Safeguarding and Welfare Policy for Adults at Risk

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Reviewed by	CEO Juliet Diener & icandance Trustees
Last reviewed on:	October 2026
Next review by:	October 2027

Signed by: Juliet Diener

Date: October 2026

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The purpose and scope of this policy statement

This document is the Safeguarding Policy for icandance which will be followed by all members of the organisation and promoted by those in the position of leadership within the organisation.

icandance works with disabled children, young people (see separate policy) and vulnerable adults (as members of the community), including those with physical and learning disabilities and complex medical conditions. icandance also engages non-disabled young people as Young Volunteers, and disabled adults as Supported Volunteers in various settings. This means that the majority of individuals we work with are from vulnerable groups, and we have a commitment and duty to keep them safe from harm.

This policy has been designed to ensure the welfare and protection of any adults who accesses the services provided icandance. icandance is committed to the belief that protecting vulnerable adults is everybody's responsibility therefore the aim of this policy is to provide guidelines that will enable all workers and volunteers to act appropriately to any concerns that arise in respect of vulnerable adults.

This policy uses the Care Act 2014 term "adult at risk". An adult is not defined as vulnerable solely because they are disabled. Risk arises from the interaction between the person's care and support needs, the abuse or neglect experienced or feared, and their ability to protect themselves.

Safeguarding adults means protecting an adult's right to live in safety, free from abuse and neglect, while respecting autonomy, choices, dignity, privacy and human rights. Practice must be person-led and outcome-focused in accordance with Making Safeguarding Personal.

If anyone has any safeguarding concerns about an adult, this should be raised in the first instance with our Designated Safeguarding Lead (DSL) Juliet Diener. Ourania Sitra, Agnes Dewhirst and Evridiki – Nana Yakubu are safeguarding officers. If the concern is about an icandance staff member or volunteer, the Designated Safeguarding Lead should immediately refer this to the relevant safeguarding team (see Safeguarding Telephone Numbers at the end of this document), who will determine the best route of action to be taken. It should also be referred to Sarah Hollis, the chair of Trustees and safeguarding Trustee. All safeguarding concerns will be reviewed by Sarah Hollis and Juliet Diener.

If the concern is regarding a family member of the Designated Safeguarding Lead/s or a conflict of interest for the Designated Safeguarding Lead/s then this will be referred to the CEO, it can then be raised with the Safeguarding Trustee and/or Chair of Trustees. Managing

complaints of procedure will be escalated from the Designated Safeguarding Lead to the CEO and then to the Safeguarding Trustee, or from the Designated Safeguarding Lead to the Safeguarding Trustee and then to the Chair of Trustees. The icandance Safeguarding and Welfare Policy has three stages of escalation to manage complaints.

The purpose of this policy statement is:

- To protect vulnerable adults who receive and part of delivery of icandance's services from harm.
- To provide icandance staff and volunteers, as well as vulnerable adults and their families, with the overarching principles that guide our approach the protection of adults.
- This policy applies to anyone working on behalf of icandance including the board of trustees, senior management paid staff, employees, contractors, volunteers and students.
- icandance fully recognises its responsibilities for safeguarding adults and follows the procedures set out by Camden Adult Social Care and the Care Act 2014.
- icandance's Safeguarding and Welfare Policy will be reviewed on an annual basis, taking account of best practice and any legislative change. The policy is posted on icandance's website, and is communicated to staff, volunteers, partner organisations, parents and carers, charities and other groups with whom icandance works with.

Legal framework

We are informed by:

- Care Act 2014, particularly sections 1, 6, 7, 42-47 and 68, and current Care and Support Statutory Guidance, Chapter 14.
- Mental Capacity Act 2005 and Code of Practice; capacity is decision-specific and time-specific, and an unwise decision does not by itself demonstrate lack of capacity.
- Equality Act 2010, Human Rights Act 1998, Safeguarding Vulnerable Groups Act 2006, Protection of Freedoms Act 2012, Domestic Abuse Act 2021 and Modern Slavery Act 2015.
- Police Act 1997 (Part V), which governs DBS criminal record checks.
- Data Protection Act 2018 and UK GDPR as amended by the Data (Use and Access) Act 2025.
- Charity Commission guidance: Safeguarding and protecting people for charities and trustees.
- Local procedures of Camden Adult Social Care and the relevant Safeguarding Adults Board.

The proposed Liberty Protection Safeguards reforms are not treated as being in force. icandance must follow the Mental Capacity Act 2005 and current lawful arrangements and

seek specialist advice where restrictions may amount to a deprivation of liberty.

Supporting documents

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

- Role description for the designated safeguarding officer (Appendix 2)
- Safeguarding and Welfare of Children Policy – see separate document.
- Dealing with disclosures and concerns about a child, young person or vulnerable adult – in policy
- Managing allegations against staff and volunteers – in policy
- Recording concerns and information sharing – in policy
- Child protection records retention and storage – in policy
- Code of conduct for staff and volunteers-separate document
- Photography and sharing images guidance – appendix 3
- Safer recruitment – in policy
- Managing complaints – in policy
- Whistleblowing- separate policy
- Induction, training, supervision and support – in policy
- Intimate care policy – separate policy

Definition of Adults at Risk (Vulnerable Adult)

An adult at risk is defined as someone who is aged 18 or over and (Care Act 2014, section 42(1)):

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing or is at risk of abuse or neglect and;
- As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Safeguarding Adults at risk is defined as

- Protecting their rights to live in safety and to be free from abuse and neglect;

- People and organisations working together to prevent the risk of abuse or neglect and to stop these from happening.

Care and Support Statutory Guidance (current edition), Chapter 14

We believe and recognise that:

- Vulnerable adults should never experience abuse of any kind and the welfare of a child or vulnerable adult will always be paramount.
- We have a responsibility to promote the welfare of all vulnerable adults and their families, to keep them safe and to practise in a way that protects them
- The welfare of all members is paramount in all the work we do and in all the decisions we take
- The rights, wishes and feelings of children, young people and their families will be respected and listened to.
- Those people in positions of responsibility within icandance will work in accordance with the interests of vulnerable adults and follow the policy outlined below.
- Those people in positions of responsibility within icandance will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect.

icandance's Safeguarding Policy aims to ensure that icandance's activities are safe and well planned, to increase awareness of good safeguarding practice amongst all team members, and to prevent harmful situations from occurring wherever possible. In particular, icandance aims to:

- Support the belief that all people whatever their age, culture, disability, gender, language, religious belief and/or sexual orientation have the right to protection from abuse and to a happy and healthy life
- Ensure that all staff and volunteers working with vulnerable adults are aware of their responsibility towards the safety and wellbeing of each adult and person in its care.
- Work in partnership with vulnerable adults and young people, their parents, carers and other agencies in promoting welfare.
- Provide protection for vulnerable adults who take part in icandance's services and provision.
- Provide guidance to icandance staff and volunteers on procedures which should be adopted if they suspect an adult or vulnerable person may be experiencing, or at risk of, harm.

We recognise that:

- Some vulnerable adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues.
- Extra safeguards may be needed for adults who are additionally vulnerable, to be safe from abuse.
- That due to the nature of working with people with learning disabilities, icandance understands that communication around safeguarding issues may require particular support and consideration. We will ensure adequate assistance for any safeguarding matters.

Key Contacts – Please find all key contacts in APPENDIX 8

Mental Capacity Act 2005 – Capacity, Consent, Choice and Best Interests

Statement of Commitment

icandance (ICD) is committed to upholding the principles of the Mental Capacity Act 2005 (MCA) and ensuring that all adults who access its services are treated with dignity, respect and fairness.

ICD recognises that adults with learning disabilities, autism, communication difficulties, physical disabilities or other additional needs have the same fundamental rights as everyone else to make decisions about their own lives.

Having a disability or additional support need does not automatically mean that an individual lacks mental capacity.

ICD will actively promote independence, informed choice, inclusion and supported decision-making, ensuring that adults are given every reasonable opportunity to understand information, express their preferences and participate in decisions affecting them.

The Mental Capacity Act (MCA) applies to individuals aged 16 and over. This adult safeguarding policy applies to ICD members aged 18 and over.

The Five Statutory Principles of the Mental Capacity Act

All ICD staff, volunteers, and trustees must understand and apply the five statutory principles of the MCA.

Principle 1 – Presumption of Capacity

Every adult must be assumed to have capacity to make their own decisions unless it is established otherwise.

ICD must never assume that an individual lacks capacity simply because of a learning disability, diagnosis, communication difficulty, appearance or behaviour.

Principle 2 – Supporting Individuals to Make Decisions

All practicable steps will be taken to support an individual to make their own decision before concluding that they cannot do so.

At ICD, this may include:

- Using simple, accessible language and non-verbal communication.
- Providing pictures, symbols, visual prompts or communication aids.
- Demonstrating activities rather than relying solely on verbal instructions.
- Allowing additional time to process information and respond.
- Offering choices in manageable stages.
- Involving trusted individuals who can support communication, where appropriate.
- Applications of the icandance approach which considers various therapeutic, cognitive and creative tools to elicit choice.

Principle 3 – The Right to Make Unwise Decisions

An individual must not be treated as lacking capacity simply because they make a decision that others consider unwise.

ICD recognises that adults have the right to make their own choices, even when these differ from the preferences of staff, families or carers.

Staff must balance respect for individual choice with their responsibilities for safeguarding and the safety of others.

Principle 4 – Best Interests

Where an adult has been assessed as lacking capacity to make a particular decision, any act done or decision made on their behalf must be in their best interests.

This must include:

- Involving the individual as fully as possible.
- Considering their wishes, feelings, beliefs and values.
- Consulting relevant family members, carers or others where appropriate.
- Considering all relevant circumstances and available alternatives.
- Ensuring decisions are properly recorded and reviewed in their All About Me documents.

ICD works in partnership with the adult and their families to make the best decisions. Where there is a conflict ICD will seek advice to respect all parties involved.

Principle 5 – Least Restrictive Option

Before acting or making a decision on behalf of someone who lacks capacity, consideration must be given to whether the intended purpose can be achieved in a way that is less

restrictive of the person's rights and freedom of action.

ICD will seek to enable adults to participate safely in activities wherever possible, rather than unnecessarily restricting their involvement because of perceived risks.

Consent and Participation at ICD

Consent must be an ongoing process and is not simply a signature on a form at ICD.

Staff always seek the adult's own agreement, wherever they have capacity, before:

- Participating in dance or creative activities.
- Providing physical guidance, touch or movement support.
- Assisting with personal care or other individual support.
- Taking or using photographs and videos.
- Sharing personal information where consent is the appropriate lawful basis.

Staff recognise and respond to verbal and non-verbal communication, including signs of discomfort, distress, refusal or withdrawal of agreement.

If ICD has been informed in writing of the member having capacity their decision must be respected. ICD always works in collaboration with the adult and their family/care team. Where there is a conflict ICD will seek advice to respect all parties involved.

Consent must never be assumed simply because an individual has previously participated in an activity or because a family member has given permission.

Where an adult lacks capacity for a particular decision, ICD will identify the appropriate legal basis for any action and follow the MCA best-interests framework where applicable.

Assessing Mental Capacity

Mental capacity is decision-specific and time-specific. An individual may have capacity to make some decisions but not others, and their capacity may change over time.

Where there is a genuine reason to doubt capacity for a particular decision, ICD will review accessible ways to support decision making and work collaboratively with families to seek the best outcome for the adult.

ICD will consider the following factors when assessing a disabled adult's capacity to make specific decisions:

- Understand the information relevant to the decision.
- Retain that information long enough to make the decision.
- Use or weigh the information as part of the decision-making process.
- Communicate their decision by any means.

ICD staff and volunteers must not make blanket judgements about an individual's capacity.

Where there is uncertainty, concerns must be referred to the CEO or Designated Safeguarding Lead (DSL), who will coordinate appropriate advice or assessment. Specialist professional input must be sought where necessary.

Best-Interests Decision-Making and Recording

Where an adult is assessed as lacking capacity for a particular decision, ICD must ensure that any action taken on their behalf complies with the Mental Capacity Act.

Working with the family/care team ICD will consider the person's wishes and feelings, consult relevant individuals where appropriate, and identify the least restrictive available option.

For significant decisions, the following must be documented:

- The specific decision requiring consideration.
- The support provided to help the adult make their own decision.
- The outcome and rationale of any capacity assessment.
- The adult's wishes, feelings and preferences.
- Individuals consulted and their contributions.
- The options considered and reasons for the final decision.
- The person responsible for the decision.
- Any arrangements for review.

Where there is disagreement, uncertainty or a significant restriction of an individual's rights, ICD must seek appropriate professional or legal advice.

Working with parents and carers

ICD values the knowledge and involvement of parents, families and carers in understanding an individual's communication, preferences and support needs. Their views can be important,

but the person must remain central to decisions affecting them. Parents and carers do not automatically have legal authority to make decisions for an adult; any relevant legal authority depends on the specific decision and must be considered accordingly.

Safeguarding, Physical Support and Restrictive Practice

ICD recognises that safeguarding adults involves balancing protection from harm with respect for autonomy, dignity and individual choice.

Physical assistance must be appropriate, proportionate and respectful of the individual's wishes, communication needs and support arrangements.

Staff must use reasonable adjustments, reassurance and de-escalation wherever possible.

Restrictive interventions must never be used as punishment, for staff convenience or as a routine method of managing behaviour.

Any proposed restriction must have a lawful basis and be necessary and proportionate. Where the MCA applies, restraint is subject to specific legal safeguards, including a reasonable belief that it is necessary to prevent harm and proportionate to the likelihood and seriousness of that harm.

A best-interests decision alone does not authorise a deprivation of liberty. Any concern about potentially unlawful restrictions must be escalated to the DSL for specialist advice.

Staff Training, Responsibilities and Escalation

ICD will ensure that all staff and volunteers working with adults understand the principles of the MCA and how these relate to their responsibilities.

Staff and volunteers must:

- Promote individual choice, independence and dignity.
- Use accessible and appropriate communication.
- Seek consent and recognise withdrawal of agreement.
- Avoid assumptions about capacity based on disability.
- Report concerns about capacity, consent or restrictive practice to the DSL.
- Follow agreed individual support plans and safeguarding procedures.
- Record significant concerns, decisions and actions appropriately.

The CEO/DSL will oversee the implementation of these arrangements, ensure that complex concerns are escalated appropriately and seek external professional advice when required.

The Board of Trustees will maintain oversight of MCA compliance through safeguarding governance, policy review and appropriate assurance from the DSL.

ICD will ensure that the Mental Capacity Act is embedded in everyday practice and that safeguarding arrangements protect adults without unnecessarily limiting their rights, independence or opportunities to participate.

Risk Assessments

For all activities including, trips, events and activities, thorough risk assessments are completed to identify and minimise potential risks. icandance's Health and Safety Policy outlines the process to undertake when completing risk assessments as well as how to capture information regarding accidents and incidents and how the charity learns from such matters.

Where an adult at risk is involved in a trip, activity or event, a risk assessment must take account of their particular vulnerabilities whilst in the charities' care. The risk assessment should set out what arrangements are in place for their care and supervision and how risks will be minimised. Team leads will be required to continually update risk assessments whilst leading such activities.

Risk assessment must be co-produced with the adult wherever possible, be proportionate and strength-based, record the adult's desired outcomes, communication needs, capacity and consent, and balance safety with the adult's right to make choices. Blanket restrictions must not be imposed because a person is disabled or because risk cannot be eliminated.

Where physical support or a restrictive practice may be foreseeable, a separate individual plan must identify triggers, reasonable adjustments, prevention and de-escalation strategies, authorised support, medical and communication risks, review arrangements and emergency escalation.

Identifying and Reporting Safeguarding Concerns

Throughout this policy the term icandance staff team is used to refer to all employees, contractors, volunteers and trustees. Every icandance team member, whatever their role, has a responsibility for Safeguarding and promoting the Welfare of children, young people and vulnerable adults.

Parents/guardians are encouraged to raise any concerns directly with icandance, if necessary, using this safeguarding and welfare policy for concerns about the safety and/or welfare of vulnerable adults.

Safeguarding is aimed at protecting children, young people (see separate policy) and vulnerable adult's welfare, especially those with a wider spectrum of complex learning, physical, emotional and medical needs. Safeguarding includes all aspects of protecting vulnerable adults from abuse, maltreatment, neglect or the impairment of their health or development. It ensures children, young people and young people grow up in safe circumstances.

Concerns About a Vulnerable Adult

icandance has arrangements for listening to vulnerable adults and providing early help. Details of these arrangements can be seen in APPENDIX 4.

Definitions of safeguarding and types and signs of abuse

There are 10 recognised categories of abuse under the Care Act 2014:

1. Neglect and acts of omission;
2. Sexual abuse;
3. Physical abuse;
4. Psychological/emotional abuse;
5. Discriminatory abuse which includes hate crime;
6. Financial or material abuse;
7. Organisational abuse;
8. Domestic violence when the victim is an adult at risk;
9. Modern slavery; and
10. Self-neglect which includes hoarding.

Full descriptions of each category of abuse and neglect can be found in **Appendix 1.**

Adults at risk may be at additional risk of abuse and neglect through some of the additional vulnerabilities they may face.

Abuse may be a single or repeated act, deliberate or unintentional, and may occur in person, online, in a family, community, service or organisational setting.

Additional vulnerabilities

Some adults at risk may have additional vulnerabilities and therefore when coming into contact with icandance, further safeguards may need to be put in place to reduce the potential risk of abuse and neglect.

Staff must consider hate crime, mate crime, cuckooing, coercive control, financial scams, discriminatory abuse, sexual exploitation, forced marriage, honour-based abuse, trafficking, radicalisation, online grooming and abuse by carers or peers. Communication differences, dependence on others, social isolation and previous trauma can increase barriers to disclosure but must never be used to discount a concern.

Online world

Although the online world provides many benefits, there are also a number of potential associated risks for adults.

Online safeguarding includes content, contact, conduct and commerce risks; fraud and scams; impersonation; coercion; intimate-image abuse; cyberstalking; hate; grooming; exploitation; and AI-generated or manipulated images, audio or video. Personal phones must not be used to photograph, film, privately contact or store information about members. Identifiable or sensitive information must not be entered into generative AI tools.

Further information about the online risks is contained in the policy below.

Information Sharing at icandance

The guidance, Information Sharing: Advice for Practitioners Providing Safeguarding Services to Children, Young People, Adults, Parents and Carers supports staff who have to make decisions about sharing information. The trustees and leadership team recognise the importance of information sharing between practitioners and local agencies, including ensuring arrangements for sharing information within the organisation and with local authority adult

social care, the safeguarding partners and other organisations, agencies, and practitioners as required.

Information sharing must be necessary, proportionate, relevant, adequate, accurate, timely and secure. Staff should normally explain what will be shared and seek the adult's views and consent, but information may be shared without consent where required by law, where others are at risk, where a serious crime may have occurred, where coercion or undue influence affects the decision, or where the public interest in protection outweighs confidentiality.

A refusal of consent does not automatically end safeguarding action. The DSL must record the adult's wishes, capacity for the specific decision, risks to the adult and others, lawful basis, advice obtained, what was shared or withheld, with whom, and why. Data protection law must not be used as a barrier to safeguarding.

If in doubt about what information can and should be shared, the icandance team should speak to the Designated Safeguarding Lead/s, or the Safeguarding Trustee.

The icandance Trustee will ensure that staff understand the relevant data protection principles which allow them to share (and withhold) personal information, including:

- Being confident of the processing conditions which allow them to store and share information for safeguarding purposes, including information, which is sensitive and personal and should be treated as 'special category personal data
- Understanding that 'safeguarding of adults and individuals at risk' is a processing condition that allows the sharing of special category personal data, including without consent where there is good reason to do so. For example, information may be shared without consent where: it is not possible to gain consent; it cannot be reasonably expected to gain consent; and gaining consent would place an adults at risk
- Not providing icandance members' personal data where the serious harm test is met.
- Have openness and honesty with the adult at risk (and their carer/family were appropriate) from the outset about why, what, how and with whom information will or could be shared, and seek agreement, unless it is safe to do so.
- The safety and wellbeing of the adult at risk is always considered.
- Information is shared with informed consent where appropriate and, where possible, there is respect for the wishes of those who do not consent to share confidential information. Information will still be shared without consent if, in the Charities judgement, there is good reason to do so, such as the where safety may be at risk. Judgements are based on the facts of the case and the safety and wellbeing of the vulnerable adult.
- Records of the Charities decision to share information in relation to any reported concerns, with whom and the reasons are always recorded on by icandance.

Procedures for dealing with concerns about a vulnerable adult at icandance

Responding to a concern or disclosure

If any of the icandance team suspect or hear any allegation or complaint of abuse, exploitation, or neglect from a vulnerable adult, or any third party, they must act immediately and follow the relevant procedure below. The icandance team should not assume that somebody else will take action and share information that might be critical in keeping people safe. All icandance staff should:

- Stay calm and listen carefully
- Avoid asking leading questions
- Give the adult time to say all they need to say.
- Reassure the individual that the allegation/complaint will be taken seriously and that they will be supported and kept safe.
- Ensure that the individual is not made to feel ashamed for making the report or given the impression that they are creating a problem by making the report
- Not guarantee absolute confidentiality (as this may ultimately not be in the best interests of the adult) and explain that the information needs to be passed to the appropriate person who will ensure that the correct action is taken.
- Be aware that the individual may not feel ready or know how to tell someone that they are being abused, exploited or neglected, and/or may not recognise their experiences as harmful. Staff should exercise professional curiosity and speak to the Designated Safeguarding Lead/s if they have concerns
- Determine how best to build trusted relationships with the vulnerable adult to facilitate communication
- Do not make an adult repeat something unnecessarily.
- Do not try to deal with it yourself, report immediately to the Designated Safeguarding Lead/s.
- Do not investigate, confront the person alleged to have caused harm, or delay an urgent referral while waiting for internal approval.
- As soon as possible, report the disclosure in writing using the persons own words. Ensure that the date, time, witnesses and other relevant information are recorded.
- Do not discuss what you have heard with other members of the icandance staff who are not appointed as responsible for the welfare.
- Always work in an open environment and have another staff member in the room if possible, unless offering individual Dance Movement Psychotherapy.

- Where any form of manual/physical support is required it should be provided openly and with the consent of the adult at risk. The icandance team is not trained in manual handling and only use movement as an expressive art (see also "Restrictive practices, physical support and emergency intervention").

All concerns, discussions, and decisions (together with reasons) made under these procedures MUST be recorded in writing (see APPENDIX 7). This will help if/when responding to any complaint about the way a case has been handled. The record should include a clear and comprehensive summary of the concern, details of how the concern was followed up and resolved and a note of any action taken, the decision reached and the outcome. The record should include the date, time and place of the conversation and detail of what was said and done by whom and in whose presence and signed by the person making it. The information should be kept confidential and stored securely by icandance, ensuring that the file is only accessible to those who need to see it, and is shared in accordance with the Care Act 2014.

Where the allegation relates to harmful sexual behaviours, if possible, the disclosure should be managed with two members of icandance staff present (preferably one of them being the Designated Safeguarding Lead/s or the Safeguarding Trustee).

Where there is a safeguarding concern, icandance will ensure the member's wishes and feelings are taken into account when determining what action to take and what services to provide. This is particularly important in the context of harmful behaviours, such as sexual harassment and sexual violence. icandance manages this by ensuring that there are systems in place, that are well promoted, easily understood and easily accessible for children, young people and vulnerable adults to confidently report abuse, knowing their concerns will be treated seriously, and knowing they can safely express their views and give feedback. The Charity operates its processes with the best interests of the vulnerable adult as their focus.

The Designated Safeguarding Lead/s will immediately act on any information brought to their attention by:

1. Recording all information carefully and confidentially to share with relevant parties as needed, using password protection on the icandance One Drive online storage system
2. Referring the concern to Camden Adult Social Care (or the adult's own local authority) where there is reasonable cause to suspect the section 42 criteria are met, and seeking advice from them where unsure.
3. Contacting the police where a crime may have been committed, and the adult's family or carers only where the adult agrees, or where this is in their best interests and safe to do so.
4. Speaking directly with the safeguarding team at the charity/organisation if appropriate

Making Safeguarding Personal and consent

The adult should be asked what they want to happen and supported to participate throughout. Their desired outcomes should guide the response wherever this is safe and lawful.

If there is reasonable cause to suspect the three section 42 criteria are met, the concern must be referred promptly to the local authority for it to decide whether a safeguarding enquiry is required. If the criteria may not be met, icandance must still consider other safeguarding, care, health, police, advocacy or support routes.

Mental capacity and advocacy

Capacity must be presumed unless established otherwise and assessed only where there is a genuine reason to doubt capacity for the specific decision at the relevant time. All practicable support must be offered before concluding that the adult cannot decide. Any decision for a person who lacks capacity must be in their best interests and be the least restrictive available option.

Where an adult has substantial difficulty participating in a safeguarding enquiry or review and has no appropriate person to support them, the local authority must consider independent advocacy under the Care Act. icandance should flag this need when referring.

Early support, prevention and wellbeing support

Early support means offering help as soon as a problem emerges, before it reaches the point where a safeguarding referral is needed. Where staff notice that an adult may need extra help, they should discuss this with the Designated Safeguarding Lead, who can help connect the adult with the right support. This may include health or mental health services, social care, advocacy, housing advice, domestic abuse services, drug and alcohol support, or community groups. The adult should be involved in these decisions, and their consent sought wherever appropriate.

Any person may benefit from early help, but all staff should be particularly alert to the potential need for early help for a vulnerable adult who:

- Is disabled or has certain health conditions and has specific additional needs
- Has a learning disability or special educational needs (including those with an education, health and care plan, which can continue to age 25)
- Has a mental health need
- Is an unpaid carer for a family member or friend

- Is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups or county lines
- Is frequently missing/goes missing from care or from home
- Is misusing drugs or alcohol themselves
- Is at risk of modern slavery, trafficking, or sexual or criminal exploitation
- Is in a family circumstance presenting challenges for the vulnerable adult, such as substance abuse, mental health problems or domestic abuse
- Has recently left a care setting or hospital, or is moving between services
- Is showing early signs of abuse and/or neglect
- Is at risk of being radicalised or exploited
- Has a family member in prison, or is affected by a family member's offending
- Is experiencing, or is at risk of experiencing family ostracism
- Is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage

What the icandance staff team should do if they have concerns about a vulnerable adult.

If the icandance staff team have any concerns about a vulnerable adult (as opposed to an adult being in immediate danger), they should, where possible, speak with the icandance Designated Safeguarding Lead/s to agree a course of action, although all icandance staff can make a direct referral to adults social care and the police. As set out above, the icandance staff should not assume that somebody else will take action and share information that might be critical in keeping children, young people and vulnerable adults safe; they should maintain an attitude of "it could happen here". If anyone other than the Designated Safeguarding Lead makes a referral, they should inform the Designated Safeguarding Lead/s as soon as possible that a referral has been made. If a vulnerable adults situation does not appear to be improving, the Designated Safeguarding Lead/s should press vulnerable adults social care or police for reconsideration. The icandance staff team should challenge any inaction and follow this up with the Designated Safeguarding Lead and vulnerable adults social care as appropriate. All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing.

If the concern is regarding an adult at risk where there is direct family connection from icandance then this should be referred to the Chair at ICD who is also a Safeguarding Trustee, as they are independent with no affiliation to icandance family members, whereas the Designated Safeguarding Lead/s and Chair of Trustees could have a conflict of interest, where so, they will not be active in this concern.

What the icandance staff team should do if a member is in danger or at risk of harm

If the icandance staff team believe that a vulnerable adult person is in immediate danger or at risk of harm, they should make an immediate referral to the police. If a vulnerable adult is in danger or at risk of harm the police should be called immediately. Anyone can make a referral. Any such referral must be made immediately and in any event within 24 hours (one working day) of staff being aware of the risk. Consent from parents or carers is not needed for referrals to statutory agencies such as the police and social care. The adult's own views should be sought, but a referral can still be made without their consent where this is justified (see Information Sharing at icandance). If anyone other than the Designated Safeguarding Lead/s makes a referral, they should inform the Designated Safeguarding Lead/s as soon as possible that a referral has been made, unless it is a vulnerable adult directly linked with the Designated Safeguarding Lead/s, they should then inform the CEO. The police or local authority social worker should acknowledge receipt of the referral within 24 hours and follow this up with the Designated Safeguarding Lead and social care as appropriate. All concerns, discussions and decisions made and the reasons for those decisions should be recorded in writing.

icandance's Local Safeguarding area. A full copy of their local procedures can be found at: adultsocialcare@camden.gov.uk

What the icandance staff team should do if a vulnerable adult is seen as at risk of radicalisation

Radicalisation and extremism of adults at risk is a form of psychological/emotional abuse. HM Government states that the aim of radicalisation is to attract people to a particular extremist ideology. In many cases it is with a view to inspiring an adult at risk to eventually become involved with harmful or terrorist activities. Radicalisation can take place through direct personal contact, or indirectly through social media. Extremism is defined as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. icandance aims to prevent radicalisation and extremism through training and educating adults at risk in activities undertaken with the charity.

The icandance staff team should follow the icandance normal referral processes when there are concerns about vulnerable adults who may be at risk of being drawn into terrorism, as set out above. This may include a prevent referral or referral to social care depending on the level of risk.

However, if the icandance team have concerns that there is an immediate/significant risk of a vulnerable adults person being drawn into terrorism they must call 999 or contact Adult Social Services. Advice and support can also be sought from social care.

What the icandance staff team should do if they discover an act of Female Genital Mutilation ("FGM")

All icandance staff must report to the police cases where they discover that an act of FGM appears to have been carried out. Unless the member of staff has a good reason not to, they should still consider and discuss any such case with Designated Safeguarding Lead and involve social care as appropriate. icandance staff are referred to APPENDIX 1 of this policy for the procedure to be followed where they suspect that a member may be at risk of FGM.

What the icandance staff team should do if they have concerns that a vulnerable adult is at risk from or involved with serious violent crime.

All icandance staff should be aware of indicators which may signal that children, young people or vulnerable adults are at risk from or are involved with serious violent crime.

If staff have any concerns about a vulnerable adult (as opposed to an adult being in immediate danger), they should, where possible, speak with the icandance Designated Safeguarding Lead/s to agree a course of action, although staff can make a direct referral to social care or contact the police.

How should the icandance staff team respond to concerns about nude or intimate images involving an adult

If staff have a concern about nude, semi-nude or intimate images involving an adult at risk, they must:

- Report any concern involving intimate images — including threats, coercion, exploitation, or non-consensual sharing — to the DSL immediately.
- Not view, copy, forward, print or retain any imagery.
- Consider the adult's capacity and consent, any coercion or controlling behaviour, exploitation, whether a criminal offence may have occurred, and any risk to children.
- Contact the police, adult social care, and specialist intimate-image support services as appropriate.

All such incidents must be recorded in writing, whether or not they are referred externally, including the reason for any decision not to refer, signed off by the CEO and Chair of Trustees.

No copies of imagery will be taken or retained by icandance.

If any image depicts a person under 18, icandance's Safeguarding and Welfare of Children and Young People Policy applies instead, and urgent police advice must be sought — this may constitute child sexual abuse regardless of the age of anyone else involved.

What the icandance staff team should do if they have safeguarding concerns about another staff member or volunteer

Allegations against members of staff working with adults at risk are managed in a similar manner as allegations against adults working with children and young people. These processes are applicable in instances where there is an allegation or concern that a member of staff or volunteer has:

- Behaved in a way that has harmed or may have harmed an adult at risk.
- Possibly committed a criminal offence against or related to an adult at risk.
- Behaved towards an adult at risk in a way that indicates they are unsuitable to work with an adult at risk
- Demonstrated behaviour in their personal life that might indicate unsuitability to work with adults who are at risk of harm.

Any allegation that a vulnerable adult makes against an icandance staff member must be reported to the Designated Safeguarding Lead. If the allegation relates to the Designated Safeguarding Lead, it must be reported to the CEO or Safeguarding Trustee. When the allegation has been reported, the Designated Safeguarding Lead (or the Safeguarding Trustee, if the allegation concerns the Designated Safeguarding Lead) will report the concern and the action taken within 24 hours, as set out below.

Concerns about staff working with adults should be reported to Camden Adult Social Care/safeguarding services and police where appropriate. The Local Authority Designated Officer (LADO) role is principally a children's allegations-management function and should be contacted only where the allegation also concerns risk to children or local arrangements specifically require it.

What the icandance staff team should do if they have concerns about safeguarding practices within icandance

icandance aims to ensure there is a culture of safety and raising concerns and an attitude of 'it could happen here'. Where the icandance staff team have concerns about poor or unsafe practices and potential failures in the Charity's safeguarding systems, these should be raised

in accordance with the icandance whistleblowing procedures which can be found in the Whistleblowing Policy. There will be no disciplinary action taken against a member of staff for making such a report provided that it is done in good faith.

If staff and volunteers feel unable to raise an issue with the charity or feel that their genuine concerns are not being addressed, they may use other whistleblowing channels or contact the police.

Safer Recruitment

As part of icandance's recruitment and selection process, offers of work for positions which come into contact with adults at risk are subject to a satisfactory self-declaration and a criminal record check ("DBS Check") as relevant, CV/Application checks, appropriate references, right to work in the UK checks and a qualification check, if applicable. All offers of work are subject to a satisfactory outcome to the rigorous screening process, and until such time that all background checks are deemed acceptable by the charity, the person concerned is not permitted to commence work.

DBS checks must be obtained only at the legally eligible level for the role. Eligibility for an adults' barred-list check depends on whether the role involves regulated activity with adults; disability or contact with an adult at risk does not automatically make a role regulated activity. The correct check must be confirmed against current DBS guidance before appointment.

- All icandance staff and volunteers in eligible roles will be required to undergo a DBS check at the correct level before starting work, including an adults' barred-list check where the role is regulated activity with adults (and a children's barred-list check where they also work with children). Trustees will have the level of check their role is eligible for. icandance will renew checks every 3 years, or check status through the DBS Update Service.
- It is illegal to employee someone to work with children, young people or vulnerable adults if they are on the DBS 'barred list'.
- All the icandance staff team and volunteers will complete an application form. The application form will elicit information about an applicant's past and a self-disclosure form will be completed referring to any possible criminal record. This declaration will be signed annually.
- icandance is exempt from the Rehabilitation of Offenders Act. Therefore, any position by a icandance team staff member will be judged on a case by case basis. This will depend on the nature of the position and the circumstances and background of the offence.
- All the icandance staff team receive a copy of the organisation's Safeguarding Policy. This forms part of their induction training to ensure that it has been read and understood. This will be signed.
- Two confidential references, including one regarding previous work with children, young people and/or adults at risk , where appropriate. These references can be taken up with one via telephone contact and the other written contact.
- Students on placement do not require references as they will have come via the universities referral system and all checks would have been completed. Volunteers under 16 years old require one reference from school as well as parental consent via email.
- Evidence of identity and right to work in the UK is also required.

The legal duty to refer to the DBS must be considered when a person is removed from regulated activity because they harmed or posed a risk of harm, or would have been removed had they not resigned or otherwise left. Recruitment decisions, references, gaps, identity, right to work, qualifications and risk assessments must be documented.

Management of Safeguarding at icandance

There must be reliable DSL or deputy cover whenever activities involving adults at risk take place, supported by a confidential safeguarding mailbox and current escalation contacts. The Board retains ultimate accountability for safeguarding and must receive anonymised assurance information on concerns, referrals, response times, allegations, training, patterns and outstanding actions.

The Charity' Designated Safeguarding Lead is Juliet Diener (CEO). Ourania Sitra, Agnes Dewhirst and Evridiki – Nana Yakubu are Safeguarding Officers.

In the absence of the Designated Safeguarding Lead, or if there is a conflict of interest with the Designated Safeguarding Lead, reports should be made to one of the Designated Safeguarding Officers (Ourania Sitra, Agnes Dewhirst or Evridiki – Nana Yakubu), or to the Safeguarding Trustee. This ensures there is the required cover for the role at all times.

Sarah Hollis is the Chair of Trustees to whom reports can be made to.

The Designated Safeguarding Lead's contact details can be found on the key contacts page at the start of this policy.

The Designated Safeguarding Lead's role is to take lead responsibility for safeguarding and welfare matters in the Charity. The Designated Safeguarding Lead's responsibility is to maintain an overview of safeguarding within the charity, to open channels of communication with local statutory agencies, refer incidents to third parties (including the local authority children's services, the DBS, Channel (for radicalisation) and the police) where appropriate, to support staff in carrying out their safeguarding duties and to monitor the effectiveness of the Charity's policies and procedures in practice. The Designated Safeguarding Lead works with the trustees to review and update the Charity's Safeguarding Policies.

The trustees yearly review the charities and their own practices and concerns about welfare and safeguarding matters. This includes the personal and professional duty of all staff to report welfare and safeguarding concerns to the Designated Safeguarding Lead, or in the absence of action, directly to local social services. This is done through the Safeguarding Trustee and fed into Trustee Meetings as a standing item on the agenda.

The Designated Safeguarding Lead should liaise with the local Safeguarding Adults Board and work with other agencies **in line with the Care Act 2014 (sections 6, 7 and 43) and the Care and Support Statutory Guidance (current edition), Chapter 14.** "NPCC - When to call the police" can assist the Designated Safeguarding Lead understand when they should consider

calling the police and what to expect when they do. If the Charity has questions about any police investigation, it will ask the police. The Designated Safeguarding Leads will also be responsible for liaising with the Mental Health Support Team, where safeguarding concerns are linked to mental health. The Designated Safeguarding Leads should be confident as to what local specialist support is available to support all vulnerable adults involved in sexual violence and sexual harassment and be confident as to how to access this support when required.

Whilst the CEO should ensure that the policies and procedures adopted, particularly those concerning referrals of cases of suspected abuse and neglect, are understood and followed by all staff, and the Trustees are ultimately responsible for ensuring staff are competent, supported and regularly reviewed in relation to safeguarding, the ultimate lead responsibility for safeguarding and welfare remains with the Designated Safeguarding Leads and this responsibility should not be delegated.

Full details of the Designated Safeguarding Lead's role can be found in APPENDIX 2.

Training and Safeguarding Procedures

All the icandance team will receive training to enable them to work safely with the children, young people and vulnerable adults at icandance, as well as training on how to deal with safeguarding issues that may arise. This takes place during induction training and external safeguarding training needs to be completed within three months of starting at icandance. The icandance team will receive accredited training every three years, and the icandance safeguarding team will receive this every two years.

Training must cover the Care Act section 42 threshold; Making Safeguarding Personal; consent and information sharing; Mental Capacity Act principles; advocacy; self-neglect; domestic and organisational abuse; modern slavery and exploitation; online and AI-facilitated harm; professional boundaries; incident recording; and restrictive-practice reduction. Understanding and attendance must be recorded and refreshed in response to role, risk and learning.

All the icandance staff team will maintain good practice with the children, young people and vulnerable adults and ensure they do not breach professional boundaries, act in a way that could be misinterpreted or otherwise leave them vulnerable to allegations of inappropriate behaviour.

The icandance staff team must NEVER:

- Meet an adult at risk outside designated activity times unless the meeting has been approved by icandance's CEO and appropriate safeguarding arrangements are in place. The adult should be supported to understand and agree to the meeting wherever they have capacity to do so. Parents, carers or support workers should be involved where appropriate and with the adult's agreement. Where there is reason to believe that the adult may lack capacity to make this particular decision, icandance will follow the Mental Capacity Act 2005 and make and record a decision in the adult's best interests, in consultation with those who know and support them
- Share inappropriate information with other adults in front of vulnerable adults.
- Use demeaning or belittling language with or about the vulnerable adult person.
- Establish, or seek to establish, social contact with any vulnerable adult person or aim to secure a friendship or strengthen a relationship for any reason. This includes 'electronic' contact, such as by e-mail or social networking sites unless the CEO/trustees are made aware through icandance's Contacts Declaration which is updated yearly.
- Buy or give gifts to any vulnerable adults person/adult other than as part of a reward system and as approved by icandance's CEO and/or Trustees.
- Give to, or exchange with a vulnerable adult person any personal details such as home/mobile telephone number or home or personal e-mail address for any reason,

unless a specific need to do so is agreed with icandance's CEO and/or Trustees.

- Use physical contact except to support vulnerable adults person to access an activity or for their physical and emotional safety.
- Send inappropriate text messages or social media messages to vulnerable adults.
- Make sexually suggestive comments to a vulnerable adult, even in fun.

The icandance staff team must ALWAYS:

- Treat all vulnerable adults and their families with dignity and respect.
- Value and respect all people equally, showing no discriminatory behaviour and always treating them with a polite, positive, responsive and considerate manner.
- Ensure they understand the process for reporting a safeguarding concern or disclosure and know the name of the icandance Designated Safeguarding Lead.
- Work in an open environment unless working specifically one-to-one on the direction of icandance's CEO.
- Build balanced relationships based on mutual trust which empower children, young people and vulnerable adults to share in the decision-making process where possible.
- Work in pairs to attend to intimate or self-care needs of a vulnerable adult, in line with the adult's own wishes and their individual support/care plan, unless a different arrangement has been specifically agreed with the adult (or, where they lack capacity for that decision, through a best-interests process).

icandance will ALWAYS:

- Seek consent from the adult themselves before administering emergency first aid or arranging other medical treatment, wherever they have capacity to make that decision. Capacity is presumed unless there is a genuine reason to doubt it for that specific decision at that time. Where an adult lacks capacity for a particular decision, icandance will act in their best interests, taking the least restrictive option available and involving family, an advocate, or another appropriate person wherever practicable — consistent with the Mental Capacity Act 2005 principles set out earlier in this policy. Nothing in this section changes the right to call emergency services immediately wherever there is a risk to life, regardless of consent.
- Keep a written record of any incidents that occur, along with the details of any treatment given and investigation of the incident which may lead to further changes.
- Seek the adult's consent, or follow a best-interests process where they lack capacity for the decision, before transporting them in a team member's car, and record how that consent or decision was reached.

Restrictive practices, physical support and emergency intervention

icandance will prevent and minimise restrictive practice through communication, reasonable adjustments, sensory support, positive relationships and de-escalation. Physical contact for dance, comfort, first aid or personal support must be appropriate, explained, consented to where possible and consistent with the person's plan.

Any emergency physical intervention must be lawful, necessary and proportionate to the immediate risk, use the least restrictive option for the shortest time and protect dignity, breathing and circulation. Force must never be punitive. Staff must not cover the mouth or nose, apply pressure to the neck or abdomen, or intentionally use ground restraint. icandance staff must not use planned restraint unless specifically trained, authorised and covered by an individual plan.

Every restrictive intervention must be reported immediately, recorded the same day where practicable, notified to the DSL and reviewed with the adult. The record must include antecedents, de-escalation, duration, method, rationale, injuries or distress, witnesses, medical attention, the adult's account and wishes, notifications and follow-up. Plans and risk assessments must be reviewed and trustees must monitor patterns and disproportionality.

Safeguarding practices re: parents/carers and other organisations

- It is the responsibility of the parent/carer and other organisations to ensure that icandance has all relevant information concerning the vulnerable adults with whom we work.
- When enrolling at icandance members (or their parents/carers on their behalf, with their agreement) are required to complete a personal information form and to keep icandance informed of any changes. This information will be stored securely.
- No parent/carer is to be left alone with other members whilst in the care of icandance unless this has been agreed by those members (or through a best-interests decision where they lack capacity) and by icandance.
- Where a member is collected at the end of a session, the member or their parent/carer should tell the icandance team who will be collecting them.
- An agreement between icandance and the host organisation is to be signed when delivering within the host setting. The partnership agreement states clearly where the responsibility of safeguarding lies. The host setting will inform icandance of the name of the Designated Safeguarding Lead/s.

Oversight of safeguarding, including arrangements for reviewing policies and procedures

The Chair of Trustees and the Safeguarding Trustee are the board-level leads designated to take a lead in relation to responsibility for the safeguarding arrangements within the charity.

The charity considers its obligation to review safeguarding practices a matter of its everyday concerns. A review of the charities' child and adult protection policies takes place at least annually, including an update and review of the effectiveness of procedures and their implementation, including lessons learnt.

The charities' safeguarding policies and procedures should be transparent, clear, and easy to understand for staff, members, parents, volunteers and carers.

Appendix 1 - Signs and Types of Abuse

All icandance team staff members should be aware that abuse, neglect, and safeguarding issues are rarely standalone events and cannot be covered by one definition or one label alone. In most cases, multiple issues will overlap with one another therefore staff should always be vigilant and always raise any concerns with the Designated Safeguarding Lead/s.

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the charity and/or can occur between children/young people outside of these environments. All staff, but especially the Designated Safeguarding Lead/s should consider whether children/young people are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children/young people can be vulnerable to multiple harms including (but not limited to) sexual abuse (including harassment and exploitation), domestic abuse in their own intimate relationships (teenage relationship abuse), criminal exploitation, serious youth violence, county lines, and radicalisation.

All icandance team staff members should be aware that technology is a significant component in many safeguarding and wellbeing issues and should recognise that children/young people/young people are at risk of abuse online as well as face to face. In many cases abuse will take place concurrently online and in daily life. Staff should be aware that children/young people can also abuse their peers online, this can take the form of abusive, harassing, and misogynistic/misandrist messages, the non-consensual sharing of indecent images, especially around chat groups, and the sharing of abusive images and pornography, to those who do not want to receive such content.

In all cases, if staff are unsure, they should always speak to the Designated Safeguarding Lead/s.

Categories of abuse and neglect as defined by the Care and Support Statutory Guidance (issued under the Care Act 2014)

Neglect and acts of omission

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.

Sexual abuse

Rape, Indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts,

indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Physical abuse

Assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanction.

Psychological/emotional abuse

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.

Discriminatory abuse including hate crime

Forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Financial or material abuse

Theft, fraud, internet scamming, coercion in relation to an adult at risk'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.

Organisational abuse

Neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. 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.

Domestic violence

Psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation; stalking and forced marriage.

Modern slavery

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.

Self-neglect

Neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

KCSIE 2026 - Guidance taken from the Childrens Safeguarding Policy which can relate to vulnerable adults.

Mental health: all icandance staff team members should be aware that mental health problems can, in some cases, be an indicator that a vulnerable adult has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. icandance team staff members, however, are well placed to observe vulnerable adults day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where people have suffered abuse and neglect, or potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that icandance staff team members are aware of how these experiences can impact on their mental health, behaviour, and education.

If staff have a mental health concern about a vulnerable adult that is also a safeguarding concern, immediate action should be taken, following this policy, and speaking to the Designated Safeguarding Lead/s.

The DfE has published advice and guidance on Preventing and Tackling Bullying, and Mental Health and Behaviour in Charities. In addition, Public Health England has produced a range of resources to support secondary and senior charity teachers to promote positive health, wellbeing and resilience among young people including its guidance Promoting Vulnerable Adults's Emotional Health and Wellbeing. Its resources include social media, forming positive relationships, smoking and alcohol.

Special educational needs and/or disabilities (SEND), or Members with certain health conditions: Members with SEND or certain health conditions can face additional safeguarding challenges. These people may not outwardly show signs of abuse and/or may have difficulties in communication about abuse or neglect, or bullying.

These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the adult's condition without further exploration.

- these adults being more prone to peer group isolation or bullying (including prejudice-based bullying) than other adults.
- the potential for adults with SEND or certain health conditions being disproportionally impacted by behaviours such as peer group isolation or bullying (including prejudice-based bullying), without outwardly showing any signs.
- communication barriers and difficulties in managing or reporting these challenges.
- being unable to understand the difference between fact and fiction in online content and then repeating the content/behaviours in Charity or the consequences of doing so.

The icandance staff team members will support such members in expressing any concerns they may have and will be particularly vigilant to any signs or indicators of abuse, discussing this with the Designated Safeguarding Lead as appropriate.

Lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual/agender (LGBTQIA+): The fact that a vulnerable adult may be LGBTQIA+ is not in itself an inherent risk factor for harm. However, adults who are LGBTQIA+ can be targeted by their peers. In some cases, a member who is perceived by their peers to be LGBTQIA+ (whether they are or not) can be just as vulnerable as children who identify as LGBTQIA+. Risks can be compounded where the vulnerable adult who are LGBTQIA+ lack a trusted adult with whom they can be open. Icandance endeavours to provide a safe space for LGBTQIA+ all people to speak out or share their feelings.

Homelessness: Being homeless, or at risk of homelessness presents a real risk to a vulnerable adult's welfare. icandance should be aware of potential indicators of homelessness including household debt, rent arrears, domestic abuse, and anti-social behaviour, as well as a family being asked to leave a property. If the icandance staff team are made aware or suspect that a member may be at risk of homelessness they should talk to the Designated Safeguarding Lead in the first instance. Whilst referrals to the Local Housing Authority should be progressed as appropriate, and in accordance with local procedures, this does not and should not replace a referral to adult social care where an adult at risk has been harmed or is at risk of harm (or to children's services where a child is involved), in accordance with this policy.

Vulnerable Adults who go missing from the charity: A vulnerable adult, in the care system, going missing from the Charity is a potential indicator of a range of safeguarding issues including abuse, neglect, sexual abuse, Sexual Exploitation and Criminal Exploitation. It can also be a sign of a vulnerable adult criminal exploitation including involvement in county lines. It may indicate mental health problems, risk of substance abuse, risk of travelling to conflict zones, risk of FGM, so-called 'honour'-based abuse or risk of forced marriage. The icandance staff team must follow the Charity's procedures for dealing with children or adults who go missing, particularly persistently.

Appendix 2 - Role of the Designated Safeguarding Lead

The Charities Board of Trustees should ensure an appropriate senior member of staff, from the charity leadership team, is appointed to the role of Designated Safeguarding Lead.

The Designated Safeguarding Lead/s should take lead responsibility for icandance safeguarding and welfare (including online safety). This should be explicit in the role holder's job description. This person should have the appropriate status and authority within the charity to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child and vulnerable adult welfare and vulnerable adult protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so.

Any deputies should be trained to the same standard as the designated safeguarding lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child/adult protection, as set out above, remains with the designated safeguarding lead/s, this lead responsibility should not be delegated.

Manage referrals

The designated safeguarding lead is expected to:

- Refer cases of suspected abuse to the local authority social care as required;
- Support icandance staff who make referrals to local authority social care;
- Refer cases to the Channel programme (for radicalisation) where there is a radicalisation concern as required;
- Support icandance staff who make referrals to the Channel programme;
- Refer cases where a person is dismissed or left due to risk/harm to a child/vulnerable adult to the Disclosure and Barring Service as required; and
- Refer cases where a crime may have been committed to the Police as required.

The Designated Safeguarding Lead/s will also check to see if there are any historical abuse or incidents linked with the case and add these to the referral for full transparency.

Work with others

The designated safeguarding lead/s is expected to:

- Act as a point of contact with the local Safeguarding Adults Board and other relevant agencies, including the local authority, police and integrated care system.

- Liaise with the Chair of Trustees and the Safeguarding Trustee to inform them of issues, especially ongoing enquiries under section 42 of the Care Act and police investigations;
- As required, liaise with the designated officer(s) at the local authority for adult protection concerns in cases which concern an icandance staff member.
- Liaise with icandance staff on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies
- Act as a source of support, advice and expertise for all staff.

Training

The designated safeguarding lead/s (and any deputies) should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years. The designated safeguarding lead should undertake Preventing and awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority social care referral arrangements.
- Have a working knowledge of how local authorities conduct a child/vulnerable adult protection case conference and a child/vulnerable adult protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to, and understands, the charities safeguarding policy and procedures, especially new and part time staff
- Are alert to the specific needs of children in need, those with special educational needs and disablities and young carers
- Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation.
- Understand the importance of information sharing, both within the charity, and with the local Safeguarding Adults Board, other agencies, organisations and practitioners.
- Are able to keep detailed, accurate, secure written records of concerns and referrals
- Understand and support the charity with regards to the requirements of the Prevent (for radicalisation) duty and are able to provide advice and support to icandance staff on protecting children/young people from the risk of radicalisation.

- Are able to understand the unique risks associated with online safety and be confident that they have the appropriate knowledge, filters and monitoring systems and up to date capability required to keep vulnerable adults safe whilst they are online.
- Can recognise the additional risks that children and adults with Special Educational Needs and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support adults with SEND to stay safe online.
- Obtain access to resources and attend any relevant or refresher training courses.
- Encourage a culture of listening to children and adults and taking account of their wishes and feelings, among all staff, in any measures the charity may put in place to protect them

Raise Awareness

The Designated Safeguarding Lead/s and the Safeguarding Trustee should:

- Ensure the charity's Safeguarding Policy are known, understood and used appropriately;
- Ensure the charity's Safeguarding Policy is reviewed annually (as a minimum) by the CEO and Trustees and the procedures and implementation are updated and reviewed regularly, and work with Trustees regarding this;
- Ensure the vulnerable adult protection policy is available publicly and parents/guardians/carers are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the charity in this
- Link with the safeguarding partner arrangements to make sure icandance staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

Child/Adult Protection Records

The designated safeguarding lead is responsible for ensuring that safeguarding files are kept up to date. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate safeguarding file for each child/vulnerable adult. If the incident involves two or more members then a copy is kept in each members file. Records should include:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved;
- A note of any action taken, decisions reached and the outcome.

Availability

The designated safeguarding lead (or deputy) should always be available for icandance staff to discuss any safeguarding concerns. Whilst generally speaking the designated safeguarding

lead (or deputy) would be expected to be available in person, it is a matter for individual places, working with the designated safeguarding lead, to define what “available” means and whether in exceptional circumstances availability via phone and or zoom or other such media is acceptable.

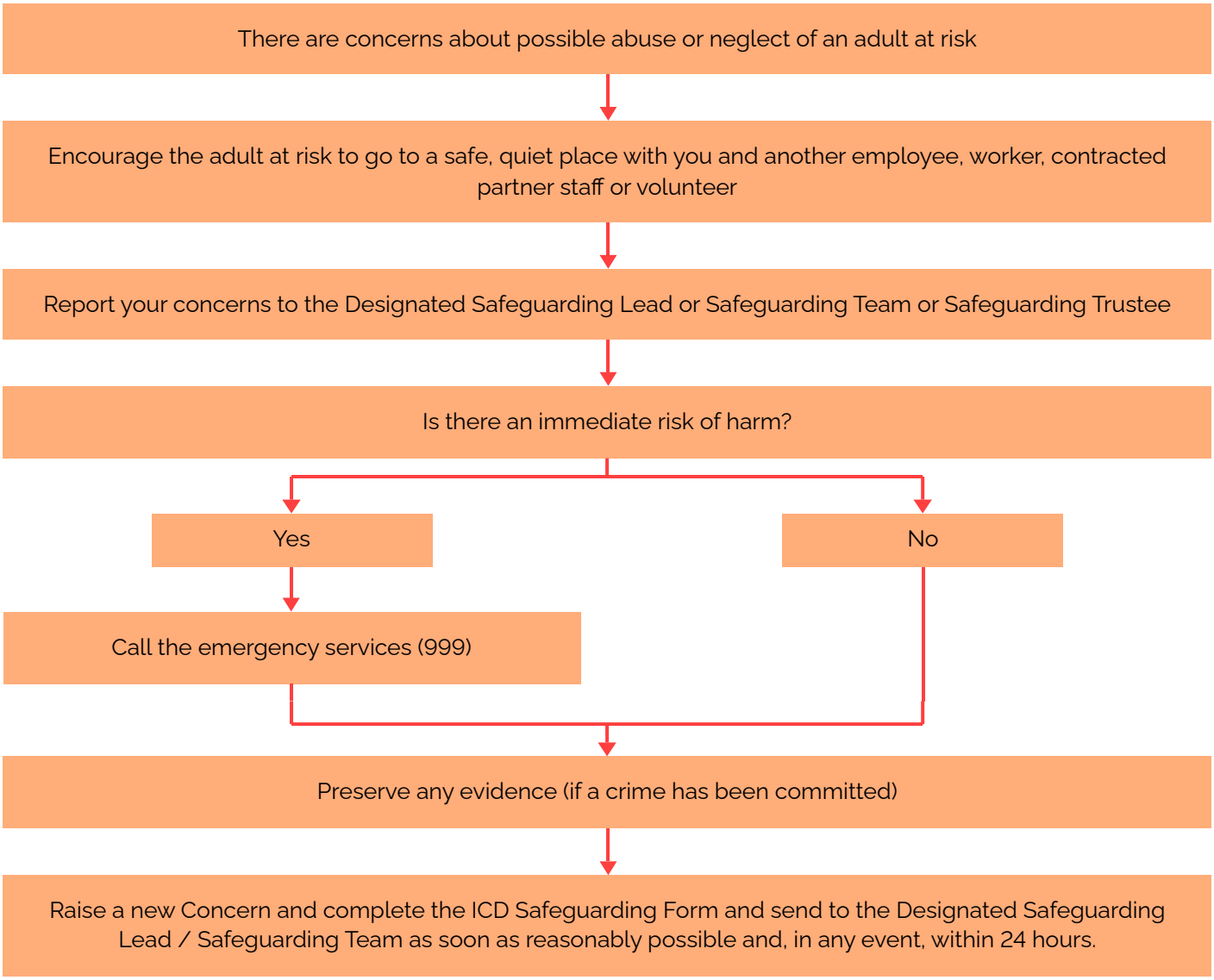
In the unlikely event neither of Designated Safeguarding Lead/s are available then any safeguarding concerns can also be addressed to the Safeguarding Trustee.

Appendix 3 - Use of photography & film

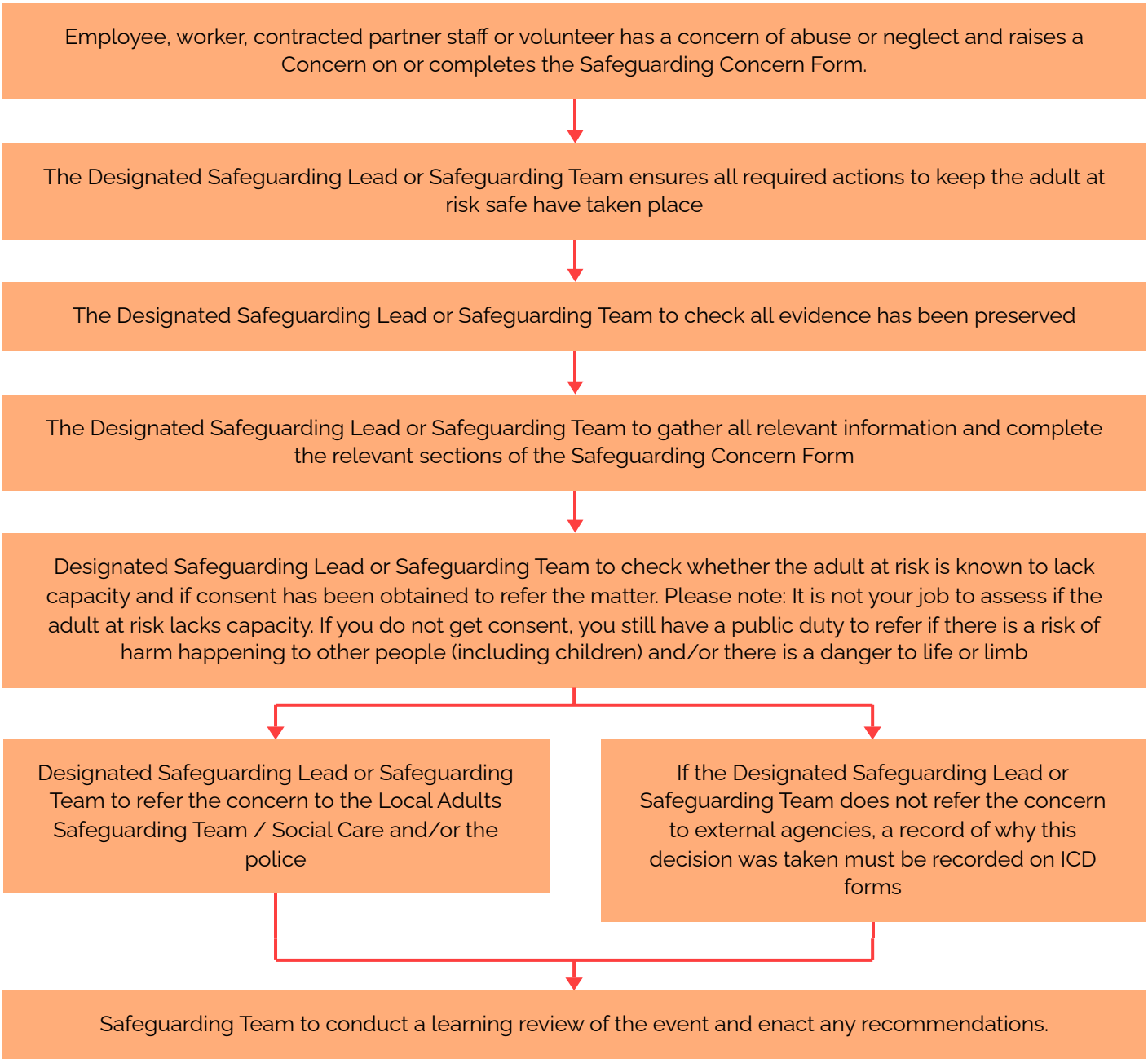
Use of photography & film

- Members are asked for their own consent to photography and filming when they register with icandance, with support to understand what this means. Where a member lacks capacity for this decision, a best-interests decision is made with those who know them and is recorded. At any time, this consent can be withdrawn by informing icandance's Designated Safeguarding Lead in writing.
- Members (and, with their agreement, their parents, carers or support workers) will always be informed and can select the variety of platforms in which images may be used or shared
- Photography or filming is permitted only during certain events i.e. performances
- Parents, carers and audience members will be asked not to place footage on social media.
- All photos and film footage will be stored securely.
- At times film footage will be taken as part of staff training and development. Members (and their parents/carers where appropriate) will always be informed of the intention of the filming.
- icandance uses pseudonyms when using pictures or videos of members unless the member (or, where they lack capacity, a recorded best-interests decision) agrees otherwise. Please see Data Protection Policy.
- At icandance public performances, audience members may take photography/film dancers, staff, and anyone else on the stage/at the event. If a situation arises where a parent/ icandance staff team member or other adult asks a person to stop taking photography/filming and that person refuses to do so, then it could become an offence.

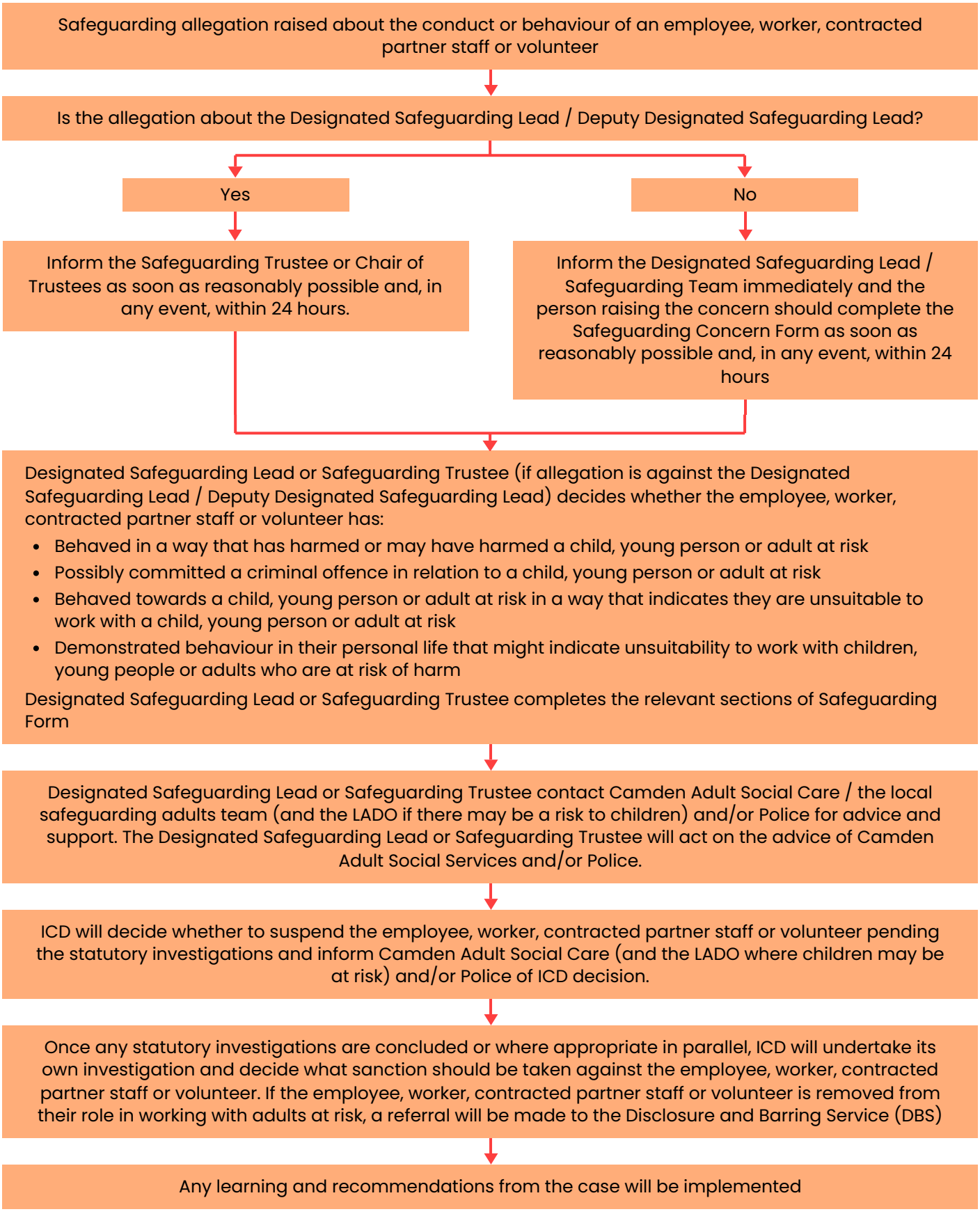
Appendix 4 - Flowchart for employees, workers, contracted partner staff and volunteers who raise a concern about an adult at risk



Appendix 5 - Flowchart for Designated Safeguarding Lead and Safeguarding Team making a referral



Appendix 6 - Allegations against employees, workers, contracted partner staff or volunteers flowchart



Appendix 7 - Concern Form

Concern Form

Name of Child/ Vulnerable Adult:		Date of Birth:	
SEND Diagnosis (if known):		Name of sibling/s:	
Name of person completing this form:	Role:	Date of Concern:	Time of concern:
Nature of concern:		Place of disclosure:	

Please complete this form if you have any concerns about a vulnerable adult

Detail of concerns: *What you saw, what you heard, in the child's words. Include brief, accurate details and who else was present. Was it 1st or 2nd hand information? Distinguish between fact and opinion.*
Continue on a separate piece of paper and attach as required

For Completion by Designated Safeguarding Lead:

Concern shared with:	Signature of referrer:	Date of record: Time of record:

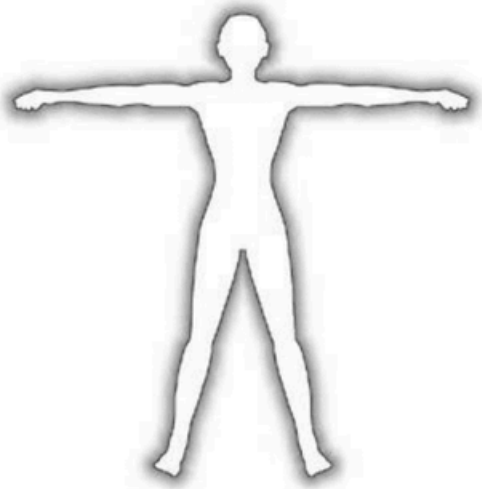
Agreed actions with basis for decision	By whom	By when

Signature of Designated Lead:	Date of when actions are to be reviewed:

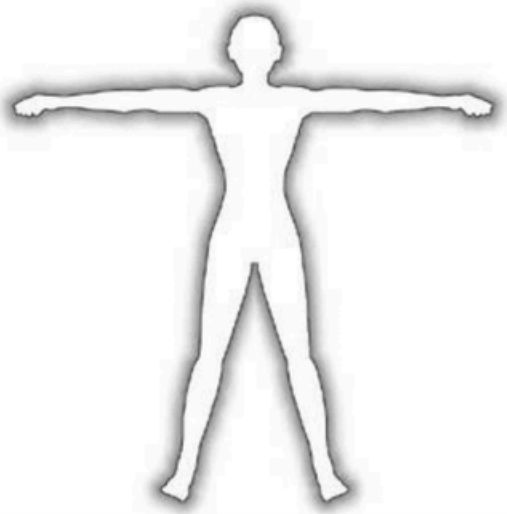
Remember when completing the body map to give an approx. sizes/dimensions of mark/injury

Sites of Injury

FRONT



BACK



Parent/Carer Informed – Yes	and if not the reason for not doing so:	❑	Date:
Entry on Chronology	❑	By:	

Outcome of Concerns for Completion by Designated Safeguarding Lead:

Appendix 8 - Safeguarding Contact Details

Barnet Adults Multi-Agency Safeguarding Hub (MASH)	Phone: 020 8359 5000 (Out of hours: 020 8359 2000) Email: socialcaredirect@barnet.gov.uk Website: https://www.barnet.gov.uk/adult-social-care/keeping-safe/adults-multi-agency-safeguarding-hub-mash
Barnet Learning Disabilities Service	Phone: 020 8359 6161 Email: BLDSIntegratedDuty@barnet.gov.uk Website: https://www.barnet.gov.uk/adult-social-care/barnet-learning-disabilities-service/contact-learning-disabilities-team
Camden Adult Social Care	Phone: 020 7974 4444 Email: adultsocialcare@camden.gov.uk Website: https://camdencarechoices.camden.gov.uk/having-your-say/contact-adult-social-care/
Camden Learning Disabilities Service (CLDS)	Phone: 020 7974 3737 Email: clds@camden.gov.uk Website: https://www.camden.gov.uk/how-to-get-help
Camden Local Authority Designated Officer (LADO)	Phone: 020 7974 4556 Email: LADO@camden.gov.uk
Counter Terrorism	Phone: 0800 789321 or 999 if you suspect terrorism Website: https://www.counterterrorism.police.uk
Harrow Community Learning Disability Team	Phone: 020 8420 9453 Website: https://www.cnwl.nhs.uk/services/mental-health-services/learning-disability/harrow-community-mental-health-team
Harrow Safeguarding Adults Board (HSAB)	Phone: 020 8420 9453 (Out of hours: 020 8424 0999) Email: safeguarding.adults@harrow.gov.uk Website: https://www.harrow.gov.uk/safeguardingadults
Metropolitan Police	Phone (emergency): 999 Phone (non-emergency): 101
Prevent	Phone number (police Prevent team): 0800 789 321 Email: preventreferrals@met.pnn.police.uk

Appendix 9 - Flowchart for Information Sharing at icandance

1) Concern identified: A safeguarding concern is raised
Data collected : name, date/ time, individuals involved, description of concern

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2) Record the Concern: Concern recorded using safeguarding form/ system
Data collected: contact details. relationship to charity, immediate needs

↓

3) Report to DSL: Concern securely passed to DSL (Designated Safeguarding Lead)
Data handled: case reference, safeguarding register, supporting evidence

↓

4) Assess the Concern: DSL reviews information, decides whether to monitor internally or refer externally
Data considered: risk level, previous history, urgency

↓

5A) Internal Monitoring
Case monitored within charity
Data stored: wellbeing updates, support actions, progress notes

5B) Referral to External Agency
Relevant information shared with statutory bodies
Data shared: necessary identity details, concern details, actions taken

↓

6) Review and Close Case: Outcome recorded securely
Data stored: closure record, agency response, retention notes

↓

7) How We Store Data
Secure Storage:
Digital: encrypted systems with password control.
Restricted Access: Only DSL, deputies, and authorised trustees.
Separation: Safeguarding records kept separate from service user files.
Retention & Disposal:
Retained in line with Record Retention Schedule.
Securely destroyed when no longer needed (e.g., shredding or digital deletion).

→

8) Data Breaches
Immediate Reporting: Any personal data breach involving safeguarding information is reported to the DSL.
Regulatory Reporting: Serious breaches reported to the Information Commissioner's Office (ICO) within 72 hours.
Notification of Individuals: Affected individuals informed if there is a high risk to their rights and freedoms.
Record Keeping: All breaches logged and reviewed to improve safeguarding and data handling practice.

↓

9) Ongoing Safeguarding Training & Audit
Regular staff/volunteer training on safeguarding and GDPR.
Data collected: training logs, audit reports, breach register.

↓

10) Data Protection Complaints
If anyone wishes to complain about how we have handled their personal information, they can find all details of the ICD complaints policy on the website at www.icandance.org.uk
We will acknowledge all complaints within 30 days, as required under the Data (Use and Access) Act 2025, and respond fully once the investigation is complete.

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11) Data Protection Complaints
Contact: email, post, phone; acknowledge in 30 days, full response after investigation

Appendix 10 - icandance's Statement and Approach to the Mental Capacity Act 2005

Our commitment

icandance (ICD) is committed to upholding the Mental Capacity Act 2005 (MCA), protecting the rights of individuals and promoting dignity, independence, inclusion, choice and participation. Having a learning disability, autism, communication difficulties or other additional needs does not in itself mean a person lacks capacity.

The MCA applies to people aged 16 and over. Capacity must be considered in relation to the particular decision at the time it needs to be made, rather than assumed from a diagnosis or general description of a person's abilities. This adult safeguarding policy applies to ICD members aged 18 and over; members under 18 are covered by icandance's separate Safeguarding and Welfare of Children and Young People Policy.

The five statutory principles

- **Principle 1 – Presumption of capacity:** Every person must be assumed to have capacity unless it is established otherwise.
- **Principle 2 – Support to make decisions:** All practicable steps must be taken to help a person make their own decision before treating them as unable to do so.
- **Principle 3 – Right to make unwise decisions:** A person must not be treated as lacking capacity simply because they make a decision others consider unwise.
- **Principle 4 – Best interests:** Any act or decision made on behalf of a person who lacks capacity for that decision must be in their best interests.
- **Principle 5 – Least restrictive option:** Consider whether the purpose can be achieved in a way that is less restrictive of the person's rights and freedom of action.

Choice, communication and consent

ICD recognises that people communicate their choices in different ways. Individuals should be given accessible information, sufficient time and appropriate support, including visual aids, demonstrations or communication support where helpful. Consent is ongoing; verbal and non-verbal indications of agreement, discomfort or refusal must be respected. A previous agreement does not automatically amount to consent for a new activity or decision.

Staff always seek the adult's own agreement, wherever they have capacity, before dance or creative activities, physical guidance, touch or movement support, personal care or other

individual support, taking or using photographs and videos, and sharing personal information where consent is the appropriate lawful basis.

Working with parents and carers

ICD values the knowledge and involvement of parents, families and carers in understanding an individual's communication, preferences and support needs. Their views can be important, but the person must remain central to decisions affecting them. Parents and carers do not automatically have legal authority to make decisions for an adult; any relevant legal authority depends on the specific decision and must be considered accordingly. Where there is a disagreement, ICD will seek advice to respect all parties involved.

Capacity and best interests

Where there is a genuine reason to doubt capacity for a particular decision, the person must first be supported to decide. A decision-specific assessment considers whether an impairment or disturbance of the mind or brain means the person cannot understand, retain, use or weigh relevant information, or communicate their decision by any means. Staff and volunteers must not make blanket judgements about capacity; where there is uncertainty, concerns are referred to the CEO or Designated Safeguarding Lead (DSL), who will coordinate appropriate advice or assessment.

Where a person lacks capacity for a particular decision, ICD must act in their best interests, taking account of their wishes, feelings, beliefs and values and consulting relevant people where appropriate. Significant assessments and decisions must be recorded, including the people consulted and the reasons for the decision, and reviewed (for example in the person's All About Me document). A best-interests decision does not, by itself, authorise deprivation of liberty.

Where a person has substantial difficulty taking part in a safeguarding enquiry and has no appropriate person to support them, ICD will flag the need for independent advocacy when referring.

Safeguarding and staff awareness

ICD will balance safeguarding responsibilities with respect for individual autonomy and the right to take part in activities. Restrictions must have a lawful basis and be necessary and proportionate. Restrictive interventions must never be used as punishment, for staff convenience or as a routine method of managing behaviour.

Staff, volunteers and trustees must understand the five principles of the MCA, support people to make choices, report concerns about capacity, consent or restrictive practice to the DSL, and seek appropriate safeguarding or professional advice when concerns arise.

This statement should be read alongside ICD's safeguarding and related policies, in particular the Mental Capacity Act section of this policy, which sets out the detail. It sets out ICD's principles and commitment. It is not a separate operational procedure.

2026 Change Register

Area	Authority/status	Integrated amendment	Effective/current position
Care Act safeguarding	Statutory	Correct section 42 definition, referrals, Making Safeguarding Personal, advocacy	Current
Mental Capacity Act	Statutory and Code of Practice	Decision-specific capacity, support, best interests and least restriction	Current
Information sharing	UK GDPR/DPA 2018 as amended by Data (Use and Access) Act 2025	Consent, public-interest sharing, records and complaints/data rights	2025-26
Adult-specific abuse	Care and Support Statutory Guidance	Self-neglect, organisational abuse, domestic abuse, exploitation, mate crime and online harm	Current
Restrictive practice	MCA, Human Rights, Equality and H&S duties; adopted best practice	Prevention, proportionality, prohibited practice, same-day recording and review	2026 review
Safer recruitment	Safeguarding Vulnerable Groups Act/DBS guidance	Role-specific eligibility and adults' barred-list checks; DBS referral duty	Current guidance
Governance	Charity Commission safeguarding guidance	Board accountability, DSL cover, assurance and incident learning	Current