

Middleton cum Fordley Parish Council

Safeguarding Policy

1. Introduction

This policy will enable Middleton cum Fordley Parish Council (“Council”) to demonstrate its commitment to keeping safe both vulnerable adults and children and young people in the community.

2. Policy Statement

The policy is in place in order for councillors to work to prevent abuse and know what to do should a concern arise. They will enable the Council to:

- Promote good practice and work in a way that can prevent harm and abuse occurring.
- Ensure that any allegations of abuse or suspicions are dealt with appropriately and the person experiencing the abuse is supported.

3. Definitions

3.1 Child

“Anyone who has not yet reached their 18th birthday”. Children Act 1989, or any superseding legislation.

3.2 Adults at Risk

An individual who “Have needs for care and support, is experiencing, or at risk of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect”. Care Act 2014, or any superseding legislation.

4. Responsibilities of the Council

4.1 To accept the moral and legal responsibility to implement procedures, to provide a Duty of Care for children, young people and adults at risk of abuse, safeguard their wellbeing and protect them from abuse.

4.2 To raise awareness of safeguarding to ensure that everyone can play their part in preventing and identifying and responding to abuse and neglect.

4.3 To ensure that all councillors, volunteers and any paid members of staff are familiar with the policy and procedures.

4.4 To work with other agencies within the framework of both the Local Safeguarding Board (LSCB) and the Suffolk Safeguarding Adults Board (SSAB).

4.5 To make a safeguarding referral to the Safeguarding Lead as appropriate i.e. if there is an immediate danger or the child/adult is at risk of harm.

4.6 To ensure that all new Councillors adopt and abide by this Safeguarding Policy and understand their responsibilities therein.

4.7 To ensure all contractors/partners working directly with the Council meet the safeguarding standards as expected by the Council and to ensure they adopt and abide by this Safeguarding Policy and understand their responsibilities therein.

4.8 To monitor and evaluate the policy annually or in the light of any changes to Government legislation and guidance.

4.9 To ensure there is a designated lead person for safeguarding in the Council.

4.10 To ensure as far as is reasonably practicable that everyone is safe and secure in any facility or environment it provides or facilitates.

4.11 DBS checks will be required if any Councillor, volunteer or paid member of staff is required to teach, train, instruct, care for or supervise children.

4.12 To ensure records are kept of any referrals and any notes, records of conversations concerning that referral are kept in the folder and that it is stored in a secure place with limited access to designated people.

5. Responding to Abuse or an Allegation

- Reassure the person concerned
- Listen to what they are saying.
- Record what they are saying.
- Record what you have been told/witnessed as soon as possible.
- Remain calm and do not show shock or disbelief.
- Tell them that the information will be treated seriously.
- Ask questions to ensure you gather the full facts but do not start to investigate or ask detailed probing questions.
- Use the vulnerable adult's/child's words where possible.
- Do not promise to keep it a secret.
- Tell the vulnerable adult or child what you are going to do next to get help to keep him/her safe.
- Comply with the Council's Data Protection Policy.

6. Types of Abuse

There are four main types of abuse: physical abuse, emotional abuse, sexual abuse and neglect. It is important to note that self-neglect is part of neglect.

6.1 Abuse can take many forms and the examples in the definitions in Appendices A and B are not exhaustive. There may be other situations not covered in the examples that give you concern for a child's/adult's safety and wellbeing.

7. Allegations Made Against a Councillor/Volunteer/Employee

This should be reported to the Designated Safeguarding Lead. If appropriate, the Designated Safeguarding Lead will consult with/make a referral to the LADO (Local Authority Designated Officer). The procedures for LADO referrals can be found on the Suffolk Safeguarding Partnership website at www.suffolksp.org.uk

8. Designated Safeguarding Lead

Mrs Rachael Salcombe
07510 155640
parishclerkmiddleton@gmail.com

9. Making a Referral

Dial 999 if the person is in immediate danger.

For concerns about a vulnerable adult or child make an online referral at suffolksp.org.uk

Or telephone Suffolk County Council Customer First (Social Services) on 0808 800 4005 (children), 0800 917 1109 (adults) or by email at customer.first@suffolk.gov.uk.

Crime & Anti-social Behaviour, Modern Slavery and Radicalisation call Customer First 03456 066167

See Appendix C for Flowchart for referral for actual or suspected abuse.

Adopted 8 March 2022.

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Review date November 2026.

APPENDIX A: RECOGNISING POSSIBLE CHILD ABUSE and INDICATORS

The following behavioural signs may be indicators of child/young person abuse, but care should be taken in interpreting them in isolation.

Physical signs

- Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.
- Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.
- Injuries which appear to have been caused by a weapon e.g. cuts, welts, etc.
- Injuries which have not received medical attention.
- Instances where children/young people are kept away from the group inappropriately or without explanation.
- Self-mutilation or self-harming e.g. cutting, slashing, drug abuse.

Emotional signs

Changes or regression in mood and behaviour, particularly where a child/young person withdraws or becomes clinging. Also, depression/aggression.

- Nervousness or inappropriate fear of particular adults.
- Changes in behaviour e.g., under-achievement or lack of concentration, inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.
- Persistent tiredness, wetting or soiling of bed or clothes by an older child.

Signs of neglect

- Regular poor hygiene
- Persistent tiredness
- Inadequate clothing
- Excessive appetite
- Failure to thrive e.g. poor weight gain, consistently being left alone and unsupervised

Indicators of possible sexual abuse

- Any direct disclosure made by a child/young person concerning sexual abuse.
- Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of.
- Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.
- Preoccupation with sexual activity through words, play or drawing.
- Child/Young person who is sexually provocative or seductive with adults.
- Inappropriate bed-sharing arrangements at home.
- Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.
- Other emotional signs (see above) may be indicative of sexual or some other form of abuse.

APPENDIX B: RECOGNISING ADULT ABUSE and INDICATORS

The presence of one or more does not automatically confirm abuse. The existence of a few of the indicators may, however, suggest a potential for abuse and should therefore necessitate further assessment or scrutiny. If there is any concern at all about the possibility of abuse, then advice should be sought, and an alert should be submitted to Customer First 0808 800 4005 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.

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

Domestic abuse can also involve the abuse of an 'adult at risk'. Safeguarding Adults procedures only apply where the adult:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Sec 42 Care Act)

The Government definition of domestic abuse is: 'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over (Safeguarding Adults applies from age 18) who are or have been intimate partners or family members regardless of gender or sexuality. 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

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' (Home Office 2013).

Action should always be taken to pass on referrals for all incidents of domestic abuse relating to adults at risk, to Customer First. Where the victim is not an adult at risk, concerns should be raised directly with the police.

The Government definition of domestic abuse, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. Below is a brief outline of Honour Based Violence, FGM and Forced Marriage. Please visit the Adult Safeguarding Board website for the full Honour Based Violence and Forced Marriage policies.

We will follow the Domestic abuse guidance on the Suffolk Safeguarding partnership website and the Domestic Abuse Act 2021.

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 / 0808 917 1109. Victims of Honour Based Violence can also access help and advice from Karma Nirvana at www.karmanirvana.org.uk or by contacting 0800 599 9247.

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.

Victims of Forced Marriage can also access help and advice from Karma Nirvana at www.karmanirvana.org.uk or by contacting 0800 599 9247.

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.

FEMALE GENITAL MUTILATION (FGM)

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 on 0808 800 4005 / 0800 917 1109 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.

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
- Withdrawal, choosing to spend the majority of time alone
- Overt sexual behaviour/language by the adult at risk
- Disturbed sleep pattern and poor concentration
- Difficulty in walking or sitting
- Torn, stained, bloody underclothes
- Love bites
- Pain or itching, bruising or bleeding in the genital area
- Sexually transmitted urinary tract/vaginal infections
- Bruising to the thighs and upper arms
- Frequent infections
- 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 negate an adult at risk's choices, independent wishes and self-esteem; cause isolation or overdependence (as might be signalled by impairment of development or performance); 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 an individual's funds 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

- Lack of receptiveness to any necessary assistance requiring expenditure, when finances are not a problem – although the natural thriftiness of some people should be borne in mind
- Extraordinary interest by family members and other people in the adult at risk's assets
- Power of Attorney obtained when the adult at risk cannot 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 of the worker about the user's 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. The signs of slavery are often hidden, making it difficult to recognise victims.

Where modern slavery is suspected and the victim is an adult at risk, a Safeguarding Adults referral should be made to Customer First on 03456 066 167. 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 embroiled in the accepted custom, subculture and practice of the institution or service.

Possible Indicators of Organisational Abuse

- 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.
- 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 – in fact, anything which treats the person concerned as not being entitled to a 'normal' life.

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.

DISCLOSURE AND BARRING SERVICE (DBS)

The Safeguarding Vulnerable Groups Act 2006 (SVGA) places a legal duty on employers in the health and social care sector and personnel suppliers to refer any person to the Disclosure and Barring Service who has:

- Harmed or poses a risk of harm to a child or adult at risk of abuse;
- Satisfied the harm test; or
- Received a caution or conviction for a relevant offence.

Practitioners are therefore advised to check that a DBS referral has been submitted where staff named as the alleged abuser are dismissed as a result of their conduct or resign prior to the conclusion of a Section 42 Enquiry. For further information, please see the Safeguarding Adults Board policy on Regulated Services.

Abuse of Staff. Although abuse of staff by service users or other staff is a very serious matter which requires immediate action, the Safeguarding Adults policy is not appropriate to address this situation. In these circumstances, the staff member should be assisted via the organisation's internal HR (Human Resources) procedures. Appropriate intervention can also be sought for the service user, such as referral for an unscheduled review by the area cluster or assessment by a health professional.

NEGLECT / 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 invoked.

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 within the definition of these procedures.

WILLFUL 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, any donee 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. In addition, 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

Self-neglect differs from the other forms of abuse listed here because it does not involve a perpetrator. 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 one's assets in a manner that is likely to cause substantial damage to or loss of assets

The scope of this policy 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.

Please see the Suffolk Safeguarding Adults Board Self-Neglect policy for detailed information and operational guidance on Self-neglect.

SELF-NEGLECT & HOARDING

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.

Self-neglect involves the complex interplay of physical, mental, social, personal and environmental factors, all of which must be explored to understand the meaning of self-neglect in the context of each individual's life experience.

Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013, 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 professionals 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 Tool
Self-Neglect and Hoarding Pathway for Professionals

RADICALISATION

Radicalisation is not included as an abuse type in the Care Act Guidance. It is however important to include it to raise awareness and provide operational guidance to staff. The Prevent Strategy (Home Office 2011) recognises that the presence of key vulnerabilities such as Learning Disabilities, autism or Mental Health problems can increase an individual's susceptibility towards radicalisation and to be influenced by extremism. Channel is a key element of the Prevent strategy. It is a multi-agency approach to protect people at risk of radicalisation, using existing collaboration between local authorities, statutory partners (such as the education and health sectors, social services, children's and youth services and offender management services), the police and the local community to identify individuals at risk of being drawn into terrorism.

The aim is to assess the nature and extent of that risk; and develop the most appropriate support plan for the individuals concerned. Early intervention is required to protect and divert people away from the risk they face before illegality occurs. Any concerns that an adult at risk is being radicalised must be referred to the MASH (Multi Agency Safeguarding Hub) via Customer First on 03456 066 167. There are a number of behaviours and other indicators that may indicate the presence of vulnerability.

Example indicators that an individual may be engaged with an extremist group, cause or ideology include:

- Increasingly spending time in the company of other suspected extremists;
- Changing their style of dress or personal appearance to accord with the group;
- Their day to day behaviour increasingly centred around an extremist ideology, group or cause;

- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause;
- Possession of material or symbols associated with an extremist cause (e.g. the swastika for far right groups);
- Attempts to recruit others to the group/cause/ideology; or
- Communications with others that suggest identification with a group/cause/ideology.

Example indicators that an individual has an intention to use violence or other illegal means include:

- Clearly identifying another group as threatening what they stand for and blaming that group for all social or political ills;
- Using insulting or derogatory names or labels for another group;
- Speaking about the imminence of harm from the other group and the importance of action now;
- Expressing attitudes that justify offending on behalf of the group, cause or ideology;
- Condoning or supporting violence or harm towards others;
- Plotting or conspiring with others. Example indicators that an individual is capable of contributing directly or indirectly to an act of terrorism include:
 - Having a history of violence;
 - Being criminally versatile and using criminal networks to support extremist goals;
 - Having occupational skills that can enable acts of terrorism (such as civil engineering, pharmacology or construction);
 - Having technical expertise that can be deployed (e.g. IT skills, knowledge of chemicals, military training or survival skills).

NB. The examples above are not exhaustive and vulnerability may manifest itself in other ways. There is no single route to terrorism nor is there a simple profile of those who become involved. For this reason, any attempt to derive a 'profile' can be misleading. It must not be assumed that these characteristics and experiences will necessarily lead to individuals becoming terrorists, or that these indicators are the only source of information required to make an appropriate assessment about vulnerability.

CRIME AND ANTI-SOCIAL BEHAVIOUR

Antisocial behaviour is any aggressive, intimidating or destructive activity that damages or destroys another person's quality of life; defined by the Crime and Disorder Act 1998 as 'acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as the defendant'.

Antisocial behaviour against an adult at risk should be referred under Safeguarding Procedures to Customer First on 03456 066 167

APPENDIX C: Flowchart for referral for actual or suspected abuse

See it. Recognise it. Report it.

If the matter is urgent because a child or adult at risk of harm is in immediate danger phone 999 for the Police

See It

Are they safe? If you are concerned about a child or adult at risk of harm you could help stop abuse if you follow safeguarding policy and procedure (use this flowchart).
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 the Safeguarding Lead
- For concerns about a child or adult at risk use Appendices A and B of this document
- If you need to discuss whether or not a referral is required, call the Multi Agency Safeguarding Hub professional consultation line on 0345 606 1499
- If there is immediate danger to the child or adult at risk call 999 for the police



Report It

If you have a concern about a child or adult and need to make a safeguarding referral, use the relevant online Suffolk Portal
Customer First 0808 800 4005 / 0800 917 1109
MASH Professional Consultation line 0346 606 14499
Police 999 if it is an emergency
Safeguarding Lead, Middleton-cum-Fordley Parish Council 07510 155640
parishclerkmiddleton@gmail.com