Suffolk Family Carers
Living Fuller Lives

Suffolk Family Carers

SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK POLICY

VERSION 6.1

LAST UPDATE: MARCH 2026

Change History

Version	Description of Changes	Ratification Date	Next Review Date
2.0	• V1.0 rewritten – format change • Change History added	Aug-22	Jul-23
3.0	• Added Child in Care info • Added list of 'signs and symptoms of abuse' (there is an appendix but needed to be in main document for bids) • Added named lead • Reduced information on Mental Capacity and link to Mental Capacity Act added. • Framework – more information and link to Suffolk's Adult Safeguarding Framework added • Tone change (more robust), to reflect the importance of Safeguarding • Now includes information for employees who do not use SCIL • Added 'Trustees' to statements that mention employees and volunteers. • Added importance of obtaining DBS checks prior to employees commencing work, para 1. • Added to para 5 that Board ensures a safeguarding Trustee attends the Steering Group	January 2023	October 2023
4.0	• Replaced 'staff' with the word employees • Minor grammar changes • Hyperlinks checked and updated • Added reference to Appendix E in section 10. • Appendix A – Roles and Responsibilities updated • Appendix B – Removed as flowchart now section 8 • Appendix C – types of abuse updated and added to. • Appendix D – training guide updated • Appendix E – reviewed and no change. • Appendix F – added (Lampard Action Plan) and reference in section 3. • Appendix G – added DA Pathway and reference within main doc.	July 2024	July 2027 Unless major changes to policy.
5.0	• Changes made in relation to feedback from Sizewell bid. • Page 5, changed title from Signs and symptoms of abuse to Definitions, Signs and Indicators of abuse. • Page 6, added paragraph relating to 'signs and indicators of abuse' relating to appendix H • Created Appendix H – list of indicators of abuse for adults and children. • Changed next review date to September 2026 as they need to be done yearly.	September 2025	September 2026
6..1	Updated in response to requirements of ND contract – mainly: • Updated definitions from Working Together to Safeguard Children 2023 (from 2018) • Added our participation in S11 reviews • Additional MCA policy needed • Abbreviations expanded • Information added on People in a Position of Trust (PiPoT) • Lampard Action plan removed and will be reviewed annually via the Safeguarding Steering Group. • PREVENT information and internal process updated • Information and link to CYP threshold Matrix added		

Contents

1. Our Commitment

Suffolk Family Carers (SFC) is committed to keeping adults, young people and children (any person under 18) safe. We commit to acting appropriately to allegations, reports or suspicions of abuse.

- Working alongside other agencies within the framework of Suffolk Safeguarding Partnership
- Maintaining high standards of practice
- Giving clear guidance on what to do regarding concerns
- Acting in a timely manner
- Ensuring that DBS checks (Disclosure and Baring Service) are in-line with requirements. Employees/volunteers who are required to have a DBS will only start work/volunteer once notification of a satisfactory DBS is received by SFC.

The policy and procedures apply to all - employees, volunteers and trustees.

We are committed to promoting wellbeing, harm prevention and to responding effectively if concerns are raised.

All managers, employees, volunteers and trustees must undertake basic, level 1 training to gain an awareness of the signs and symptoms of abuse and how to report it. Designated safeguarding leads and other key employees will receive level 2 training.

We will maintain confidentiality where possible and information regarding safeguarding issues will only be shared with those who need to know.

Abuse can take many forms so we will consider the circumstances of each individual case.

We will work to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and supports needs and children.
- Promote wellbeing.
- Safeguard adults in a way that supports them in making choices and having control.
- Promote an approach that concentrates on improving life for the adults and children concerned.
- Raise awareness of safeguarding to ensure that everyone can plan their part in prevention, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or wellbeing of an adult or child.
- Explore and address what caused any abuse or neglect where appropriate if occurred within SFC workforce/workplace.

We will:

- Ensure all employees are familiar with this policy and associated procedures and policies.
- Work with agencies, and the Suffolk Safeguarding Partnership and it the adult Framework CYP Threshold Matrix.
- Act within our confidentiality policy.
- Make safeguarding referrals as per policy.
- Ensure that employees are aware of their responsibilities to attend mandatory training and other relevant training for their role.

- Endeavour to keep up to date with national and regional developments.
- Have designated Safeguarding Leads in place.
- Respond appropriately when abuse has or is suspected to have occurred.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Ensure that DBS checks are in-line with requirements.

2. Statements

The policy and procedures are in place so we can work in ways to prevent abuse and know what to do should a concern arise:

- Promoting good practice and work in a way that prevents harm and abuse.
- Ensuring that any allegations or suspicions are dealt with appropriately and the person experiencing abuse is supported.

Our policies are in accordance with the Care Act 2014, the Children Act 1989 and 2004 and in-line with Suffolk's Safeguarding Partnership: Home » Suffolk Safeguarding Partnership (suffolksp.org.uk)

We will ensure all employees, volunteers, family carers, their families and organisations we work with are aware of our safeguarding policy.

Safeguarding is everyone's responsibility. All employees, volunteers and trustees must report any suspected abuse and be aware of the appropriate reporting procedure for safeguarding.

3. Definitions

The policy and procedures relate to both the safeguarding of adults at risk and to children.

Adults

Adult at risk of abuse or neglect - adult at risk refers to someone over 18 years old who, according to paragraph 14.2 of the Care Act 2014:

- Has care and support needs (whether or not the Local Authority is meeting any of those needs)
- Is experiencing, or is at risk of, abuse or neglect
- As a result of their care and support needs is unable to protect himself or herself against the abuse or neglect.

Suffolk Safeguarding Adults Framework

The adult framework provides guidance on the different indicators of abuse and assists practitioners to make decisions about when to raise concerns and to help prevent low level and quality concerns becoming a safeguarding issue. Safeguarding Framework and Threshold Matrix — Suffolk Safeguarding Partnership (suffolksp.org.uk)

Children (under 18)

"Safeguarding and promoting the welfare of children" is defined in Working Together to Safeguard Children 2023 as:

- Providing help and support to meet the needs of children as soon as possible
- Protecting children from maltreatment in or outside the home (including on-line)
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Promoting the upbringing of children with the birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- Taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework

Children and young people Threshold Matrix is a document that has been compiled by the Suffolk Safeguarding Partnership. It meets the requirements of the Governments 'Working Together to Safeguard Children 2023'. It identifies when a threshold has been reached, indicating when a child, young person or family might need support and then to identify where best to et this support from. The link below will take you to the guidance and the Matrix. Safeguarding Framework and Threshold Matrix — Suffolk Safeguarding Partnership

Child in Care

Under the Children Act 1989, a child is legally defined as 'looked after' by the local authority if they (Looked After Children (LAC) and Child in Care (CiC) are used interchangeably):

- Are in their care or provided with accommodation from the local authority for a continuous period of more than 24 hours
- Is subject to a care order (to put a child into care of the local authority)
- Is subject to a placement order (to put a child up for adoption). (HM Government Looked after children | NSPCC Learning).

We recognise that a Child in Care and care leavers are vulnerable. Our data collection records whether a child is looked after and contact information for the allocated Foster Carer and Social Worker.

We recognise that Care Leavers may require additional support to engage with our services (until the age of 25 years).

Lampard Action Plan

Lampard - In February 2015, Kate Lampard and Ed Marsden published their report into the themes and lessons learnt from the NHS investigations into the matters relating to Jimmy Savile. The report included recommendations for the NHS, Department of Health (DH), and wider government. Although recommendations were focused on the NHS and DH, the learning is relevant across all NHS partner agencies, working with children, young people or adults who are vulnerable to abuse or neglect, including commissioned and Voluntary Community Faith Social Enterprise (VCFSE).

Suffolk Family Carers has the Lampard mitigations on the organisations overall Risk Assessment and reviews the action plan annually via the Safeguarding Steering Group (SSG).

4. Definitions, signs and indicators of abuse

Abuse may be carried out deliberately or unknowingly (sometimes known as unintentional abuse). Abuse may be a single act or repeated acts. People who behave abusively come from all backgrounds. They may be people in positions of trust; may also be relatives, friends, neighbours or people who use the same services as the person experiencing abuse.

Abuse can take many forms and the examples in the definitions in Appendix C are not exhaustive. There may be other situations not covered in the examples that give you concern for an adult or child's safety and wellbeing. Please see **Appendix C** for full descriptions.

Abuse in adults include:

- Discriminatory
- Domestic abuse or violence
- Financial or material
- Modern slavery
- Neglect and acts of omission
- Organisational (sometimes referred to as institutional)
- Physical
- Psychological (emotional)
- Sexual
- Self-neglect

Domestic Abuse

Appendix G outlines a process when a form of domestic abuse (DA) has been disclosed to you.

Abuse in children include:

- Physical
- Emotional
- Sexual
- Neglect

Signs and indicators

Adults

Indicators are the main signs and symptoms which suggest that some form of abuse may have occurred, but caution is suggested against establishing adult abuse only due to the presence of one or more indications without further information. Typically, an abusive situation will involve indicators from various groups in combination (source – Social Care Institute for Excellence SCIE).

Children (information from the National Society for the Prevention of Cruelty to Children (NSPCC))

Signs of child abuse are not always obvious, and a child might not feel able to tell anyone what's happening to them. Sometimes children do not realise what is happening to them is abuse.

There are different types of child abuse and the signs that a child is being abused may depend on the type. For example, the signs that a child is being neglected may be different from the signs that a child is being abused sexually. Children of different ages may also show different signs of child abuse, for example a toddler will show different signs that they've been sexually abused than that of a teenager.

Please find list of potential indicators for both adults and children in **Appendix H.**

Responding to an allegation

a) Reassure the person concerned
b) Listen to what they are saying
c) Record what you have been told/witnessed as soon as you can
d) Remain calm, do not show shock or disbelief
e) Tell them the information will be treated seriously
f) Ask questions to ensure you gather the full facts – do not start to investigate or ask probing questions
g) Use the persons own words as much as possible
h) Do not promise to keep the information a secret
i) Tell the child or adult what you are going to do next (explain if you need to get help or keep them safe)

Witnessing abuse

a) Call police or ambulance as required
b) Preserve evidence
c) Keep yourself and others safe
d) Inform the designated safeguarding lead(s)
e) Record what happened on SCIL or spreadsheet (if using external databases for your role)

Allegations made against employees or volunteers

In relation to children and young people, Suffolk Family Carers Safeguarding Lead/or Deputy must follow the procedures for the Local Area Designated Officer (LADO) referrals on the Suffolk Safeguarding Partnership website. Then report the allegation to the LADO on the same day.

LADO — Suffolk Safeguarding Partnership

Contact details for LADO's 0300 123 2044

Email: LADO@suffolk.gov.uk

People in a Position of Trust (PiPoT)

People in a Position of Trust refers to a situation where one person holds a position of authority over another person and uses that position to their advantage to commit a crime or to injure the person in some way. The adult at risk may be deterred from making a complaint or taking action out of a sense of loyalty, fear of abandonment or other repercussions. When concerns are raised it will be necessary for the employer of the PiPoT to assess any potential risk to adults with care and support needs who use their services and if necessary to take action to safeguard those adults.

Examples of abuse by PiPoT include:

- Behaved in a way that has harmed, or may have harmed an adult or child
- Possibly committed a criminal offence against or related to an adult or child
- Behaved towards and adult or child in a way that indicates they may post a more general risk of harm to adults with care and support needs

Examples of a breach by a PiPoT:

- Has been accused of abuse or neglect of an adult with care and support needs
- Their life outside work is a cause for concern, affecting their ability to fulfil their work responsibly for an adult with carer and support needs
- They have been accused of abuse or neglect of a child (whether the individual's own children or other children)
- They have been accused of committing a criminal offence against or related to an adult with care and support needs either at work or in their private life.

When an individual's conduct 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). Suffolk Safeguarding Board: 20250519-Responding-to-Position-of-Trust-Concerns.pdf

Any concerns relating to a PiPoT can be discussed with any Safeguarding Lead.

Please read SFC's Code of Conduct policy that sets out the standards of behaviour expected by all its employees and volunteers

Depending on the severity of the case, you must immediately (or within one working day) report to your Line Manager or Safeguarding Lead any information which suggests any employee or volunteer has behaved in a way that has harmed or may have harmed a vulnerable adult/child, possibly committed a criminal offence related to a vulnerable adult or child or has behaved in a way that indicates they are unsuitable to work with vulnerable adults or children. If the allegation is against a Safeguarding Lead then the allegation must be reported to another SFC Safeguarding Lead. In relation to adults at risk, the Safeguarding lead must then report the allegation to the Multi Agency Safeguarding Hub (MASH).

5. Roles and responsibilities

Trustee Board

The Charity Commission requires Trustee to have a legal duty to foster a safe, proactive culture that protects all beneficiaries, staff and volunteers from harm. They require trustees to implement robust safeguarding policies, manage risks, report serious incidents promptly and ensure all staff and volunteers know how to respond to concerns. Every board meeting has Safeguarding as an agenda item.

SFC Safeguarding Steering Group (SSG)

Ensures the policy and procedures are clearly communicated to all employees and to ensure the policy is reviewed on an annual basis in partnership with employees if appropriate.

The Board designates Trustees that are members of the steering group.

SFC Safeguarding Lead

This requires you to have both a lead trustee for safeguarding and an operationally focussed designated safeguarding lead.

SFC's overall Safeguarding Lead is: Kirsten Alderson (Chief Executive Officer) - 01473 835477

All employees, managers, volunteers, students, Trustees and DA Champions

Must follow responsibilities as outlined in **Appendix A** (Roles and Responsibilities)

Failure by employees to maintain standards may be dealt with using SFC Disciplinary Procedures.

Visitors

Must sign in at reception when they arrive on the premises. All visitors who attend meetings or are required to do work (e.g. maintenance work) in unit 6 will be issued with a visitor's pass that they will be required to wear at all times whilst on site. Visitors will all read a safeguarding statement on arrival.

If an employee or volunteer is worried about a child or adult at risk, they must talk to their direct line manager and/or SFC's Safeguarding Lead to discuss their concerns at the earliest opportunity and as long as it will not delay any potential referral or place someone at harm.

6. Capacity, Consent and Decision Making

Mental Capacity Act 2005, provides a statutory framework to empower and protect adults at risk who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. It applies to anyone aged 16 years and over therefore appropriate liaison needs to occur for young people aged 16 to 18 years with Children's Services where relevant as part of Safeguarding Adults work. For more information, see the MCA/DoLS policy. Mental Capacity Act 2005 (legislation.gov.uk)

7. Recording and managing confidential information

Issues regarding safeguarding should only be shared with those who need to know. For further information, please consult SFC confidentiality and data protection policies (UK GDPR).

It is important that we record all conversations, allegations and referrals relating to safeguarding on SCIL or any partnership database as required. Only factual information should be recorded, not own assumptions, or thoughts. Information should be recorded in the person's own words where possible.

SCIL - SCIL – Suffolk Family Carers Information Log (a record keeping database)

- Add new work ticket
- Choose appropriate 'ticket type'.
- Topic – choose Safeguarding
- Summary – Safeguarding

Note – add all interactions - internal conversations, external conversations, referrals and any 'prevention' work detailed in the Framework. All information recorded will be kept secure and comply with our Data Protection Policy

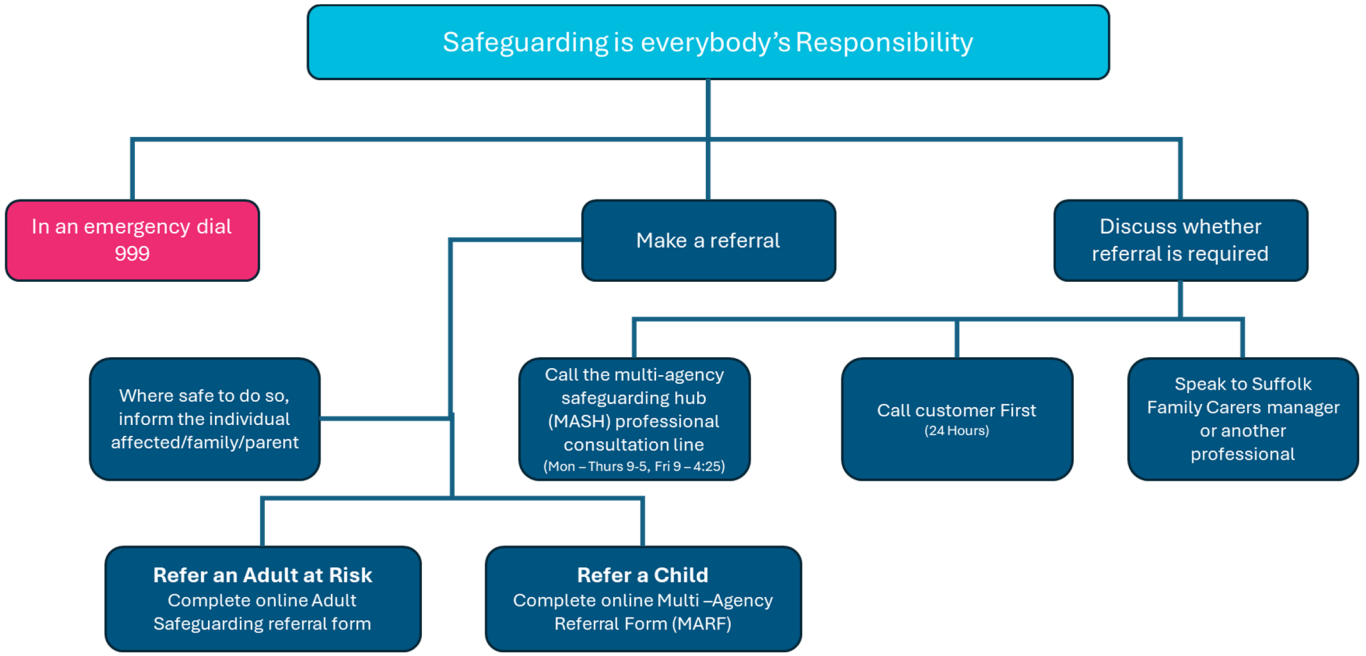
If you don't use SCIL to record your work:
We have teams working in partnership with external organisations that record their activity on external databases. If this is the case you must follow your lead organisations process for recording safeguarding referrals and concerns AND record your safeguarding activity on the SFC Safeguarding Tracking Log located in safeguarding central

8. Making a referral

Referral flowchart

Please dial 999 if the person is in immediate danger

Safeguarding Children and Adults at Risk: Referral procedure flow chart



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ALWAYS update SCIL workticket within 24 hours. Select topic "Safeguarding Adults & CYP", detail concerns, who you have spoken to, and the action taken

Complete separate safeguarding tracker log if you do NOT have access to SCIL due to your partnership role

Contact Numbers	Make a Referral
MASH Professional Consultation Line - 0345 606 1499	Refer an Adult at Risk
Customer First - 0880 800 4005	Refer a Child

Concerns for a child or adult

Please follow link to Suffolk Safeguarding Partnership website Concerned? » Suffolk Safeguarding Partnership (suffolksp.org.uk)

Section 11 Reviews

Suffolk Family Carers are involved in the Section 11 (S11) self-assessments (referring to the Section 11 of the Children's Act 204) where organisations have a statutory duty to cooperate and work together to safeguard children and promote their welfare. The assessment is to ensure that agencies understand and can evidence they are meeting their obligations under S11. The assessment covers five priorities: Safeguarding and Multi-agency working review, Neglect, Child Exploitation, Intrafamilial Harm and MASH relationship.

MASH (Multi-Agency Safeguarding Hub)

The MASH Professionals Consultation line is for you to discuss the most appropriate and effective way of providing or obtaining help and support for a child or adult you feel is at risk of abuse. This will include advice and guidance about making a referral where necessary, including how to involve parents.

All non-urgent referrals must be made via the Suffolk Safeguarding Partnership website (link above) with as much information as possible. If you have difficulties, or if a referral has been made and you have not been contacted within 48 hours, please telephone Customer First on **03456 066 167**.

Members of the public should call Customer First on **0808 800 4005**(24 hours)

PREVENT: Preventing radicalisation

Radicalisation is the process by which a person comes to support terrorism and extremist ideologies. There are many factors that can make someone susceptible to radicalisation, it can happen to anyone of any age, social class, religion, ethnicity or educational background.

Government's PREVENT strategy's aim is to stop people becoming terrorists or supporting violent extremism in all its forms.

To act on concerns, please follow the link: What to look for – Counter Terrorism Policing

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

- Make notes on SFC's case management system (SCIL)
- If necessary, discuss with any available SFC Safeguarding lead or call MASH
- Share a concern via the link above
- Make overall Safeguarding Lead aware (Director of Services)

9. Training, recruitment and employee support

It is **mandatory** that all employees undertake relevant safeguarding training at the level required for their role and the training refreshed as and when required.

It is the responsibility of the line manager to **ensure** that the required level of training is undertaken, applied in practice and updated as necessary.

Understanding the different categories of abuse, what to look for, knowing when and how to make a safeguarding referral and record keeping are all covered in basic safeguarding training.

Internal training will be provided in relation to record keeping using the Suffolk Family Carers SCIL database. (See record keeping guidelines and data protection policy).

Safer Recruitment

To adhere to Safer Recruitment guidelines, the service/line manager and HR will ensure that the following action is taken for any potential employees and volunteers who will work with children, young people and adults at risk:

- Safeguarding is incorporated throughout the selection process
    - Motivations, beliefs and values are explored within the interview process
    - Gaps in employment are explored
    - DBS checks are undertaken where required and renewed as necessary.
    - References are obtained
    - Robust safeguarding statements are used to deter potential applications that have inappropriate intentions

Employee Support

Suffolk Family Carers recognises the emotional impact of safeguarding and will support employees, volunteers and trustees through the process of making a referral and provide opportunities to discuss their own wellbeing and to de-brief as necessary, agreeing actions as needed.

Court Proceedings

Any employee or volunteer can be summoned as a witness by the Court to give evidence on a safeguarding issue. The Chief Executive and Designated Safeguarding Trustee must be notified. In this situation it is obligatory to cooperate, and Suffolk Family Carers will provide support throughout this process.

10. Appendices

This policy is to be read in conjunction with the following appendix:

Safeguarding roles and responsibilities - **Appendix A**

Making a referral - moved to section 8

Types of abuse - **Appendix C**

Safeguarding training guide. - **Appendix D**

Safeguarding procedures for volunteers - **Appendix E**

Lampard action plan – Appendix F removed and will be reviewed via SSG

Domestic abuse pathway **Appendix G**

Appendix A - Roles and Responsibilities

All Employees

- To adhere to the safeguarding policy and follow the safeguarding procedure (including recording)
- To attend mandatory safeguarding training at the required level
- To wear ID badge at all times while working on the premises or in the community
- To make sure that all visitors sign in and read the safeguarding statement

All Volunteers

- To adhere to the safeguarding policy and associated procedures (including recording)
- To attend safeguarding training at the required level
- To wear ID badge at all at all times while working on the premises or in the community

Additional Responsibilities:

Line Managers

- To be the first point-of-call for staff who have safeguarding concerns
- To maintain an up-to-date and robust understanding of safeguarding framework, policy and procedure
- To advise team members on safeguarding procedures and provide them with support
- To ensure that all team members are trained to the required standard
- To ensure that recording (on SCIL or other database appropriate to role) is factual, accurate and timely
- To ensure that safeguarding is an agenda item on team meetings and discussed (if appropriate) at supervision
- To ensure employees have access to support for their wellbeing during difficult safeguarding cases

Designated Safeguarding Leads – Project Managers/Service Managers

- To be a contact for employees and advise/guide colleagues on safeguarding procedures
- To maintain an up-to-date and robust understanding of safeguarding policy and procedure
- To have an understanding of local and national safeguarding developments
- To help set the training programme for all staff and volunteers and monitor training across the organisation
- To attend Safeguarding Steering Group meetings
- To monitor trends and referrals and report to the Safeguarding Steering Group

Chief Executive

- To be the overall safeguarding lead for the organisation
- To attend Safeguarding Steering Group meetings and external meetings as required

Deputy CEO

- To be the safeguarding lead for the organisation, supporting the CEO
- To have overall responsibility for the review and development of the Safeguarding Policy (at the agreed timeframe) and procedures (via the Safeguarding Steering Group).
- To chair the Safeguarding Steering Group meetings
- To attend the Suffolk Safeguarding Board and other identified meetings, groups or board sub-groups relating to Strategic Safeguarding

Head of People

- To be the Safer Recruitment Lead; responsible for implementation of safer recruitment procedures
- To advise and guide recruiting managers on Safer Recruitment

Designated Safeguarding Trustees

- To ensure compliance with safeguarding policy and procedures
- To attend safeguarding training
- To attend Safeguarding Steering Group meetings and advise Board of Trustees on any safeguarding related matters arising from the Steering Group as necessary

Domestic Abuse Champions

- To be point of contact for colleagues and provide appropriate advice and support
- To keep up to date with training and information relating to DA and share as necessary with others
- To recommend suitable training
- To attend Safeguarding Steering Group when invited
- To commit to attending DA SFC meetings

Appendix C - Types and terms of Abuse

Physical abuse
May involve hitting, shaking, throwing, poisoning, burning or scalding, suffocating, drowning or otherwise causing physical harm. This includes hitting, slapping, pushing, kicking, misuse of medication, restraint or inappropriate sanctions.

Sexual abuse
Involves forcing or enticing someone to take part in sexual activities, which may involve physical contact or non-contact activities such as the being forced to view pornographic material or being involved in the production of sexual images.

Psychological abuse
Involves actions such as conveying to vulnerable adults that they are worthless, inadequate, or unloved; making fun of what they say or how they communicate, humiliation, intimidation, verbal abuse, cyber bullying.

Neglect and acts of omission
Is the persistent failure to meet basic physical or psychological needs, which results in the impairment of health or well-being. This would also include failure to provide access to appropriate health or medical care, and withholding medication. Preventing the person from making their own decisions such as having access to glasses, hearing aids, etc.

Self – Neglect
Covers a wide range of behaviour such as neglecting to care for one's own personal hygiene, health or surroundings and includes behaviour such as hoarding.

Modern Slavery
Encompasses slavery, human trafficking, forced labour and domestic servitude.

Domestic Abuse
Includes psychological, physical, sexual, financial and emotional abuse perpetrated by anyone within a person's family or an intimate partner. It also includes so called 'honour' based violence.

Financial or material abuse
Includes 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.

Discriminatory abuse
Relates to harassment or derogatory treatment because of race, gender, age, disability, sexual orientation or religion or any of the protected characteristics of the Equality Act.

Organisational abuse
Includes neglect and poor care within an institution or care setting such as a hospital or care home. It can range from one-off incidents to on-going ill-treatment.

Sexual exploitation
This can happen around adults with learning disability who may not have a full understanding of a good healthy relationship. They could have their own accommodation that could being used as a brothel, or a place for substance misuse.

Trafficking
The movement of people for the use of exploitation.

Mate / Hate Crime
Mate crime can be linked to hate crime where people befriend adults at risk and exploit them for money, a place to stay, sex, and other things that benefits the source of risk but they will pretend to be their friend; it could be a group or individuals.

Cuckooing

Is a form of crime in which drug dealers take over the home of a vulnerable person in order to use it as a base for drug dealing. The crime is named for the cuckoo birds' practice of taking over other birds' nests for its young.

Female genital mutilation (FGM)

Is a procedure where the female genitals are deliberately cut, injured or changed, but there is no medical reason for this to be done.

Radicalisation

Is the process through which a person comes to support or be involved in extremist ideologies. It is in itself a form of harm.

They could be pressured to do things that are illegal or they might change their behaviour and beliefs and believe that sexual, religious or racial violence is ok. Victims of radicalisation may be persuaded to cut themselves off from friends and family.

Radicalisation can be difficult to spot but children who are at risk may:

- Have low self-esteem, feel isolated and lonely or wanting to belong
- Be victims of bullying or discrimination
- Be unhappy about themselves and what others might think of them.
- Be embarrassed or judged about their culture, gender, religion or race.
- Feel stressed or depressed.
- Feel angry at other people or the government.
- Feel confused about what they are doing.
- Feel pressured to stand up for others.

Forced Marriage & Honour Based Abuse

Forced marriage is where one or both do not consent to the marriage. Forced marriage is not the same as arranged marriage; in arranged marriages, the families of both spouses take a lead role in arranging the marriage but the choice whether or not to accept the arrangement remains with the prospective spouses.

Honour Based Abuse is a collection of practices used by many cultures to control behaviour within families in order to protect religious beliefs and defend the family or community 'honour'. It also encompasses forced marriage and FGM. The term is used to describe violence, which sometimes results in a murder.

Gangs, Criminal Exploitation and County Lines

Child criminal exploitation (CCE) occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity in exchange for something the victim needs or wants.

County Lines is the term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs.

Appendix D - Safeguarding Training

TRAINING	MANDATORY FOR	FREQUENCY (more frequently if required)	OPTIONAL FOR	HOW TO ACCESS
Safeguarding Policy and Procedure - read and confirm with manager that it has been understood, seeking clarification if needed	All Employees	Re-read Annually		Annual reminder sent to all staff via People HR. To be electronically signed when read.
Safeguarding Guidelines in Volunteer Handbook – read and discuss at induction	All Volunteers	Re-read annually		Email reminder send annually by Volunteer Development Manager Volunteer Handbook
Adult Safeguarding – level 1	Volunteers and Trustees	Induction and every 3 years	Any employee who wishes to do level 1 before doing mandatory level 2	Flick training
Adult Safeguarding: Level 2	All Employees	Every 3 years or if any significant changes		Flick Reminders sent by HR
Child Safeguarding: Level 1	All adult services, volunteers and Trustees (not needed for CYPF on top of their L2)	Every 3 years		Flick Reminder sent via HR or Vol Dev Manager
Safeguarding Adults and Children Level 2	All CYPF employees All Safeguarding Leads	Every year	Other employees if needed	Suffolk CPD Reminder sent via HR
Working Together to Safeguard Children	All CYPF employees	Every 3 years	Other employees if needed	Suffolk CPD Whole day face to face training

TRAINING	MANDATORY FOR	FREQUENCY (more frequently if required)	OPTIONAL FOR	HOW TO ACCESS
Signs of Safety + Core Learning (module dependent upon level of knowledge)	All CYPF employees All Advisers in adult services (incl. MH) Agree which training with your line manager.	Refresher/additional course as required and agreed with line manager	Other employees as per personal development needs	Suffolk CPD Signs of Safety (not under Safeguarding)
Safer Recruitment	Anyone involved in recruitment (i.e PM's) SMT HR Volunteer Development Manager	Every 3 years and during induction		Invite via HR to in-house training
Safeguarding Adults Framework (very short course)	All employees	On induction and if not completed	Volunteers and Trustees	Suffolk CPD
Suicide Prevention	All employees (some exceptions if made for personal reasons, please speak to your Line Manager)	Induction and 3 yearly review	Volunteers and Trustees	Free online training from Zero Suicide Alliance
Domestic Abuse Training	All employees	Induction and 3 yearly review	Volunteers and Trustees	Domestic Abuse Basic Awareness Training - IDAS Online Training Courses
MASH referral process (2 minute video)	All employees	Induction and if any changes	Volunteers and Trustees	Suffolk CPD

Additional offer employees in-house or other (not exhaustive)	**Will be promoted as opportunity arises**
• FGM • Forced Marriage • PREVENT • Honour Based Violence • Child Sexual Exploitation Level 1 • Deprivation of Liberty Safeguards • Mental Capacity Act • Safeguarding Adolescents from Extra Familial Harm • County Lines • Breast Ironing • Witchcraft • Modern Slavery and trafficking	This training will be promoted when arranged internally or identified during Supervision as a personal development requirement and sourced externally.
In-house safeguarding opportunities (not exhaustive)	
• Self-neglect and Hoarding • Contextual Safeguarding • Establishing the facts and weighing up risks • Trading Standards (e.g., doorstep crime, scams and scam mail)	Offer via bite-size learning opportunities

Appendix E - Safeguarding and Emergency Procedure For Volunteers

It is very important that you know what to do if you are told, or have a concern, that someone is being harmed, abused or is at risk of harm.

If someone tells you about abuse

STEP 1: LISTEN

- Never promise to keep a secret. You have a duty to report any concerns.
- Listen to them and take what they are saying seriously.
- Don't ask leading questions, or probe for more details, just let them explain in their own way.
- Reassure them, tell them you've heard what they have said, relay what you have heard back to them.
- Tell the family carer that you will need to speak to a member of staff about this information.
- Ask the family carer what they would like the outcome to be.
- Tell the family carer that someone will call them to discuss and explain what happens next.

STEP 2: RECORDING THE INFORMATION YOU HAVE HEARD - WRITE IT DOWN

- Make a record of what they said immediately. Include dates, times, and who was involved. Sign and date it.
- Write the facts, not your guesses or feelings. If you need to write your opinion, make it clear that it is your opinion.

STEP 3: NEXT STEPS: PASSING ON THE INFORMATION TO THE RELEVANT PERSON (*What if someone makes a disclosure but you doubt it is true or serious enough?*

Follow the procedure above. You can inform us of your feelings about this. Remember to tell us that these are your opinions.

- ***What if you are unsure whether abuse is occurring ie. you just have a feeling/suspicion, or think that there is a risk of abuse?***
  Keep a record of your call/conversation, and write down your reasons for suspecting abuse. Inform a member of Suffolk Family Carers staff immediately during office hours or the Emergency Duty Service following the out of hour's procedure.

- ***Safeguarding is everyone's responsibility***
  Listening to a person's experience or concern about abuse can be emotive. It is important to handle a disclosure very sensitively and in a supportive manner. Contact a member of staff and discuss what has been disclosed to you. The member of staff will agree what to do next with you; this may include the staff member contacting the family carer.

It is important for you to access the support available to you via Suffolk Family Carers if you have found what you have heard uncomfortable in any way.

PASSING ON THE INFORMATION

If you suspect mistreatment or abuse or that there is someone at risk of harm or that a serious crime has been committed you must pass the information on.

If someone is in immediate danger:

Call 999 and give them the family carer's name and address (if the family carer is not able to do this themselves).

Let Suffolk Family Carers know what has happened straight away. Tell your supervisor or if not available, call the Information Hub on 01473 835477. Ask to speak to a safeguarding lead, executive team member or another team manager.

If you have a concern that someone may come to some harm:

During office hours (9am-5pm)

Tell your Supervisor. If not available, call the Information Hub on 01473 835477. Ask to speak to a safeguarding lead, executive team member or another team manager. a

Out of office hours

If you think that there is a risk that someone could be in danger before Suffolk Family Carers offices open again, call the **Emergency Duty Service** (Social Services) on **0808 800 4005**. Record the name of the person you spoke to, and the date and time.

(If you are not sure whether it is serious enough to call the Emergency Duty Service, you can call and discuss the situation with a social worker, and they will make the decision of what needs to happen next).

Let Suffolk Family Carers know what has happened and what you have done by leaving a message on the Information Hub: 01473 835477.

SAFEGUARDING IS EVERYONE'S RESPONSIBILITY AS A VOLUNTEER IT IS YOUR RESPONSIBILITY TO:

- **Follow the safeguarding procedure in the Volunteer Handbook**
- **Attend role-appropriate and timely safeguarding training**

Appendix G - Responding to a disclosure of Domestic Abuse

This appendix to the safeguarding policy outlines a process when a form of domestic abuse has been disclosed to you. The person disclosing may know it is a domestic abuse situation or they may not recognise they are experiencing domestic abuse. Please consider, that on occasion, it could be the perpetrator of the abuse that discloses to you.

Suffolk Safeguarding Partnership website information: www.suffolksp.org.uk/support-for-domestic-abuse#gsc.tab=0 explains:

Domestic Abuse is defined by the Domestic Abuse Act 2021 as the behaviour of a person towards another and that both people are each aged 16 or over and are personally connected to each other and the behaviour is abusive. Abusive behaviour consists of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional or other abuse

Furthermore, it does not matter whether the behaviour consists of a single incident or a course of conduct.

Anyone can be a victim of domestic abuse and sexual violence. It can occur in both heterosexual and LGBTQ+ relationships, and can affect anyone, young or old, any ethnicity or sexual identity, any religion and social background.

It is a pattern of behaviour which is motivated by the abuser seeking to establish and maintain power and control over another person.

Abuse doesn't have to be physical, and includes a range of behaviours which will be experienced every day. It may involve a process of isolating you from family and friends. There are likely to be rules which if broken will result in consequences and this will create a sense of fear which is how the power and control is maintained.

Within the Suffolk Safeguarding Framework it states Domestic Abuse as follows:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those who are or have been intimate partners or family members regardless of gender or sexuality. Can include incidents where abuse is directed towards a family carer from the person being cared for and vice versa'.

A family carer could be the victim or the alleged perpetrator. Carer breakdown can be a factor in domestic abuse.

Responding to a disclosure:

- ✓ Ask the person if they are safe and 'safe to talk'. **Always** contact 999 if immediate help is needed or 111 if the situation is serious.

  If the person, is 'not safe to talk or uncomfortable to talk' arrange another time when it may be safe to talk or to offer to text or email, if they deem this is safe to do so. Depending on nature of the work you are doing with the individual you could arrange to meet the individual in a safe place/drop in/carers group. Where you are meeting the individual, as per lone working policy you should complete a risk assessment.

- ✓ Please follow the Suffolk Safeguarding Partnership Framework Suffolk Safeguarding Partnership (suffolksp.org.uk) and act appropriately according to severity.

- ✓ Where there are children under 18 living within the family home, make a safeguarding referral. If you are unsure what the situation is, call MASH.
- ✓ Record factual notes on SCIL, using a safeguarding work ticket, as below

SCIL Recording

Topic – Safeguarding

Summary – Safeguarding

Note - Add all interactions – internal conversations, external conversations referrals and an 'prevention' work detailed in the framework

- What are the facts – nature of disclosure, by whom to whom.
- What did they say X Stated '…..'
- What are the concerns
- Who did you speak to
- What did you do and why

Example:

Topic – Safeguarding

Summary – Safeguarding

Note – Add all interactions - internal conversations, external conversations, referrals and any 'prevention' work detailed in the Framework.

- *What are the facts*- During our planned follow up call, Ronnie disclosed to Sarah Potter that yesterday (26.02.24) Terri, the person that they care for shouted at them and took away their mobile phone and would not give it back when asked.
- Ronnie confirmed that they felt safe and were happy to talk.
- I explained to Ronnie that I was a little concerned about the situation, specifically that they had been shouted at, and having access to their phone withheld. I asked if this had happened before. Ronnie said that this had not happened before and that they felt it had been because they had been making calls all day and Terri was wanting attention.
- Based on this information I consulted the Suffolk Safeguarding Partnership Framework and owing to the fact that Ronnie has said this was a one off incident, now has possession of their phone and does not feel under any threat. I have followed the guidelines for local management.
- I have emailed Ronnie with their consent, information about the Domestic Abuse Outreach Service and advised Ronnie that they can contact anyone at SFC in future**.**
- **Please note- where it appears to be the first instance, an alert does not need to be placed on scil. If this appears to be a repeat experience and alert should be placed on scil.**

Serious concerns or unsure?
Always contact 999 if immediate help is needed or 111 if the situation is serious.

Any serious concern can be reported through the usual safeguarding process and pathway.

If you are not sure, please consult MASH who will be able to advise or alternatively, talk to one of the DA Champions, Deputy CEO or your Line Manager.

Below are some support organisations who will help the person understand what is happening to them and provide support to leave if possible.

- Domestic Abuse Outreach Service: 0800 977 5690
- Ipswich Lighthouse Women's Aid: 01473 745 111
- Bury St Edmunds Women's Aid: 01284 753 085
- Waveney Women's Aid – Working with women and girls through education and workshops to improve wellbeing and self-worth, build self-esteem and promote empowerment. (waveneywomensaid.com)
- https://mankind.org.uk/ Support for male victims
- Respect - for anyone concerned about their own behaviour towards their partner) 0802 802 4040 www.respectphoneline.org.uk

Remember, it will be a journey for the individual, they will need emotional support and plans to leave. Understanding their situation and leaving the situation will be a process for the person. You can find more here:

Domestic abuse and sexual violence - Suffolk County Council

Appendix H - Signs and Indicators of abuse

This appendix outlines the signs and indicators of abuse. This list is not exhaustive but gives some examples that abuse may have occurred.

Adults

Caution is suggested against establishing adult abuse due to the presence of these indicators, normally an abusive situation will involve indicators from various groups.

Physical Abuse

- History of unexplained falls, fractures or minor injuries
- Unexplained burns, bruising or abrasions
- Indicators of slaps, kicks, finger marks or an object
- Untreated medical issues
- Frequent changes of GP or reluctance to see a GP
- Complaints of hunger
- Medication has not been administered as prescribed
- Ulcers, bed sores

Psychological Abuse:

- Fearfulness, avoids eye contact, flinching
- Tearful
- Anxiety, confusion, or agitation
- Overtly affectionate behaviour towards alleged perpetrator
- Changes in appetite
- Changes in sleep patterns

Sexual Abuse

- A change in behaviour for no apparent reason
- Sudden confusion, wetting or soiling
- Withdrawal from social events or activities
- Out of character sexual behaviours/language
- Self-harm
- Bruising/bleeding to thighs, upper arms or genital area
- Upset or agitation when being medically examined or bathed, dressed.
- Pregnancy in person not able to give consent
- Difficulty walking/sitting

Domestic abuse – these indicators have been taken from Women's Aid. This list can help you recognise if you or someone you know are in an abusive relationship:

Destructive criticism and verbal abuse: shouting, mocking, name calling, threatening.

Pressure tactics: sulking, withholding money, disconnecting phone and internet, destroying items or taking items away. Taking children away, threatening to report you. Attempting self-harm and suicide, pressuring you to use drugs. Lying about you to friends and family. Giving you no choice in decisions.

Disrespect: putting you down in front of people, not listening, interrupting phone calls, taking money, refusing to help with childcare or housework.

Breaking trust: lying to you, withholding information, being jealous, having other relationships, breaking promises and agreements.

Isolation: monitoring or blocking calls and other communications. Telling you where you can and can't go. Preventing you seeing friends and family. Shutting you in the house.

Harassment: following you, checking in on you, not allowing privacy, checking your phone, accompanying you everywhere you go.

Threats: making angry gestures, using physical size to intimidate you, shouting you down, destroying your possessions, breaking things, punching walls, wielding knife or gun, threatening to kill or harm you or pets, threats of suicide.

Sexual violence: using force, threats or intimidations, having sex with you when you don't want to. Forcing you to look at pornographic material, constant pressure to have sex with others. Degrading treatment related to your sexuality.

Physical violence: punching, slapping, hitting, biting, pinching, kicking, pulling hair, pushing, burning, strangling, pinning down, holding you by the neck, restraining you.

Denial: telling you the abuse doesn't happen, saying you cause the abuse, saying you 'wind them up' saying they can't control their anger, being publicly gentle and patient, begging for forgiveness, saying it will never happen again.

Coercive control: a pattern of intimidation, isolation and control with the use or treat of physical or sexual violence.

Children

This information is taken from the Social Care Institute for Excellence (SCIE).

Evidence of any one indicator from the following lists should not be taken on its own as proof that abuse is occurring. However, it should alert practitioners to make further assessments and to consider other associated factors. The lists of possible indicators and examples of behaviour are not exhaustive, and people may be subject to a number of abuse types at the same time.

Physical abuse

Types of physical abuse

- Hitting, slapping, punching, kicking, hair-pulling, biting, pushing, rough handling
- Scalding and burning
- Physical punishments
- Inappropriate or unlawful use of restraint
- Physical harm caused by a parent or carer fabricating the symptoms of, or inducing, illness

Possible indicators of physical abuse

Injuries caused by accidents are not uncommon in children, becoming less common as the child develops and grows. This means that recognising the signs of physical abuse in children can be especially difficult and leave practitioners unsure of what may be abusive. The following is a guide to injuries that are more likely to be accidental or abusive. However, it is not absolute, and it is important that those working with children consider the child's stage of development, any pattern of injuries and the account given by the child, parents, carers or others of how the injury was sustained.

Accidental injuries

Accidental injuries typically involve bony prominences – the bones that are close to the surface and so more likely to become injured through falls, slips and trips. This can include forehead, knees, elbows, palms and nose. The injuries will match the account given by the child and parent/carer and be in-keeping with the child's level of development and activity.

Abusive injuries

Abusive injuries tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents. This may include:

- upper arm, forearm
- chest and abdomen
- thighs or genitals
- facial injuries (cheeks, black eyes, mouth)
- ears, side of face or neck and top of shoulders ('triangle of safety')
- back and side of trunk.

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may also be signs that injuries are being untreated, or at least a delay in seeking treatment.

Sexual abuse

Types of sexual abuse

Sexual abuse may take place either in person or online or offline. It may be perpetrated by family or non-family members, males or females, older adults or by other young people.

- Forcing or enticing a child or young person to take part in sexual activities, which may or may not involve violence
- Penetrative acts
- Non-penetrative acts (kissing, masturbation, rubbing or inappropriate touching)
- Sexual photography or forced use of pornography or witnessing of sexual acts
- Non-contact (looking at or producing pornography or sexual images, watching sexual activities, grooming in preparation for abuse)

Possible indicators of sexual abuse

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Bleeding, pain or itching in the genital area
- Difficulty in walking or sitting
- Sudden change in behaviour or school performance
- Displays of affection that are sexual or not age-appropriate
- Use of sexually explicit language that is not age-appropriate
- Alluding to having a secret that cannot be revealed
- Bedwetting or incontinence
- Reluctance to undress around others (e.g. for PE lessons)
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Unexplained gifts or money
- Self-harming
- Poor concentration, withdrawal, sleep disturbance
- Reluctance to be alone with a particular person

Psychological or emotional abuse

Types of emotional abuse

Some level of emotional abuse is present in all types of abuse or neglect, though it may also appear alone. It is the persistent mistreatment of a child that has a severe and negative impact on their emotional development. Emotional abuse may also be perpetrated by other young people through serious bullying and cyber-bullying.

- Overprotection – preventing someone accessing educational and social opportunities and seeing friends
- Intimidation, coercion, harassment, use of threats, humiliation, bullying, swearing or verbal abuse
- Conveying feeling of worthlessness, inadequacy or that a child is unloved
- Threats of harm or abandonment
- Placing inappropriate expectations on children
- Witnessing or hearing the abuse or ill-treatment of others (including domestic violence)

Possible indicators of emotional abuse

- Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- Lack of self-confidence or self-esteem
- Sudden speech disorders
- Self-harm or eating disorders
- Lack of empathy shown to others (including cruelty to animals)
- Drug, alcohol or other substance misuse
- Change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

Neglect

Types of neglect

Neglect is found to be a factor in 60 per cent of child deaths that are investigated through Serious Case Reviews. However, even though it is often suspected by those who work with children, it is under-reported. Neglect is a persistent failure to meet basic needs (physical or emotional) and it leads to serious harm to the health or development of a child.

- Failing to provide adequate shelter, clothing or food
- Failing to protect a child from harm or danger
- Failing to ensure that a child is supervised appropriately
- Failing to access medical care or treatment for a child when it is needed.

Possible indicators of neglect

- Excessive hunger
- Inadequate or insufficient clothing
- Poor personal or dental hygiene
- Untreated medical issues
- Changes in weight or being excessively under or overweight
- Low self-esteem, attachment issues, depression or self-harm
- Poor relationships with peers
- Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair-twisting, thumb-sucking)
- Changes to school performance or attendance