



Children and Adults at Risk Safeguarding Policy and Procedures

Version History

The Board of Directors will review this policy annually, or as and when there is a change in legislation or to organisational requirements.

	Date reviewed	Reviewed by (name and role)	Approved by (Director name)
Version 1	22 nd August 2018	REDACTED Director	REDACTED Director
Version 2	1 st December 2019	REDACTED Director	REDACTED Director
Version 3	22 nd August 2020	REDACTED Director	REDACTED Director
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<https://www.communityactionsuffolk.org.uk/organisation-support/safeguarding/safeguarding-example-policy-and-procedures/>

Definitions

Children and young people

For the purpose of this policy document, a child or young person ('CYP') is anyone under the age of 18. (*Working Together to Safeguard Children 2018, The Children and Young People's Act 1989 and Safeguarding and Vulnerable Groups Act 2006*)

First Light Festival CIC recognises that there may be additional needs associated for CYP protected characteristics as defined by the Children Act 1989, and/or who may be excluded from mainstream services.

Adults experiencing, or at risk of abuse or neglect

For the purpose of this policy document adults experiencing, or at risk of harm or neglect shall hereafter be referred to as 'adults at risk'.

Commented [JW1]: Term is Adults at Risk of harm.
Replace abuse with harm

The safeguarding duties apply to an adult who:

- 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 harm or neglect; and
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect (Care and support statutory guidance, Department of Health, 2018)

First Light Festival CIC Staff

For the purpose of this policy, the term 'staff' will be used to describe anybody working on behalf of First Light Festival CIC, in either a paid or an unpaid capacity.

This includes but is not limited to:

- Non-Executive Directors
- Core staff
- Freelance project staff
- Freelance/ casual event staff and crew
- Volunteers

Policy

Organisational statement

First Light Festival CIC works year-round to engage with hard-to-reach audiences through large scale community projects and festival-related arts and music workshops in schools and community centres. In addition, children, young people (CYP) and adults at risk of harm may also perform at the festival and/or take part in activities at the festival intended for adult and family audiences. Third party venues including libraries, theatres and community centres may be used for workshops and rehearsals.

First Light Festival CIC is committed to the safeguarding of all children, young people and adults at risk of harm involved in its work.

This policy exists to enable all First Light Festival CIC staff and freelancers to work with and around CYP and adults at risk of harm whilst being confident in safeguarding welfare. The CIC believes that all CYP and adults at risk of harm have the right to be treated with respect and dignity. It is vital that all staff working for or behalf of the CIC are aware of the safety of CYP and adults at risk of harm involved in our activities at all times and must follow our Safeguarding Procedures at all times. First Light Festival CIC are committed to reviewing our policy, procedures and good practice annually.

First Light Festival CIC maintains the following key principles:

- safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part.
- a person-centred approach: for services to be effective, they should be based on a clear understanding of the needs and views of the individual

First Light Festival CIC will keep CYP and adults at risk of harm safe by:

- a) designating a Safeguarding Lead and Alternative Safeguarding Lead with DBS Certificate and recent safeguarding training who is responsible for ensuring this policy and procedures are up to date and adhered to across the organisation.
- b) ensuring a culture of openness exists within First Light Festival CIC and with its partners
- c) carrying out safe recruitment practices for individuals whom First Light Festival CIC will permit to work regularly with CYP and adults at risk of harm.
- d) having arrangements which set out clearly the processes for sharing information on procedures with other professionals.
- e) having clear procedures in line with those from the Suffolk Safeguarding Partnership for dealing with allegations against people who work with CYP and adults at risk of harm. Such procedures will make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint.
- f) ensuring more than one adult is present during activities with CYP and adults at risk of harm and individual or groups will be accompanied by a named worker from their organisation at all times. First Light Festival CIC will always ensure appropriate ratios of leadership to CYP and adults at risk of harm are observed according to age and gender and reflect the needs identified in the risk assessment for the activity and the individuals involved.
- g) having consent forms including contact details, medical details and photography permissions readily available for children and young people attending any activity relating to First Light Festival CIC These records are to be kept securely, in line with GDPR.
- h) ensuring the individuals needs are paramount, and their needs and wishes should be put first, so that every CYP or Adult at risk receives the support they need before a problem escalates.

Commented [JW2]: Again think about the language used. 'Should' is optional. Change to 'must' or 'will'

- i) ensuring staff maintain a professional manner when working with CYP and adults at risk of harm in a position of trust, are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to CYP and adults at risk of harm; and are aware of good practice and their individual responsibilities, roles and expectations.
- j) ensuring that a sense of accountability exists between staff so that poor practice, or potentially abusive behaviour, does not go unnoticed and can be challenged.
- k) always ensuring our work takes place in an open environment to:
 - avoid private or unobserved situations;
 - encourage open communication without secrets; and
 - staff are not alone with a child/adult at risk.
- l) completing safeguarding risk assessments for all activities and being aware of situations which may present risks and manage these risks as described in this policy.

First Light Festival CIC expects all staff to have read, understood and to adhere to this policy and related procedures, will ensure that staff understand core legal requirements and are familiar with their safeguarding responsibilities through appropriate training, briefings, supervision and support.

In doing so, First Light Festival CIC seeks to emphasise that effective safeguarding systems are those where:

- a) it is required to share appropriate information in a timely way and discuss any concerns about an individual with colleagues, police, legal teams, local authority social care;
- b) it is necessary to use expert judgement to put the individual's needs at the heart of the safeguarding system so that the right solution can be found for each individual; and
- c) it is necessary to contribute to whatever actions are needed to safeguard and promote a individual's welfare and take part in regularly reviewing the outcomes for the child or adult at risk against specific plans and outcomes.

Commented [JW3]: Make it clear this section is about Safeguarding procedures for children only, not adults as they are missing in the following section

Commented [JW4]: It's not limited to LA children's social care/ It could include police, legal teams, adult social care. Re word this section to be unambiguous.

"Safeguarding and promoting the welfare of children" is defined in Working Together 2018 as:

- protecting children from maltreatment;
- preventing impairment of children's health and development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

The following 6 principles should inform the ways in which professionals and other staff work with, and ensure effective safeguarding arrangements for adults at risk:

- 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.

Legal framework

This policy has been created based on law and guidance that seeks to protect children, namely:

- Children Act 1989
- United Convention of the Rights of the Child 1991
- Data Protection Act 1998
- Sexual Offences Act 2003
- Children Act 2004
- Protection of Freedoms Act 2012
- Relevant government guidance on safeguarding children and adults at risk
- Working Together 2018
- What to Do if You're Worried a Child is Being Abused 2015
- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006 and the Protection of Freedoms Bill
- Mental Health Act 1983
- Public Interest Disclosure Act 1998

Designated Safeguarding Officer

REDACTED

Director

First Light Festival CIC

T: REDACTED

E: REDACTED

Alternative Safeguarding Officer

REDACTED

Project Manager

First Light Festival CIC

T: REDACTED

E: REDACTED

Procedures

Reporting a safeguarding concern

First Light Festival CIC will ensure and emphasise that all staff understand and know to share concerns immediately with the Designated Safeguarding Lead/Alternate through:

- employee induction;
- regular briefings; and
- circulating this policy.

Safeguarding is dealt with by the Local Authority of the individual's home address, not at the point where the incident took place or was reported. Below are details relating to authorities in Suffolk only.

Making referrals

All referrals should be made by the CIC's Designated Safeguarding Lead/Alternate, unless there are extreme circumstances, neither are available or the concern is about the Designated Safeguarding Lead/Alternate.

If you are worried about a child or adult at risk, talk to the CIC's Designated Safeguarding Lead/Alternate to discuss your concerns at the earliest opportunity, as long as it will not delay any potential referral or place someone at harm. It is the duty of anyone who works with children and adults at risk (whether directly or indirectly) to report disclosure of abuse, however staff should never try to deal with a suspicion, allegation, or actual incident of abuse by themselves. It is not for individual staff to decide whether a suspicion or allegation is true. All suspicions or allegations must be taken seriously and dealt with according to this procedure.

Staff must make it clear to anyone who shares information with them that we will have to pass it on and follow this procedure in order to ensure that no one else is at risk, to prevent a crime or to protect them if they cannot protect themselves from harm.

If the concern is about an adult, refer to the **Safeguarding Adults Framework** to establish the safeguarding threshold.

If we have a concern and need to make a safeguarding referral, we use the Suffolk County Council Portal (**Adult or child**).

If we cannot use the portal we will make the referral to Customer First on 0808 800 4005.

If someone is in immediate danger or risk please call the Police.

Call 101 (non-emergency) or 999 (emergency only).

If staff need to discuss whether or not a referral is required, call the Multi Agency Safeguarding Hub (MASH) Professional Consultation Line on 03456 061 499 to speak with a MASH social worker. A referral cannot be made this way and will only be used for consultation purposes.

Children and Young People: a Multi-Agency Referral Form (MARF) must be completed and submitted using the secure Suffolk Children and Young People's Portal.

Adults: use the Suffolk County Council Adult Care Portal. The first time you complete a form you will be asked to create a new portal account.

Commented [JW5]: Start with this section. It is key.

Identify which SCC professional process takes lead responsibility

Use the grid below to identify the appropriate lead for managing allegations

	Adult has been harmed	Child has been harmed	An adult and a child have been harmed
Works with children	CYP LADO (Adult POT to provide information)	CYP LADO	CYP LADO (Adult POT to provide information)
Works with adults	Adult POT	Adult POT (CYP LADO to provide information)	Adult POT (CYP LADO to provide information)
Works with both children and adults	Joint CYP LADO Adult POT	Joint CYP LADO Adult POT	Joint CYP LADO Adult POT

Recognising child and adult abuse

Abuse can take many forms and the examples in the definitions in [Appendix A](#) and [Appendix B](#) are not exhaustive. There may be other situations not covered in the examples below that give you concern for a child or adult’s safety and wellbeing.

Flowchart for referral for actual or suspected abuse

See it. Recognise it. Report it.

~~~~~  
If the matter is urgent because a child or adult at risk of harm is in immediate danger

~~~~~  
phone 999 for the Police.
~~~~~

### See it.

Are they safe? If you are concerned about a child or Adult at Risk of Harm you could help stop abuse

if you follow the safeguarding policy and procedure (use this flowchart)

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



### Recognise it.

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

*Concerns about an Adult at Risk of Harm:* Use the *Safeguarding Adults Framework* to guide your discussions on thresholds for safeguarding referrals

*Concerns about a child (under 18 years of age):* Use the *Suffolk Thresholds of Needs Matrix* to guide discussions on thresholds for safeguarding referrals

- If you need to discuss whether or not a referral is required, call the MASH Professional Consultation Line on 0345 6061499 to speak with a MASH social worker - or use their webchat
- If there is immediate danger to the child or Adult at Risk call 999 for the Police.



### Report it

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

### **Contact information**

Safeguarding referral: [Via portal](#).

Customer First [0808 800 4005](#)

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

**Police: 999 if it is an emergency**

Safeguarding Lead: tel.

email: REDACTED

Safeguarding Deputy: tel. email: REDACTED  
Safeguarding Trustee: tel. email:

**Notes:**  
**reporting for CYP**

Parents/ carers should be advised that you are making a referral unless this might put the child at risk or cause any delay in referring

- **Local Authority Designated Officer (LADO) Referrals**

If you have concerns about an adult working with a child under the age of 18 that you would like to report, [access the LADO page for more information](#)

**Notes:**  
**reporting for Adults at Risk**

It is essential that wherever possible it is the adult at risk who will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant.

However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible and evidence their efforts

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

## Note on safeguarding adults at risk

**We will refer to the Safeguarding Adults Framework to help decide if the threshold for safeguarding has been met.**

This document is to support decision-making in establishing 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. It stipulates that the adult at risk should be supported using safeguarding practice if they;

- have needs for care and support (whether or not the authority is meeting any of those needs);
- are experiencing, or are at risk of, abuse or neglect; or
- as a result of those needs, are unable to protect themselves 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 have a right to an advocate under these circumstances. Staff can contact Suffolk advocacy agencies such as Voiceability for help with this.

### Balancing individual's rights and agencies duties and responsibilities

Individuals have the right to take risks and to live their life as they choose.

These rights, including the right to privacy, will be weighed when considering duties and responsibilities towards them. They will not be overridden other than where it is clear that the consequence would be seriously detrimental to their, or another person's health and well-being and where it is lawful to do so.

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

### Allegations of abuse or malpractice against a member of staff including volunteers working or volunteering with children

It is essential that any allegation of abuse made against a person who works with children and young people including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the child, and at the same time supports the person who is the subject of the allegation.

This procedure applies to a wider range of allegations than those in which there is reasonable cause to suspect a child is suffering, or likely to suffer, significant harm. **It also includes allegations that might indicate that the alleged source of risk is unsuitable to continue to work with children in their present position, or in any capacity. This may be due to concerns about the persons conduct in their personal or professional life that might indicate their unsuitability to work with children.**

It must be used in respect of all allegations that are consistent with the guidance in Working Together i.e., cases in which it is alleged that a person who works with children has:

- behaved in a way that has harmed, or may have harmed, a child;
- possibly committed a criminal offence against, or related to, a child; or
- behaved in a way that indicates they are unsuitable to work with children.

Commented [JW6]: Add 'working or volunteering with children'

**If the allegation is against a CIC member of staff or volunteer the allegation must be reported immediately, at least within one working day, to the CIC Designated Safeguarding Lead.**

If the allegation is against the Safeguarding Lead then the allegation must be reported to the Alternate Safeguarding Lead. The CIC Safeguarding Lead/or Alternate must then report the allegation to the Local Area Designated Officer (LADO) on the same day.

## Contact details for LADO's

**Phone: 0300 123 2044**

**Email: [lado@suffolk.gov.uk](mailto:lado@suffolk.gov.uk)**

The Designated Safeguarding Lead/ Alternate must be prepared with full details of the CYP and family, plus what the concerns are, details of any support the CIC have provided to the child/family and what The Designated Safeguarding Lead/ Alternate would like to happen.

## Managing allegations against people in positions of trust (POT)

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

This procedure replaces the Local Authority Designated Officer (LADO) role within Adult and Community Services Safeguarding Service which set out a formal mechanism by which safeguarding allegations made against professionals who work with adults at risk of abuse were dealt with.

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

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

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

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

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

Examples of the above include:

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

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

#### Raising a concern

In Suffolk, these concerns will need to be reported via the Suffolk Position of Trust Concerns (POT) Form.

To make a POT email [positionoftrust@suffolk.gov.uk](mailto:positionoftrust@suffolk.gov.uk) and ask for a POT form. Alternatively contact the MASH Consultation line who will forward a POT form.

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

#### Resignations and "COMPROMISE AGREEMENTS"

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

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

In any event, such an agreement will not prevent a thorough police investigation where appropriate.

Wherever possible the person should be given a full opportunity to answer the allegation and make representations about the allegation. The investigation should continue to a conclusion even if the person refuses to cooperate.

### Information sharing procedures relating to safeguarding

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

In many reviews into deaths of children and Adults at Risk of Harm, the lack of information sharing between agencies and organisations is often highlighted as a contributory, if not causal, factor in the death. **It is imperative First Light Festival CIC staff understand the requirement to share safeguarding information in order to protect children from harm.**

Confidentiality and information sharing must be integrated across all aspects of First Light Festival CIC services and management as its users have the right to privacy and confidentiality and to understand when "secrets" cannot be protected for their best interests.

### Information sharing definitions

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

First Light Festival CIC understands confidentiality to mean that no information regarding a service user shall be given directly or indirectly to any third party which is external to the Staff, without that service user's prior expressed consent to disclose such information.

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

**Even where sharing of confidential information is not authorised, First Light Festival CIC may lawfully share it if this can be justified in the public interest.**

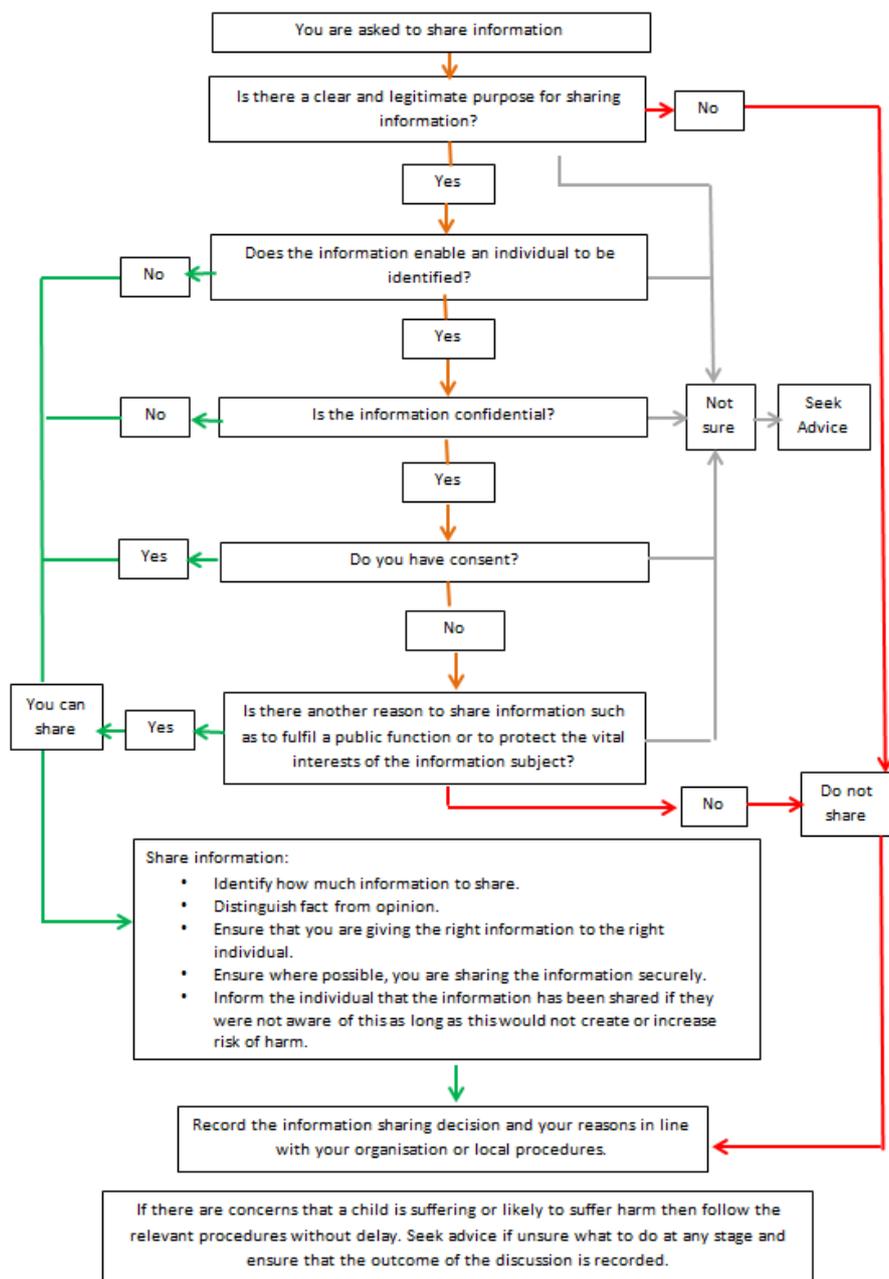
Seeking consent should be the first option. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by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

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

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

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

Information sharing flowchart



## Offsite Working

If a child, young person or adult at risk safeguarding issue arises whilst delivering work in another organisation or school, First Light Festival CIC will defer to the organisation's/school's child or adult safeguarding policy.

Any incidents, concerns or disclosures should be reported to the organisation's/school's named/designated safeguarding person in addition to the CIC's Designated Safeguarding Officer. Any referrals made through a school which involve the CIC or a member of the CIC's staff must be fed back to the Designated Safeguarding Lead or Alternate from the school, to ensure that everything has been done to safeguard the young person involved. Secure records must be kept of any action taken.

If a First Light Festival CIC staff member or volunteer is ever in doubt, contact the Designated Safeguarding Leads who can offer advice.

## Lost child procedures

During the Festival and any other large scale public event, a Lost Child Point will be situated adjacent to Event Control in the LVLG's hut on Jubilee Parade.

All staff, security and volunteers will be fully briefed on Lost Children procedure below.

Codes:

**DISNEY – lost child**

**PLUTO – Found child.**

If a child is found and assessed as lost:

The incident must be reported immediately to Event Control - Project Manager or Health and Safety Manager in their absence. Staff/ volunteers without a radio should ask a staff member with a radio for help.

A clear location report should be given over the radio using the code "**PLUTO**". Staff should not mention the name of the lost child/person over the radio. The staff or volunteers should stay in the spot where they found the lost child/person and put on a hi vis jacket so response staff/ security can find and identify them efficiently.

The Lost Children Point should be informed immediately. Dedicated DBS checked staff should then be dispatched to the location. There should always be at least 2 members of staff with the child all times.

Notice will be given across a closed radio channel by Event Control to alert security and staff to the situation.

The Lost children staff should then take the child directly to the Lost Children Point. If that child is known to be under 5, then the police will be contacted by a senior member of the EMT if the parent/ guardian doesn't turn up within 15 minutes.

Staff are to use personal discretion if the child is known to be over the age of 5 as to when to call the police. The EMT should then assess the dynamic situation i.e., is a show about to end and therefore the likelihood of reuniting a parent and child within a short timeframe is high?

The CYP or Adult at Risk of Harm should gently be asked for as much information as possible, including their name, who they are with, their parents/ guardians/ personal assistant/ siblings etc. names, where they last saw them and a description of them. If the parent/ guardian /personal assistant's name is known and it is possible to do so, an announcement will be made via the PA system "This is a public announcement, could .... (Name of person) please come (appropriate location)."

Lost child paperwork should then be completed upon reuniting the lost child with their parent/ guardian.

If parents or guardians arrive prior to or during escorting the child to the Lost Children Point, staff are to use discretion as to whether the adults are genuine and to ensure handover is witnessed. On no account should staff hand over a child if there is an element of doubt.

If there is doubt, the member of staff should explain that procedural issues mean it is necessary to go to the Lost Children Point to log the handover if possible. Once there, a re-assessment can be made. The handover will remain the responsibility of the Security company and/or First Light staff.

#### [If a child is reported as lost/ missing](#)

Staff should use the code word "**DISNEY**".

This is a far more serious situation and all stewards should report this to Event Control at the earliest opportunity.

A description of the lost child must be taken with specific identifying information - name, age, sex, ethnic origin, hair colour, build, clothing, location last seen and who they were with. Use of the Lost Child Form will ensure we gather the correct information.

Event Control should then put an alert out to all radio users with a clear description of the lost child. Security and staff will conduct an initial search of the area.

The Parent/ carer should then be taken to the Lost Children Point if not already there, or if they want to continue to search to do so with a member of staff with a radio, in case the child is found.

If a child or vulnerable person is not found within 10 minutes, EMT staff/ parent are to inform the police.

When the child or vulnerable person is found, they will be taken to the Lost Child point to be reunited with their parent and to record the handover. All radio users are then to be informed.

#### [Re-uniting Parent /Personal Assistants with Children /Adult at Risk of Harms](#)

When a child is reunited with their parent or guardian, ID should be requested and noted on the form and only in extreme circumstances should a young child be allowed to leave without the parent providing some form of ID. Should the child seem afraid or unwilling to accompany the parent or guardian then assistance / advice from the Police should be sought. Equally, should the parent or guardian seem in any way unfit to care for that child then assistance / advice from the Police should be sought and consideration given to a referral to Suffolk Children and Young People's Services via Customer First 0808 800 4005.

Once a child or Adult at Risk of Harm has been re-united with their collecting adult, all stewards, security, staff and police will be informed immediately.

All lost and found persons / children's incidents forms must be logged and filed and returned to the Project Manager at the end of the Festival. Do not destroy any forms.

## Risk Assessments

First Light Festival CIC will create risk assessments for events specific to children and young people and adults at risk with necessary care and attention. When planning larger scale engagement opportunities for children and young people and adults at risk, a safeguarding considered risk assessment will be completed in detail by and discussed with the Project Manager at early planning stages.

Please consult the Health and Safety Policy where guidance on risk assessments and templates can be found.

## Online safety

Young people are spending increasing amounts of time online, as demonstrated in Ofcom's media use and attitudes report;

'Youtube is becoming the viewing platform of choice, with rising popularity particularly among 8-11s... Online gaming is increasingly popular, three-quarters of 5-15s who play games do so online...18% of 8-11s and 69% of 12-15s have a social media profile and 93% of 8-11s go online for around 13.5 hours per week and 99% of 12-15s go online for around 20.5 hours per week' – *Children and parents: media use and attitudes report, Ofcom, 2018.*

As our digital work and digital presence increases, it is important that we consider safeguarding children and young people and Adult at Risk of Harms in our online activity and when they may be online. As this is an ever-evolving area, if there is any lack of clarity about online safety, please consult with the Designated Safeguarding Lead or Alternate for advice.

### Training and induction

All staff will be made aware that safeguarding includes appropriate consideration of online activity. As and when legislation and national policies are updated, the briefings will also be updated. This policy will be regularly reviewed by the Designated Safeguarding Lead and training needs audited annually.

### Reporting and monitoring

All staff will be made aware of mechanisms to report any concerns about online safety to the Designated Safeguarding Officer. Any written reports will be saved in a password-protected file on the CIC's GDPR file on Dropbox, to which only the Designated Safeguarding Lead and Alternate will have access. All reports will be reviewed promptly by the Designated Safeguarding Lead and the Alternate Safeguarding Lead, and policies and procedures will be adapted accordingly.

### Digital interaction with children and young people and adults at risk

Any communication between First Light Festival CIC staff with children and young people and adults at risk shall be professional in tone, content and intention. Communication/digital interaction shall only occur via the CIC's official channels.

### Appropriate digital sharing of content and images

First Light Festival CIC will ensure frequent moderation of shared digital content of children and young people and adults at risk. Images and videos of children and young people and adults at risk

can only be shared and captured via the CIC's official platforms with written consent from the parent or guardian. All images and videos will be captured in accordance with the CIC's Photography Policy. All appropriate permissions must be sought before disclosing any information, digital or otherwise, about a project/ programme/ rehearsal.

#### Mandatory procedures for children and young people and adults at risk

A proportionate level of online safety training will be provided for children and young people and adults at risk when involved in a project with a digital element. Children and young people and adults at risk are required to adhere to a code of conduct policy.

## Appendix A: RECOGNISING POSSIBLE CHILD ABUSE

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

### Physical signs

Any injuries, bruises, bites, bumps, fracture, etc. which are not consistent with the explanation given for them.

Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc.

Injuries which appear to have been caused by a weapon e.g., cuts, welts, etc.

Injuries which have not received medical attention.

Instances where children/young people are kept away from the group inappropriately or without explanation.

Self-mutilation or self-harming e.g., cutting, slashing, drug abuse.

### Emotional signs

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

Nervousness or inappropriate fear of particular adults.

Changes in behaviour e.g., under-achievement or lack of concentration.

Inappropriate relationships with peers and/or adults e.g., excessive dependence attention-seeking behaviour.

Persistent tiredness, wetting or soiling of bed or clothes by an older child.

### Signs of neglect

Regular poor hygiene.

Persistent tiredness.

Inadequate clothing.

Excessive appetite.

Failure to thrive e.g., poor weight gain, consistently being left alone and unsupervised.

### Indicators of possible sexual abuse

Any direct disclosure made by a child/young person concerning sexual abuse.

Child/Young person with excessive preoccupation with sexual matters and detailed knowledge of Adult sexual behaviour, or who regularly engages in age-inappropriate sexual play.

Preoccupation with sexual activity through words, play or drawing.

Child/Young person who is sexually provocative or seductive with adults.

Inappropriate bed-sharing arrangements at home.

Severe sleep disturbances with fears, phobias, vivid dreams or nightmares, sometimes with overt or veiled sexual connotations.

Other emotional signs (see above) may be indicative of sexual or some other form of abuse.

## Domestic abuse

**Be aware that a referral must be made direct to Children's Social Care, following the reporting flowchart below, if it seems reasonable to suspect that:**

- a child sees, hears, experiences or is otherwise aware of domestic abuse – i.e., that domestic abuse is part of their experience of family life. This applies regardless of whether they actually witness any particular event or are physically harmed; and
- the non-abusing parent will not be able – for whatever reason – to ensure the safety and wellbeing of their child without significant professional assistance and support.

(Refer to **guidance on Suffolk Safeguarding Partnership website** for further guidance and accompanying FIRST LIGHT FESTIVAL CIC procedure for more information).

Recognising signs and symptoms of possible and actual abuse can be found at Appendix B of this document.

## Appendix B: RECOGNISING POSSIBLE ADULT ABUSE

The lists below are purely for Operational Guidance. The presence of one or more does not automatically confirm abuse. The existence of a number of the indicators may, however, suggest a potential for abuse and should therefore necessitate further assessment or scrutiny. If there is any concern at all about the possibility of abuse, then advice should be sought and an alert should be submitted to Customer First without delay.

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

### Physical Abuse

Physical abuse can be indicated by physical injuries which have no satisfactory explanation or where there is a definite knowledge, or a reasonable suspicion that the injury was inflicted with intent, or through lack of care, by the person having custody, charge or care of that person, including hitting, slapping, pushing, misuse of or lack of medication, restraint, or inappropriate sanctions.

Possible Indicators of physical abuse:

- History of unexplained falls or minor injuries.
- Unexplained bruising – in well protected areas, on the soft parts of the body or clustered as from repeated striking.
- Unexplained burns in an unusual location or of an unusual type.
- Unexplained fractures to any part of the body that may be at various stages in the healing process.
- Unexplained lacerations or abrasions.
- Slap, kick, pinch or finger marks.
- Injuries/bruises found at different stages of healing for which it is difficult to suggest an accidental cause.
- Injury shape similar to an object.
- Untreated medical problems.

- Weight loss – due to malnutrition or dehydration; complaints of hunger.
- Appearing to be over medicated.

## Domestic Abuse

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

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

The Government definition of domestic abuse is:

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

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- 'Honour' based violence
- Female Genital Mutilation
- Forced marriage

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

Coercive behaviour as: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.' (Home Office 2013) Agencies that are concerned that an adult is subject to domestic abuse consider a referral to a multi-agency risk assessment conference (MARAC).

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

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

## Honour Based Violence

Honour Based Violence (HBV) is a crime or incident which has or may have been committed to protect or defend the honour of the family or community. It is a collection of practices used to control behaviour within families or other social groups, to protect perceived cultural and religious

beliefs and/or honour. Such violence can occur when a relative has shamed the family and/or community by breaking their honour code.

Women are predominately but not exclusively the victims of so called Honour Based Violence which is used to assert male power in order to control female autonomy and sexuality. Honour Based Violence can be disguised from other forms of violence as it is often committed with some degree of approval and/or collusion from family and/or community members. Such crimes cut across all cultures, nationalities, faith groups and communities and should be referred within existing adult protection procedures where the victim is an 'adult at risk' as defined by the Care Act 2014.

Where children or adults at risk are identified as being victims of, involved in, or witness to Honour Based Violence, contact should be made with Customer First on 0808 800 4005. Victims of Honour Based Violence can also access help and advice from Karma Nirvana at [www.karmanirvana.org.uk](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 0808 800 4005. Further support can be accessed via the Forced Marriage Unit (FMU). The FMU is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescue victims held against their will overseas. Tel: +44 (0) 20 7008 0151.

Victims of Forced Marriage can also access help and advice from Karma Nirvana at [www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) or by contacting 0800 5999247.

It is important to remember the following when addressing issues of Forced Marriage and/or Honour-based violence:

**DO NOT** go directly to, share information with, or use as an interpreter a relative, friend, neighbour, community leader or other with influence in the community. This will alert them to your enquiries and may place the adult at further risk.

**DO NOT** attempt to give the person immigration advice. It is a criminal offence for any unqualified person to give this advice.

### 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 may be at risk of FGM. The police and Health colleagues will be notified in the Multi-Agency Safeguarding Hub.

### Sexual Abuse

Sexual acts which might be abusive include non-contact abuse such as looking, pornographic photography, indecent exposure, harassment, unwanted teasing or innuendo, or contact such as touching breasts, genitals, or anus, masturbation, penetration or attempted penetration of vagina, anus, and mouth with or by penis, fingers or other objects (rape).

Possible Indicators of sexual abuse:

- A change in usual behaviour for no apparent or obvious reason.
- Sudden onset of confusion, wetting or soiling.
- Withdrawal, choosing to spend the majority of time alone.
- Overt sexual behaviour/language by the CYP or adult at risk.
- Disturbed sleep patterns 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; causes 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 characterised by hesitation to speak to strangers or professionals and limited eye contact.
- Fear of law enforcement.

This list is not exhaustive. The signs of slavery are often hidden, making it difficult to recognise victims.

Where modern slavery is suspected and the victim is an adult at risk, a Safeguarding Adults referral should be made to Customer First on 03456 066 167. All other victims should be referred to the police directly by dialling 101.

However, if you think a person is in immediate danger, call 999 and ask for the police.

Advice and guidance can be sought from the Modern Slavery Helpline on 08000 121 700.

### Discriminatory Abuse

This is abuse targeted at a perceived vulnerability or on the basis of prejudice including racism or sexism, or based on a person's impairment, origin, colour, disability, age, illness, sexual orientation or gender. It can take any of the other forms of abuse, oppressive treatment, harassment, slurs or similar treatment. Discriminatory abuse may be used to describe serious, repeated or pervasive discrimination, which leads to significant harm or exclusion from mainstream opportunities, provision of poor standards of health care, and/or which represents a failure to protect or provide redress through the criminal or civil justice system.

Possible indicators of discriminatory abuse:

- Hate mail.
- Verbal or physical abuse in public places or residential settings.
- Criminal damage to property.
- Target of distraction burglary, bogus officials or unrequested building/household services.
- Discriminatory abuse can manifest itself as the other types of abuse; physical or sexual abuse/ assault, financial abuse/ theft, neglect, psychological abuse.

### Organisational Abuse

Organisational abuse happens when the routines in use force residents or service users to sacrifice their own needs, wishes or preferred lifestyle to the needs of the institution or service provider. Abuse may be a source of risk from an individual or by a group of staff embroiled in the accepted custom, subculture and practice of the institution or service.

Possible indicators of organisational abuse:

- Organisations may include residential and nursing homes, hospitals, day centres, sheltered housing schemes, group or supported housing projects. It should be noted that all organisations and services, whatever their setting, can have institutional practices which can cause harm to adults at risk.
- It may be reflected in an enforced schedule of activities, the limiting of personal freedom, the control of personal finances, a lack of adequate clothing, poor personal hygiene, a lack of stimulating activities or a low-quality diet – in fact, anything which treats the person concerned as not being entitled to a 'normal' life.

The distinction between abuse in institutions and poor care standards is not easily made, and judgements about whether an event or situation is abusive should be made with advice from appropriate professionals and regulatory bodies.

### Disclosure and Barring Service (DBS)

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

- harmed or poses a risk of harm to a child or adult at risk of abuse;
- satisfied the harm test; or

- received a caution or conviction for a relevant offence.

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

#### Abuse of Staff

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

#### Neglect / Acts of Omission

Neglect can be both physical and emotional. It is about the failure to keep an adult at risk clean, warm and promote optimum health, or to provide adequate nutrition, medication, and 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 the 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 wilfully neglect a person who lacks the capacity to care for themselves, or where the 'abuser' believes the individual lacks capacity.

The abuser is committing an offence when they are responsible for the care of the adult at risk and they wilfully neglect or ill treat them. This includes paid carers, senior staff or managers in a hands-off role, family carers, anyone with lasting power of attorney or court appointed deputy.

The terms 'ill-treatment' or 'wilful neglect' are not defined in either the Mental Health Act or Mental Capacity Act. In addition, the offences are separate.

Wilful neglect means deliberate failure to do something that was a duty, often with an element of recklessness. It does not require any proof of any particular harm or distress or proof of the risk harm. Ill-treatment involves deliberate conduct which ill-treats a person who lacks mental capacity to make the relevant decisions, whether or not it causes any harm to them. Ill-treatment also involves a guilty mind, with the alleged abuser having an appreciation that he or she was inexcusably or recklessly ill-treating the adult.

Most of the indicators of the other types of abuse may also indicate wilful neglect or ill treatment if the adult at risk lacks the mental capacity to make the relevant decisions, so these two offences should always be considered with each allegation of abuse in such circumstances.

### Self-neglect

Self-neglect differs from the other forms of abuse listed here because it does not involve a source of risk. Self-neglect is failing to care for one's personal hygiene, health or surroundings in such a way that causes, or is reasonably likely to cause significant physical, mental or emotional harm or substantial damage to or loss of assets. Self-neglect falls into the Safeguarding Adults remit when the adult meets the requirements of the three stage test. Self-neglect can happen as a result of an individual's choice of lifestyle, or the person may have:

- depression or other mental health condition;
- poor physical health;
- cognitive difficulties; 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 etc.
- Managing one's assets in a manner that is likely to cause substantial damage to or loss of assets.

The scope of this policy does not include issues of risk associated with deliberate self-harm. However, it may be appropriate to address the concerns by raising a Safeguarding Alert if:

- the self-harm appears to have occurred due to an act(s) of neglect or inaction by another individual or service;
- there appears to be a failure by regulated professionals or organisations to act within their professional codes of conduct; or
- actions or omissions by third parties to provide necessary care or support where they have a duty either as a care worker, volunteer or family member to provide such care/ support.

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

### Self-Neglect & Hoarding

The Care Act Guidance states that self-neglect covers a wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

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

Hoarding is now considered a standalone mental disorder and is included in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) 2013. However, hoarding can also be a symptom of other mental disorders. Hoarding disorder is distinct from the act of collecting, it is not simply a lifestyle choice and is also different from people whose property is generally cluttered or messy.

Included below are resources to assist professionals to identify and respond appropriately when supporting people where concerns exist in relation to Self-Neglect and Hoarding and the form for making a referral.

#### **Referral**

If you are concerned an individual is at significant risk of harm due to self-neglect or hoarding you can make a referral using the form below:

- [Self-Neglect and Hoarding Referral Form for Professionals](#)

#### **Self-Neglect and Hoarding Resources**

- [Suffolk Self-Neglect and Hoarding Multi-Agency Policy and Practice Guidance](#)
- [Multi-Agency Self-Neglect and Hoarding Risk Assessment Guidance Tool Self-Neglect and Hoarding Pathway for Professionals](#)

### Radicalisation

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

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

Staff may notice a change in a child or adults' behaviour that may suggest they are vulnerable to violent extremism. Below is guidance to assist in deciding whether a Prevent referral is appropriate and help to make referrals.

If we need to make a referral, we will follow the information on the Suffolk Safeguarding Partnership website. <https://suffolksp.org.uk/safeguarding-topics/prevent-and-vulnerable-to-radicalisation/>

For urgent safeguarding concerns call Customer First **0808 800 4005**.

**UNLIKE SAFEGUARDING STAFF MUST NOT DISCUSS CONCERNS WITH THE INDIVIDUAL PRIOR TO REFERRAL**

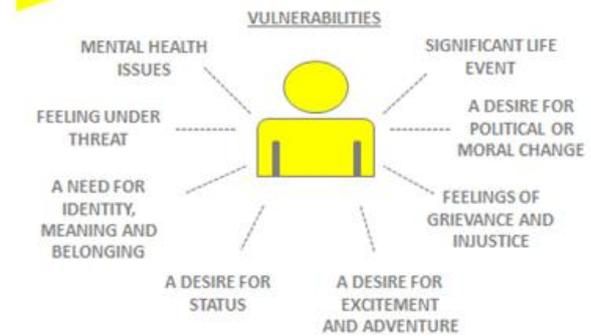
### **Recognising CYP and Adult's at Risk Vulnerable to Radicalisation**

People who are vulnerable to radicalisation come from all walks of life, genders, ages and social groups, income levels, professions etc. There is no profile for someone who could be drawn into terrorism.

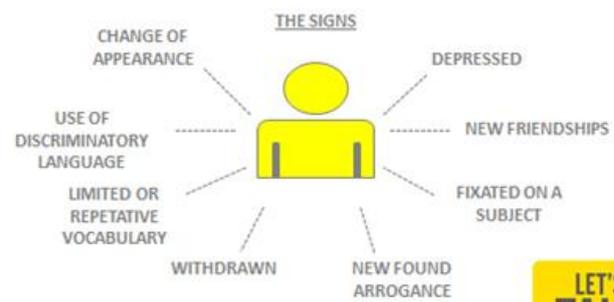
Extremism is any form of extremism; this includes extreme right-wing views, animal rights issues as well as religious views. It is unhelpful to have a narrow view of who can be VTR. It is important to keep an open mind. Looking at the factors associated with a person who becomes vulnerable to it can be helpful to look at the below infographic. They include;

This guide is to help you with referrals when you have concerns about an individual who may be vulnerable to being drawn into terrorism. Below are questions which may help you to quantify and structure your concerns. The list is not exhaustive and other factors may be present, but they are intended as a guide to help communicate your professional judgement about what has led you to make a referral.

**VULNERABILITIES & THE SIGNS**



Someone could display all, some or one of these vulnerabilities. There are no set profiles for someone vulnerable to radicalisation.



Again someone who is being or has been radicalised may display some or all of the signs, equally they may not display any signs.



**Faith / ideology**

- Are they new to a particular faith / faith strand?
- Do they seem to have naïve or narrow religious or political views?
- Have there been sudden changes in their observance, behaviour, interaction or attendance at their place of worship / organised meeting?
- Have there been specific examples or is there an undertone of “Them and Us” language or violent rhetoric being used or behaviour occurring?
- Is there evidence of increasing association with a closed tight knit group of individuals / known recruiters / extremists / restricted events?
- Are there particular grievances either personal or global that appear to be unresolved / festering?
- Has there been an increase in unusual travel abroad without satisfactory explanation?

**Personal / emotional / social issues**

Is there conflict with their families regarding religious beliefs / lifestyle choices?

Is there evidence of cultural anxiety and / or isolation linked to insularity / lack of integration? Is there evidence of increasing isolation from family, friends or groups towards a smaller group of individuals or a known location?

Is there history in petty criminality and / or unusual hedonistic behaviour (alcohol/drug use, casual sexual relationships, and addictive behaviours)?

Have they got / had extremist propaganda materials (DVD's, CD's, leaflets etc.) in their possession?

Do they associate with negative / criminal peers or known groups of concern?

Are there concerns regarding their emotional stability and or mental health?

Is there evidence of participation in survivalist / combat simulation activities, e.g., paint balling?

#### **Risk / Protective factors**

What are the specific factors which are contributing towards making the individual more vulnerable to radicalisation? E.g., mental health, language barriers, cultural anxiety, impressionability, criminality, specific grievance, transitional period in life etc.

Is there any evidence of others targeting or exploiting these vulnerabilities or risks?

What factors are already in place or could be developed to firm up support for the individual or help them increase their resilience to negative influences? E.g., positive family ties, employment, mentor / agency input etc.

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

#### **Crime and Anti-Social Behaviour**

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

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

### **Appendix C How to react with a child, young person or adult at risk who wants to talk about abuse**

#### **General points**

- Take seriously what the child/young person or adult at risk says (however unlikely the story may sound).
- Keep calm.

**Commented [JW7]:** Sits better in an appendix

- Look at the child/young or adult at risk person directly.
- Be honest.
- Let them know you will need to tell someone else – don't promise confidentiality.
- Reassure them they are not to blame for the abuse.
- Be aware that the child/young person may have been threatened.
- Never push for information.
- Ask questions for clarification only; avoid asking questions that suggest a particular answer.

#### **Helpful things to say or show**

- Show acceptance of what the child/young person or adult at risk says.
- "I am glad you have told me."
- "It's not your fault."
- "I will help you."

#### **Avoid saying**

- "Why didn't you tell anyone before?"
- "I can't believe it."
- "Are you sure this is true?"
- Never make false promises.
- Never make statements such as "I am shocked!", or "don't tell anyone else."

#### **Concluding**

- Reassure the young person or adult at risk that they were right to tell you and that you take them seriously.
- Let the young person or adult at risk know what you are going to do next and that you will let them know what might happen. Immediately report the matter, as per procedures.

## Appendix D: Questions to ask yourself before making an adult safeguarding referral

Did we consult the Safeguarding Adults Framework?

Are the three safeguarding threshold criteria met?

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

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

1. What is the concern?
2. What are the person's personal preferences and circumstances that create a proportionate tolerance of acceptable risk?
3. What would be a proportionate intervention to the potential risk?
4. What is/are the vulnerability/ vulnerabilities of the adult?
5. What is the nature and extent of the abuse?
6. How long has the abuse been occurring?
7. What is the impact of the abuse on the individual?
8. What is the risk of repeated or increasingly serious acts involving the adult or other adults?
9. What is the equality of the relationship between the adult and the alleged abuser?
10. Are there similar allegations against the alleged abuser?
11. Is the person safe?
12. Do you have consent to share, and if not is there an overriding public interest or vital interest to share the information without consent? E.g., is anyone else at risk? Could a crime have happened/ be about to happen? There is a high risk to the health and safety of the adult at risk.

You must make a referral if:

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

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

This includes the following:

- Seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents abuse occurring wherever possible.
- Person-led and outcome focussed safeguarding, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement,

choice and control as well as improving quality of life, wellbeing and safety. Listening to the person and providing options that permit them to help themselves.

- Recognising different preferences, histories, circumstances and lifestyles.
- Wherever possible the adult at risk will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant. However, staff caring or assisting them must do everything they can to identify and prevent abuse from happening wherever possible and evidence their efforts.

Remember you can discuss your concerns with the MASH professionals consultation line.

## Appendix E: Useful Phone Numbers:

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

Professionals wanting guidance on making a referral SHOULD call the Multi-agency Safeguarding Hub (MASH) Professional Helpline [03456 061 499](tel:03456061499).

LADO Phone: 0300 123 2044 Email: [LADO@suffolk.gov.uk](mailto:LADO@suffolk.gov.uk)

**Safeguarding referral:** Customer First (PrAprofessional Referral Line): 03456 066 167

Customer First: 0808 800 4005

Suffolk Police Cybercrime Unit: 101

Suffolk Safeguarding Partnership <https://suffolksp.org.uk/>

<https://suffolksp.org.uk/safeguarding-topics/prevent-and-vulnerable-to-radicalisation/>

## Appendix F: Code of conduct and behaviour

This Safeguarding Code of Conduct sets out the expectations of First Light Festival CIC for all staff, contractors or volunteers who work for or represent the CIC in their contact with children, young people and Adults at Risk. Failure by any staff member to comply with this Safeguarding Code of Conduct may be considered Gross Misconduct and could end in summary dismissal. Contractors and volunteers may be asked to leave CIC premises and be dealt with according to the relevant procedures.

All First Light Festival CIC staff should demonstrate best practice when working with or around children, young people and adults at risk. The following code of conduct contains examples of best practice to protect the welfare of children and young people and adults at risk, and to protect CIC staff from allegations of misconduct.

### Do

- Approach any child, young person or adults at risk apparently in distress and ask if you can help and seek assistance from colleagues or supervisors in order to minimise the amount of time you are alone with the person.
- Be aware of the possible risks and question situations that you find suspicious.
- Communicate the details of any lost children to the Designated Safeguarding Lead.
- Keep any lost children in a public area where they can be clearly seen and take them to the Designated area as quickly as possible.

Commented [JW8]: Add as an appendix and start with the main reporting procedures

- Actively contribute to an organisational culture where inappropriate behaviour is not tolerated.
- Ensure that whenever possible there is more than one adult present during activities with children, young people and adults at risk, or at least that you are within sight or hearing of others. The adult present may be a teacher or parent.
- If a child or adults at risk wishes to talk to you in confidence then try to find a quiet space in a public area where this is possible.
- Act professionally in all matters.
- Be aware of appearances and avoid any situations which might appear compromising.
- Report any allegation (even if this is just a suspicion) of abuse or inappropriate conduct immediately to your line manager and / or the Designated Officer.
- Always do your utmost to accommodate if the child / adults at risk expresses a wish to talk to a male or female member of staff.
- Be sensitive in your communication with people so that you avoid over familiarity.

#### **Do Not**

- Engage in any "rough and tumble" or other horseplay.
- Make sexually suggestive comments to any visitor/service user.
- Use foul or abusive language to any visitor/service user.
- Allow or engage in inappropriate touching of any kind.
- Give out personal information, or share email, social network site details (e.g., Facebook), and mobile phone numbers with any child, young person or adult at risk.
- Do things of a personal nature for children or adults at risk that they can do for themselves or that a parent / leader can do for them.
- Make physical contact with children and young people/adults at risk (except in emergencies). Ask partners' and participants' permission if physical contact is required.
- Don't transport a child/adult at risk in a car on your own or in your own vehicle.
- Don't use your personal device to take pictures of children/adults at risk.
- Don't communicate with or add/follow any children or adults at risk on social media platforms.
- Never make suggestive comments or remarks - even in jest.
- Never accompany children and young people/adults at risk to the toilet without another staff member present.
- Never discriminate against, show differential treatment or favour particular individuals to the exclusion of others.

## Appendix G: Designated safeguarding lead staff

Designated safeguarding lead staff are the people that First Light Festival CIC has invested with responsibility for ensuring that this policy is invoked and adhered to by all staff and who are ‘a first port of call’ for any queries or problems relating to working with children and young people and adults at risk and this policy:

|                                                 |                                                                                                       |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Designated Safeguarding Lead                    | <p>REDACTED</p> <p>Director</p> <p>First Light Festival CIC</p> <p>T: REDACTED</p> <p>E: REDACTED</p> |
| Alternative Safeguarding Lead                   | <p>REDACTED</p> <p>Project Manager</p> <p>T: REDACTED</p> <p>E: REDACTED</p>                          |
| Lead Board of Directors Member for Safeguarding | <p>REDACTED</p> <p>Chair of the Board of Directors</p> <p>T: REDACTED</p> <p>E: REDACTED</p>          |

### Role of designated safeguarding lead staff

Safeguarding lead staff will:

- assume overall responsibility for safeguarding and child protection for the CIC, including being a point of contact for safeguarding for CIC staff and partners;
- ensure safeguarding policies and procedures are up to date and adhered to;
- communicate safeguarding policies and procedures to all staff, supporting them to recognise the needs of children, including identifying and responding to possible abuse;
- ensure partner organisations we work with or who are working on our behalf have the correct safeguarding policies in place;
- ensure this policy is available to all project partners, parents/carers of any CYP and/or Adults at Risk who will taking part in CIC activities;
- make safeguarding decisions about children and young people and adults at risk, including receiving and assessing children and young people and adult at risk safeguarding information from other CIC staff;
- follow up any suspected reports of abuse with the Local Authority Designated Officer (LADO) and make any formal referral to a statutory child protection agency, safeguarding adult lead agency or the police without delay (subject to a conversation prior to the referral); and
- make referrals to Children’s Services and Adult Social Care without delay, subject to a conversation prior to the referral.

It is not the role of the Designated or Alternate Safeguarding Lead or CIC to decide whether abuse has taken place. It is the Designated or Alternate Safeguarding Lead's role to ensure that concerns are shared and appropriate action taken.

### Support for Designated Safeguarding Lead Staff

First Light Festival CIC recognises that acting as Designated Safeguarding Lead Staff can be complex and emotionally challenging. The CIC has put in place a support framework ensuring the Designated and Alternate Safeguarding Lead can seek advice, guidance and support from the CIC's Lead Board Director for Safeguarding and other relevant organisations such as the Suffolk Safeguarding Partnership, who have extensive safeguarding experience.

## Appendix H: Recruitment

### Disclosure Barring Service (DBS) Checks

An Enhanced DBS check is always required for staff working in Regulated Activity with children and young people or adults at risk. Staff should not be working with children and young people or adults at risk until a satisfactory DBS has been received.

Regulated Activity is defined as:

- unsupervised activities: teaching, training, instructing, caring for or supervising CYP; providing advice / guidance on well-being, or driving a vehicle only for CYP; or
- working for a limited range of establishments (specified places), with opportunity for contact. For example schools, children and young people's homes, childcare premises (but not work by supervised volunteers).

Activity is only defined as Regulated if done regularly. In this context, regular means carried out by the same person frequently (once a week or more), or on 4 or more days in a 30-day period (or in some cases, overnight).

In general, the work the CIC carries out will be unregulated and infrequent, therefore on most occasions a DBS check will not be required. However, this will be assessed on a project-by-project basis.

If the CIC knows that a position that it has recruited for involves Regulated Activity with children and young people and adults at risk, then the CIC must receive a satisfactory DBS before engaging in Regulated Activity with children and young people and/or adults at risk.

If a DBS check is required for a new member of staff who will have direct access to children and young people or adults at risk as part of their job role, the CIC will check their references from their most recent employers and facilitate an Enhanced DBS check before the staff member is allowed to work with any children and young people and/or adults.

After the CIC carries out a DBS check it will direct new staff to the opportunity to add the completed DBS to the online DBS Update Service, allowing future employers or partners/schools to check DBS status with permission.

If a new member of staff has already registered a completed DBS Check to the DBS Update Service, the CIC will ask for details and permission to check status online, rather than carry out a new DBS check in-house. If the CIC is not satisfied with the content or lack of information given by the online DBS Update Service it may decide that a DBS check is necessary to be carried out in-house. This will be decided upon on a case-by-case basis.

**Commented [JW9]:** Normally this would be part of your recruitment policy and procedures not quoted in full in your safeguarding one. You could shorten and streamline the safeguarding procedures by removing this but referring to the recruitment policy.

If a new member of staff is due to work with children and young people or adults at risk and refuses to complete a DBS check or provide the CIC with the details of a completed DBS Update Service account, then the CIC will rescind any offer of employment, paid or unpaid.

Any staff who will have direct frequent and intensive contact with children and young people and/or adults at risk will complete 'An Introduction to Child Protection Training' course.

As part of the CIC's staff induction process, it will provide an induction briefing on safeguarding children and young people and adults at risk, explaining children and young people and adult safeguarding policies and procedures. This will be carried out with all relevant staff before embarking upon any work with any children and young people or adults at risk.

When contracting creative practitioners and other external partners on behalf of a school/community group etc., it will be the CIC's responsibility to check references from their most recent employers and carry out Enhanced DBS checks. If there is a problem with an external partner's Disclosure (e.g., it has not arrived before the start of the project) the CIC will discuss this with the school/community group contact and jointly decide the best course of action.

#### Safeguarding Training

If a role for the CIC requires additional Safeguarding training the Designated Safeguarding Officers will notify staff of the type of training and when they will need to carry it out. All staff will attend a briefing session with the Designated Safeguarding Lead.

#### Recruitment processes

First Light Festival CIC carefully considers the tasks to be undertaken and the skills necessary for the job or voluntary position when drawing up job and role descriptions. All job descriptions contain reference to our safeguarding policies and procedures and include the standard clause that staff are required to adhere to First Light Festival CIC'S employment policies and procedures with particular reference to Safeguarding Children and Adults at Risk, Equal Opportunities and Health and Safety.

Where relevant, job descriptions should specify if a Disclosure and Barring Service check is required, and then subsequently contracts for these roles will specify that these are conditional on a satisfactory DBS check. When the results of the DBS check and all other recruitment checks have been completed and when the CIC is satisfied that the applicant is suitable for the role, the member of staff will be allowed to have contact with children and young people and/or adults at risk. All applicants will be required to complete an application form.

In instances where the post advertised is not identified as being exempt from the Rehabilitation of Offenders Act (1974), applicants are asked to declare if they have ever been convicted of a criminal offence which is not 'spent' with further details to be provided to the **Director** who will consider these to assess whether applicant(s) are suitable for the position applied for.

#### Staff Induction

All new staff receive an induction and a briefing about safeguarding relevant to their role.

Everyone is asked to sign a declaration form to confirm that they have received, understood and agree to abide by the CIC's Safeguarding Policy.