



Charity Reg. No. 1158145

Safeguarding Adults  
Policy and Procedures  
January 2020

# Outreach youth Safeguarding Adults Policy and Procedures

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## Outreach youth

# SAFEGUARDING ADULTS POLICY

## 1. Policy

Outreach youth has a zero-tolerance approach to abuse. Outreach youth recognises that under the Care Act 2014 it has a duty for the care and protection of adults who are at risk of abuse and is committed to promoting wellbeing, harm prevention and to responding effectively if concerns are raised. Adults will be included in swift and personalised safeguarding responses.

It is also committed to inter agency collaboration on the development and implementation of procedures for the protection of adults vulnerable from abuse, and is clear that it has a duty and responsibility for ensuring that any adults in vulnerable situations are safeguarded. This policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur.

There can be no excuses for not taking all reasonable action to protect vulnerable adults from abuse, exploitation, radicalisation and mistreatment. All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights by reason of disability, impairment, age or illness.

This policy and operational guidance references the Suffolk Safeguarding Adults Board [‘Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015 – 2017’](#)

### Persons affected

- All staff, paid and unpaid, this includes volunteers
- All service users
- All visitors and contractors

Safeguarding is everyone’s responsibility. All members of staff (paid and unpaid) are required to report any suspected abuse and be aware of the appropriate reporting and support procedure for safeguarding. It is important that staff are also aware of the Government’s PREVENT strategy. The aim of this is to stop people becoming terrorists or supporting violent extremism in all its forms. This can also be a safeguarding issue but has different reporting mechanisms.

The Safeguarding Lead Officer Andy Fell will discharge their safeguarding functions in a way that ensures that children and adults are safeguarded from harm, and promotes their welfare. They are responsible for following up any suspected reports of abuse and for informing the Police or other appropriate external bodies.

### KEY SIX KEY PRINCIPLES THAT UNDERPIN SAFEGUARDING ADULTS WORK\*

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – accountability and transparency in delivering safeguarding

\*From Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015-18

Outreach youth will ensure that staff understand what they need to do, and what they can expect of one another, to safeguard adults at risk of abuse using this policy. The policy is available at Induction and will be revisited in group supervision sessions and is stored on the Shared drive under policies/ safeguarding. Outreach youth seeks to emphasise that effective safeguarding systems are those where:

- i) All staff who come into contact with adults and their families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose;
- ii) There is a requirement to share appropriate information in a timely way and staff can discuss any concerns about an individual adult with colleagues, the Outreach Youth Safeguarding Lead Office Andy Fell as well as local authority adult's social care;
- iii) Staff use their judgement to put the adult's needs at the heart of the safeguarding system so that the right solution can be found for each individual;
- iv) Staff contribute to whatever actions are needed to safeguard and promote a person's welfare;
- v) All staff working with vulnerable people are afforded a position of status and authority in relation to service users. Services will be provided in an environment which lessens the imbalance of power and encourages independence and self-advocacy for service users. All working practices will minimise the risk of abuse by being sensitive to individual, gender and cultural needs.

Outreach Youth recognises that abuse is a symptom of social, institutional and individual discrimination. Disabling attitudes and practices allow for the belief that it is somehow acceptable to treat vulnerable people with little respect and for people not to be informed, consulted, included or empowered in order to exercise choice and take decisions which affect their lives. Preventing discrimination is essential to abuse prevention. We are committed to work within our organisation, the services we provide, and in partnership to promote the rights of users of services.

This policy and related guidance will be monitored by the Safeguarding Sub-Group on a regular basis for compliance and will be reviewed every 2 years.. Should new guidance be released by our Local Safeguarding Partnership Arrangements, the policy will be reviewed to ensure the work we do keeps people safe.

Signed	
Name	Heidi Dix
Date	16 January 2020
Role	Trustee - Safeguarding
Review date	January 2022

# Safeguarding Adults Procedures

## 2. Procedures

### Full procedures for safeguarding leads

Outreach youth will ensure that Suffolk Safeguarding Adults Board's Multi-Agency Safeguarding Policy and their Safeguarding Adults Framework are followed ( see website for details).

### Abridged procedures for other staff

Staff must respect an “absolute and unequivocal” duty of care to protect service users from harm and will be alert to the possibility of abuse. They will respond to all concerns, worries, suspicions, disclosures, allegations and where there is a safeguarding concern, staff will inform the Safeguarding Lead Officer Andy Fell at the earliest opportunity. Where there is evidence of immediate risk or threat, then Andy Fell must be informed straight away. If neither he nor the Deputy Officer Pauline Henry are available then a referral to Customer First needs to be made, or the Police contacted on 999. See ‘Flowchart for Referral’ on page 12 for guidance in relation to this.

#### • Safeguarding Officers

Lead Officer - Andy Fell  
Deputy Officer – Pauline Henry  
Trustee Safeguarding Lead – Heidi Dix

### Good practice guidance for staff

(Taken from Suffolk County Council Safeguarding Adults Policy and Operational Guidance 2015 -2018, pp 37-38).

- Any information given directly by the adult concerned should be listened to and recorded carefully, using the persons own words.
- Only clarify the bare facts of the reported abuse or grounds for suspicion, do not ask leading questions e.g. suggesting name of who may have been the source of risk abuse if the person does not disclose it.
- If an adult at risk makes an allegation to you, asking that you keep it confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but, that you are not able to keep the matter secret.
- With the exception of making safe, do not take any actions which might alert the alleged source of risk.
- Record all factual evidence accurately and clearly.
- Never prevent or dissuade another person from raising concerns, suspicions or presenting evidence.
- Those alerting the suspected abuse should be supported as necessary, and involved appropriately.

Details must be submitted via the Suffolk County Council on-line portal or phoned into Customer First on 03456 066 167. All appropriate information must be recorded clearly including dates and times when events took place. Facts and opinion should be clearly differentiated.

Staff will follow the operational guidance on ‘Making Safeguarding personal’ as set out in ‘Safeguarding Adults Framework 2019’

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.

### **3. Information Sharing Guidance**

There are situations where information can be shared legally without obtaining the consent from an individual. In this instance, information exchanged under the Safeguarding Adults procedure will only be used for Safeguarding Adults purposes and where it meets these conditions:

- a criminal offence has taken place
- it may prevent crime
- the alleged victim is at risk of harm
- staff, other service users, or the general public may be at risk of harm
- for early intervention and identification of abuse.

### **4. Abuse Types and Indicators**

(Taken from Suffolk Safeguarding Adults Framework)

Adults at risk may be abused by anyone, including relatives, carers, professional staff, care staff, volunteers, neighbours, friends, other users of services, or organisations which allow a culture of poor practice to develop. Professional status or title does not guarantee safety. More than one person may abuse an adult at risk and some sources of risk will abuse more than one alleged.

Abuse can generally be viewed in terms of the following categories: Physical, Domestic, Sexual, Psychological, Financial/Material, Modern Slavery, Discriminatory, Neglect and acts of omission and self-neglect.

#### **Physical Abuse**

Injuries which have no satisfactory explanation or where there is a definite knowledge or reasonable suspicion that the injury was inflicted with intent, or through lack of care.

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 abuse or neglect (Sec 42 Care Act) .

Domestic abuse 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

### **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 03456 066 167. Victims of Honour Based Violence can also access help and advice from Karma Nivana at [www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) or by contacting 0800 5999247.

### **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 03456 066 167 . 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](http://www.karmanirvana.org.uk) or by contacting 0800 5999247.

### **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 if they believe that the adult or a child within the family may be at risk of FGM.

### **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 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 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 via the Suffolk County Council on-line Portal. All other victims should be referred to the police directly. 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

### **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 in itself 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 willfully 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 willfully 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 willful 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 and/or 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 ones assets in a manner that is likely to cause substantial damage to or loss.

### **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 and 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. Any concerns that an adult at risk is being radicalised must be referred to the MASH via the Secure On-line Portal.

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 via the Secure On-line portal.

### **Note on safeguarding adults at risk**

This document is to support decision-making to establish whether or not incidents/events need to be addressed using safeguarding practices and to support practitioners through their safeguarding work.

There will be occasions where a concern raised does not need to go to safeguarding but could be resolved by; advice, information, assessment/review or the complaints process (this list is not exhaustive). Consider the most proportionate response to each situation prior to taking action, as per the Care Act.

The Care Act does not stipulate a 'process' as such as each piece of work must follow the ethos of 'Making Safeguarding Personal'. However, the decision as to whether we should support a person using safeguarding practice is guided within the Act. The adult at risk;

- 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.

### **Making Safeguarding Personal**

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. They should be informed that a concern is to be reported about risks to them unless it is not safe to do so.

- 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 such as Voiceability

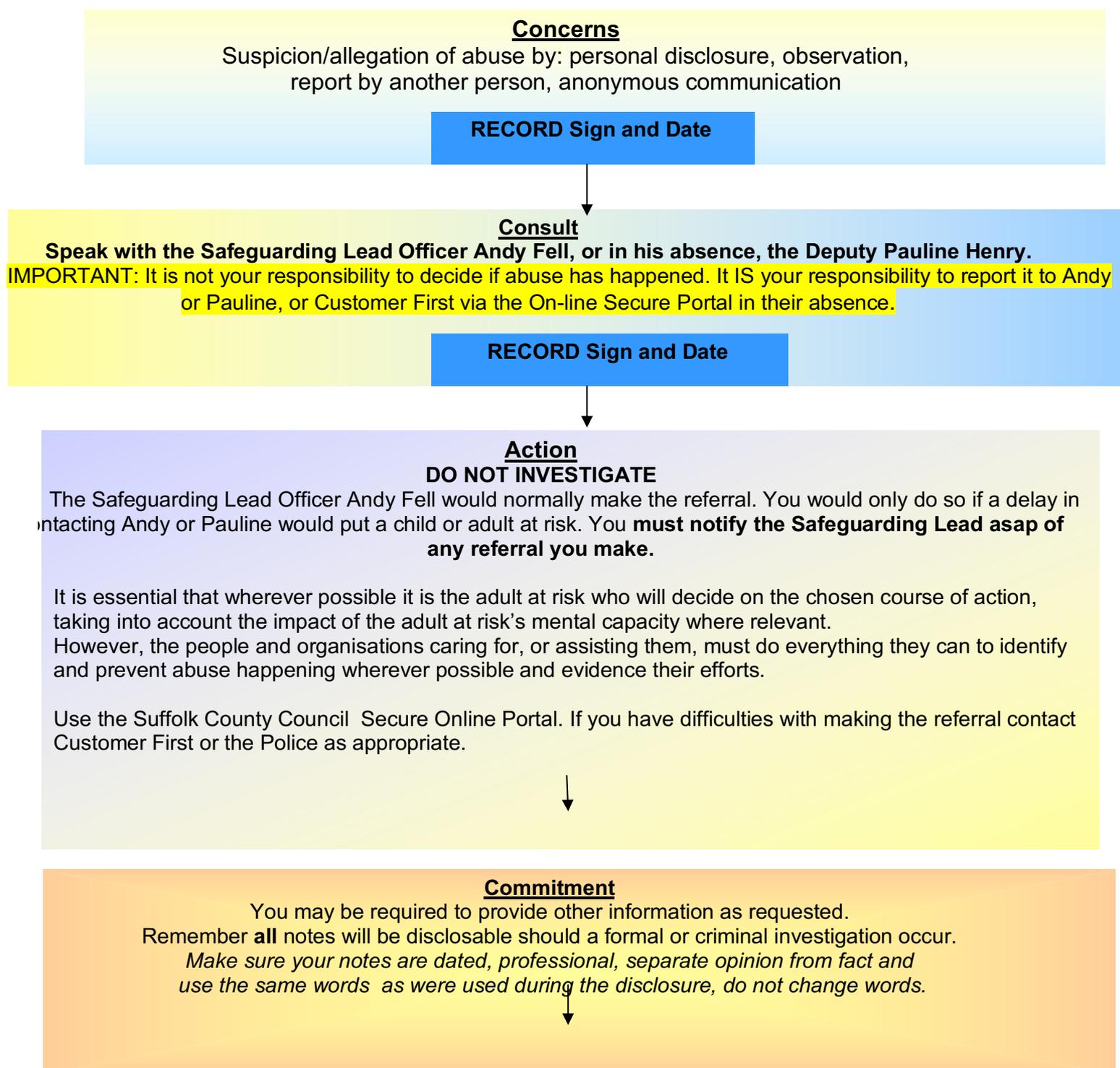
### **Balancing individuals rights and agencies duties and responsibilities**

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.

Any concern, disclosure or witnessed abuse must be reported immediately in accordance with local multiagency policies and procedures.

## 5. Flowchart for referral for actual or suspected abuse



### Contacts:

**Customer First**, if you are a professional call [03456 066 167](tel:03456066167). Members of the public call [0808 800 4005](tel:08088004005)

Professionals wanting guidance on making a referral call the MASH Professionals Consultation line [03456 061 499](tel:03456061499)

**Call the police on 999 if it is an emergency**

