults Framework* to guide your discussions on thresholds for safeguarding referrals

If you need to discuss whether or not a referral is required, call the Multi Agency Safeguarding Hub (MASH) Professional Consultation Line on 0345 6061499 or use their webchat



Report it

Is the person in immediate danger, need immediate medical attention, or a serious crime is in progress or has been committed? Phone 999 for the emergency services.

If you have a concern about an Adult at Risk and need to make a safeguarding referral use the relevant online [Suffolk Adult Care Portal](#)

If you are concerned about an adult and unable to use the Portal, you can call Customer First on 0808 800 4005 (this is a freephone number)

Contact information

Safeguarding referral: [Via portal](#).

Customer First [0808 800 4005](#)

MASH Professionals Consultation line [03456 061 499](#) or webchat

Emergency services: 999 if it is an emergency

- Safeguarding Lead/Trustee: S Giddings:
- Safeguarding Deputy/participant representative: C Allum

Singing participants, singing lead/assistant and trustees have contact details for safeguarding lead and deputy.

Remember ALL notes will be disclosable should a formal or criminal investigation occur. Ensure that your notes are signed, dated, professional, separate opinion from fact, are recorded verbatim using the same words as were used during the disclosure.

REPORTING CONCERNS PROCEDURE

If you are concerned or worried about harm to an adult because of something you have seen or heard you must not keep those worries to yourself you must follow the 'Reporting concerns' flowchart above and talk to Unscene Suffolk Limited's Safeguarding Lead to discuss your concerns without delay.

If you cannot contact your safeguarding lead and delaying may cause further harm follow the Recognise it and Report it section of the flowchart as appropriate. If the Designated Safeguarding Lead is implicated or you think there may be a conflict of interest speak to the Deputy Safeguarding Lead.

When working with adults remember to follow **Making Safeguarding Personal** principles and the **Six Principles of Adult Safeguarding**, see Appendix E Glossary. If it will not put them or you at further risk, discuss your safeguarding concerns with the adult and ask them what they would like to happen next. Let them know that you have to pass on your concerns to your Designated Safeguarding Lead. Do not contact the adult before talking to your Safeguarding Lead if the person allegedly causing the harm is likely to find out.

Staff will be alert to the possibility of abuse and will be professionally curious. See Appendix A

RESPONDING TO A CONCERN

If an adult indicates that they are being harmed or abused, or information is received which gives rise to concern, the person receiving the information will:

- Take it seriously.
- Stay calm.
- Listen carefully to what is said, allowing the adult to continue at their own pace,
- Keep questions to a minimum, only ask questions if you need to identify/ clarify what the person is telling you.
- Reassure the person that they have done the right thing in revealing the information.
- Ask them what they would like to happen next.
- Explain what you would like to do next.
- Explain that you will have to share the information with your organisation's Designated Safeguarding Lead
- Ask for their consent for the information to be shared outside the organisation.
- Make an arrangement as to how you/the Safeguarding Lead can contact them safely.
- Act swiftly to report and carry out any relevant actions.
- Record in writing what was said using the adult's own words as soon as possible.
- Follow confidentiality and information sharing procedures, see Appendix B

The person receiving the information will **not**:

- Dismiss or ignore the concern.
- Panic or allow shock or distaste to show.
- Make assumptions or speculate.
- Investigate and probe for more information than is offered.

- Promise to keep the information secret.
- Make promises that cannot be kept.
- Confront the person thought to be causing harm.
- Tell anyone other than those responsible for safeguarding

RECORDING A CONCERN

- Complete Unscene Suffolk Limited's Safeguarding Adults Report Form and submit to Unscene Suffolk Limited Designated Safeguarding Lead without delay.
- Describe the circumstances in which the concern came about and what action you took/ guidance you gave.
- Clearly separate facts and opinions, in order to ensure that information is as accurate as possible.
- If someone has told you about the harm or abuse, use the words the person themselves used. If someone has written to you (including by email, message) include a copy with the form.

Safeguarding Officers contact details

- Lead Officer: **S Giddings, Board Member**
- Deputy Officer: **C Allum, Board Member and Participant Representative**

Singing participants, singing lead/assistant and trustees have contact details for safeguarding lead and deputy.

Other contact details

Safeguarding referral: [Via portal](#).

Customer First [0808 800 4005](#)

MASH Professionals Consultation line [03456 061 499](#) or webchat

Emergency services: 999 if it is an emergency

Part 2: Reporting Safeguarding concerns – Safeguarding Leads

Once a concern has been passed to Unscene Suffolk Limited Designated Safeguarding Lead, they will coordinate the Unscene Suffolk Limited Safeguarding Adults response

The Designated Safeguarding Lead will keep clear records of decision making, actions taken, and the outcomes achieved. They will also collect feedback from the adult.

The Designated Safeguarding Lead, will:

- Refer to the Safeguarding Adults Framework to help decide if the threshold for safeguarding has been met.
- Where a concern raised does not meet the threshold for safeguarding but could be resolved by; advice, information, assessment/review or the complaints process etc.. they will consider the most proportionate response to each situation prior to taking action.
- Follow the ethos of '**Making Safeguarding Personal**', Appendix D, Glossary.
- Balance the adult at risk's rights and agencies duties and responsibilities. Individuals have the right to take risks and to live their life as they choose. These rights, including the right to privacy, will be weighed when considering duties and responsibilities towards them. *They will not be overridden other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and well-being and where it is lawful to do so.*
- Follow **Information Sharing** practice. Appendix B
- Be aware of adult safeguarding categories of abuse [Physical abuse](#), [Domestic abuse](#), [Sexual abuse](#), [Psychological or emotional abuse](#), [Financial or material abuse](#), [Modern slavery](#), [Discriminatory abuse](#), [Organisational or institutional abuse](#), [Neglect or acts of omission](#), [Self-neglect](#) and Hoarding. See Appendix A
- They will also be aware of other forms of abuse including Forced marriage, Honour Based Violence, Female Genital Mutilation and Vulnerable to Radicalisation. See Appendix A
- Understand how to manage any allegation of **Abuse of Trust**, Appendix D

Part 3: Appendices

A: Categories and signs of adult abuse

B: Information sharing procedures relating to safeguarding

C: Questions to ask yourself when deciding whether to make a referral based on a concern

D: Managing allegations against people in positions of trust (POT)

E: Glossary

F: Safeguarding Adult Report Form

G: Safeguarding body map to go with Report Form

APPENDIX A: 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 person's 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 plumbing 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 <u>UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL See Appendix B for more details</u>

APPENDIX B: INFORMATION SHARING PROCEDURES RELATING TO SAFEGUARDING

Through the safe and effective sharing of information it aims to ensure that adults at risk of abuse and or children get the support they require from external services and that the people it works with are protected from harm, abuse or neglect. It also seeks to prevent them from offending.

In many reviews into deaths of children and or adults at risk of abuse the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. It is imperative that Unscene Suffolk Limited staff understand the requirement to share safeguarding information in order to protect children and adults from harm.

Confidentiality and information sharing must be integrated across all aspects of Unscene Suffolk Limited services and management as its users have the right to privacy and confidentiality and to understand when “secrets” cannot be protected for their best interests.

information sharing Definitions

Confidentiality: Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

Unscene Suffolk Limited understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user’s prior expressed consent to disclose such information.

Breach of confidentiality: Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

Even where sharing of confidential information is not authorised, Unscene Suffolk Limited may lawfully share it if this can be justified in the public interest.

Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the Manager with the CE on the facts of each case.

Therefore, where you have a concern about a child or young person, you should not regard refusal of consent as necessarily precluding the sharing of confidential information

Public interest: A public interest can arise in a wide range of circumstances, for example, to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question.

Serious crime: This means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

Appendix C: Questions to ask yourself when deciding whether to make a referral based on a concern

Have we consulted the Safeguarding Adults Framework document?

1. Are the three safeguarding threshold criteria met?

- Do they have care and support needs?
- Are they experiencing, or are at risk of, abuse or neglect?
- as a result of their care and support needs they are unable to protect himself or herself against the abuse or neglect or the risk of it?

Remember that being safe is only one part of a person's life. Wellbeing, learning and quality of life are also important factors.

2. What is the concern?

3. What are the person's personal preferences and circumstances that create a proportionate tolerance of acceptable risk?

4. What would be a proportionate intervention to the potential risk?

5. What is/are the vulnerability/ vulnerabilities of the adult?

6. What is the nature and extent of the abuse?

7. How long has the abuse been occurring?

8. What is the impact of the abuse on the individual?

9. What is the risk of repeated or increasingly serious acts involving the adult or other adults?

10. What is the equality of the relationship between the adult and the alleged abuser?

11. Are there similar allegations against the alleged abuser?

12. Is the person safe?

13. Do you have consent to share, If not is there an overriding public interest or vital interest to share the information without consent? e.g. Is any one else at risk? Could a crime have happened/ be about to happen? There is a high risk to the health and safety of the adult at risk

You must make a referral if..

- The adult considers they are being abused
- The adult is caused distress or there is a deliberate attempt to cause the adult distress
- Incidents are repetitive and targeted
- A crime has been committed
- The incident involves a member of staff

Staff will follow the operational guidance on 'Making Safeguarding Personal'

This includes the following;

- Seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents abuse occurring wherever possible.
- Person-led and outcome focussed safeguarding, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. Listening to the person and providing options that permit them to help themselves
- Recognising different preferences, histories, circumstances and lifestyles
- Wherever possible the adult at risk will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant. However, staff caring or assisting them must do everything they can to identify and prevent abuse from happening wherever possible and evidence their efforts.

Appendix D: Managing allegations against people in positions of trust (POT)

The Care Act statutory guidance (March 2016, 14.120 to 14.132), sets out the responsibilities of the Safeguarding Partnerships, its partners, and those providing universal care and support services, when managing allegations in relation to 'people in positions of trust' who may pose a risk to adults with care and support needs.

An employee, volunteer, or student (paid or unpaid) working with an adult with care and support needs will be referred to hereafter as a 'person in a position of trust'.

Whilst the focus of safeguarding adults work is to safeguard one or more identified adults with care and support needs, there are occasions when incidents are reported that do not involve an adult with care and support needs, but indicate, nevertheless, that a risk may be posed to adults with care and support needs by a person in a position of trust.

It is the responsibility of employers, student bodies and voluntary organisations to have their own procedures regarding people in a position of trust when allegations are made against them. Legal advice should be sought by employers, student bodies and voluntary organisations when appropriate.

This procedure must be followed when there is an allegation that a person who works with adults with care and support needs in a position of trust has:

- A. Behaved (or alleged to have behaved) in a way that has harmed, or may have harmed an adult with care and support needs and it becomes apparent that they have another role working with adults with care and support needs
- B. Behaved (or alleged to have behaved) in a way that indicated that they pose a risk to adults with care and support needs. This could possibly be a criminal offence even if the offence does not relate to a person with care and support needs.
- C. Behaved in a way towards children which means they may pose a risk of harm to adults with care and support needs.

Examples of the above include:

- A. A formal safeguarding Section 42 enquiry is undertaken in relation to a carer working at a residential care home and during that enquiry information is received that they also work for a care at home provider (domiciliary care provider)
- B. A person is subject to police investigation for domestic abuse to a partner, and undertakes voluntary work with adults with care and support needs
- C. A person who is allegedly failing to protect a child (subject to formal proceedings under the Children Act 1989) and is undertaking professional training to work with adults with care and support needs.

If you are concerned that a member of staff is becoming a person Vulnerable to Radicalisation (VTR) or being Influenced by Extremism ensure a VTR referral form is completed.

Raising a concern

In Suffolk, these concerns will need to be reported via the Suffolk Position of Trust Concerns (POT) Form. To make a POT email positionoftrust@suffolk.gov.uk and ask for a POT form. Alternatively contact the MASH Consultation line who will forward a POT form.

When a person's conduct towards an adult may impact on their suitability to work with or continue to work with children, this must be referred to the Local Authority's Designated Officer (LADO)

Resignations and “Compromise agreements”

The fact that a person tenders his or her resignation or ceases to provide their services must not prevent an allegation from being followed up in accordance with these procedures and a conclusion reached.

A “compromise agreement” is when a person agrees to resign, the employer agrees not to pursue disciplinary action and both agree a form of words to be used in any future reference must not be used in situations which are relevant to these procedures.

In any event, such an agreement will not prevent a thorough police investigation where appropriate. Wherever possible the person should be given a full opportunity to answer the allegation and make representations about the allegation. The investigation should continue to a conclusion even if the person refuses to cooperate.

APPENDIX E: GLOSSARY

Care Act 2014	The Act came into force in April 2015 and significantly reforms the law relating to care and support for adults and carers. This legislation also introduces a number of provisions about safeguarding adults at risk from abuse or neglect. Clauses 42-45 of the Care Act provide the statutory framework for protecting adults from abuse and neglect
Care and support needs	The support a person needs to achieve key outcomes in their daily life as relating to wellbeing, quality of life and safety.
Consent	The voluntary and continuing permission of the person to an intervention based on an adequate knowledge of the purpose, nature, likely effects and risks of that intervention, including the likelihood of its success and any alternatives to it
Making Safeguarding Personal	It is an approach to safeguarding work which moves away from safeguarding being process driven and instead, to place the person at risk at the centre of the process and work with them to achieve the outcomes they want. Wherever possible the adult at risk should be consulted about the intention to report the concern (to whichever agency) or enabled to report the concern themselves. <u>They should be informed that a concern is to be reported about risks to them unless it is not safe to do so.</u> • Public interest and the responsibility to protect all adults at risk may override the individual's rights and preferences. • People have a right to be informed of, and involved in, Safeguarding Enquiries into risks of abuse or neglect that they may face. • People have the right to, wherever possible, determine their own outcomes and how they might be achieved. • We have a duty to, wherever possible, work to achieve those outcomes. • People have rights in deciding how they live their lives and how to manage any risks that they face. • Exceptions to these rights can be where people do not have the capacity to understand the risks involved, or where their involvement might put them or others at risk • Adults at risk has a right to an advocate under these circumstances, staff can contact Suffolk advocacy agencies.
Multi Agency Safeguarding Hub (MASH)	A joint service made up of Police, Adult Services, NHS and other organisations. Information from different agencies is collated and used to decide what action to take. This helps agencies to act quickly in a co-ordinated and consistent way, ensuring that the person at risk is kept safe.
Safeguarding	Activity to protect a person's right to live in safety, free from abuse and neglect. It involves people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that their wellbeing and safety is promoted.
Six Principles of adult safeguarding	First introduced by the Department of Health in 2011, but now embedded in the Care Act, these six principles apply to all health and care settings and are strong principles for everyone to follow.

	1. Empowerment: People being supported and encouraged to make their own decisions and informed consent 2. Prevention: It is better to take action before harm occurs. 3. Proportionality: The least intrusive response appropriate to the risk presented. 4. Protection: Support and representation for those in greatest need. 5. Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse. 6. Accountability: Accountability and transparency in safeguarding practice.
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APPENDIX F SAFEGUARDING ADULT REPORT FORM

Section 1: Adult's Details

Name of adult who you are concerned about	
Home address	
Telephone number	
Age	
Date of Birth (in order day, month, year)	
Gender	
Does the adult have any communication needs? If yes, please give brief details	

Section 2: Details of the concern(s) being raised

Time of incident	
Date of incident	
Location of incident	
What is the concern?	
What would the adult like as an outcome of the enquiry?	
Brief factual details of the incident. This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.	
What actions have been taken to date to safeguard the individual?	
Are any other professionals aware of this concern?	
Are the Police involved? If yes is there a crime incident number?	
If injuries are present, please give a brief/accurate description and detail any medical attention sought	
Was the Doctor/GP informed? Yes or No	

Name of Doctor informed	
Date and time of information given	
Has a body chart been completed?	

Section 3: Relative and/or Name of Main Carer

Name	
Relationship to adult	
Contact Address (including postcode)	
Telephone number	
Email address	
Is relative and/or carer aware of this referral/concern?	

Section 4: Please provide details of the person raising the concern -

We cannot guarantee your anonymity but will try to keep your details confidential if you prefer.

Name	
Date	
Job Title and/or Relationship to adult referred	
Organisation and address (if applicable)	
Telephone number	
Email address	
Can your details be shared with third parties?	
Do you live with the adult you are concerned about?	
Do you prefer to remain anonymous? If yes, please give your reasons	
What is the relationship between the person(s) alleged to have caused harm and the adult who is the subject of the concern?	
Do they live with the adult at risk?	

Section 5: Details of person completing the form (add only if different to section 4)

Name	
Date completed	
Job title and/or relationship to adult referred	
Organisation (If applicable)	
Contact Address (including postcode)	
Telephone number	
Email address	

Where appropriate have you informed your safeguarding lead of this concern?	
Date and time sent to safeguarding lead in your organisation.	
Name of Safeguarding lead form sent to.	

Section 6: Type of abuse suspected. Please select which form(s) of abuse you suspect – enter ‘Yes’ to all you believe are applicable:

Domestic abuse	
Discrimination	
Emotional/Psychological	
Financial	
Modern Slavery	
Neglect & Acts of Omission	
Organisational	
Physical	
Radicalisation	
Self-Neglect	
Sexual	
Other (please specify)	

Please note any bruising, scars, red marks, injuries or similar with as much description as possible. Only complete where the injuries are clearly visible or freely shown to you.

Body Map – This can be printed or photocopied as required.

(It is possible to type into electronically but not to highlight the affected area's)

Adult's name:

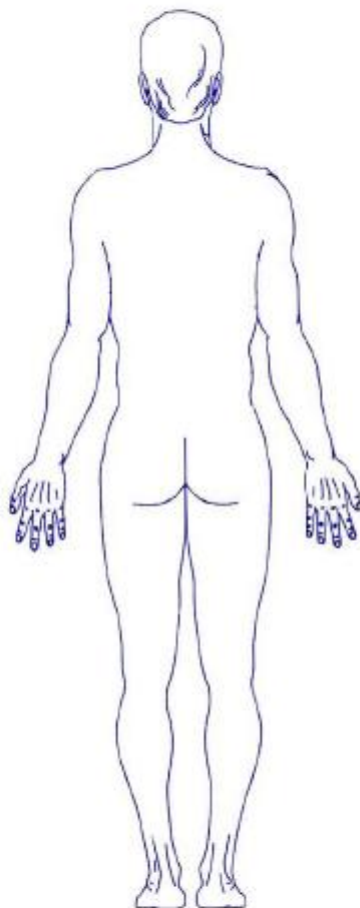
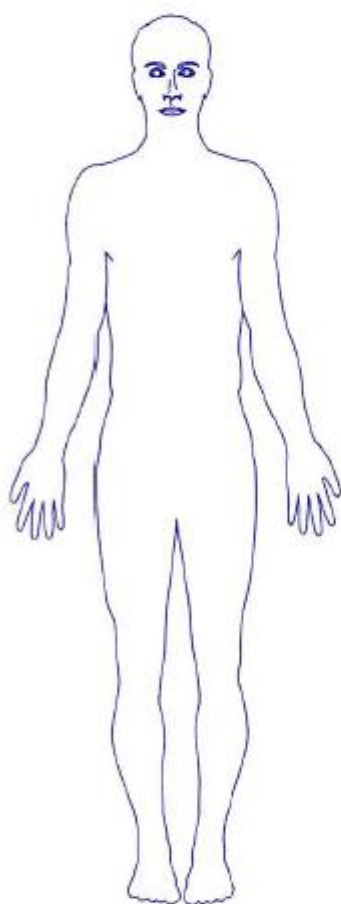
Date of birth:

Right

Left

Left

Right



Please mark any noticeable marks that you may have seen on the body of the adult giving rise to this concern .Please describe injury(ies)

Date:

Time:

Name of person completing this form:

Signature:

Position: