



SAFEGUARDING CHILDREN AND ADULTS AT RISK POLICY

Name: Achieving Aspirations CIC

Introduction

Achieving Aspirations recognises that the welfare and development of our children young people and adults is of paramount importance and that regardless of age, ability, culture and religion it is essential and a human right that they are afforded protection from significant harm and abuse.

Purpose

This policy outlines Achieving Aspirations policy on identifying and responding to concerns regarding the safeguarding and protection of children young people and adults.

This policy alongside other procedures provides guidance for all staff who may come across concerns of this nature within the context of their work for Achieving Aspirations this includes –

- All employees of Achieving Aspirations regardless of hours contracted or status.
- Individuals whom support Achieving Aspirations in a voluntary capacity.
- Other individuals contracted by Achieving Aspirations

Achieving Aspirations are committed to multi agency support and working throughout this guidance and positively promoting consultation with parents /carers

Aims

This policy and associated procedure aims to make sure that:

- The needs and interests of children and adults at risk are always respected and upheld
- The human rights of children and adults at risk are paramount
- A proportionate, timely, professional and ethical response is made to any child or adult at risk.
- All decisions and actions within any subsequent investigation as a result of the initial allegation made are taken in line with the Mental Capacity Act (2005) for those aged 16 and over and in accordance with the feelings and

wishes of the child, taking into account his or her age and understanding and competence.

This procedure also aims to make sure that each child and adult at risk maintains their ;

- ✓ Choice and control
- ✓ Safety
- ✓ Good health and well being
- ✓ A quality life
- ✓ Dignity and respect

This policy directly relates and can work in conjunction with the following policies within Achieving Aspirations

- ✓ Achieving Aspirations Code of conduct
- ✓ Behaviour management safety first
- ✓ Restrictive interventions
- ✓ Mental Capacity and Deprivation of Liberty and Deprivation of Liberty safeguards
- ✓ Missing persons
- ✓ Child sexual exploitation
- ✓ Observation and recording
- ✓ Confidentiality
- ✓ Data Protection
- ✓ Prevent strategy post 16 education provisions
- ✓ Safer recruitment

Please note this list is not exhaustive.

Why we need a Safeguarding children's and adults at risk policy

This policy ensures that we address and work within the following –

Children's home regulations 2015

Regulation 12 The Protection of Children Standard

Regulation 20 Restraint and Deprivation of liberty

Regulation 31 Staffing of children's homes

Regulation 32 Fitness of workers

Protection of children standard 7

In addition, the following pieces of legislation and guidance –

Disability Discrimination Act 1995 -The Children's Act 1989 and 2004 section 17 and 47 particularly –The Framework for the Assessment of Children and their families (2000) –Health and Social Care Act 2001-Adoption and Children Act 2002-Working together to Safeguard Children 2015 (revised 2017 and 2018); A guide to interagency working to safeguard and promote the welfare of children 2006; Section 175 of the Education Act 2002 Safeguarding children and safer recruitment in education; The staying safe action plan 2008; Aiming high for Disabled children 2007; The Short Breaks implementation guidance 2008 (every child matters) Children's and young Person's Act 1989 and 2004; The Staying Safe Action Plan 2008/Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable or intimidated witnesses including children (Home Office, 2000), which includes specific guidance in relation to disabled children. Measures made available through the Youth Justice and Criminal Evidence Act (1999), with the introduction of intermediaries, are specifically designed to address the barriers and enable disabled children to give evidence. Children and Social Work Act 2017; General Data Protection Regulations (2018)

It is essential that effective child safe guarding systems within Achieving Aspirations ensure the following

The child's needs are paramount, the needs and wishes of the child should be put first so that a preventative approach can be implemented where possible.

All professionals who come into contact with children and their families are alert to their needs and any risks of harm that individual abusers, or potential abusers may pose to children.

Staff will share information in a timely way and will discuss any concerns about a child with the appropriate professionals.

Staff will seek support and generate concerns to the appropriate internal or external safeguard lead or first point of contact. That at all times staff will follow Achieving Aspirations Safeguard policy.

We will work effectively and collaboratively with other agencies and professionals.



We will ensure that we regularly review outcomes from safeguard plans for young people and support their families to strengthen their capacity to help themselves to meet the targets alongside and in consultation with other professionals.

We stay in contact with our local safeguarding partnership (LSP) and use their knowledge to influence best practice.

We learn from our mistakes and implement necessary changes to improve our practice and we learn from SCR's (serious case reviews) that are published and disseminate the lessons learnt from these.

Adults at Risk

Changes brought in from April 2015 as fully detailed in the Care and Support Statutory Guidance issued under the Care Act 2014 (Chapter 14) of the Act. This covers the following

Adult safeguarding what it is and why it matters /Abuse and neglect recognising reporting and responding abuse /Adult safeguarding procedures/ Local Authority's role and multi-agency working /Criminal offences and adult safeguarding / Safeguarding and Adult Boards (SABS)Safeguarding adult reviews (SARS).Information sharing confidentiality and record keeping /Training .

Care Quality Commission Standards Safeguarding from Abuse /Dignity and Respect

Care Quality Commission Key lines of Enquiry SAFE

Care Quality Commission Human Rights Approach

Achieving Aspirations adopts the six key principles which underpin Safeguarding adult's work these are

1) **Empowerment** –People being supported and encouraged to make their own decision and informed consent.

“I am asked what I want from the safeguarding process and these directly informs what happens “.

2) **Prevention** –It is better to take action before harm occurs.

“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help “.

3) **Proportionality** –The least intrusive response appropriate to the risk presented.

“I am sure that the professionals will work in my interests I see them and they will only get involved as much as I need them.”

4) **Protection** -Support and representation for those in greatest need.

“I get help and support to report abuse and neglect .I get help so I am able to take part in the safeguarding process to the extent of which I want “.

5) **Partnership** –

Local solutions through services working with their communities have a part to play in preventing, deleting and reporting neglect and abuse.

“I know that staff treat any personal or sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professional will work together and with me to get the best result for me.

Please note that where someone is 18 years or older but whose services are being arranged via children’s services any safeguarding issue is dealt with via the adult safeguarding arrangement within the local authority or other statutory partner such as the NHS or Police .

This policy and procedure should be read in conjunction with policies and procedures issued by Suffolk County Councils Local Authorities.

Definitions and Types

Safeguarding children /young people and promoting their welfare is a process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.

Statutory guidance issued under the Care Act states that adult safeguarding means protecting an adults right to live in an environment which

- Protects their rights to live in safety, free from abuse and neglect.
- That people and organisations work together to prevent the risk of abuse or neglect, and to stop them from happening.
- Makes sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

Working together (2015) defines abuse as A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children. Under Section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002 the following terms are defined:

- **Harm** means ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another
- **Development** means physical, intellectual, emotional, social or behavioural development
- **Health** means physical or mental health
- **Ill-treatment** includes sexual abuse and forms of ill treatment which are not physical

Working Together 2013 states 'Where information is gathered during an assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989.'

Section 47 requires that if a local authority has 'reasonable cause to suspect that a child who lives or is found in their area is suffering or likely to suffer significant harm' the authority shall make, or cause to be made, such enquiries as they consider necessary.

The following is a list of the types of abuse and neglect that can occur please note due to the vulnerability of the people that use Achieving Aspirations services the types of abuse mentioned here can be crossed reference as being generally applicable to both children /young people ,learners and adults .

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child or failing to protect a child from that harm. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse coercive and controlling behaviour.
- **Domestic abuse** –The legal definition of significant harm was extended in Jan 2005 to include harm suffered from seeing or knowing of the abuse of another (refer to Suffolk Safeguarding board Guidance on dealing with Domestic

Violence and incidents of domestic abuse when children are members of the household). This also includes **honour based violence** which is a crime or incident which has been committed to protect or defend the honour of the family or community in question.

- **Sexual abuse** – including 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. Child sexual exploitation. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact including both penetrative and non-penetrative acts such as kissing, touching or fondling the child's genitals or breasts, vaginal or anal intercourse or oral sex. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

- **Psychological abuse** – including emotional abuse. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age- or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of Child protection fact sheet Definitions and signs of child abuse © NSPCC 2009 2 another. It may involve serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone., threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). Isolation or unreasonable and unjustified withdrawal of services or supportive networks.

- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection

with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

- **Modern slavery** – encompasses slavery, human trafficking, and 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.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including 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.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing; shelter, including exclusion from home or abandonment; failing to protect a child from physical and emotional harm or danger; failure to ensure adequate supervision including the use of inadequate caretakers; or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Forced Marriage** – This is where one or both people do not or in cases where people lacking the mental capacity to make the relevant decisions cannot consent to the marriage and pressure or abuse is used. Forced marriage is recognised in the UK as a form of violence against women and men and children and a serious abuse of human rights.

- **Radicalisation** –This is not included as an abuse type under the Care Act Guidance. It is important however to raise awareness and provide guidance to staff.(educational settings).This is achieved via the Prevent strategy policy .
- **Female Genital mutilation** –Refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. This is illegal in the UK Girls under the age of 15 are mainly at risk but it is important to be mindful of this when supporting adults at risk.

Indicators of abuse

Type of abuse	Indicators
Physical	History of unexplained falls /minor injuries-unexplained bruising difficult to suggest an accidental origin – unexplained /unusual burns unexplained fractures maybe partly healed – unexplained lacerations , slap kick pinch or finger marks Injury shape similar to an object –untreated medical problems – weight loss –appearing to be over medicated

<p>Domestic abuse</p>	<p>Afraid and anxious to their partner /goes along with everything the partner says or does /checks in and reports to their partner /talks about partners temper, jealousy, possessiveness/being restricted from family and friends /rarely goes out in public without friends /low self-esteem /depressed /anxious/ suicidal/also presentation of other forms of abuse .</p>
<p>Forced marriage is part of domestic abuse and is a crime Forced marriage is a breach of children’s rights under the UN convention Of the Rights of the Child and abuse of their Human Rights Honour based violence is often linked to forced marriage.</p>	<p>Anxious /depressed emotionally withdrawn/cut or shaved hair / attendance to determine virginity /FGM / Absence ,request for extended leave and absence and failure to return from county of origin/surveillance by family members whilst at school by (brothers/ sisters) decline in behaviour engagement performance and punctuality/being withdrawn from school –day centre by a parent / not allowed to attend extracurricular activities accompanied to hospital school appointments by a family member</p>
<p>Sexual</p>	<p>A change in usual behaviour for no apparent reason ,sudden onset of confusion /wetting /soiling /withdrawal/ overt sexual behaviour or language / disturbed sleep pattern &poor concentration /difficulty in walking or siting /torn stained bloody underclothes love bite bruising /pain itching bruising bleeding in the genital area/sexually transmitted urinary tract or vaginal / penis infections ,bad odours indicating infections /bruising to thighs and upper arms /severe upset or agitation when being bathed-dressed-undressed-medically examined /pregnancy</p>

Psychological	Ambivalence about carer /Fearfulness expressed in the eyes /avoids looking at carer/flinching on approach /deference / overtly affectionate behaviour to alleged source of risk /insomnia or excessive sleep /change in appetite/unusual weight gain or loss /tearfulness / unexplained paranoia/low self-esteem / excessive fears /confusion /agitation
Missing children /young people	A child going missing from an education setting or shared care setting is a potential indicator of abuse and neglect. Staff should treat prolonged or repeated absence, or particular patterns of absence, with no satisfactory explanation, as a potential safeguarding issue and take action accordingly..
Financial /material	Unexplained or sudden withdrawal from accounts /inability to pay bills/person lacks belongings or service which they should clearly afford /lack of receptiveness to spending when needed /the person managing the financial affairs is evasive or unco -operative /a high level of expenditure without the person benefitting /extraordinary interest by family members and others in the persons assets/personal items going missing from the home/unreasonable or inappropriate gifts /a purchase of items that the person does not use or require / carer predominantly only asks questions about finances/Power of attorney obtained when the adult at risk is not able to understand the document they are signing /a reluctance or refusal to take up care needs as assessed / reluctance of an organisation to share financial situations pertinent to the individual

Discriminatory	Hate mail /verbal or physical abuse in public settings or residential settings / criminal damage to properties /target of distraction burglary, bogus officials or unrequested building household services /not being offered appointments-entrance to places for no solid reason Discriminatory abuse can manifest itself as the other types of abuse .
Organisational	Enforced schedule of activities/ controlling persons finances /lack or absence of personal clothing /lack of stimulating activities/low quality diet / anything which treats the person as not being entitled to a “normal life”
Neglect and acts of omissions	Poor condition of accommodation/ inadequate heating or lighting /poor physical condition of the person / persons clothing in poor condition / malnutrition / failure to give prescribed medication or medical treatment /failure to ensure privacy and dignity / inconsistent or reluctant contact with health and social care agencies /refusal of access to callers.
Self-neglect	Living in grossly unsanitary conditions / grossly inadequate self-grooming or personal care /inappropriate or inadequate clothing /not seeking or maintaining medical support where needed to treat illness or disease /being malnourished or physically impaired to the point where it is seriously affecting the person’s ability to function normally, creating seriously hazardous living conditions /managing assets in a manner that is likely to cause substantial damage or loss of assets

<p>Fabrication of children's illness</p>	<p>This is a rare form of children's abuse which needs a multi-disciplinary approach to determine its cause and actions to take But signs could be physical or psychological examination and diagnostic tests do not explain the reported signs and /the affected child has an inexplicably poor response to medication or other treatment/if a particular health problem is resolved, the parent or carer suddenly begins reporting a new set of symptoms /the parent or carer has a history of frequently changing GPs or visiting different hospitals for treatment, particularly if their views about the child's treatment are challenged by medical staff/the child's daily activities are being limited far beyond what you would usually expect as a result of having a certain condition</p>
<p>Radicalisation</p>	<p>Increasingly spending time in the company of suspected extremists / changing their style of dress or personal appearance to accord with the group / day to day behaviour increasingly centred around an extremist ideology group or cause, possession of symbols associated with an extremist cause / communications with others that suggest identification with a group or cause.</p>

Female genital mutilation	Unexpected absence from school, or collage or day centre / night mares/ wetting /soiling /withdrawal/ /disturbed sleep pattern &poor concentration / difficulty in walking or siting /torn stained bloody underclothes/severe emotional trauma /asks for help but not be specific /suicidal thoughts /obsessive behaviours
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Where does abuse happen?

Abuse can happen in any setting and may involve any source of risk not just “hands on staff”. Vigilance must be exercised with all who have reason to have contact with adults/children and young people including for example ancillary staff, drivers, escorts, contractors, volunteers’ family members the organisation itself. It is important to remember that abuse may not be apparent to the person being abused if they lack capacity to understand the impact of the abuser’s actions. Where a person’s capacity to understand that have or have not been abused is impaired absolute vigilance is required if they are to be protected.

Predisposing factors

Statutory guidance strengthens the emphasis on early and timely preventative working and intervention, with a focus of being alert to known groups or situations where the need for early intervention is likely. The children and adults that Achieving Aspiraitons support fall into a number of those recognised categories:

children who may be at risk of radicalisation

modern slavery

Children with SEND

children missing form care

children returning home having been in care

children that are privately fostered

children misusing drugs or alcohol

children whose family circumstances present challenges, eg. domestic abuse, adult mental health issues.

children who are young carers

children demonstrating signs of commencing anti-social behaviour, gang activity, county lines.

Achieving Aspirations recognise that people with learning disabilities and /or people on the autistic spectrum share many of the same vulnerabilities that are faced by others but it is well documented that they face additional barriers to their protection and to receiving support as they experience greater and created vulnerability as a result of negative attitudes about disabled children and at risk adults and unequal access to services and resources ,and because they have additional needs relating to physical sensory, cognitive and or communication impairments . Other factors which increase their vulnerability are an inability to understand that acts are abusive, exposure to multiple carers, difficulty in reporting crime, and habitual submission to authority.

Other factors may include

Environmental problems such as overcrowding /poor facilities. Financial difficulties such as inability to work due to not being able to work due to having a carer's role, full benefits not claimed. Psychological and emotional problems such as a history of abuse poor relationships in general or the situation where violence is the norm. There is an increased dependency need on the carer for physical and emotional support. There may be services which do not progress and embrace new practice, poor training and high staff turnover can all predispose the occurrence of abuse.

Contextual Safeguarding - developed by University of Bedford ' an approach to understanding, and responding to, young people's experiences of significant harm beyond their families'. Guidance is clear that when considering safeguarding incidents or behaviour concerns, all assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and /or welfare.

Patterns of abuse

Patterns of abuse vary they include

- Serial abuse in which the source of risk seeks out and grooms the person at risk.
- Long term abuse I the context of an ongoing family relationship, service relationship.
- Opportunist abuse such as theft happening because the money has been left in a visible place.
- Neglect of a person's needs because those around them are not in apposition due to other difficulties such as debt or mental ill health.

- Stranger abuse where people at risk can be targeted by strangers this may be an individual, a gang or people offering bogus services.

ROLES AND RESPONSIBILITIES

It is the responsibility of all individuals and agencies to be alert to the possibility of abuse and understand the possible signs and indicators of abusive acts or practices. There are statutory obligations which Local Authorities must comply with. Section 47 of the Children’s Act 1989 and Section 42 of the Care Act ensure that Local Authorities investigate and agree all potential allegations of abuse per a legal framework.

Safeguarding is everyone’s responsibility. Should Achieving Aspirations be asked to make enquiries by the Local Authority we have a responsibility to take actions forward in a timely way and to feedback updates as agreed regarding progress. There is a format to follow regarding outcomes which can be found in the appendix.

We have clearly identified roles and responsibilities within the organisation. These are –

Position	Name	Status	Base Contact details
Lead safeguarding	Anna Boulton	Director	Achieving Aspirations 01449 888110 07929993752 Safeguard number 0333 358 3173
Deputy Lead Short Breaks Shakers Lane	Sarah Short	Acting Manager	Shakers Lane 01284 753957 Safeguard number 0333 358 3173
Deputy lead WeCan	Theresa Walters	Manager	01449 673062 07825 291076 Safeguard number 0333 358 3173
Deputy Lead Short Breaks Ambleside	Katy Plumridge	Registered Manager	07876444337 Safeguard Number 0333 358 3173
Deputy Lead Short Breaks HSDC	Michelle Gill	Acting Manager	07909333164 Safeguard Number 0333 358 3173

The leads are responsible for –

- Communicating the policy and its associated policy's to service users /parents and families /carers and professionals.
- Making referrals to Mash and local safeguarding Partnership adult teams without delay.
- Liaising and keeping informed where appropriate other agencies such as OFSTED, CQC, and Police.
- Agreeing appropriate training for all staff.
- Ensuring that safer recruitment is adhered to.
- Co coordinating all aspects of Safeguarding to maintain a safe service.
- Complete reports and contribute to individual safeguard plans both in the immediate and ongoing.
- Making sure that safeguarding is paramount and visible across all the services and within the organisation.
- Ensuring that safeguarding is part of the ongoing risk assessment for individuals and that safe working and learning practices are part of everyday activities.
- Receive appropriate training in child protection matters and interagency working, to include both national and local bodies, at least every three years.

The Deputy Safeguard Leads(DSL) are responsible for-

- Taking the calls and acting on them in the absence of the safeguard lead as per above.
- To review daily any welfare concerns raised by team members in relation to a child/adult attending the short break service.
- Taking the responsibility to pursue the allegation if the alleged perpetrator or the complaint is against the safeguarding leads.
- To inform the leads (with exception of when the concern is about the leads) of all received allegations as soon as possible.
- Complete reports and contribute to individual safeguard plans both in the immediate and ongoing.
- To make sure that safeguarding is a highlighted feature in their services.

Confidentiality

Adults

Section 45 of the Care Act 2014 covers information in adult safeguarding. The guidance says that whenever a complaint for allegation or abuse is made we must all keep clear and accurate records and have strong policies in place and report incidents of abuse to the relevant bodies. The key principles of information sharing and confidentiality are laid out in the Care Act 2014 guidance section (14.150).

Principles to be used are –

- Information will only be shared on “need to know “basis when it is in the interests of the adult.
- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse it may be necessary to override this requirement.
- It is inappropriate for Achieving Aspirations to give assurances of absolute confidentiality in cases where there are concerns about abuse especially where there are other adults at risk.

Achieving Aspirations has the power to disclose information to the police without the consent of the customer under section 115 Crime and Disorder Act 1998. An element of information sharing will need to happen as part of the initial enquiry where initial assessment of the risk factors are made. As a part of this, decisions will be made regarding any legal requirement to gain consent and when and who will gain consent if required. Please refer to Achieving Aspirations Mental Capacity and Dols/ policy for further guidance.

Purpose of information sharing.

Information exchanged under this policy will only be used to Safeguard Adults where it meets these conditions –

- A criminal offence has taken place
- It may prevent a crime
- The alleged victim is at risk of harm
- Staff or other service users or the public may be at risk of harm
- For early interventions and identification of abuse
- For section 42 enquires

Children/Young people

Achieving Aspirations will work in collaboration with its main commissioners Suffolk County Councils Children's Services Signs of Safety overarching practice framework for all of its work with children and families. It describes a purposeful and collaborative way of working with families to secure the best outcomes for children and young people.

Information sharing

Fears about sharing information cannot be allowed to stand in the way of the need to promote the safety and welfare of children and young people. We endeavour to make sure that we pass on all information relevant to the investigation and that child and not assume that another professional will do so or already has.

We incorporate the seven golden rules of information sharing as set out by Suffolk Safeguarding Partnership and Working together to safeguard children 2018.

1. Data Protection is not a barrier to sharing necessary information relating to this policy –but provides a framework so that it is shared appropriately.
2. Be open and honest-with the person their family where appropriate from the onset and seek agreement if possible. Names of alleged abusers may not be disclosed to family or staff team members until such time as is felt appropriate within the investigation and with consultation with the Multi agency safeguarding hub MASH and/or Local Authority Safeguard lead (LADO) see contact details in appendix .
3. Seek Advice from MASH (03456061499).
4. Share consent where appropriate and where possible. You may still share information without consent. if in your judgement that lack of consent can be overridden in the public interest.
5. Consider safety and wellbeing – Base your information sharing decisions on considerations off the safety and wellbeing of the person and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose, is shared on a need to know basis and is sent securely.
7. Keep a record of your decisions and the reasons for it –whether it is to share information or not.



Achieving Aspirations will ensure that all information shared is in accordance with our Data Protection Policy and GDPR guidance.

Purpose for information sharing

Information exchanged under this policy will only be used to safeguard children and young people where it meets these conditions –

- For section 47 enquires
- A criminal offence has taken place
- It may prevent a crime
- The alleged victim is at risk of harm
- Staff or other service users or the public may be at risk of harm
- For early interventions and identification of abuse

Please note that families, and where applicable the young person/adult /student should be kept informed about the investigation and any progress, including the outcome of any disciplinary approach. Note that the deliberations of a disciplinary hearing and the information taken into account in reaching a decision will not be disclosed but the outcome will be shared. A member of staff whom raises a safeguard alert will be informed that the investigation is completed. All information shared will be done so with regards to the Data Protection Act 1998 and where relevant the Human Rights Act 1998.

Who can make the referral? Raise the concern?

Referrals/concerns can be made by anyone at any time. Should an employee be concerned then they can phone Achieving Aspirations dedicated Safe guard line and report their concern. In addition to this there are the safeguard leads/deputies whom they can report to directly by calling numbers provided.

Due to the nature of short break services our customers often attend a variety of settings and support services, thus it is often difficult to ascertain the origins of a concern without potentially alerting the perpetrator, for example a child arrives at the break with out of date medication, or bruising of an unknown origin. We operate a system whereby staff report any welfare concern to the service manager with 24 hours, and where it is felt this should be escalated then the manager will refer onto Social Care Services. On noting the concern staff should **not** contact parents or other agencies. Where a concern is such that immediate action is required then this

should be reported without delay to the DSL or Safeguard Lead by email or phone using the oncall system where necessary.

Parents and families can report concerns immediately to the senior person on duty whom will escalate it. Alternatively, the parent/family member/visitor can phone the lead/deputies on the dedicated safeguarding phone number **03333583173**.

Reports of concern and or abuse should be made as soon as possible to the event witnessed or the information received. This should be done within 24 hours; it is not acceptable to leave it. If you are concerned report it and let the process decide whether it is relevant or not.

Referrals can be made verbally, by telephone, and using augmentative communications systems. It is essential that any allegation of abuse made against a person who works with a vulnerable child young person adult or learner including those who work in a voluntary capacity are dealt with fairly, quickly, and consistently, in a way that provides effective protection for the vulnerable person and at the same time supports the person who is the subject of the allegation.

In cases of serious harm, the police should be informed at the outset.

Process of referral/outcomes

Person whom is concerned makes the referral to Achieving Aspirations safeguard line or safeguard leads or direct to Customer First as appropriate.

Once the initial referral has been received the Safeguard lead or deputy will collect some basic initial information and then either phone MASH (local agency safeguard hub) for advice or go directly via customer first to make a safeguard referral to either the Adult Protection Team or the Children's Safeguard Team. In addition a referral to the LADO is also required in situations where the referral involves those whom are in a Position of Trust. Should the alleged abuser be a person of trust and employed by us then the Lead/Deputy will make the judgment based on the circumstances and discussion with the LADO or MASH contact to either

- Remove them either from direct contact with the service user(s) in question into another service possibly under a risk assessment.
- The person may be suspended from certain responsibilities or removed to office duties
- Suspend them from all duties without prejudice until information comes to light that changes the situation during the investigation or the outcome of the enquiry has been completed. Please refer to disciplinary procedure for further advice. Please note that during the information gathering period the process

of suspension is to safeguard all people involved included the alleged abuser and is without prejudice and payment will continue.

Should Adult Protection Team or Children's safeguarding decide to investigate Achieving Aspirations will not make any further investigations unless otherwise directed to do so and will wait for the Statutory Section 47 Strategy review. The Achieving Aspirations Safe guard lead will attend. Safe guard meetings and reviews are a priority over any other work commitments. Where Health commission the service, they will require the same responses as social services and education authorities.

Where the safeguard alert/concern relates to another service user this will be managed by raising the concern in the same way and sharing the information with the persons key professional and family members. The information will be brought to the individuals review where appropriate. The registered manager or delegated person will look for behavioural trends and patterns and readdress risk assessments and behavioural plans where necessary and appropriate. In rare situations, this may involve risk assessing and requesting (based on evidence gathered) for further resources to make safe the situation or in very rare situations via a multi-agency meeting investigating the need to move the person to more suitable placement.

Support to service users during at point of disclosure and within the investigation

Children adults and learners are more likely to be abused by someone they know and trust than by a stranger. Staff members are advised to maintain an attitude of "it could happen here" and treat all disclosures with respect and objectivity. Achieving Aspirations will provide continuing support to a child /young person/adult who has disclosed abuse through promoting a caring and safe environment throughout our services. We will ensure that we promote self-esteem and self-assertiveness through our interactions and relationships /care planning and within education settings our curriculum. We will act in accordance with guidance from the relevant authorities to ensure that, for example, legal proceedings are not compromised.

Disclosures

Should a disclosure be made by a child/young person/adult/learner who uses our services staff will make themselves available, they will listen and demonstrate to the vulnerable person that what they are saying is being taken seriously and without criticism. This needs to be in a supportive, calm manner and avoid asking detailed questions. The role of the staff member is to listen, record and report; not to investigate they should take care to ensure their behaviour and actions do not place pupils or themselves at risk of harm.

When the initial disclosure has been made the immediate response by staff should encourage the disclosing person to describe this at their own pace and in their words and/or actions.

Avoid the use of questions which begin with how what why and when ask any potentially leading questions as they can be construed as leading the person and can jeopardise the information

Staff should ensure that they ask open questions which encourage the vulnerable person to talk such as “can you tell me what happened?”

Staff must accept what the vulnerable person says and not push for further details accept what the pupil says and do not ask for further detail.

Use facial expression and body language to compliment the language content used.

Use any form of augmentative communication systems that will help the vulnerable person” tell their story”.

Acknowledge how hard it was for them to tell you and reassure the pupil that they have done the right thing, explain whom you should tell (the Designated Safeguarding Lead) and why. Staff will let the person know that their information will only be passed onto people who are going to help them

Make careful observation of any clearly visible external signs of possible injury or neglect.

In an unobtrusive way ensure that accurate recording of the content of the disclosure and your observations of the person are made.

The member of staff must not:

- Converse with the vulnerable person in such a way as to make them feel guilty, under pressure or not listened to or taken seriously.
- Staff must not undress the vulnerable person unless there is a naturally occurring time to see parts of the body that are usually covered e.g. personal care when support is required.
- Staff must not make judgemental comments to the disclosing person about the alleged abuser.

- Staff must not promise things that cannot happen make promises such as “I’ll stay with you all the time” or “it will be alright now”.
- Jump to conclusions or speculate what might have happened or make accusations to the disclosing person or other team members.
- Show an overly emotional reaction such as expressing disgust, shock or disbelief
- Attempt to investigate the allegations.
- Contact parents or other agencies to confirm/dismiss allegation or concern raised.

We have a statutory duty to report allegations, if the confiding person asks the staff member to not tell anyone it must be explained that the information will be shared with Safeguarding so that people can help keep them safe.

A nominated person will be allocated to the service user as a support. This will be someone that the service user has a trusted and positive relationship with and a person they feel safe with. They will help the person feel safe and secure and support any them at any meetings should they wish or be required to attend to attend.

The manager of the service with support from the Safeguard Lead will ensure an appropriate risk assessment is in place until a safety plan can be written outlining the resolutions to the situation causing the need for the referral.

Support to staff

All staff within the process will have nominated support person. Staff will be reminded of the importance of confidentiality throughout the process and afterwards. . Any staff whom have concerns will raise them either with their support person or to the safeguard lead.

At the end of the enquiry outcomes will be shared on a need to know basis and in line with employment law and other legislation as appropriate.

Recording

From the point of referral all conversation and information will be recorded for future reference. This will be kept securely stored with only designated people able to access it. Any paperwork that has been generated at meetings etc will be uploaded into the secure site immediately after any meetings, along with interview notes.

Investigation and Enquiry outcomes

On the completion of any enquiry should the outcomes indicate that the staff member is the risk then depending on the seriousness of the incident and actions they will either return to duties with some additional supervisory or training targets or be dealt with under disciplinary processes or any further recommended actions including referrals to professional bodies such as the Disclosure & Barring Service.

Where the outcome of the enquiry or investigation risk relates to the organisation and we are in a position to address it internally we will provide evidence that we have learnt from our errors and put a plan in place to improve and monitor changed practice. This will be written in line with Suffolk's guidance on internal investigations.

As a result of any enquiry or investigation where it is required and appropriate to do so recommendations and action plans to address any additional needs identified will be found in the child/adults **All About Me -things you should know section** or in the child's care plan.

Staff training

All new people into our employment will be given a service Induction where they will be informed about the Safe guard policy and have opportunity to read it and understand the process.

All new employees will participate in a face to face discussion with a manager regarding safeguarding in the organisation and if there is longer than 6 weeks to the face to face training they will take an online safeguarding programme.

We aim that that the online training is supplemented by face to face training for all front line care staff and staff will be placed on the next training slot available after commencement of service. Staff will be provided with Safeguarding training that has specific reference to disabled children.

All services will provide level 2 Safeguard training to all employees. This will be updated at least once every three years.

Level 4 training or equivalent external training to the standard of Suffolk's will be provided to safeguard leads and level 3 Deputies and Managers.

Prevent awareness training is provided on line to ensure the appropriate the provision advice and support, and make appropriate referrals through Prevent or the *Channel* programme.

Where possible multi-agency training will be attended with the local authority by the Safe guard leads and deputies.

We are committed to ensuring that Achieving Aspirations is up to date in its Safeguard Practices.

Contact details for raising concerns

Name	Number	Times of operating
Achieving Aspirations safeguard dedicated number	0333 358 3173	24 hours all year
MASH Suffolk's multi-agency safeguarding hub	0345 6061499	Monday to Thursday 9-5pm Friday 9am -4.25pm
Customer first	0808 800 4005 Referrals submitted on line at www.suffolkas.org/referral-form	24 hours
LADO Local Authority designated Officer	0300 123 2044 LADOCentral@suffolk.gcsx.gov.uk	If not available go to customer first
Suffolk Safeguarding Partnership (adults and Children)	https://earlyhelpportal.suffolk.gov.uk/web/portal/pages/marf	secure online referral form
Professional advice line on making a referral	00443456061499	If not available go to customer first
Mental Capacity & DOL's	01473 260182 Dominic Nay Smith Miller Bettina Lambert 01473 260813 www.suffolk.gov.uk	Office hours if not available phone customer first
Police	If someone is in <u>immediate</u> danger then do not delay phone 999	

<p>Prevent referrals</p>	<p>http://www.suffolkscb.org.uk/assets/files/2015/2015-06-12-Vulnerable-to-Radicalisation-Referral-and-Channel-Guidance.pdf http://www.suffolkscb.org.uk/assets/files/2015/2015-06-12-VTR-Referral-Form.docx This is the on line referral form</p>	<p>Prevent information can be discussed with Suffolk children's safeguarding board and /or Sargent Andy Hill tel 101(Suffolk)</p>
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Review date June 2018

Next Review Aug 2019

Next Review Aug 2020

Anna Boulton