Safeguarding Adults at Risk Policy

IES&WSCCG/CCG/2020/058

THIS POLICY IS SUPPLEMENTARY TO THE ICS SAFEGUARDING ADULTS GUIDELINES (2020) AND ASSOCIATED MATERIAL TO BE FOUND ON https://suffolksp.org.uk/

Target Audience	**All CCG employees (permanent, seconded or temporary).**
Purpose	**This policy details the robust structures, systems and standards in place for IES&WSCCG as an employer and across its commissioned services.** **Safeguarding is the responsibility of everyone in both CCGs and its commissioned providers. All staff must be aware of their individual responsibility and accountability.**
Action Required	**To be approved by the IES&WSCCG Quality Committee and made available to all staff via the intranet.** **The policy will be used as a clear statement of CCG's responsibilities to all CCG employees.**

Document Information

Title /Version Number/(Date)	**Safeguarding Adults at Risk policy/Version**
Document Status (for information/ action etc.) and timescale	**For circulation to all staff, and immediate implementation**
Accountable Executive	**Director of Nursing and Clinical Quality**
Responsible Post holder/Policy Owner	**Safeguarding Adult Lead**
Date Approved	**2020**
Approved By	**CCG Board**
Review Date	**2021**
Stakeholders engaged in development/review	**Clinical Quality Lead/Director of Nursing/Safeguarding team/ Quality Committee**

Equality Impact Assessment	**This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to the Board, every member of staff within both CCGs irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership, and those who work on behalf of the CCG.**
Contact details for further information	**Please contact the Safeguarding team for any queries.**

Amendment History

Version	Date	Reviewer Name(s)	Comments
1.0	March 2013		Policy developed.
2.0	May 2016	Safeguarding Adult Lead Quality Committee Members	Policy review undertaken. Updated with the Care Act 2014 legislation. Title change in line with Care Act 2014. Update on procedural requirements and duty to make enquiries. Updates on the staff section, including training and allegations.
3.0	August 2018	Safeguarding Adult Lead	Policy review undertaken. Key date changes made to the document. Updates and link made to Suffolk Safeguarding Boar Modern Slavery guidance and Prevent. Slight wording changes to Section 6.6 Deprivation of Liberty Safeguards Slight wording changes to Section 6.6 Deprivation of Liberty Safeguards.
4.0	April 2019	Safeguarding Adult Lead	Key date changes to the updated Suffolk safeguarding adult guidelines. Update on the Prevent wording Update on the training section in line with Adult Intercollegiate document. Link to domestic abuse website.

5.0	May 2020	Designated Safeguarding Adult Nurse	Key date changes to the updated Suffolk safeguarding adult guidelines. Update on Deprivation of Liberty and Liberty Protection Safeguards.

This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes)

Clear and Credible Plan	**x**	Collaborative Arrangements	**x**
Clinical Focus and Added Value		Engagement with Patients/Communities	**x**
Commissioning processes	**x**	Leadership Capacity and Capability	**x**
Equality Delivery System		NHS Constitution ref	**x**

Glossary

Term	Definition
Accountable Executive	CCG Executive accountable for development, implementation and review of the policy.
Policy Owner	Post holder responsible for the development, implementation and review of the policy.
Document definitions	These are provided in Section 1.

Associated Legislation, Policy or Guidance Documents

Title
Southend Essex and Thurrock (SET) Safeguarding Adults Guidelines (2019)
Adult Safeguarding Intercollegiate: Roles and Competencies for Health care staff (2018)
Suffolk Safeguarding Adults Board Safer Recruitment Guidelines (2017)
Suffolk Safeguarding Adults Handbook (2019)
Care Act (2014)
Human Rights Act (1998)
Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework March (2015)
Adult Safeguarding Best Practice Guidance for Providers of Healthcare in East Anglia and Essex March 2017
Mental Capacity Act (2005)
Safeguarding Vulnerable Groups Act (2006)
Deprivation of Liberty Safeguards (DH 2008)
Care Quality Commission (Registration) Regulations (2009)
Health and Social Care Act 2008 (Regulated Activities) Regulations (2010)
Counter Terrorism & Security Act 2015 – *PREVENT* Duty Guidance
Building Partnerships and Staying Safe – Prevent Strategy (2011)
Controlling or Coercive Behaviour in an Intimate Or Family Relationship (2015)
Professional Codes of Conduct
Suffolk Mental Capacity and Deprivation of Liberty Safeguards Guidance (MCA +DoLs)
IES&WSCCG Disciplinary Policy

IES&WSCCG Safeguarding Children and Families Guidance and Policies
IES&WSCCG Equality and Diversity Policy
IES&WSCCG Whistleblowing Policy
IES&WSCCG Complaints Policy
IES&WSCCG Patient Engagement Strategy
IES&WSCCG Integrated Risk Management Framework
IES&WSCCG Serious Incident (SI) Management Policy
IES&WSCCG Recruitment and Retention Policy
IES&WSCCG Information Governance Policy
IES&WSCCG Information Sharing Policy
IES&WSCCG Managing Investigations Guidelines
IES&WSCCG Constitution

Glossary 2

Term	Definition
SSPB	Suffolk Safeguarding Partnership Board
IES&WSCCG	Ipswich and East Suffolk and West Suffolk Clinical Commissioning Group
DoLS	Deprivation of Liberty Safeguards
SCC	Suffolk County Council
SI	Serious Incident
CQRG	Clinical Quality Review Group
DHR	Domestic Homicide Review
SAR	Safeguarding Adult review
QCPM	Quality Contract Performance Meetings
DHR	Domestic Homicide Review
IMR	Independent Management Review
DoH	Department of Health
	Safeguarding Alert Form

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Introduction

Safeguarding is everyone's responsibility and everyone has a duty to recognise abuse and take action to protect adults at risk of abuse or neglect.

The NHS Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups (IES&WSCCG) is committed to:

- Ensuring that the welfare of adults is paramount at all times.
- Maximising people's choice, control and inclusion and protecting their human rights.
- Working in partnership with others in order to safeguard adults.
- Ensuring safe and effective working practices are in place.
- Supporting staff within the organisation.

2. Purpose

2.1 Aims

2.1.1 This policy provides the framework that ensures a robust and safe system is in place to safeguard adults who may be at risk from harm and abuse.

2.1.2 This policy sets out the roles and responsibilities of IES&WSCCG in working together with other professionals and agencies in promoting the welfare of adults at risk and safeguarding them from abuse and neglect.

2.1.3 This policy describes how IES&WSCCG discharges its safeguarding reponsibilities for commissioning health services. It should be read in cojunction with:

2.1.4 Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework March (2015), See Appendix 1.
This policy is intended to support staff working within IES&WSCCG; it does not replace but is supplementary to the **Suffolk Safeguarding Adults Guidelines**, See Appendix 2.

2.1.5 This policy applies to all IES&WSCCG staff (permanent, fixed-term, seconded, temporary and volunteers).

2.1.6 Commissioned provider services, services that work in partnership with oter providers and independent contractors are expected to have robust policies and guidelines in place to support their staff in relation to their responsibilities for safeguarding adults at risk.

2.2 Principles

In May 2011 the Department of Health (DoH) issued a statement on Safeguarding Adults which sets out six safeguarding principles which should underpin all safeguarding work.

Principle 1- Empowerment: presumption of person led decisions and consent
Principle 2- Protection: Support and representation for those in greatest need
Principle 3- Prevention: Prevention of neglect harm and abuse is a primary objective
Principle 4- Proportionality- Proportionality and least intrusive response appropriate to the risk presented
Principle 5- Partnerships- Local solutions through services working with their communities
Principle 6- Accountability and transparency in delivering safeguarding

3. IES&WSCCG Strategic Vision

- IES&WSCCG is committed to delivering safe and effective safeguarding services and to strengthening arrangements for safeguarding adults at risk across the Suffolk area and wider. Our vision is to provide services to promote and protect individual human rights, independence and well-being and ensure that the welfare of adults at risk from harm and abuse is paramount at all times.

- IES&WSCCG ensures safeguarding, protection and promoting well-being features in all its activities with children and their parents, adults at risk and their carers/families and staff.

- IES&WSCCG is committed to preventing harm and abuse of adults. Where we suspect or identify that harm, crime, neglect or abuse is happening, we will respond quickly to protect the person and those around them.

- No single agency can deal with safeguarding adults at risk alone. We work closely with our partners in the NHS, independent sector, Care Quality Commission (CQC), Suffolk Police and Suffolk Social Care (SCC) to ensure we have a joined up, robust approach to safeguarding adults who may be at risk of harm or abuse.

- In partnership with the population IES&WSCCG will develop a strategic plan that ensures safeguarding adults is incorporated into the organisational approach to quality, risk management and communication.

- In applying its Patient Engagement and Communication Strategy, the CCGs will consider and address the ways in which the experiences and views of adults who potentially may be at risk and their carers can be incorporated.

- As part of the CCGs commitment to Equality and Diversity, the CCGs will work with carer and patient representatives on its forums and with partner agencies and providers to establish the most effective way of engaging with and gaining the views of adults at risk and their carers in the development of services.

- The complaints arrangements within the CCGs and its commissioned services will be designed to highlight and report safeguarding issues.

- The CCGs will include the requirement to safeguard and promote adult welfare into Corporate Plans, and the Transformation and Delivery Committee will assess any proposals for service development for its impact on safeguarding adults.

4. Definitions

4.1 Adult Safeguarding

4.1.1 Adult at risk

The term 'adult at risk' has been used to replace the term 'vulnerable adult'. Equally the Care Act (2014) safeguarding guidance has replaced No secrets (2000).

4.1.2 The purpose of adult safeguarding is to prevent harm and reduce the risk of abuse or neglect to adults with care and support needs. The statutory framework introduced under the Care Act (2014) applies to any person aged 18 or above who:

Has needs for care and support (regardless of the level of need and whether or not the local authority is meeting any of those needs)

- Is experiencing, or is at risk of abuse or neglect, and
- As a result of those needs, is unable to protect themselves against the abuse or neglect or the risk of it.

4.1.3 Duty to Safeguard Adults

Human Rights Act (1998)
It must be remembered that everyone has the right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the rights of citizens. These rights include:

Article 2: 'the Right to Life';
Article 3: 'the Right to Freedom from torture' (including humiliating and degrading treatment);
Article 5: the right to liberty and security of person
Article 8: 'the Right to family life' (one that sustains the individual).

4.2 Abuse

Abuse and neglect can take many forms. It may be an isolated incident, a series of incidents or a long-term pattern of behaviour and could affect one person or more, whether in someone's home, in public or in an institutional setting. It may be deliberate or the result of negligence or ignorance. Anyone can carry out abuse or neglect.

4.2.1 Categories of Abuse

- **Physical abuse** – The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment including; assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – This includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' violence including Female Genital Mutilation; forced marriage. For further information on domestic violence and the honour based violence see and www.suffolksp.org.uk/ Appendix 3.
- **Sexual abuse** – Direct or indirect involvement in sexual activity without consent. Could include: rape, indecent exposure, sexual harassment including rape, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – Acts or behaviour which impinge on the emotional health of, or which causes distress or anguish to, individuals. Including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – Unauthorised, fraudulent obtaining and improper use of funds, property or any resources of an adult at risk from abuse. Including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. 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. See Appendix 4 for more information.
- **Discriminatory abuse** – Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies mainstream opportunities to some groups or individuals. Examples including forms of harassment, slurs or similar treatment; because of race, gender and gender, age, disability, sexual orientation or religion.
- **Organisational abuse** – Institutional abuse occurs where the culture of the organisation (such as a care home) places emphasis on the running of the establishment and the needs of the staff above the needs and care of the person including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home from domiciliary services. This may range from one off incidents to ongoing ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – Including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

- **Self-neglect** – this 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 may or may not be a safeguarding issue, however agencies must assess concerns raised under their statutory duties; having consideration for an individual's right to choose their lifestyle, balanced with their mental health or capacity to understand the consequences of their actions. Once identified as a situation that cannot be managed through regular case management, high risk or self-neglect situations will be managed through the safeguarding process. Self- neglect is characterised as the behaviour of a person that threatens his/her own health or safety.

4.3 PREVENT

The Government's anti-terrorism strategy, known as CONTEST, encourages co-operation between public service organisations. CONTEST has four key principles:

- PURSUE: to stop terrorists
- PREVENT: to stop people becoming terrorists or supporting violent extremism.
- PROTECT: to strengthen our overall protection against terrorist attacks
- PREPARE: where we cannot stop an attack, to mitigate its impact.

The NHS has been identified as a key partner in the Prevent stream.
The current level of terrorist attack can be located via https://www.gov.uk/terrorism-national- emergency/terrorism-threat-levels.

4.3.1 Both CCGs are committed to the Prevent strategy. Staff have a responsibility to help IES&WSCCG fulfil its obligation to minimise risks by identifying and supporting individuals who may be prone to radicalisation and influence of violent extremism.

4.3.2 Reporting Concerns of Radicalisation

If you have a concern about a vulnerable individual who may be at risk of being exploited by radicalisers and subsequently drawn into violent extremism then please discuss with a member of the CCG Safeguarding team as onward referrals may be needed.

In the absence of the CCG Safeguarding Team being available please contact the following:

- **Emergency, immediate threat**: 999
- **Non-emergency**: 101 and ask for the Counter Terrorism Police
- Confidential anti-terrorist hotline: 0800 789 321
- Alternatively seek advice via an email to the police on prevent@norfolk.pnn.police.uk

It is also important to complete the relevant Social Care referral form as being vulnerable to radicalisation is an important aspect of safeguarding. For adults this is the link for the alert form **preventreferrals@suffolk.pnn.police.uk**.

Further guidance about Prevent is given in Appendix 5 with a link to the **Suffolk Prevent policy.** https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Prevent-VTR/Quick-

Guide-9-Vulnerable-to-Radicalisation-or-Influenced-by-Extremism-Jun-2015.pdf

5. Safeguarding Roles and Responsibilities

5.1 IES&WSCCG

5.1.1 IES&WSCCG is statutorily responsible for ensuring that the organisations from which it commissions services provide a safe system that safeguards adults at risk of abuse and neglect.

5.1.2 IES&WSCCG has a statutory duty to be a member of the Suffolk Safeguarding Partnership (SSP) and must cooperate with the local authority in the operation of Health and Well-being Boards.

5.1.3 IES&WSCCG ensures that robust processes are in place to learn lessons from cases where adults die or are seriously harmed and abuse and neglect is known or suspected.

5.1.4 IES&WSCCG has a clear line of accountability for safeguarding reflected in its governance arrangements.

5.1.5 IES&WSCCG provides training to staff in recognising and reporting safeguarding issues.

5.1.6 IES&WSCCG ensures that there are effective arrangements in place for information sharing on safeguarding.

5.1.7 IES&WSCCG has secured the expertise of designated clinical experts with the authority to influence local thinking and practice in relation to safeguarding.

5.2 The CCG Board

The Clinical Commissioning Groups (CCG) Board is committed to:

- Ensuring that the welfare of adults at risk from harm and abuse is paramount at all times.
- Maximising people's choice, control and inclusion and protecting their human rights.
- Working in partnership with others in order to safeguard adults at risk.
- Ensuring safe and effective working practices are in place.
- Supporting staff within the organisation.

5.2.1 In accordance with section 6 of the CCG Constitution, the CCG Board ensures that there are clear lines of accountability and systems in place for safeguarding within the governance structure of the CCG that take into account the mechanisms and policies recommended by the Local Safeguarding Partnership Boards. The Board has appointed a lay member and named director (referred to as the nominated leads) to provide leadership of safeguarding adults issues and the Mental Capacity Act within

the CCG. This responsibility has been reflected within their portfolio/job descriptions, and is clearly identified within the organisation and on external communications.

5.2.2 The nominated leads are responsible for establishing robust internal and external assurance systems, encompassing practice, training and workforce issues, and provide reports to the Board. In addition the board receives an annual Safeguarding Adults Report.

5.2.3 The nominated leads ensure that there are strong and effective links with the SSP and that all strategic safeguarding issues are incorporated into both the CCGs commissioning intentions.

5.2.4 Board members receive safeguarding adult's awareness training in line with the IES&WSCCG mandatory training programme and the Adult safeguarding intercollegiate document. They are clearly briefed on the responsibilities and requirements of the CCG in respect of safeguarding adults at their induction, regardless of their level of training in any other role which they may hold. Board members must attend a safeguarding training and/or development event at least annually.

5.2.5 Board members must maintain a continued awareness of current safeguarding issues and IES&WSCCG's responsibilities/accountability. They must maintain a knowledge base through reports, newsletters and training/development sessions regarding the above.

5.2.6 Board members must promote the welfare of adults at risk in both personal and CCG activity and comply with all organisational and SSP multi agency policies and procedures relating to safeguarding and adults at risk.

5.3 Chief Officer

5.3.1 The Chief Officer has responsibility for ensuring the provision of high quality, safe and effective services within the CCG. He/she has overall responsibility and is accountable for ensuring a safe and effective response to adults experiencing and exposed to abuse and neglect in line with statutory duties.

5.4 Director of Nursing and Clinical Quality

5.4.1 The CCG Director of Nursing and Clinical Quality is the named director and nominated lead for safeguarding and is responsible for the execution of all safeguarding responsibilities on behalf of the Accountable Officer and the Board members.

5.4.2 The Director of Nursing and Clinical Quality ensures that the CCG works closely with partner organisations and provides appropriate representation for the Local Safeguarding Partnership Board as required through the statutory duty imposed by the Care Act (2014).

5.4.3 The Director of Nursing and Clinical Quality works in partnership with NHS England in complying with the revised Accountability and Assurance Framework (2015) and works closely with other regulators through the Suffolk wide Quality Surveillance Group to ensure sharing and learning of key information relating to all aspects of patient safety and quality, including safeguarding.

5.4.4 The Director of Nursing and Clinical Quality promotes the safeguarding of adults at risk within commissioning arrangements to meet identified quality standards through quality scrutiny processes and ensures that adults safeguarding is a standing agenda item at all Quality Contract Performance Meetings (QCPM) or Clinical Quality Review Group (CQRG) meetings. They are also responsible for ensuring providers and contracted services are aware of their responsibilities in relation to reporting safeguarding incidents.

5.4.5 The Director of Nursing and Clinical Quality monitors the progress of recommendations and outcomes from Serious Incidents (SIs), Individual Management Reviews (IMRs), Safeguarding Adult Reviews (SAR) and Domestic Homicide Reviews (DHRs).

5.4.6 The Director of Nursing and Clinical Quality commissions and signs off IMR's and recommendations for SARs and DHRs and ensures attendance at relevant multi agency panels in relation to these.

5.4.7 The Director of Nursing and Clinical Quality reports any safeguarding risks/activity and/or achievements to the Chief Officer and Board through the CCG Quality Committee or direct to the Board, reporting as required to partner agencies. He/she will keep the Board informed of any immediate concerns or media interest regarding safeguarding issues.

5.5 Quality Committee

5.5.1 The Board sub-committee responsible for the oversight of Adult Safeguarding issues is the Quality Committee which reports to the IES&WSCCG Board directly. An annual S a f e g u a r d i n g Adults report is received by the Quality Committee. The annual report consists of but is not limited to the following; feedback from SSP, regional and national networks, new documents, legislation and research in safeguarding, feedback on any SAR, DHR recommendations and action plans.

5.5.2 The Quality Committee ensures that there is a clear internal process within the CCG of enabling all staff and volunteers to be clear of their roles in respect of safeguarding.

5.5.3 The Quality Committee ensures that systems and processes are in place and aligned to SSP Safeguarding Adult processes to review adult safeguarding issues, ensuring action plans are implemented and lessons learned.

5.5.4 The Quality Committee discusses and scrutinises performance and quality

monitoring around safeguarding and the monitoring of governance arrangements within the CCG and commissioned providers. Any significant risks and mitigation plans are identified and discussed.

5.5.5 Any reports and papers regarding any specific safeguarding issues are brought to Quality Committee for approval or decision.

5.6. The Safeguarding Adults Team

A Safeguarding Adult Lead is identified within the Suffolk health economy as a clinician with significant roles and responsibilities for safeguarding adults at risk and takes delegated responsibility from the nominated Executive Lead. Their role involves them to:

- Take a strategic lead on adult safeguarding and ensure that the CCG meets its statutory responsibilities in relation to safeguarding adults.
- Be responsible for ensuring comprehensive and robust adult safeguarding arrangements are in place in the IES&WSCCG and in all services commissioned by them.
- Lead on all aspects of safeguarding adults within the IES&WSCCG and will link with other designated leads in other CCGs.
- Monitor contracts with the commissioned providers and be a point of contact for advice and support with regard to safeguarding adults and the Mental Capacity Act (2005).
- Be actively involved in relevant SSP subgroups.
- Provide an annual report to the Quality Committee.
- Develop and provide a training programme for all staff groups in relation to safeguarding adults within the CCG.
- Undertake relevant audit and ensure that any recommendations identified through the audit will be shared and implemented across CCG and monitored through an appropriate action plan.
- Provide expert professional support and advice on matters relating to safeguarding adults for other professionals, the CCGs, Local Authority Adult Social Care Departments, the Local SSP Board and its sub-committees and partner agencies.
- Advise on the safeguarding adult aspects of SIs, IMRs, DHRs and SARs and monitor implementation and outcomes of agreed actions.
- Participate as a panel member on any local DHR's and SAR's.

- Advise and input into the development of organisational and multi-agency strategy, policy procedures and projects relating to safeguarding adults.

- Alert IES&WSCCG to situations which compromise the CCGs ability to discharge its responsibility in relation to safeguarding adults.

- Challenge decisions in multi-agency arenas, where adults are believed to remain at risk via escalation processes outlined in health guidance and in SSP Procedures.

5.7 All IES&WSCCG Staff

All CCG staff will:

- Follow the safeguarding policies and procedures at all times, particularly if concerns arise about the safety or welfare of an adult at risk.
- Complete safeguarding adults training and maintain their working knowledge.
- Discuss any concerns about the welfare of an adult at risk with their line manager and /or the Safeguarding Adult Lead and complete a Suffolk Adult Care Portal to formally report those concerns.
- Contribute to actions required including information sharing and attending meetings.
- Work collaboratively with other agencies to safeguard and protect the welfare of people who use services.
- Remain alert at all times to the possibility of abuse.
- Recognise the impact that diversity, beliefs and values of people who use services can have.

In addition, **Managers** have the following responsibilities:
Ensure that their team members have adequate and appropriate training for their roles and responsibilities within Adult Safeguarding in line with the IES&WSCCG mandatory training programme and the Adult Safeguarding Intercollegiate document.

- Provide support and advice (within their own competency) to all staff when dealing with Adult Safeguarding issues and to provide support, advice and resources to enable the Safeguarding Adults Lead to fulfil their role.
- Provide a safe environment in which to work and receive services, without fear of reprisal in accordance with the CCG's Whistleblowing Policy.
- Encourage an atmosphere of openness so that staff can approach them with any concerns regarding the adult at risk from harm and abuse.
- Ensure that safeguarding adults becomes fully integrated into the CCG systems and processes.

5.8 IES&WSCCG Monitoring of provider organisations

Safeguarding forms part of the NHS standard contract. As part of its quality monitoring and scrutiny role, IES&WSCCG monitors the organisations/services which it has a commissioning role in.

The CCG will ensure that it positively considers issues relating to adults at risk in its planning, decision making and contracting by:

- Ensuring that Adult Safeguarding issues are integrated into the commissioning cycle and procurement processes.
- Understanding and disseminating the priorities of the SSP.
- Understanding the priorities of partner organisations, and ensuring that these are considered when developing the CCG Commissioning Intentions.
- Engaging with service users.
- Incorporating data from provider surveys or engagement into planning and review processes.
- Incorporating lessons learned from SARs and DHR's.
- Incorporating a requirement for impact analysis on vulnerable groups within each business case submission.
- Incorporating into contracts the requirement to comply with minimum specified legislation and SSP procedures.
- Making clear in contracts the expectation that providers will develop internal processes in accordance with SSP guidelines, and provide evidence of engagement with vulnerable service users in any service redesign.
- Requiring providers to submit Adult Safeguarding reports at an agreed frequency as part of the service assurance framework, and using information from these within contract monitoring meetings where relevant.
- Specifying the requirement to and processes to be used when alerting and escalating adult safeguarding issues.

The CCG will ensure that the services it commissions:

- Operate with policies and procedures aligned to the SSP Adult Safeguarding Guidelines, and that these procedures are person centred and include protocols for sharing information across agencies about safeguarding concerns.
- Are compliant with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) 2008.
- Have a process for embedding any lessons learned from serious incidents, SAR's and DHR's that inform practice and result in improved outcomes for adults at risk.
- Can evidence leadership to embed the Mental Capacity Act 2005 and connect it to best practice in safeguarding adults.
- Have a staff Whistleblowing Policy in place and are able to offer evidence of how issues that staff have raised have been progressed and resolved.
- Have reporting structures in place to notify commissioners of any safeguarding concerns.
- Have a structured staff training programme which meet the varying levels of specialism related to Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards, which are evaluated and linked to the implementation of policies and procedures relating to consent, capacity and information sharing.
- Are able to evidence clear policies and systems for the supervision and support of those staff involved in adult safeguarding investigations or

procedures.
- Provide information in accessible formats about local adult safeguarding procedures.
- Can evidence best interest decision making where adults lack capacity to make decisions, including an audit of referrals to Independent Mental Capacity Advocates.
- Have systems in place to monitor the failure of individuals to attend appointments and processes to inform referrers when appointments have been missed.
- Has missing persons protocols in place.
- Completes the annual SSP audit when required.
- Follows the Safe recruitment policies in place as set out in NHS standards of recruitment which include recommendations relating to relevant checks with the Disclosure and Barring Service.
- Co-operates and complies with any performance indicators set by both the CCGs.
- Complies with the Government PREVENT anti-terrorist strategy and delivers training to all staff at the relevant levels.

6. Procedural Requirements

6.1 Reporting Safeguarding Adult concerns

All service users need to be safe. Throughout the safeguarding adult process the service user's needs remain paramount. This process is about *protecting* the adult and *prevention* of abuse. All staff will be required to follow the SSP Guidelines available on https://www.suffolksp.org.uk/

6.1.1 If at the time staff have reason to believe the person is in immediate and serious risk of harm or that a crime has been committed the police must be called on 999.

6.1.2 If at any time staff feel the person needs urgent medical assistance, they have a duty to call 999 or arrange for a doctor to see the person at the earliest opportunity.
A Suffolk Adult Care Portal form (safeguarding alert form) must be completed where there are allegations of abuse or concerns for the welfare of an adult who is at risk and sent to the relevant Social Care area. The most current form and guidance notes can be found via the following link https://www.suffolksp.org.uk/ then go to the professionals section/reporting concerns or via the CCG's web page link. The form is not included in the policy as they are updated regularly so the link will take you to the most current one. Telephone numbers are also available on this page.

6.1.3 If you suspect an adult is being abused or is at risk of abuse, you must report the concerns to your line manager (unless you suspect that the line manager is implicated – in such circumstances the Whistleblowing Policy should be followed.

6.1.4 Any safeguarding concerns which meet the criteria of a serious incident

must be reported as a Serious Incident.

6.1.5 Additional advice is available if needed from the Safeguarding Adult Lead. Advice can also be found on the SSP website.

6.1.6 See flowchart for how to raise a safeguard in Appendix

6.2 Duty to make enquiries

6.2.1 Under the Care Act 2014 the Local Authority must make enquiries or ensure others do so, if it reasonably suspects that an adult who has care and support needs is being abused or neglected and they are unable to protect themselves against the abuse or neglect because of those needs.

6.2.2 An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so by whom. The scope of the enquiry, who leads it and its nature, will depend on the circumstances. If the Local Authority decides that someone else should undertake the enquiry (a provider for example) the Local Authority must specify the timescales for this and be informed about the outcomes of the enquiry.

6.3 Making Safeguarding Personal

The Local authority are the leads in investigating any safeguarding referrals. They are committed to the principles of *Making Safeguarding Personal* with the aims of ensuring that safeguarding is person-led and focused on the outcomes they want to achieve. It engages the person 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.

6.4 Choices and Risk

Where a member of staff perceives that the lifestyle choices of the service user or carer is creating a situation where the service user may be seen to be at serious risk of abuse, then the circumstances must be reported by using Suffolk Adult Care Portal form and reviewed through a properly constituted professional meeting. Decisions about risk at this level should *never* be taken by individual staff.

6.5 Capacity and Consent

6.5.1 The Care Act 2014 stipulates that organisations should always promote the adult's wellbeing in their safeguarding arrangements. It emphasises that people have complex lives, being safe is only one of the things they want for themselves and that professionals should work with the adult to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating "safety" measures that do not take account of individual well-being.

6.5.2 Two of the overriding principles in Safeguarding Adults are capacity and consent. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the definitions of the Mental Capacity Act (2005). However when there is a duty of care due to the adult not having the capacity to protect him / herself a discussion with the safeguarding adult lead/line manager to determine how best to proceed may be needed ensuring that the CCG guidelines on information sharing are followed.

6.5.3 Any patient affected by abuse, who has capacity, should be consulted regarding whether or not they wish action to be taken in relation to their own situation. However, their response will be viewed in the context of the need for any intervention in order to protect other service users and / or staff from harm or risk of harm. If the individual does not wish to report the abuse a discussion must take place with the Safeguarding Adult Lead/line manager regarding the appropriate course of action to safeguard other service users, staff and whether it is in the public interest.

6.6 Deprivation of Liberty Safeguards (MCA DOLS)

6.6.1 The Deprivation of Liberty Safeguards (DoLS) is part of the framework of standards under the Mental Capacity Act 2005. They aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home or hospital only deprives someone of their liberty in a safe and correct way that this is only done when it is in the best interests of the person and there is no other way to look after them.

6.6.2 Deprivation of Liberty Outside Hospital or Care Home setting

These are not covered by the Safeguards as mentioned above, but it has been recognised by the Supreme Court (P v Cheshire West and Chester Council 2014, and P&Q v Surrey County Council 2014) that a deprivation of someone's liberty may also occur in an environment other than a care home. Where a person does not have the capacity to make decisions about where and how they live there are two key questions that need to be asked.

1) Is the person free to leave?
2) Is the person subject to continuous control and supervision?

If the person is subject to continuous control and supervision and not free to leave then their circumstances might amount to a deprivation of their liberty and an application should be made to the Court of Protection for authorisation.

6.6.3 IES&WSCCG are responsible to make applications to the Court of Protection for any of the patients they fund where they lack capacity and the care package provided could amount to a Deprivation of Liberty. IES&WSCCG adhere to and follow the SSP and SCC Mental Capacity and Deprivation of Liberty Safeguards Guidance (MCA +DoLs).

6.7 Information Sharing

6.7.1 Where there are safeguarding concerns staff have a duty to share information. It is important to remember that in most SAR's and DHR's a lack of information sharing is often a significant contributory factor when things have gone wrong and harm and abuse have occurred. Early sharing of information is key to providing effective help where there are emerging concerns. The wellbeing of adults at risk of abuse is likely to be more important than concerns about sharing information.

6.7.2 Information should be shared with consent wherever possible. A person's right to confidentiality is not absolute and may be overridden where there is evidence that sharing information is necessary to support an investigation or in best interests e.g. in the interests of public safety, police investigation, implications for regulated service.

6.7.3 The key factors in deciding whether or not to share confidential information are: necessity – sharing is likely to make an effective contribution to preventing the risk, and proportionality – the public interest in sharing outweighs the interest in maintaining confidentiality. If there is any doubt about whether to share information, advice should be sought.

6.7.4 Investigating and responding to suspected abuse or neglect requires close cooperation between organisations. Safeguarding adults work is concerned with sharing personal information, both about someone who is alleged to have experienced abuse and the alleged perpetrator.

6.7.5 IES&WSCCG have signed up to the Suffolk Information Sharing framework which is an information sharing protocol. For further information see the Suffolk guidelines in Appendix 2, and IES&WSCCG Information sharing policy.

6.8 Statutory reviews

A number of statutory reviews are required to be undertaken by relevant agencies including health when particular circumstances arise. All agencies including IES&WSCCG that are asked to participate in a statutory review must do so. The different types of review include:

6.8.1 Domestic Homicide Reviews
These are convened by the local community safety partnership when the defined criteria has been met following the death of a person aged 16 or over has, or appears to have resulted from violence, abuse or neglect.

6.8.2 Safeguarding Adult Review
These are convened by the local Safeguarding Adults Board for every case where an adult has died from, or experienced serious abuse or neglect and there is reasonable cause for concern about how agencies and service providers involved worked together to safeguard the person.

7 IES&WSCCG Staff

7.1 Training

7.1.1 Safeguarding Adults training is mandatory and is part of the IES&WSCCG mandatory training programme.

7.1.2 All staff should receive safeguarding adult's awareness training at a competency level according to their role and in line with the Adult Safeguarding: Roles and Competencies for the Health Care staff Intercollegiate Document. This should be refreshed as a minimum every three years for all staff.

7.1.3 Both CCG's provide training to meet the varying levels of specialism required by both CCG's workforce. A database is maintained that enables this to be monitored on a regular basis by the Safeguarding Adult Lead, the Quality Committee and the Board.

7.1.4 All staff must receive Prevent awareness/training at a competency level according to their role as per the NHS England – Prevent Training and Competencies Framework (2017).

7.1.5 Both CCG's have appropriately trained and experienced staff to review and manage safeguarding concerns. Their duties and responsibilities are set out. The training and development requirements associated with their job role will be specified, and progress in meeting these requirements will be monitored by the named director and reported to each CCG Board.

7.2 Supervision

7.2.1 Where IES&WSCCG staff have specific responsibilities in safeguarding and promoting the welfare of adults, this will be incorporated in the job description and work objectives of the individual, and the supervision and support structure for those individuals will be clearly documented.

7.2.2 IES&WSCCG staff can arrange supervision and case discussions with the safeguarding adult lead when and where necessary at a time convenient to both.

7.3. Safer Recruitment

7.3.1 Both CCG's adopt safe recruitment procedures in accordance with best practice guidance within the NHS and SSP safer recruitment and employment guidance **(2010**), and ensure that any organisation delivering its recruitment function can demonstrate awareness of the requirements, and systems of practice that ensure that there are 'fail-safe' checks.

7.3.2 Both CCG's ensure that where disciplinary action has been taken against an employee of either CCG the appropriate action has been taken in respect of notification to Professional Bodies or reporting under the Safeguarding

Vulnerable Groups Act (2006).

7.3.3 There is a statutory scheme for vetting people working with children and adults at risk of abuse and neglect. It is administered by the Disclosure and Barring service. This system provides checks on people entering the workforce, and maintains lists of individuals who are barred from undertaking regulated activity with either children or adults at risk of abuse and neglect.

7.4 Allegation of abuse against a staff member

This section of the policy relates to a staff member who may have behaved in a way that has or may have harmed adults at risk or committed a criminal offence against or related to adults at risk. They may have also behaved toward adults at risk in a way, which indicates s/he is unsuitable to work with adults at risk. This may be in their professional or personal life.

7.4.1 Any member of staff who becomes aware of a concern about an allegation of concerns in relation to safeguarding children or an adult at risk by an employee of either CCG must report it to the line manager of that employee.

7.4.2 The Line Manager must take advice from a senior member of the Human Resources Department and must report any allegations to the Named Senior Officer for IES&WSCCG (Director of Nursing) at the earliest opportunity (the recipient of the allegation must not try to unilaterally determine the validity of the allegation).

7.4.3 The Named Senior Officer informs the Local Authority Designated Officer for adults within one working day of allegation being made.

7.4.4 The Named Senior Officer works collaboratively with other agencies contributing to a strategy meeting and taking appropriate action as agreed.

7.4.5 Consideration is given in regard to Disciplinary Procedures e.g. suspension, referral to disclosure and Barring Service (DBS), even if the allegation is not considered sufficiently harmful under the safeguarding adult guidelines. Employees should be aware that abuse is a serious matter that can lead to a criminal conviction. Where applicable the organisation's disciplinary policy will be implemented.

7.4.6 If concerns arise about a member of staff's behaviour towards any vulnerable adult, Adult Social Care and/or Police must inform the organisation in order to assess whether there may be implications for children or adults at risk with whom the person has contact at work.

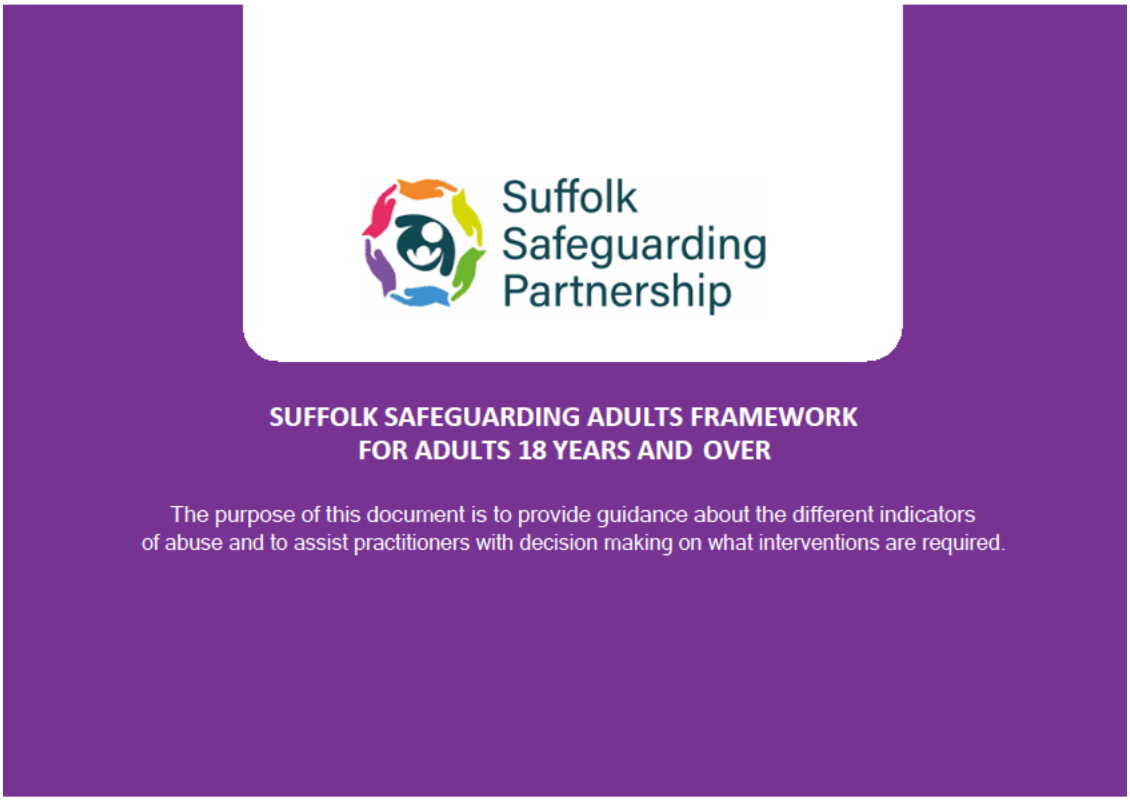
Appendix 1

NHS England- Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework

NHS England Accountability and As

Appendix 2

SSP Safeguarding Guidelines April 2019



Appendix 3 – Domestic Violence

Domestic Abuse

The definition of domestic abuse used by the Home Office and most agencies is:

'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.'

Domestic abuse is about the power and control of one person over another and can take

many forms. For further information on domestic abuse see www.essexsab.org

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included and that much safeguarding work that occurs at home is, in fact is concerned with domestic abuse. This confirms that domestic abuse approaches and legislation can be considered safeguarding responses in appropriate cases. Such abusive behaviour can include, for example:

7.4.6.1 Constant criticism and belittling comment
7.4.6.2 Verbal abuse and threats (including threats to harm the children)
7.4.6.3 Isolation and control of contact with family and friends
7.4.6.4 Restrictions on entry/exit from home;
7.4.6.5 Intimidation
7.4.6.6 Controlling and coercive behaviour
7.4.6.7 Denial of privacy
7.4.6.8 Oppressive control of finances and withholding of food
7.4.6.9 Destruction of personal property and valued possessions

Any staff with concerns regarding domestic abuse should follow the SET Safeguarding Adults and child protection Guidelines.
Further useful information can be found at https://www.suffolksp.org.uk/safeguarding-topics/domestic-abuse-and-violence/

The Serious Crime Act 2015 created a new offence of controlling or coercive behaviour in intimate or familial relationships (section 76). The new offence closes a gap in the law around patterns of controlling or coercive behaviour in an ongoing relationship between intimate partners or family members. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both.

The offence closes a gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members. This offence sends a clear message that this form of domestic abuse can constitute a serious offence particularly in light of the violation of trust it represents and will provide better protection to victims experiencing repeated or continuous abuse. It sets o u t the importance of recognising the harm caused by coercion or control, the cumulative impact on the victim and that a repeated pattern of abuse can be more injurious

Honour Based Abuse (including Forced Marriage and Female Genital Mutilation)
Violence and abuse in the name of honour covers a variety of behaviours (including crimes), mainly but not exclusively against women where the person is being punished by their family and/or community for a perceived transgression against the 'honour' of the family or community. This includes:

7.4.6.9.1 Physical abuse
7.4.6.9.2 Financial abuse
7.4.6.9.3 Sexual abuse
7.4.6.9.4 Forced marriage
7.4.6.9.5 Emotional and psychological abuse
7.4.6.9.6 Female genital mutilation

HBA can be distinguished from other forms of abuse, as it is often committed with some degree of approval and/or collusion from family and/or community members Victims will have multiple perpetrators not only in UK but can be abroad, HBA can be a trigger for Forced Marriage
Honour is normally associated with cultures and communities from Asia, the Middle East and Africa as well as the travelling communities
If you suspect someone is suffering from honour based abuse, contact the police or the honour based lead in social care. **DO NOT** inform or discuss anything with family.

Another organisation that offers advice on HBA and FM is:

Karma Nirvana: www.karmanirvana.org.uk, Helpline: 0800 5999 247, Email: info@karmanirvana.org.uk

For further information on Honour Based Abuse see https://www.suffolksp.org.uk/safeguarding-topics/forced-marriage/

Forced marriage is an abuse of human rights. "Marriage shall be entered into only with the free and full consent of the intending spouses" (Universal Declaration of Human Rights, Article 16(2)).

A forced marriage is where one or both people do not consent to the marriage and pressure, coercion or abuse is used. Forced marriages can occur in this country and abroad.
Forced marriage is now a criminal offence.

There is a forced marriage unit that can provide support advice and offer safe accommodation. Below are the contact details and a link if you have concerns about someone being forced into marriage.

www.gov.uk/forced-marriage **0207 008 0151** fmu@fco.gov.uk

Female Genital Mutilation

Female Genital Mutilation is the collective term used for procedures which include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. Female Genital Mutilation is typically performed on girls aged between 4 and 13years of age but also at times occurs from birth or in young women before marriage or pregnancy. The Prohibition of Female Circumcision Act 1985 made this practice illegal in this country. TheFemale Genital Mutilation Act 2003 replaced the 1985 Act and it is now illegal for girls to be taken abroad for this procedure.
There are 4 types of FGM-
Type i - Clitoridectomy
Partial or total removal of the clitoris and sometimes the prepuce (the fold of skin surrounding the clitoris)
Type ii - Excision
Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina
Type iii - Infibulation
Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by

cutting and repositioning the inner and sometimes outer labia, with or without removal of the clitoris.

Type iv - Other

All other harmful procedures to the female genitalia for non-medical purposes.

- Such as pricking, piercing, incising, and cauterization.
- Pulling and stretching the labia and clitoris

Agencies need to work together to promote a better understanding of Female Genital Mutilation and the potential damaging effects upon health. By working in partnership with families and raising their awareness we will be more able to protect children and young females from this type of abuse.

All health professionals have a legal duty to report and share information to the police and social care if they are aware that a child under 18 has had or is at risk of FGM. Professionals must also consider the risks to other girls and women who may be related to or living with an individual with FGM as it is an inter-generational practice, their girls and young women may also be at significant risk of harm.

It is expected that all staff follow the SET Safeguarding Adults Guidelines and also make reference to the SET child protection guidelines.

Mandatory Reporting of FGM to the Health and Social Care Information Centre (HSCIC)

Collection and submission of the new dataset becomes mandatory for all acute trusts from 1 July 2015, and all Mental Health Trusts and GPs from 1 October 2015. The FGM Enhanced Information Standard (SCCI2026) instructs all clinicians to record into clinical notes when a patient with FGM is identified, and what type it is. Data should be submitted every time the woman or girl has treatment related to her FGM or gives birth to a baby girl, and every time FGM is identified (by a clinician or self-reported), not just the first time. The dataset includes: patient demographic data, specific FGM information, referral and treatment information. Further information can be located at http://www.hscic.gov.uk/fgm

FGM Helpline- 0800 028 3550

Appendix 4

Modern Slavery Guidance

https://suffolkas.org/assets/Safeguarding-Topics/Modern-Slavery/Adult-Modern-Slavery-Referral-Pathway-for-adult-victims.pdf

Appendix 5

PREVENT

1. Introduction

The Government's anti-terrorism strategy, known as CONTEST, encourages co-operation between public service organisations.

CONTEST has four key principles:

- PURSUE: to stop terrorists
- PREVENT: to stop people becoming terrorists or supporting violent extremism.
- PROTECT: to strengthen our overall protection against terrorist attacks
- PREPARE: where we cannot stop an attack, to mitigate its impact.

The NHS has been identified as a **key partner** in the **Prevent** stream.
The current level of terrorist attack can be located via https://www.gov.uk/terrorism-national-emergency/terrorism-threat-levels.

2. What is Prevent?

The aim of Prevent is to stop people from becoming terrorists or supporting violent extremism.
The Prevent objectives that relate to health organisations are to:

- challenge the ideology behind violent extremism and support mainstream voices;
- disrupt those who promote violent extremism and support the places where they operate;
- support individuals who are vulnerable to recruitment, or have already been recruited by violent extremists;
- increase the resilience of communities to violent extremism; and
- to address the grievances which ideologues are exploiting.

Prevent is one of the most challenging parts of the counter terrorism strategy because it operates in the pre-criminal space **before** any criminal activity has taken place and it is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals and communities have the resilience to resist violent extremism.

3. How does this affect you in your work?

Healthcare workers will be the key to the success of Prevent. The focus of Prevent is working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into violent extremism. Prevent does not require you to do anything additional to your normal duties. What is important is that if you are concerned that a vulnerable individual is being exploited by people involved in violent extremism you can raise these concerns.

4. Practical steps for healthcare staff

In your work you may notice unusual changes in the behaviour of patients and/or colleagues that are sufficient to cause concern. It is important that any member of staff who has cause for concern, and has given their concerns due consideration, knows how to escalate them and has confidence that they will be taken seriously and handled appropriately and that, where necessary, specialist advice will be available.

5. What factors might make people vulnerable to exploitation

Some of the following factors are known to contribute to the vulnerability of individuals and could out them at risk of exploitation by radicalisers.

- **Identity crisis** – adolescents/vulnerable adults exploring issues of identity can feel distant from their family and/or cultural and religious heritage, and uncomfortable with their place in society. Extremists can exploit this by providing a sense of purpose or feeling of belonging
- **Personal crisis** – this may include significant tensions within a family that produce a sense of isolation. A sense of personal crisis may manifest itself in unusual changes in areas such as behaviour, circle of friends or interaction with others
- **Personal circumstances** – the experience of migration, local tensions or events affecting family members in other countries may lead to alienation and a decision to act violently
- **Unemployment or under-employment** – individuals may feel that their aspirations for career and lifestyle are undermined by limited prospects. This may translate to a generalised rejection of civic life and the adoption of violence

Any change in an individual's behaviour should not be viewed in isolation and you will need to consider how significant the changes are. You will need to use your judgement in determining the significance of any unusual behaviour, and where you have concerns you should escalate in line with local policies and procedures.

6. What should I do if I have concerns?

In the first instance you should contact a member of the safeguarding team. This should be done immediately that concerns are raised. A discussion will then take place to determine whether this is a concern that needs to be referred onwards to the police. This may then lead on to a referral to the CHANNEL programme.
In the absence of the Safeguarding Adult Lead please contact the following: In an **emergency i.e. immediate threat**: 999 Police
Non-emergency: 101 and ask for the Counter terrorism police. Confidential anti-terrorist hotline: 0800 789 321
Alternatively seek advice via an email to the police on prevent@suffolk.pnn.police.uk

A Prevent referral form for adults should also be completed and sent to preventreferrals@suffolk.pnn.police.uk direct as per the reporting instructions. For children follow the children and young people's policy.*

Please find below further information and guidance on SSP Prevent reporting policy.
https://www.suffolksp.org.uk/assets/Safeguarding-Topics/Prevent-VTR/Quick-Guide-9-Vulnerable-to-Radicalisation-or-Influenced-by-Extremism-Jun-2015.pdf

*Unless manager is alleged perpetrator or implicated in concern.
In these circumstances identify alternative manager or discuss directly with social services.

APPENDIX 6: Safeguarding Flowchart for IES&WSCCG

How to raise a Safeguard

This flowchart is aimed at **ALL** staff