Full of Life Safeguarding Policy and Procedures

Introduction

Full of Life places the safety of children, young people, and adults with care and support needs as paramount to providing quality support. As an organisation we take our role and responsibilities in protecting people who are unable to protect themselves because of their care and support needs as well as our role in protecting children from maltreatment to ensure that they grow up in circumstances consistent with the provision of safe and effective care very seriously.

As an advocacy service Full of Life will continue to support families and individuals, where there are safeguarding concerns managed by the local authority being mindful of any conflict of interest, placing the need to safeguard and protect as the primary consideration.

The purpose of this policy and procedure is to explain how:

- We work with the local authority and other agencies to prevent safeguarding concerns arising in the first place.
- How we respond to allegations or reports of abuse, neglect and exploitation
- How we embed safe recruitment of people acting as a charity trustee, employee, volunteer or contractor and actions taken in response to concerns of people in positions of trust.

Our policy and procedures apply to all Full of Life paid and voluntary staff, management, committee members and trustees.

Values and principles

Safeguarding has the highest priority within Full of Life. Our values and principles are based on dignity and respect for everyone who uses our services or works with us. Full of Life embraces the six safeguarding adults principles and extends them to include how we safeguard children and young people.

The six safeguarding principles are:

Empowerment	People are encouraged to make their own decisions, where possible, with appropriate advocacy and support.
Prevention	Strategies are developed to prevent abuse, neglect or exploitation that promotes resilience and self-determination.
Proportionality	A proportionate and least intrusive response is made balanced with the level of risk presented.
Protection	People are offered ways to protect themselves, and there is a co-ordinated response to safeguarding.
Partnership	Local solutions through services working together within their communities.
Accountable	Accountability and transparency in delivering a safeguarding response.

Equality

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone. The guiding principle for Full of Life is that:

> **No child or group of children and no adult or group of adults must be treated any less favourably than others in being able to access effective services**

A fundamental principle underlying this is that disabled children have the same human rights as non-disabled children to be protected from harm and abuse, and are equally entitled to achieve the 'staying safe' outcome of the Every Child Matters agenda. Safeguarding strategies and activity should therefore acknowledge and address both disabled children's human right to be safe and protected from harm, and the additional action that has to be taken in order for disabled children to access this common human right. The specific needs and circumstances of disabled children should be addressed at all stages of the safeguarding process.

Person Centred Care and Support

Making Safeguarding Personal is a person-centred approach which means that people are encouraged to make their own decisions and are provided with support and information to empower them to do so. This approach recognises that people have a general right to independence, choice and self-determination including control over information about themselves.

Child Centred Approach: The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected. Working Together to Safeguard Children 2023 states that every assessment should be child centred and informed by the views of the child as well as the family. There is a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered. Understanding the resilience of the individual child when planning appropriate services is always be taken into consideration.

At Full of Life we provide a dignified and respectful service. Our policy is that we treat people as individuals and fully endorse the principles of Making Safeguarding Personal and the need to be informed by the wishes and views of children and young people.

Informed Consent and Decision Making: There is a presumption that adults have mental capacity to make informed decisions about their lives. If someone has been assessed as not having mental capacity, to make decisions about their safety, decision making will be made in their best interests as set out in the Mental Capacity Act 2005 and Mental Capacity Act Code of Practice.

All effort will be made to gather the views and wishes of children and young people and people who lack capacity. At Full of Life we will use person centred communication methods and our advocacy skills to ensure that decision making is made with and not about children, young people and adults who lack mental capacity.

Full of Life will make every effort to gain consent from adults to make referrals to the police, local authority, health services or other bodies. Age-appropriate discussions will be held with children and young people so that they know what is happening and assisted to understand processes. Full of Life will override the views of those who use the service in the following circumstances:

- Where adults lack the mental capacity to make a decision (through compliance with the Mental Capacity Act 2005)
- Emergency or life-threatening situations
- Other people including children may be at risk
- Where a crime has been committed

- Staff are implicated in abuse, neglect or exploitation
- There is a Court Order or other legal authority in place for taking action without consent

Carers and other representatives will be consulted where it is safe and appropriate to do so. Where carers hold parental responsibility or have legal powers to act on behalf of children, young people and adults, they will be applied.

Partnership working: This way of thinking and working provides better outcomes for families. It facilitates professionals working to the same goals and enables them to share their own information relating to family members to provide a joined up approach to protect vulnerable children, young people and adults. The benefits of effective partnerships are that it ensures that families are being given clear and concise advice and work is not being duplicated or misunderstood. The outcomes professionals are aiming to achieve for the adult, child or young person subject to abuse, neglect or exploitation and how they work complements each other to avoid wasted effort.

Information Sharing & Co-operation: Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision. Early sharing of information is the key to providing effective early help where there are emerging problems. The Care Act 2014 recognises that local authorities cannot safeguard individuals on their own; it can only be achieved by working together with the Police, NHS and other key organisations as well as awareness of the wider public. Full of Life welcomes due diligence to sharing information and will work with the local authority to ensure that there are effective information sharing protocols.

Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the local authority, each of the local authority's relevant partners and such other persons or bodies working with children in the local authority's area. To this end, Full of Life are clear in its expectations that the local authority is required to share information in all assessment and planning processes including risk assessments identifying risks and pertinent history of safeguarding issues, in order to deliver a safe, quality service tailored to the individual needs and circumstances of each child and young person. Arrangements under the Act are made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect.

Co-operation between organisations that take a broad community approach to establishing safeguarding arrangements, working together on prevention strategies and awareness raising also supports the aims and objectives of Health and Wellbeing Boards, and Community Safety Partnership. Full of Life's policy is to fully co-operate and work with the local authority and other key organisations in order to deliver effective safeguarding, both at a strategic level and in individual cases, where Full of Life may need support to deliver safeguarding outcomes.

It is Full of Life policy to co-operate, share information responsibly, and work in partnership with statutory and non-statutory bodies for the protection of children, young people and adults. In particular, where the LSCB or SAB initiate a Serious Case Review, or Safeguarding Adult Review, Full of Life will fully co-operate with the process, sharing information as needed to allow the Boards to fulfil their statutory duties.

Records of all decision making about individuals will be kept on their personal files and held in accordance with data protection legislation.

Risk: Full of Life's policy is to manage risk in such a way that enables people to achieve their goals and outcomes, and enables staff to carry out their duties confidently and effectively. In all instances risks should be assessed and managed appropriately. Full of Life's aim is not to exclude all risk, but to realistically identify risk, assess it and manage it to a reasonable and acceptable level. Full of Life will advocate that all risk management plans are developed with children and adults, and reviewed as appropriate to ensure that children and adults are protected, and are able to live a safe, fulfilling life.

Full of Life acknowledges its collective responsibility to share relevant information, make decisions and plan interventions to safeguard children and adults. A plan to manage the identified risk and put in place safeguarding measures includes:

- immediate action to safeguard children, young people, adults at risk and other vulnerable groups
- contribute and support proportionate decisions and actions
- incorporating the views of the child, young person or adult to propose plans sees

- discussing the risks and benefits of the options to address risk
- agreeing what action needs to be taken and by whom
- assessing the strengths, resilience and resources of the child, young person or adult
- putting in place safeguards to meet on-going support needs
- having contingency arrangements
- setting out the process for monitoring and review

Full of Life will work with all organisations to implement safeguarding plans and support the individual and their carers to promote sustainable and proportionate protective measures.

Full of Life acknowledges research on the increased risk to the safety and wellbeing and prevalence of abuse, neglect and exploitation:

- disabled children and young people with additional needs
- children and young people with special educational needs
- disabled women (particularly in relation to domestic abuse)
- adults with a learning disability

Disabled children are different from non-disabled children in that they have needs relating to physical and/or sensory impairment, and/or cognitive impairment. They also experience greater and created vulnerability because of negative attitudes about disabled children, and unequal access to services and resources.

In the event that there are high level risks of domestic abuse, stalking and honour based violence, Full of Life will make appropriate referral via the local authority to the Multi-Agency Risk Assessment Conference and contribute to any risk assessment process. Likewise if a family is known to be associated with individuals who pose a risk by sexual and violent offenders and subject to Multi-agency Public Protection Arrangements.

Safeguarding Strategies

Think Family

Full of Life takes a 'Think Family' approach to safeguarding. This aims to improve outcomes for children, young people, adults and families by considering and understanding the needs of all family members. The principles of our approach to Think Family are to have:

- **One Lead Professional** nominated to coordinate the work with the family and liaise with the local authority where safeguarding concerns are identified.
- **A thorough assessment of safeguarding concerns** which considers the needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues.
- **An overarching safeguarding plan** that takes into consideration the management of risk and how it relates to the whole family. Working together with all professionals to ensure that the plan is managed by the Lead Professional within the service. Full of Life will prompt reviews where there has been any significant change by reporting these and sharing them with the local authority who hold the ultimate responsibility for children and young people subject to Child Protection, Children In Need plans, or adults subject to a Safeguarding Plan. Our aim is to minimise and reduce risk wherever possible, through mutual co-operation and responsible information sharing.

Prevention & Early Intervention

At Full of Life we place an emphasis on prevention and early intervention to reduce the risk of safeguarding. Providing early help is more effective in promoting the welfare of children, young people and adults at risk than reacting later. Prevention and early intervention sets the tone and accent of Full of Life to enhance wellbeing and improve life opportunities for children, young people, adults at risk and their carers. As a safe organisation Full of Life implements preventative measures by:

1. Recruitment processes that use best practice standards for safe organisations
2. Implementing good induction programmes, supervision and ongoing training
3. Having easy access to safeguarding guidance and procedures for adults and children
4. Listening to staff and volunteers concerns and encouraging good communication with managers
5. Advertising the whistle blowing policy and procedure
6. Maintaining standards for good record keeping
7. Clear and effective governance of safeguarding arrangements
8. Advertising an open and transparent complaint policy and procedure
9. Developing a culture of openness, transparency and accountability through duty of candour.
10. Everyone who uses the services has a person centred and holistic assessment of needs, support plan which includes risk management plans, and a reviewing process
11. Raising awareness of safeguarding throughout the organisation
12. Providing information in formats that are accessible to people who use the service
13. Advising carers and others about safeguarding and related issues

Staff and managers are trained to be vigilant to identify the need for early intervention and support from statutory services. Full of Life will support families in the assessment process to ensure that they are provided with appropriate support and that other professionals are fully apprised of the complexity of caring for children with additional needs, and adults with care and support needs.

Every assessment should reflect the unique characteristics of the child within their family and community context - Children Act 1989

Working with Carers

Full of Life recognises and empathises with the challenges carers face on a daily basis and works with carers to seek support to enable them to care safely. There may be circumstances in which a carer could be involved in a situation that may require a safeguarding response, which can be when:

- A carer may witness or speak up about abuse, neglect or exploitation
- A carer may experience intentional or unintentional harm from the child/adult they are trying to support
- A carer may unintentionally or intentionally harm or neglect the child/adult they support on their own or with others

Full of Life's purpose is to support and provide services to parent carers and their disabled children/adults and this includes safeguarding matters. In all the above circumstances, Full of Life will work with carers to facilitate better outcomes, referencing our Think Family strategy.

In respect of young carers, Section 1 of the Care Act 2014, alongside Section 96 and Section 97 of the Children and Families Act 2014, offers a joined up legal framework to identify young carers and parent carers and their support needs. Both Acts have a strong emphasis on outcomes and wellbeing which Full of Life endorses through its approach to prevention and early help. Where the person alleged to have caused harm is a carer, Full of Life will assist and support referrals to the local authority for appropriate assessment of care and support in the carers own right.

Children, Young People and Adults with Care and Support Needs Who Abuse

If a child/young person is causing harm to an adult, close liaison with children's services should be considered. Where there are incidents or concerns of abuse from a child/young person towards another child/young person or an adult with care and support needs, consideration should be made about whether this is a pattern of behaviour or a reaction to a particular circumstance, and whether safeguarding is an appropriate response.

The views of the party subject to any harm should be taken into consideration. Where the person alleged to have caused harm is also an adult who has care and support needs, Full of Life in consultation with other agencies, will consider what support and actions may help them not to abuse others. For example, enquiries

may indicate that abuse was caused because the adult's needs were not met and therefore a review of their needs should be made.

Incidents of child on child abuse should be recorded and monitored to assess if a one-off incident or triggers a reaction to certain individuals or circumstance. In the event that abuse is of a sexual nature, careful consideration should be made about where the child might have learnt behaviours and are themselves subjected to sexual abuse. Close liaison should be maintained with the local authority so that a multi-agency response can be made where a referral is viewed by the safeguarding lead as proportionate and appropriate.

Whistle Blowing

Full of Life is committed to conducting its business with honesty and integrity and expects all of the individuals working for it to maintain high standards. A culture of openness and accountability within the company is essential to ensure that any abuse, neglect or exploitation is recognised and action taken to protect people.

Staff are encouraged to raise any genuine concerns about any malpractice, suspected crime, breach of legal obligations, miscarriage of justice, danger to health and safety or the environment, financial malpractice, fraud, corruption and breach of Company rules and regulations, or any cover up of these that may come to their attention. This policy is designed to give staff the confidence to raise concerns in the appropriate way.

How to whistle blow

1. Raise the issue with your Manager in the way that you feel most comfortable. The aim is to resolve any concerns a member of staff may have quickly and effectively. If staff do not feel that they can raise their concern with their Manager they may contact the Board of Trustees.
2. A full written account agreed by the whistle blower will be made. An initial plan to manage the concerns will be discussed at the meeting. Subsequent action will depend on the severity of the situation, but may involve external agencies if a safeguarding matter, and may involve an investigation.

External disclosures

The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing in the workplace. In most cases you should not find it necessary to alert anyone externally.

The independent whistleblowing charity **Protect Speak Up Stop Harm** operates a confidential helpline on 0203 117 2520. They also have a list of prescribed regulators for reporting certain types of concerns.

Confidentiality
It is hoped that staff will feel able to voice whistleblowing concerns openly under this policy. However, if you would like to raise your concerns confidentially, we will make every effort to keep your identity secret.

Support to Staff
It is understandable that whistleblowers are sometimes worried about possible repercussions. We aim to encourage openness and will support staff who raise genuine concerns in good faith under this policy, even if they turn out to be mistaken. Staff are protected under the Public Interest Disclosure Act 1998. We ensure full compliance with the Act in the following ways:

- External services are available to everyone
- Staff may remain anonymous if they so wish
- Whistle blowing is fully supported by senior management

Staff must not suffer any detrimental treatment as a result of raising a concern in good faith. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If staff believe that they have suffered any such treatment, they should inform their line

manager. If the matter is not remedied or staff do not feel they can raise the matter with their line manager they may raise it directly with a Trustee.

Staff must not threaten or retaliate against whistleblowers in any way. Anyone involved in such conduct will be subject to disciplinary action.

Duty of Candour
Full of Life has adopted the duty of candour noted in the Frances Report recommendations. We are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf for example Independent Mental Capacity Advocates) in relation to care and support. At Full of Life we acknowledge when things go wrong and provide information about it to those affected. We will always provide support to put things right and be truthful by providing access to the information that we hold. We act with integrity and give an apology when we have made mistakes.

Communication
The right to communicate – children, adults, disabled and non-disabled – is underpinned by the Human Rights Act 1998 – UN Rights of the Child. It is essential to understand that all disabled children communicate, but when a child has a disability the following factors need to be taken into account:-

- A person may find it easier to communicate given appropriate resources, support and the presence of someone who knows them well. This may not necessarily be a parent/family member
- Full of Life staff must familiarise themselves with the individual's method of communication or use a facilitator known to them. It is essential that all staff working with disabled children and young people, or people with particular care and support needs, are supported and trained to acquire the necessary communication skills
- Where a person is unable to tell someone of her/his abuse she/he may convey anxiety or distress, e.g. changes in behaviour. It is the responsibility of Full of Life staff to be aware and sensitive to changes in behaviour
- No assumptions should be made about any person's ability to share in decision – making or give consent to or refuse examination, assessment or treatment. Non – verbal communication is as valid as verbal communication

Transition
Together the Children and Families Act 2014 and the Care Act 2014, create a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duties in both Acts are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding adult's policy and procedures work in conjunction with those for children and young people.

Full of Life will be guided by the Children Act 1989 and its own policy and procedures that acknowledge Kensington & Chelsea's statutory role as lead agency for all safeguarding matters concerning children and young people aged 0 to 18 years old. When the young person attains the age of 18 years old Full of Life will be guided by the Care Act 2014, and its own policy and procedures, and the role of the local authority under the Act.

Dealing with Repeat Allegations
From time to time, a service user or carer may make repeated allegations of abuse, neglect or exploitation. Where the issue relates to exactly the same incident, the Safeguarding Lead should take time to review the outcome with the person making the allegation. If they are dissatisfied they will be advised of their right to make a complaint.

Where the issue does not relate to exactly the same incident but is of a similar nature, the case should be dealt with on its own merit. If the matter involves allegations against staff, swift action should be taken to ensure that the service user is protected and an internal management decision involving the Administrator, Service Manager and the Trustee safeguarding lead is made. Not all incidents will necessitate the staff member being suspended from duty, it may be appropriate that they do not work alone or unsupervised

until the matter is concluded. They may be put on non-direct work with service users for example, office work. Decisions should focus on the issue and the individual particular circumstances.

If the matter has been reported to the police as a crime, or a potential crime, Full of Life will be guided by the police.

Cross Boundary Issues
Where there are safeguarding concerns that are not within the boundaries of Kensington & Chelsea, Full of Life will offer advocacy support as appropriate. It will always report incidents of abuse, neglect or exploitation where it is appropriate to do so to Kensington & Chelsea Safeguarding Teams if the incident took place within Kensington & Chelsea boundaries.

People in Positions of Trust
Position of trust refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse, neglect or exploit someone who is vulnerable and unable to protect him or herself. There may be times when a member of staff is alleged to have caused harm, abused, neglected or exploited a child, young person or adult at risk. All staff are people in positions of trust and Full of Life will in these circumstances treat the concern as with any other safeguarding procedure. Additional considerations however need to be made, namely whether it is safe for the staff member to continue to undertake their usual duties whilst fact finding and investigations are taking place. Any matter involving staff must be reported to the Local Authority Designated Officer (LADO) if it involves children and young people under the age of 18 years. If it is an adult safeguarding matter, then discussions must be had with the local authority about a proportionate response.

Full of Life will undertake initial Fact Finding in all circumstances, to ensure that it takes a proportionate response and there is compliance with statutory requirements and its Human Resources policy and procedures. In some circumstances it may be more appropriate for staff to undertake non-direct work i.e. office based work, only work under supervision from a manager or with another member of staff, or be suspended from all duties. Decisions will be made on a case by case basis. Staff will be informed of their rights and provided with details of a named person to whom they will be updated on progress. In the event that the matter is being progressed by a third party for example the police or local authority, Full of Life will ascertain timescales so that it can take an informed decision in line with its responsibilities as an employer.

Full of Life recognises its legal duty to refer to the Disclosure and Barring Service where appropriate. Where it is considered that a referral should be made to the Disclosure and Barring Service careful consideration will be given to the type of information needed.

The person alleged to be responsible for abuse, neglect or exploitation should be provided with sufficient information to enable them to understand what it is that they are alleged to have done or threatened to do that is wrong and to allow their view to be heard and considered. Whilst the safety of children, young people and adults with care and support needs remains paramount the right of reply should be offered where it is safe to do so. Decision making should take into consideration:

- The possibility that the referral may be malicious
- The right to challenge and natural justice
- Whether there are underlying issues for example employment disputes

Roles and responsibilities

First and foremost safeguarding is the responsibility of everyone who works, volunteers, and uses the services of Full of Life.

Joint Chairs and Trustees: have a duty to oversee the safeguarding arrangements and are accountable for any complaints, ensuring that staff and volunteers are appropriately trained, and that policy and procedures are in place and are updated and reviewed.

Safeguarding Leads: The Service Manager, and Trustees are responsible for decision making and promoting safeguarding. They have a duty to ensure that staff act in accordance with the safeguarding policy and procedures.

Support staff: All staff have a duty to keep children, young people and adults with care and support needs safe and free from harm, abuse, neglect or exploitation. They have a duty to report concerns to safeguarding leads and take action in accordance with the procedures.

Other staff and volunteers: Staff working in non-regulated activities or in a voluntary capacity must be aware of safeguarding issues and know how to report it.

Safeguarding Adults Procedure

What to do if you suspect abuse, neglect or exploitation

A safeguarding adult concern is any worry about an adult who has or appears to have care and support needs that they may be subject to, or may be at risk of, abuse, neglect or exploitation and may be unable to protect themselves against this.

A concern may be raised by anyone, and can be:

- An active disclosure of abuse by the adult, where the adult tells a member of staff that they are experiencing abuse, neglect or exploitation
- A passive disclosure of abuse where someone has noticed signs of abuse, neglect or exploitation, for example when providing personal care there are unexplained injuries
- An allegation of abuse by a third party, for example a family/friend or neighbour who has observed abuse, neglect or exploitation or have been told of it by the adult
- A complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse, neglect or exploitation but on close examination there is an indication of possible abuse, neglect or exploitation
- An observation of the behaviour of the adult at risk
- An observation of the behaviour of another person raising suspicion

IMMEDIATE ACTION TO BE TAKEN BY THE PERSON RAISING THE CONCERN
The person who raises the concern has a responsibility to first and foremost safeguard the adult at risk. a. Make an evaluation of the risk and take steps to ensure that the adult is in no immediate danger b. Arrange any medical treatment. (Note that offences of a sexual nature will require expert advice from the police) c. If a crime is in progress or life is at risk, dial emergency services – 999; d. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence e. Ensure that other people are not in danger f. Report the matter to your line manager g. Record all information as soon as possible

Decision Making: Pre-Referral to the Local Authority

The safeguarding lead will usually lead on decision making. Where such support is unavailable, consultation with other off site leads for example, a Trustee should take place. In the unlikely event that nobody is available, seeking the advice of the Local Authority should be considered. Staff should also take action without the immediate authority of a line manager:

- If discussion with the manager would involve delay in an apparently high risk situation
- If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing).

Decisions need to take into account all relevant information that is available, including the views of the adult in all circumstances where it is possible and safe to seek their views. If the adult does not want to pursue matters through safeguarding action, managers should be sure that the adult is fully aware of the consequences of their decisions, and that all options have been explored and that not proceeding further is consistent with legal duties.

Where there is a potentially high risk situation, staff should be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult. Decision makers also need to take account of whether or not there is a public or vital interest to refer the concern to the Local Authority. Where there is a risk to other adults, children or young people or there is a public interest to take action because a criminal offence had occurred and the view is that it is a safeguarding matter, the wishes of the individual may be overridden. Where the sharing of information to prevent harm is necessary, lack of consent to information sharing can also be overridden. In the event that people lack the capacity to provide consent, action should be taken in line with the Mental Capacity Act 2005. Where a possible crime has been committed people should always be encouraged to report the matter to the police.

GOOD PRACTICE GUIDANCE – DISCLOSURE

- Speak in a private and safe place
- Accept what the person is saying
- Don't 'interview' the person; but establish the basic facts avoiding asking the same questions more than once
- Ask them what they would like to happen and what they would like you to do
- Don't promise the person that you'll keep what they tell you confidential; explain who you will tell and why
- If there are grounds to override a person's consent to share information, explain what these are
- Explain how the adult will be involved and kept informed
- Provide information and advice on keeping safe and the safeguarding process
- Make a best interest decision about the risks and protection needed if the person is unable to provide informed consent

Establish

- The risks and what immediate steps to take
- Communication needs, whether an interpreter or other support is needed
- Whether it is likely that advocacy may be required
- Personal care and support arrangements
- Mental capacity to make decisions about whether the adult is able to protect themselves and understand the safeguarding process

The list below provides a checklist for management action.

- Clarify that the service user is safe, that their views as far as possible have been clearly sought and recorded and that they are informed about what action will be taken
- Check that issues of consent and mental capacity have been addressed as mental capacity is time and decision specific
- In the event that a Best Interest Decision is being made, staff and managers must abide by the Mental Capacity Code of Practice and record all actions
- Contact the children and families department if a child or young person is also at risk
- Make sure action is taken to safeguard other people

- Take any action in line with disciplinary procedures; including whether it is appropriate to suspend staff or move them to alternative duties as outlined above
- If a criminal offence has occurred or might have occurred, contact the police
- Record the information received and all actions and decisions.

Referral to the Local Authority
If, on the basis of the information available, it appears that there is a safeguarding matter requiring further action, then a referral must be made to the Local Authority.
Referrals should always be made in the event that:

1. the matter is about a member of staff and decisions are made to suspend or move staff to alternative duties following initial fact finding
2. a crime has been committed
3. a carer is involved especially where they may need additional support
4. there is an indication of risk to children, young people or other adults with care and support needs.

If there is a specific form the local authority procedures should be followed. All key information as detailed below should be provided to the local authority.

- Demographic and contact details of the Client, the person who raised the concern and for any other relevant individual, specifically carers and next of kin
- Basic facts, focussing on whether or not the person has care and support needs including communication and on-going health needs
- Factual details of what the concern is about; what, when, who, where
- Immediate risks and action taken to address risk
- Preferred method of communication
- If reported as a crime - details of which police station/officer, crime reference number etc.
- Whether the adult has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household.

Section 42 of the Care Act 2014
How each safeguarding concern is managed under s42 of the Care Act 2014 will be determined by the local authority. In some instances Full of Life may be asked to lead on the enquiry. In the event that Full of Life are asked to lead, they must gain a contact name in the local authority to whom they can seek ongoing advice and guidance. Full of Life are likely to lead on disciplinary investigations and should clarify with the local authority how HR and s42 enquiries might dovetail together.

Key areas that the enquiry should focus on are

- The outcome wanted by the adult and how far the enquiry can achieve this
- Factual account of answering what, when, where, who, why and how
- Recommendations for action against the person alleged to have caused harm
- Recommendations for preventing abuse/neglect/exploitation to reduce risk to the adult and how these might be achieved

If the local authority has asked Full of Life to lead on the enquiry, the enquiry must be signed off by the Service Manager and/or another safeguarding lead who will check any report for quality. It should be borne in mind that the local authority is able to challenge Full of Life if it considers that the process and/or outcome is unsatisfactory. In exceptional cases, the local authority may undertake an additional enquiry, for example, if the original fails to address significant issues. (Appendix – Template Section 42 Enquiry Report)

In the event that there is an ongoing safeguarding plan, Full of Life will update its own risk management plan and ensure that a copy of the safeguarding plan is held in the adults Person Centred Support Plan file. Full of Life will ensure that any reviews take into account the safeguarding plan.

Child Protection Procedure

A disabled child is as vulnerable to physical, emotional or sexual abuse, neglect or exploitation as any other child, though the following factors may raise the level of risk:

- Lack of access to 'keep safe' strategies available to others
- A need for practical assistance in daily living, including intimate care from a number of carers from different organisations, which may lead the child to confuse "good" and "bad" touching. The large number of adults involved and the nature of the care needs both increase the risk of exposure to abusive behaviour and make it more difficult to set and maintain physical boundaries. There is the possibility that disabled children may be 'schooled' into accepting others having access to their bodies.
- An increased likelihood that the child is socially isolated due to inadequate and poorly co-ordinated support services
- Parents may find it hard to challenge professionals/carers who are providing a service for their child for fear of losing the service
- Spending greater periods of time away from home. Disabled children are more likely to spend time away from their families than non-disabled children for example in short-break services or in residential schools
- Carers and staff lacking the ability to communicate adequately with the child
- Difficulties for professionals in eliciting information, wishes and feelings from a child with disability which may hinder disclosure
- A lack of access to independent facilities and/or children's advocacy services
- A lack of choice and participation in decision making and failure to consult and listen to disabled children can result in disempowerment
- Behaviour and/or physical symptoms may be seen as related to disability rather than abuse
- A lack of training or inadequate training may lead to failure to recognise indicators of potential abuse
- Professionals may be reluctant to believe anyone can harm a child with a disability and find it hard to challenge carers
- Professionals may feel overwhelmed by the child's needs.
- Professionals may empathise with parents felt to be under considerable stress and may therefore find it difficult to challenge families.
- Parents'/carers' own needs and ways of coping may conflict with the needs of the child
- Limited personal safety programmes and personal social and sex education. This can lead to disabled children being less aware of abusive behaviour and less able to communicate their feelings. A lack of appropriate training materials exacerbates disabled children's vulnerability
- Some sex offenders may target disabled children in the belief that they are less likely to be detected
- Assumptions that disabled children are not bullied increases their vulnerability. For some disabled children bullying can be an insidious and relentless process that can dominate their lives leaving them feeling deprived and withdrawn
- Disabled children may be more vulnerable to abuse due to sustained pressure on families, unmet need, isolation and stress.

- Parents and carers own needs and ways of coping may conflict with the needs of the child.

At Full of Life in addition to training on the recognition and signs of universal indicators of abuse, staff are trained to consider abusive behaviours that disabled children and young people may be subjected to:

- Inappropriate feeding (too much, too little, too late).
- Rough handling, for example unjustified or excessive physical restraint not carried out in accordance with good practice guidelines.
- Extreme behaviour modification including the deprivation of liquid, medication, food, clothing or socialisation
- Failure to respond to the developmental needs of the child (including sexual development)
- Misuse of medication, including sedation
- Failure to attend appointments
- Failure to follow medical regimes
- The inappropriate use of invasive procedures
- Ill-fitting equipment e.g. callipers or inappropriate splinting
- Not using or learning the child's methods of communication.

What to do if you suspect abuse, neglect or exploitation

The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, professionals in all agencies should take appropriate action wherever necessary to ensure that no child is left in immediate danger, s3 Children Act 1989.

Full of Life staff should make a referral to the local authority children's social care if there are signs that a child or an unborn baby:

- Has suffered significant harm through abuse, neglect or exploitation
- Or is likely to suffer significant harm in the future

IMMEDIATE ACTION TO BE TAKEN
The person who raises the concern has a responsibility to first and foremost safeguard the child/young person. a. In consultation with the safeguarding lead make an evaluation of the risk and level of significant harm and/or risk to significant harm occurring and take steps to ensure that the child/young person is in no immediate danger. b. If the child/young person is suffering from a serious injury, immediate medical attention must be sought from accident and emergency services and the LA children's social care, informed. The child/young person must be seen by the duty consultant paediatrician at the hospital. c. If there is a risk to life dial emergency services – 999 d. Verbal or telephone calls must be put in writing within 48 hours. e. Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence f. Ensure that other children, young people and vulnerable adults are not in danger g. Record all information as soon as possible

Parental Involvement

Whenever possible Full of Life will discuss concerns with the parent and agreement sought for a referral to children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay, or the parent's actions or reactions, or there is a strong possibility that the parent is the person to have caused harm. For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place. In the event that Full of Life decides not to

seek parental permission before making a referral to children's social care, this decision must be ratified by the Service Manager and recorded in the child's file with reasons, dated and signed and confirmed in the referral to children's social care. It should be borne in mind that Full of Life referrals cannot be treated as anonymous, so the parent will ultimately become aware of Full of Life's involvement.

Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a Trustee and the outcome fully recorded. If, having taken full account of the parents' wishes it is still considered that there is a need for referral:

- The reason for proceeding without parental agreement must be recorded
- The parent's withholding of permission must form part of the verbal and written referral to children's social care
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made

PRACTICE GUIDANCE – DISCLOSURES FROM CHILDREN/YOUNG PEOPLE
● Clarify the concerns using age appropriate language and preferred communication methods ● Offer re-assurance about how the child/young person will be kept safe ● Explain what action will be taken and within what timeframe if possible. ● The child/young person must not be pressed for information, led or cross-examined ● The child/young person must not be given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse. ● If the child/young person can understand the significance and consequences of making a referral to the local authority children's social care, they should be asked their view. ● Explain that whilst their view will be taken into account, professionals have the responsibility to take whatever action is required to ensure their safety and the safety of other children/young people.

Timescales

Action	Timescale	Responsibility
Referral to the local authority	Same day	Safeguarding Lead
Medical Attention	Immediate if emergency Same day	Any staff member In consultation with safeguarding lead

Contacting the police	As soon as possible so that evidence is not contaminated	Any staff member if safeguarding lead is not available.
Recording	No later than 48 hrs	All staff

The timing of referrals to the local authority should reflect the level of perceived risk of harm but should not be longer than within one working day of identification or disclosure of harm or risk of harm. In urgent situations, out of office hours, the referral should be made to the LA children's social care emergency duty team / out of hour's team.

A formal referral to LA children's social care, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the designated safeguarding professional lead, or the completion of an assessment.

If there is a specific form the local authority procedures should be followed. All key information as detailed below should be provided to the local authority.

- Full names (including aliases and spelling variations)
- date of birth and gender of all child/ren/young people in the household
- Family address and (where relevant) school / nursery attended
- Identity of those with parental responsibility
- Names and date of birth of all household member
- Where available, the child's NHS number and education UPN number
- Ethnicity, first language and religion of children and parents
- Any special needs of children or parents
- Any significant / important recent or historical events / incidents in child or family's life
- Cause for concern including details of any allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of alleged perpetrator, if relevant
- Full of Life's relationship and knowledge of child and parents
- Known involvement of other agencies / professionals (e.g. GP)
- Information regarding parental knowledge of, and agreement to, the referral
- The child's views and wishes, if known.

A copy of the referral and a written record must be kept in the Person Centred file. At the end of any referral discussion children's social care should be clear about proposed action, timescales and who will be taking it, or that no further action will be taken. Full of Life staff should be sure that they are able to meet any actions requested of them.

Action following the referral

The immediate response to referrals by the local authority may be:

- No further action at this stage
- Signposting to other agencies and services
- Provision of services
- An assessment of needs with a stated timescale and plan including regular reviews
- Emergency action to protect a child
- A s47 Children Act 1989 strategy meeting / discussion.

In the event that a s47 investigation is initiated by the local authority Full of Life will fully co-operate, sharing information and attending meetings as necessary. The responsibility for any ongoing child protection

processes lies with the Service Manager. The responsibility for monitoring and ensuring the safety of the child/young person lies with all staff.

Appendix

Legislation and key documents

https://www.fulloflifekc.com/for-adults/disability-and-the-law-adults/

https://www.fulloflifekc.com/for-children/disability-and-the-law-children/

https://www.fulloflifekc.com/?s=law

The Children Act 1989 provides the legislative framework for agencies to take decisions on behalf of children and to take action to protect them from abuse and neglect.

Children and Families Act 2014 creates a new comprehensive legislative framework for transition, when a child turns 18 (MCA applies once a person turns 16). The duty in this Act and the Care Act 2014 are on the Local Authority, but this does not exclude the need for all organisations to work together to ensure that the safeguarding policy and procedures under the Children Act 1989 and Care Act 2014 work in synergy.

Care Act 2014 - an Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves; and establishes a framework for making decisions on their behalf. This applies whether the decisions are life-changing events or everyday matters. All decisions taken in the adult safeguarding process must comply with the Act.

Appendix

Section 42 Enquiry Report

Name of Adult	**Address**	**LA ID reference**
Communication method with adult **Include all details of interpreters, specific communication aids used, any additional person present to facilitate communication**	**Advocate Name & Qualification** **Provide details of agency and who in the local authority commissioned and approved the advocate. Contact details, location and number of visits. Date that the advocate was appointed and approved by the local authority.**	
Mental Capacity Assessment: Provide details of assessment and outcome. Remember that mental capacity is time and decision specific. **Best interest decisions:**		
Concern: Include who raised the concern, date, and type of concern, date referral made to the local authority and any advice provided by the local authority.		

Views of the adult at risk: What did they say happened and how has it impacted on their wellbeing?
Outcome: State what outcome the adult would like to achieve and how this was established.
Type of section 42 Enquiry: HR Disciplinary investigation, Family Conference etc. **Where there is an HR investigation this should be appended to the Enquiry Report.**
Source of information: Provide a chronology of interviews, details of police and/or medical reports, documentation viewed including service user records, risk assessments, accident/incident reports etc.

Details of the enquiry: (Who, What, When, Where, Why, How)

Assessment of success to meet the outcome: Detail the difference that the enquiry has made to the adult and their wellbeing. Has the risk reduced to an acceptable level? Has their desired outcome been met? What else would they like to happen?
Evaluation by the adult: As a result of the safeguarding action, does the adult feel safer? ● **Yes** ● **Partially** ● **No**
Recommendations: **Any further action required and by whom? This should include steps taken to build up the adult's resilience and confidence.** **Referral needed for additional support including specialist agencies?** **What action can prevent a reoccurrence of abuse/neglect/exploitation?** **Does the adult require ongoing advocacy?** **Specific recommendation for the person/organisation alleged to have caused harm.**

Recommendation for a referral to the DBS?
Is a Safeguarding Plan needed? **Does the adult agree to the plan or to closing the safeguarding?** **Name and designation of the person conducting this Enquiry.** **Name of the Organisation and Safeguarding Lead within the organisation, or person responsible for oversight of the enquiry within the organisation.** **Date Enquiry Report shared with the Adult:** **Date Enquiry Report completed and sent to the local authority:**