



**FIRST LIGHT**

# Safeguarding Children and Adults Policy

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<b>Created / Updated by</b>	Name: Richard Baker Designation: Director of Governance and Compliance
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## 1. INTRODUCTION

- a) This policy serves to provide guidance to all personnel as they work with colleagues to address any child or vulnerable adult protection needs or concerns and to promote successful multi agency working.
- b) Everyone, including children and vulnerable adults, has the right not to be abused. First Light recognises the need to ensure their welfare when those individuals come into contact with the services we provide.
- c) Children and vulnerable adults are best protected when professionals are clear about what is required of them individually, and how they need to work together.
- d) Effective Safeguarding arrangements in every local area should be underpinned by two key principles:
  - safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and
  - a person-led approach: for services to be effective they should be based on a clear understanding of the needs and views of those individuals.
- e) This policy applies to all First Light personnel.
- f) The lead responsibility for establishing and co-ordinating this process within a multiagency framework lies with the local authority and every organisation should designate a person to be responsible for dealing with any concerns regarding the protection of children and vulnerable adults.
- g) First Light personnel will work in partnership with relevant agencies in respect of individuals coming into contact with the services we provide.

### **First Light Board of Trustees Safeguarding Lead is:**

Lead Trustee for Safeguarding – Alice Ludgate

### **First Light Designated Child & Adult Protection Lead is:**

Chief Executive – Lyn Gooding

Deputy Lead – Director of Governance and Compliance – Richard Baker

### **The Delegated Safeguarding Leads are:**

Service Directors

Service Managers

Team Managers

## 2. SCOPE

- a) Safeguarding is everyone's responsibility. All First Light personnel who, during the course of their work, has direct or indirect contact with children and vulnerable adults, have a responsibility to safeguard and promote the welfare of those individuals.
- b) This is a joint policy as there are similarities in many of the actions needed to safeguard children and vulnerable adults. However, First Light recognises that there are also some distinct differences between these groups and these are reflected in this policy.
- c) **Children and young people** are defined as those aged under 18 years (in accordance with Department of Health Guidance) and this applies to anyone under the age of 18 unless the following terms are used:
- 'child' (or 'children') to indicate anyone up to the age of 15;
  - 'young person' (or 'young people') to indicate anyone aged 16-17;

First Light recognises that young adults aged 18-25 can also be vulnerable or at risk.

- d) **An adult at risk** is someone aged 18 years or over who may:
- Rely on other people or services for care and support with day to day tasks because of their age, dementia, physical or learning disability, mental health or substance misuse;
  - Lack mental capacity;
  - Not able to speak up for themselves;
  - Neglect themselves and/or their home

***"A person 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, abuse or neglect and as a result of those needs, is unable to protect himself or herself against the abuse or neglect or risk of it"*** (Care Act 2014 definition).

- e) The Safeguarding of children and adults at risk and identification of children and adults at risk of harm is the responsibility of everyone. First Light takes its responsibility seriously. Operational standards are set out in this policy to ensure staff meet their own personal and professional duty of care to children and vulnerable adults who are believed to be at risk.
- f) First Light is fully committed to implementing the multi-agency procedures and guidance published by the Local Safeguarding Children Boards by:
- Ensuring that there is a consistent and effective response to any concerns, allegations or disclosure of abuse;
  - Supporting staff in reporting and investigating incidents of abuse;
  - Ensure that all personnel have sufficient knowledge and up to date training to successfully implement these procedures.
  - Contribute towards any multi-agency strategy meetings, child and adult protection investigations, case conferences and child and adult protection plans;
  - Contribute to raising awareness of child and adult abuse and give clear messages that it is everyone's responsibility and that protecting a child or adult at risk is everyone's paramount concern;

- First Light staff have an ethical and professional duty of care to act if they: -
  - i. witness abuse;
  - ii. receive information about abuse, suspected abuse or concerns about the care or treatment of a child or adult at risk;
  - iii. have concerns or suspicions about possible abuse or inappropriate care.
- g) First Light personnel will work to uphold the integrity of this policy and adhere to the protocols set out. Failure to do so will be considered a breach of contract and may lead to disciplinary action and termination of employment.
- h) All new staff will be subject to the Safer Recruitment Checks as set out in the Recruitment Policy

In Cornwall & Devon:

- Professionals need to have a good understanding of *Signs of Safety* in understanding family needs, risks and strengths. See <https://www.nspcc.org.uk/signs-safety-england.pdf>

In Plymouth:

- Professionals need to have a good understanding of *The Plymouth Assessment Framework and Threshold Guidance for Safeguarding Children, Young People and their Families*. See [https://www.plymouth.gov.uk//PlymouthAssessmentFrameworkThreshold\\_0.pdf](https://www.plymouth.gov.uk//PlymouthAssessmentFrameworkThreshold_0.pdf)
- The multi-agency procedures and guidance for Adult Protection/Safeguarding Adults Multi-Agency Procedures and Guidance are available on <http://www.plymouth.gov.uk/adultprotection>

In Cornwall:

- The multi-agency procedures and guidance for Adult Safeguarding are available on <http://www.cornwall.gov.uk/safeguardingadults>

### 3. LEGISLATION

This policy should be read in the context of the following list of legislation, guidance documents and reports:

- The Children's Act 1989 and 2004
- Human Rights Act 1998
- Female Genital Mutilation Act 2003 and Serious Crimes Act 2015
- The Sexual Offences Act 2003
- Vetting & Barring Scheme 2009
- The Protection of Children in England: A Progress Report 2009
- Health & Social Care Act 2012
- Protecting children and young people: the responsibility of all doctors GMC 2012 as updated 2020
- Safeguarding Children and Young People: Roles and Competences for Healthcare staff Intercollegiate Document, Fourth Edition (2019)
- The Care Act 2014
- Serious Crime Act 2015

- Working Together To Safeguard Children 2018;
- What To Do If You Are Worried A Child Is Being Abused 2015;
- Counter Terrorism & Security Act 2015;
- Mental Capacity Act 2015

#### 4. CATEGORIES OF CHILD ABUSE

The four main categories of abuse against children are:

- physical abuse** may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm. Physical harm may also mean when a parent or carer fabricates or induces illness in a child or young person.
- emotional abuse** is the persistent emotional ill treatment of a child, such as causing severe adverse effects on the child or young person's emotional development. It may include conveying to the child that they are unloved, worthless, inadequate, or it may involve preventing the child to participate in normal social interactions
- sexual abuse** 'involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence whether or not the child is aware of what is happening'. The activities may involve physical contact, including assault by penetration or non-penetration acts such as kissing, rubbing and touching outside clothing. It may also include non-contact activities, such as involving children or young people in looking at, or witnessing the production of, sexual online images, watching sexual activities, or encouraging children or young people to behave in sexually inappropriate ways.
- neglect** is the persistent failure to meet a child or young person's physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of substance misuse/abuse. Once a child is born, neglect may involve a parent or carer failing to:
  - provide adequate food, shelter or clothing;
  - protect a child or young person from physical and emotional harm or danger;
  - ensure adequate supervision;
  - ensure access to appropriate medical care or treatment.

As of 31<sup>st</sup> January 2005, the legal definition of harm was extended to include 'Impairment suffered from seeing or hearing the ill-treatment of another'. This includes the possible harm faced by children who live in households where domestic violence occurs.

#### 5. ADULT ABUSE

Under this policy, personnel should not limit their view of what constitutes abuse against vulnerable adults as it takes many forms and the circumstances of the individual case should always be considered.

The agreed categories of abuse that adults suffer are as follows:

- a) **Physical abuse** – including assault, misuse of medication, restraint or inappropriate physical sanctions;
- b) **Sexual violence** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts and sexual assault or sexual acts to which the adult has not consented or was coerced.
- c) **Psychological abuse** – 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.
- d) **Financial or material abuse** – including coercion to take extortionate loans and threats to recover debt, 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.
- e) **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.
- f) **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- g) **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- h) **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. Failure to follow agreed processes.
- i) **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 that causes a risk of harm.
- j) **Domestic abuse** – including psychological, physical, sexual, financial, emotional abuse; and ‘honour-based’ violence.

## 6. DUTIES

### **Safeguarding Lead for Board – Trustee**

The role of the lead Trustee for Safeguarding is to take leadership responsibility for the company’s safeguarding arrangements and governance.

#### Terms of Reference

Take the Board lead and hold the Designated Safeguarding Lead accountable to:

- Organisational safeguarding arrangements
- Allegations against personnel;
- Safe recruitment for senior paid staff
- Disciplinary proceedings that follow on from safeguarding concerns about personnel;



- Safeguarding complaints;
- Whistleblowing, in support of the Chair of Trustees;
- Safeguarding audits, reviews and inspections, to include:
  - Annual review of safeguarding arrangements within the charity
  - Review of the Designated Safeguarding Lead's section 11 Audit (every 2 years)
  - The Safeguarding agenda item during all Board of Trustee meetings

Role specification:

In addition to that required of Trusteeship, to:

- Child Safeguarding Level 3
- Adult Safeguarding Level 3

### **Designated Safeguarding Lead – Chief Executive**

It is good practice for all organisations to identify at least one person to be responsible for dealing with allegations or suspicions of abuse against a child or adult. This person is known as the designated person. First Light's designated safeguarding lead is the Chief Executive.

The role of the Designated Safeguarding Lead is to:

1. Be the first point of contact for all personnel who go to for advice if they are concerned about a child or adult (this may also need to be out of hours so personnel should always know how to contact them or you can also appoint a Deputy);
2. Have a higher level of safeguarding training and knowledge than the rest of the staff and should have completed *Working Together to Safeguard Children and Young People*;
3. Ensure that their company's safeguarding policy is kept up to date and complete the Section 11 audit tool every 2 years;
4. Ensure that they comply with Safer Recruitment procedures for new staff members and their induction.
5. Support staff regarding concerns and support decision making about whether staff concerns are sufficient enough to notify relevant and accountable local authority actors or whether other courses of action are more appropriate, for example contributing to the Early Help Approach (see LSCB for further information)
6. Make formal referrals to the relevant Advice and Assessment Team;
7. Ensure that concerns are logged and stored securely;
8. Have joint responsibility with the Board of Trustees to ensure that the organisation's safeguarding policy and related policies and procedures are followed and regularly updated;
9. Be responsible for promoting a safe environment for children and young people;
10. Know the contact details of relevant statutory agencies e.g. Children's Social Work Services, Police, Local Safeguarding Boards, and the Local Authority Designated Officer (LADO) for allegations against personnel.

It is not the responsibility of the designated safeguarding officer to decide whether a child or vulnerable adult has been abused or not. That is the responsibility of investigative statutory agencies such as children and Adult Social Care Social or the police. However, keeping children and vulnerable adults safe is everybody's business and all First Light personnel should know who to go to and how to report any concerns they may have about an individual being harmed or at risk of being harmed.

## **Responsibilities of the Line Managers and Team Leaders**

All managers will take delegated responsibility for Safeguarding in their respective services and will provide senior management cover when necessary in times of sickness, ill-health and annual leave.

All managers and team leaders should ensure that:

- Safer recruitment checks are adhered to at all times;
- DBS checks are undertaken in line with national and local guidance;
- Safeguarding responsibilities are reflected in all role profiles;
- Safeguarding is a standing agenda item for all case management meetings

All other personnel

All First Light personnel will work to uphold the integrity of this policy and adhere to the protocols set out. Failure to do so will be considered a breach of contract and may lead to disciplinary action and termination of employment.

Personnel should:

Understand what abuse is and know what to do if there are any concerns;

Listen actively to clients and be observant;

Ensure the company recognises the need to train personnel on abuse and whistle blowing;

Record and report any concerns using Safeguarding Children and adult procedures;

Know that concerns / situations may be low-level and minor, but cumulatively may add up to something serious;

Understand responsibilities and always discuss concerns / situations with line manager;

Understand what the company Whistleblowing Policy is and what to do if concerns are not dealt with;

Understand ways in which clients may be at risk;

Contribute views and opinions about First Light's service provision and how it could be improved;

Undertake appropriate training and use opportunities to learn and develop in the role

## **7. SAFER RECRUITMENT**

- a) As a company whose staff and volunteers works with vulnerable groups, First Light is required to refer to the Disclosure and Barring Service (DBS) any employee or volunteer whose work is terminated because the individual has been engaged in relevant conduct (harm) involving emotional/psychological, financial, physical, sexual, neglect or verbal harm of a vulnerable adult or child. For further information, please see [Making barring referral to DBS](#)

- b) It is a requirement of First Light to ensure that all personnel undertake recognised Level 3 Safeguarding Training within 3 months of commencing their role, or as soon as the relevant training is available, whichever is sooner. First Light will provide appropriate internal training until Level 3 training has been completed.
- c) Personnel should ensure that they attend refresher training annually to keep up to date of local and national changes to policy and procedure and to remain aware of their roles and responsibilities in ensuring that child and adult protection issues are dealt with accordingly.
- d) All new employees will be subject to the Safer Recruitment checks as set out in the Recruitment Policy and in the Safer Recruitment Policy.

## **8. INFORMATION SHARING & CONFIDENTIALITY**

Information sharing is crucial in order to safeguard the welfare of children and vulnerable adults. Information must only be shared with staff that “need to know” and then only the details required to enable practitioners and line managers to make an informed decision.

In all cases clear and concise records must be kept. Consistent and accurate record keeping must be adhered to as an integral part of professional practice.

### **Information sharing procedural guidelines**

- a) Staff and volunteers may find themselves wishing to or being asked to share information of a confidential nature about children or adults at risk.
- b) Before sharing the information, the staff member or volunteer should record what it is that they wish to share, who they wish to share it with and the purpose of doing so. If the reason involves risk of harm to a child, young person or adult, then child and adult safeguarding procedures should be referred to immediately. In any other situation, these guidelines should continue to be followed.
- c) The staff member/volunteer should then consider the issue of consent to the information being shared. If the information relates to an adult who is capable of giving consent and such consent has not already been obtained, then the staff member/volunteer should seek the consent of the person concerned unless doing so would place someone at risk of harm or would impede the prevention or investigation of a serious crime. If the information relates to a child or young person, then the matter should be discussed with the child or young person if they are capable of understanding it. If, in the view of the staff member/volunteer, the child or young person is \*competent to give their consent then this should be sought unless the urgency or seriousness of the situation prevents this. (\* “it is not enough that they should understand the nature of the advice which is being given: they must also have a sufficient maturity to understand what is involved ” also referred to as Gillick competency)
- d) When seeking consent, the staff member/volunteer should ask for this in writing if possible, unless this is inappropriate. If written consent is not possible, then the staff member/volunteer should record that it has been obtained verbally. Before being asked

to give consent, children, young people and vulnerable adults should be made aware of what information is to be shared and the consequences of it's not being shared.

- e) The staff member/volunteer should then pass the information on to the agreed agency with delay (i.e. within one week of consent being obtained or sooner if circumstances require) This should be done within the parameter of good practice and recorded:
- Making a conscious decision on how much information to share based on the public interest – which, in this case, will normally be the interests of the child/young person or vulnerable adult;
  - Ensure that it shared securely – this means checking who exactly is receiving the information and that they are doing so in an confidential environment;
  - Make sure that the information you share is accurate is as accurate and up to date as possible; if you are unsure of any of it but still decide to share it, then make sure that the recipient is aware of any areas of uncertainty;
  - Distinguish clearly between fact and opinion;
  - Ask whether the recipient is going to do with the information and whether they will need to pass it on to anyone else;
  - Inform that person who is the subject of the information that it has been passed on, unless it would be unsafe or inappropriate to do so.
- f) If consent is withheld, or if it cannot be sought because of a risk of harm to someone, or because of the risk of a serious crime being committed or because of the investigation of a serious crime being compromised, then the staff member/volunteer should consult with their line manager on whether the information should be shared without consent.
- g) In such a situation, the line manager and the staff member/volunteer need to weigh up whether sharing the information is in the public interest. 'Public interest' is a term used in the Data Protection Act but not clearly defined. It can refer to the interests of the whole community, or a group within the community, or to individuals. Normally it would be considered to be in the public interest for the confidentiality of service users to be protected, but this may be outweighed by the public interest involving protecting people from harm, preventing crime and disorder or promoting children's welfare by making sure they have access to safe and effective care. The line manager, in consultation with the staff member/volunteer needs to decide whether on balance and in the particular case, the public interest is served by information being shared without consent.
- h) If the decision is to not share the information, this must be recorded and the reason for not sharing must be stated. If the decision is to go ahead and share the information, this must be done by either the line manager or the staff member but not the volunteer ( it must be clearly understood between them who will do it) within one week of the decision being made ( or sooner if circumstances require) The parameter of good practice outlined under point e) should be used to inform the process of sharing the information
- i) The line manager and staff member but not volunteer should record the decision to share the information without consent, the reasons for doing so and the details of how this was done. The record must be signed by both.

## **9. QUALITY ASSURANCE & COMMISSIONING**

Safeguarding children and vulnerable adults must be central to all services managed and provided by First Light. Commissioners ensure that all service specifications have explicit standards with respect to Safeguarding. Compliance will be monitored through internal and external means including the performance reports.

## 10. REPORTING STRUCTURE

Strategic aspects of Safeguarding in First Light will be overseen and managed by the Board of Trustees through the Safeguarding Lead. Personnel they report to the Delegated Safeguarding Lead (Service Managers); they report to the Delegated Safeguarding Officer (Chief Executive); they report to the Board Safeguarding Lead.

## 11. MANAGING ALLEGATIONS OF ABUSE AGAINST STAFF & VOLUNTEERS

- a) First Light is aware of its statutory duty to report any incident where a member of staff or volunteer has been accused of abusing a person under the age of 18 years.
- b) The Chief Executive has responsibility for “managing an allegation of abuse against people who work with children” under section 6.32 of Working Together to Safeguard Children (2010).
- c) All personnel must be familiar with the procedure to follow should they have concerns about a staff member’s behaviour towards children or adults or receive reports about inappropriate behaviour.
- d) Any allegations **must** be reported to **the Safeguarding lead** immediately when you become aware of them. All allegations will be reported to the appropriate Local Authority Designated Officer (LADO) of the local Safeguarding Boards. This process is described on the [www.swcpp.org.uk](http://www.swcpp.org.uk) website and in the Managing Allegations of Abuse Against Staff Policy.
- e) These procedures must be followed in respect of any allegation that a person who works with children or adults may have:
  - behaved in a way that has harmed a child or adult, or may have harmed a child or adult;
  - committed a criminal offence against or related to a child or adult;
  - behaved towards a child, children or adults in a way that indicates s/he is unsuitable to work with children or adults in connection with the person’s employment or voluntary activity.
- f) Management of an allegation may include:
  - a police investigation of a possible criminal offence;
  - enquiries and assessment by Children’s Social Care or Adult Social Care to determine whether a child or adult is in need of protection or supportive services and
  - consideration by First Light of the threshold for disciplinary action in respect of the allegations against the individual.

- g) First Light personnel who report allegations or suspicions of abuse should receive acknowledgement and support and within the bounds of confidentiality, should be offered feedback on how their concern has been dealt with.

## **12. DOMESTIC ABUSE**

- a) The Government defines domestic abuse as:  
*“Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse... by someone who is or has been an intimate partner or family member regardless of gender or sexuality”*. It includes psychological, physical, sexual, financial, emotional abuse; so called ‘honour- based’ violence; female genital mutilation; forced marriage.
- b) Age range extended down to 16 years
- c) Domestic abuse is not only about the behaviour of intimate partners but includes that of other family members. A significant level of the known risk that meets the criteria set out in the definition occurs at home as the result of family members. Domestic abuse, therefore, should be considered under this Safeguarding policy.
- d) Domestic Abuse affects significant numbers of children and young people and their families with the potential to cause immediate and long-term harm. First Light will ensure that there are policies and processes in place to identify and mitigate the risk of harm from Domestic Abuse on children and young people and vulnerable adults.
- e) Arranged or forced marriage is a form of Domestic Abuse practiced in certain ethnic communities. Honour violence and killings are also included.
- f) All First Light staff must undertake Domestic Abuse, Stalking and Honour Based Violence training as part of mandatory training for the organisation.

## **13. CHILD SEXUAL EXPLOITATION (CSE)**

- a) Child sexual exploitation (CSE) is a form of child abuse involving children and young people receiving something, such as accommodation, drugs, gifts or affection, as a result of them performing sexual activities, or having others perform sexual activities on them. It can occur without physical contact, when children are groomed to post sexual images of themselves on the internet.
- b) CSE is a hidden issue mostly taking place out of public view. It is difficult to identify as young people frequently do not recognise themselves as the abused. There are various models of CSE - see NSPCC website “What is Child Sexual Exploitation” for further information.
- c) There is also a clear link between children being sexually exploited and children going missing or being trafficked. CSE can affect and be perpetrated by both sexes. Any young person can be targeted, especially vulnerable groups which include looked after children, children leaving care and children missing from home, school or care.

## 14. FEMALE GENITAL MUTILATION (FGM)

- a) Female Genital Mutilation (FGM) is an abusive and violent practice against females, both children and adult women. It is an extremely harmful practice leading to significant morbidity both in the short and long term and can cause death. FGM is illegal in the UK.
- b) FGM comprises all procedures involving partial or total removal of the external female genitalia. It includes any other purposeful injury to the external female genitalia for nonmedical reasons.
- c) FGM Legislation
  - Female Genital Mutilation Act 1984;
  - Female Genital Mutilation Act 2003
  - The Serious Crime Act 2015 introduced mandatory reporting of FGM by regulated professionals.See [FGM Mandatory Reporting procedural information nov16 FINAL.pdf](#)
- d) First Light will work closely with the clinical medical provider for the Sexual Assault Referral Centres to ensure reporting of FGM is mandatory.

## 14 TERRORISM

- a) The Government's counter-terrorism strategy is known as CONTEST. There are four key principles:
  - **Pursue:** to stop terrorist attacks
  - **Prevent:** to stop people becoming terrorists or supporting terrorism •
  - **Protect:** to strengthen our protection against a terrorist attack •
  - **Prepare:** to mitigate the impact of a terrorist attack.
- a) The aim of *Prevent* is to stop people from becoming terrorists or supporting terrorism. Three national objectives have been identified for the *Prevent* strategy:
  - **Objective 1:** respond to the ideological challenge of terrorism and the threat we face from those who promote it.
  - **Objective 2:** prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
  - **Objective 3:** work with sectors and institutions where there are risks of radicalisation which we need to address.
- b) All staff must take heed of the risks of terrorism and ensure that they have received Prevent training. First Light will provide this as required. For further information see [UK strategy for countering international terrorism](#).

## 16. MODERN SLAVERY

- a) The Modern Slavery Act 2015 encompasses human trafficking, forced labour and domestic servitude and includes sexual exploitation, forced criminality and organ harvesting. It is suspected that much of these activities are hidden.

- b) First Light must ensure all personnel are able to recognise a situation where a child or adult may be at risk of or affected by modern slavery. It should be included in all levels of training with staff confident in their knowledge of how to protect children and adults.

## 17. ONLINE SAFETY

- a) Whilst regulation and technical solutions are very important, their use should be balanced by making children, young people and adults at risk aware of the need to take a responsible approach to online safety.
- b) Children, young people and adults at risk need help and support to recognise and avoid online safety risks and build their resilience.
- c) Online safety awareness will be provided in the following ways:
- Key online safety issues should be discussed / highlighted, when possible, in informal conversations with young people and adults at risk.
  - When the opportunity arises young people and adults at risk should be advised to be critically aware of the materials / content they access on-line and be guided to validate the accuracy of information (not everything on the internet is true or accurate).
  - Rules for the use of devices / internet will be posted in First Light premises where these devices are in use and, where possible, displayed on log-on screens.
  - First Light staff and volunteers should act as good role models in their use of online technologies.

## 18. TRAINING

- a) It is a statutory requirement under the Children Act 2004 (Section 11) that all individuals who work with vulnerable children and adults, both permanent staff, volunteers and contractors should be trained and competent to be alert to the risk of child abuse. This includes being able to recognise when a child may require safeguarding from child abuse and knowing what to do in response to a concern about the welfare of a child (see [what to do if you're worried a child is being abused](#)).
- b) The purpose of training is to achieve better outcomes for children, young people and adults by fostering:
- A shared understanding of the tasks, processes, principles, roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare;
  - Effective and integrated services at both the strategic and individual case level;
  - Improved communication and information sharing between professionals, including a common understanding of key terms, definitions and thresholds for action;
  - Effective working relationships, including an ability to work in multi- disciplinary groups or teams;



- High quality individual focused assessments and decision-making based on best available evidence;
  - Learning from Serious Case Reviews (SCRs) and reviews of child deaths.
- c) Training compliance will be monitored regularly and reported on to various stakeholders. Individual personnel compliance will be reviewed at the annual review. Those members of staff who fail to comply with the training requirements will have restrictions imposed on working practices until training requirements are met. Furthermore, disciplinary action may be considered if an individual continues to show non-compliance and there are no mitigating circumstances.

## 19. CHILD SAFEGUARDING PROCEDURES

### a) What to do if you are concerned a child is being abused

If you suspect that a child is being abused, seek advice from the Delegated Safeguarding leads or the Designated Safeguarding Officer. They will work with you to decide what further actions should be taken.

Refer to the local safeguarding procedures in **Appendix 1** (Plymouth) and **Appendix 2** (Cornwall).

### b) What to do if a child tells you about abuse:

- Stay calm and be reassuring
- Find a quiet place to talk
- Believe in what you are being told
- Listen, but do not press for information
- Ascertain whether this is new information which is already managed, or new information which is an unmanaged situation – see decision table below for clarification:

<b>Safeguarding Decision Table</b>	
Not new information and unmanaged  <b>Discuss with Line Manager</b>	New information but managed  <b>Discuss with Line Manager</b>
New information and unmanaged  <b>Discuss with Line Manager</b>	Not new information and managed  <b>No action required</b>

- Inform the child that you are glad that they have told you, but you will have to share this information with other professionals who will help to keep the child safe and the information confidential
- Inform your delegated safeguarding lead or Designated Safeguarding Officer

- Contact the Services for Children and Young People Advice and Assessment and/or Police (**see Appendix 2 for contact telephone numbers**)
- Seek medical advice if required
- Complete reporting allegations or suspicions of abuse forms found in Appendix 3 & 4.

**What to do if you have witnessed a child being abused:**

- Inform your delegated safeguarding lead or Designated Safeguarding Officer
- Contact Services for Children and Young People Advice and Assessment and/or Police (**See local contact number in Appendix 1 for Plymouth, and Appendix 2 for Cornwall**)
- Seek medical advice if required
- Document your findings and pass to the designated safeguarding lead

**REMEMBER:** It is important that everyone in the organisation is aware that the person who first encounters a case of alleged or suspected abuse is not responsible for deciding whether or not abuse has occurred. That is a task for the professional child protection agencies following a referral to them of concern about a child.

**What to do if you have concerns about a child's welfare:**

- Discuss with line manager and designated Safeguarding lead
- Refer to local safeguarding guidance found in **Appendix 1** (Plymouth) and **Appendix 2** (Cornwall)
- Follow-up in writing within 48 hours to Advice and Assessment
- Services for Children and Young People Advice and Assessment acknowledge receipt of referral and decide on course of action within one working day
- Services for Children and Young People Advice and Assessment feedback to referrer on next course of action;
- No further child protection action, although may need to ensure record of concerns is kept;
- Designated Safeguarding / line manager not concerned but you remain so, refer to Services for Children and Young People Advice and Assessment (see **Appendix 1** (Plymouth) and **Appendix 2** (Cornwall) for contact numbers)

## **19 ADULT SAFEGUARDING PROCEDURES**

a) What can you do to safeguard adults at risk?

- Anyone who is in contact with or who has knowledge of an adult at risk and has concerns about their safety or well-being can raise a safeguarding concern
- Raise the matter and seek advice from the Delegated Safeguarding leads or the Designated Safeguarding Officer. They will work with you to decide what further actions should be taken.
- Report a concern, suspicion or allegation of potential abuse or neglect
- Refer to the local safeguarding procedures in **Appendix 3** (Plymouth & Cornwall).

b) What are your responsibilities?

- Stay calm and be reassuring

- Listen, but do not press for information
  - Record what the person actually said;
  - Make sure the information is factual;
  - Ascertain whether this is new information which is already managed, or new information which is an unmanaged situation – see decision table below for clarification;
  - Report to your line manager
- c) The reporting procedures for dealing with adult protection/ safeguarding adults concerns are listed in **Appendix 4**

## Appendix 1



### Referrals to Children's Social Care - Advice and Assessment - Plymouth

#### Contents

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1. Introduction
2. The Duty to Refer
3. Making a Referral
4. Receiving a Referral
5. Concluding a Referral

#### 1. Introduction

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Anyone who has concerns about a child's welfare can make a referral to Children's social care. Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public.

Referrals to Children's social care services usually fall in to three categories:

- Requests for information from Children's social care;
- Provision of information such as notifications about a child;
- Requests, for services for a child, which will be in the form of a referral.

Children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

The local Threshold Protocol provides guidance about the criteria for making and receiving referrals.

The child must be seen by a qualified social worker as soon as possible following a referral and the child's needs and safety remain paramount at all times.

## 2. The Duty to Refer

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All professionals have a responsibility to refer a child to Children's social care under section 11 of the Children Act 2004 if they believe or suspect that the child:

- Has suffered significant harm;
- Is likely to suffer significant harm;
- Has a disability, developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services?

When professionals make a referral to Children's social care, they should include any pre-existing assessments such as an Early Help Assessment in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information.

The referrer must always have the opportunity to discuss their concerns with a qualified social worker.

## 3. Making a Referral

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For all referrals to Children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the same day that it was received. A decision must be made by a qualified social worker supported by line manager within **one working day** about the type of response that is required.

New referrals and referrals on closed cases should be made to the Children's social care duty social worker. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker).

The referrer should provide information about their concerns and any information they may have gathered in an assessment that may have taken place prior to making the referral. The referrer will be asked for information about some of the following:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school / nursery attended;

- Identity of those with parental responsibility and any other significant adults who may be involved in caring for the child such as grandparents;
- Names and date of birth of all household members, if available;
- Where available, the child's NHS number and education UPN number;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant/important recent or historical events/incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known.

Other information may be relevant and some information may not be available at the time of making the referral. However, there should not be a delay in order to collect information if the delay may place the child at risk of significant harm.

The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. Where a professional decides not to seek parental permission before making a referral to Children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to Children's social care.

All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours. If the referrer has not received an acknowledgement within three working days, they should contact Children's social care again.

#### **4. Receiving a Referral**

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The social worker will discuss the concerns with the referrer and considered any previous records in relation to the child and family in their agency. The social worker will establish:

- The nature of the concerns;
- How and why they have arisen;
- The child's views, if known;
- What the child's and the family's needs appear to be;
- Whether the family are aware of the referral and whether they are in agreement with it or not;
- Whether the concern involves abuse or neglect; and
- Whether there is any need for any urgent action to protect the child or any other children in the household or community.

A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a Children's social care manager, and the reasons recorded.

This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.

Interviews with the child, if appropriate, should take place in a safe environment. All interviews with the child and family members should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

The Children's social care manager should be informed by a social worker of any referrals where there is reasonable cause to consider Section 47 Enquiries and authorise the decision to initiate action. If the child and / or family are known to professional agencies or the facts clearly indicate that a Section 47 Enquiry is required, the Children's social care should initiate a strategy meeting/discussion immediately, and together with other agencies determine how to proceed.

The police must be informed at the earliest opportunity if a crime may have been committed. The police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

## 5. Concluding a Referral

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At the end of the referral discussion, the referrer and Children's social care should be clear about the proposed action, who will be taking it, timescales and whether no further action will be taken.

Referral outcomes about a child, where there may be concerns, typically fall in to four categories and pathways:

- No further action, which may include information to signpost to other agencies;
- Early help - referrals for intervention and prevention services within an Early Help Assessment and Early Help services range of provision;
- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989);
- Child Protection services – assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police.

Whatever the outcome of a referral, it should have been assessed by a qualified social worker and a decision should have been made by the relevant line manager within the time scale of **one working day** about what should happen next. The Children's social care manager must approve the outcome of the referral and ensure that a record has been commenced and/or updated.

The social worker should inform, in writing, all the relevant agencies and the child, if appropriate, and family of their decisions and, if the child is a Child in Need, of the plan for providing support.

In the case of referrals from members of the public, feedback must be consistent with the rights to confidentiality of the child and their family.

If the referrer disagrees with the decisions made by Children's social care about the outcome of the referral, they may consider making a complaint under the local Complaint procedure or raise the matter under the local Professional Disagreement protocol.

The child and parents should be routinely informed about local procedures for raising complaints, if they wish to, and local advocacy services.

For further information and guidance please refer to:

[http://www.plymouth.gov.uk/sites/default/files/PlymouthAssessmentFrameworkThreshold\\_0.pdf](http://www.plymouth.gov.uk/sites/default/files/PlymouthAssessmentFrameworkThreshold_0.pdf)

## Appendix 2



### **CORNWALL AND ISLES OF SCILLY SAFEGUARDING CHILDREN BOARD**

#### **INTER-AGENCY REFERRAL TO LOCAL AUTHORITY CHILDREN'S SOCIAL CARE GUIDANCE NOTES**

The Cornwall and Isles of Scilly Safeguarding Children Board has agreed that all contacts with the Multi Agency Referral Unit (MARU) within Cornwall should be made using the inter-agency referral form. The form is in line with the requirements of Working Together to Safeguard Children 2015 and local procedures for sharing information when you have concerns about the welfare or development of a child.

The following guidance is designed to explain when and how to use the form.

1. Please complete the form as fully as possible. The quality of information provided at the point of contact with specialist social work services is critical to safeguarding vulnerable children effectively. It is very important that full details of names, dates of birth, addresses and ethnicity are completed. Please indicate who has parental responsibility under the Children Act 1989. If the child is known to Children's Social Care ensure that you record the name of the social worker and details of all discussions, including any agreed actions in your own agency record.
2. To avoid delay if we need to contact you, please be specific about your contact details, especially if you work part-time or work from different locations at different times. Please respond promptly.
3. Wherever possible, the permission of parents/carers/children/young people (as appropriate to age and understanding) should have been sought before contacting the MARU and before a social worker discusses your concerns with any other agency. However, this should only be done where such discussion and agreement seeking will not place a child at further risk of significant harm or prejudice enquiries under Section 47 of the Children Act 1989, or a police investigation. Where possible fill in the form whilst with the family and obtain their signatures before sharing the information with the MARU. If parental permission is refused and you consider the child to be at risk of harm, the interests of the child must come first and therefore the referral must go ahead. Please ensure that you document the reasons for your actions. If you are making the referral without the knowledge of the family, the MARU will need to discuss the situation with you before taking any further action.

4. By completing this referral form as comprehensively as possible, you will be helping the MARU to make an informed decision on further action within the requirements of Working Together 2015 and in line with the time scales set by the Local Framework for the Assessment of Children in Need and their Families. You will also help determine whether the level of need meets the threshold for statutory social work intervention. In particular, details of any work you have already done with the family, when you last saw them, and the child or young person, and specific information about what might need to change to help safeguard the child's welfare and development are essential. Whilst undertaking a CAF is not a prerequisite for making a referral (particularly when there is a risk of significant harm) this is best practice and if a CAF has already been undertaken it should be used and attached to support the referral to the MARU.
5. If you are making a referral because of child protection concerns, you will need to telephone the MARU without delay, (see details below) following up with this referral form, as soon as possible, but no later than within 48 hours (Working Together 2015).
6. On receipt and consideration of your referral, the MARU will give you feedback, confirmed in writing within one working day about the decision and within the limits of confidentiality, the actions being undertaken. If the referrer has not received an acknowledgement within three working days they should contact the MARU again. Please note that wherever possible specialist social work services will use the information you share as a significant part of the social care assessment and therefore they may contact you to clarify the information you have provided.
7. If you are not sure about what action to take or have any difficulties or queries, please do not hesitate to contact your own Child Protection Advisor, such as a designated teacher, named or designate practitioner or the MARU. If you do not agree with the response or decision of the MARU and you believe the child is still at risk of harm you should use the LSCB policy for resolving professional differences (escalation procedure).
8. To contact the MARU in office hours phone 0300 1231 116 and out of hours 01208 251300
9. The inter-agency referral form should be sent/ faxed to

Multi Agency Referral Unit  
3 North Wing  
New County Hall  
Truro  
Cornwall  
TR1 3AY

Fax Number 01872 323653

Email [MultiAgencyReferralUnit@cornwall.gcsx.gov.uk](mailto:MultiAgencyReferralUnit@cornwall.gcsx.gov.uk)

Email [cscintake@cornwall.gov.uk](mailto:cscintake@cornwall.gov.uk)



John Clements  
Independent Chair  
Cornwall and Isles of Scilly Safeguarding Children Board October  
2015

## **Appendix 3 Information about Adult Safeguarding**

### **Cornwall**

[Adult-social-care/safeguarding-adults](#)

### **Plymouth**

[Alerting adult safeguarding concerns Fact sheet](#)

[Adult Safeguarding framework explained](#) Appendix 4

**Making an interagency adults safeguarding referral or report**

**Cornwall [adult-social-care /safeguarding-adults/ Making a referral](#)**

### **Plymouth**

[Report adult abuse or neglect](#)