



# Safeguarding children and adults at risk of harm policy

## 1. Purpose

**Safeguarding and promoting the welfare of children and adults at risk of harm or neglect.**

This policy defines how Neurodivergent Safe Space operates to safeguard children, young people and adults at risk of harm or neglect.

We have a duty of care and are committed to the protection and safety of everyone who comes into contact with it including; children, young people and adults at risk involved as visitors and as participants in all of our activities both on and off-site. We also have a duty to safeguard and support our staff and volunteers.

## Definitions

**Children and young people** are defined as those persons aged under 18 years old. This policy will apply to all staff, contractors and volunteers and will be used to support their work.

“Safeguarding and promoting the welfare of children” is defined in Working Together 2018 as:

- protecting children from maltreatment
- preventing impairment of children’s health and development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

## **Adult at risk of abuse or neglect**

For the purposes of this policy, adult at risk refers to someone over 18 years old who, according to paragraph 42.1 of the Care Act 2014:

- has care and support needs
- is experiencing, or is at risk of, abuse or neglect
- as a result of their care and support needs is unable to protect themselves against the abuse or neglect or the risk of it.
- If someone has care and support needs but is not currently receiving care or support from a health or care service they may still be an adult at risk

## 2. Persons affected

- All staff, paid and unpaid, this includes Trustees and all volunteers
- All service users
- All visitors and contractors

## 3. Safeguarding policy

Neurodivergent Safe Space has a zero-tolerance approach to abuse. Neurodivergent Safe Space recognises that under the Care Act 2014 it has a duty for the care and protection of adults who are at risk of abuse. It also recognises its responsibilities for the safety and care of children under the Children Act 1989 and 2004 and the Domestic Abuse Act 2021.

It is committed to promoting well-being, harm prevention and responding effectively if concerns are raised. Adults will be included in swift and personalised safeguarding responses.

It is also committed to inter-agency collaboration on the development and implementation of procedures for the protection of adults vulnerable to abuse, it has a duty and responsibility for making arrangements to ensure all its functions are discharged having regard to safeguarding and promoting the adults at risk of abuse. The policy is about stopping abuse where it is happening and preventing abuse where there is a risk that it may occur.

There can be no excuse for not taking all reasonable action to protect adults at risk of abuse, exploitation, radicalisation and mistreatment. All citizens of the United Kingdom have their rights enshrined within the Human Rights Act 1998. People who are eligible to receive health and community care services may be additionally vulnerable to the violation of these rights because of disability, impairment, age or illness.

The organisation is committed to following the six key Adult principles of safeguarding adults, Making Safeguarding personal and Capacity, Consent and decision making. (Appendix 1 for details)

Neurodivergent Safe Space is committed to the following principles:

- The welfare of the child, young person or adult at risk is paramount;
- All children, young people and adults at risk have the right to protection from abuse;
- Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part;
- All suspicions and allegations of abuse must be properly reported to the relevant internal and external authorities and dealt with swiftly and appropriately;
- Arrangements which set out clearly the processes for sharing information procedures with other professionals;
- Staff, contractors and volunteers must be clear on appropriate behaviour and responses. See Appendix 1 for code of conduct. Where appropriate, failure by staff to maintain standards may be dealt with using Neurodivergent Safe Space's Disciplinary Procedures;
- clear whistleblowing procedures are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting welfare to be addressed;

- All staff are aware of the policy and procedures for the protection of children, young people and adults at risk through appropriate safeguarding training, supervision and support for staff and for creating an environment where staff feel able to raise concerns and feel supported in meeting their safeguarding role;
- Staff are given a mandatory induction, which includes familiarisation with safeguarding responsibilities and procedures to be followed if anyone has any concerns;
- All staff should have regular reviews of their own practice to ensure they improve over time in their work with children, adults at risk and families;
- A clear line of accountability for the provision of safe services exists;
- A senior board level lead to take leadership responsibility for Neurodivergent Safe Space's safeguarding arrangements;
- A designated lead for safeguarding at Neurodivergent Safe Space.
- Safe recruitment practices are in place including policies on when to obtain a DBS check;
- Clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice or a complaint. An allegation may relate to a person who works with children who has:
  1. Behaved in a way that has harmed a child, or may have harmed a child;
  2. Possibly committed a criminal offence against or related to a child; or
  3. Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

## Neurodivergent Safe Space will ensure that staff understand;

- Core legal safeguarding requirements and their responsibility to keep children and adults at risk safe;
- That all staff who come into contact with children and adults at risk are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children and adults at risk;
- The requirement to share appropriate information in a timely way and can discuss any concerns about an individual child with colleagues and local authority children's and adult social care
- The issues of capacity, consent and decision-making in relation to safeguarding adults. (see Appendix 1)

## 4. REVISION HISTORY

This policy and related guidance will be monitored by the Chief Executive and the Board of Trustees on a regular basis for compliance and will be reviewed at least annually.

<b>Date approved or amended</b>	<b>Amendments</b>	<b>Signed</b>
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# Appendix 1

## Key six key principles that underpin safeguarding adults' work

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented
- **Protection** – Support and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability** – accountability and transparency in delivering safeguarding training

## Making Safeguarding Personal

Making Safeguarding Personal is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded. It is about seeing people as experts in their own lives and working alongside them in a way that is consistent with their rights and capacity and that prevents abuse occurring wherever possible.

Safeguarding should be person-led and outcome focused, engaging the adult at risk in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, well-being and safety. In most cases, this can only happen by making sure people get the care and support that they need. It is also important that the people who care for them also get this support and recognition. Most importantly it is about listening and providing the options that permit individuals to help themselves.

It is also important that all safeguarding partners take a broad community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that Safeguarding Adults arrangements are there to protect individuals, bearing in mind different preferences, histories, circumstances and lifestyles.

In order to evidence that the Safeguarding process is personalised, it is necessary to collect information about the extent to which this shift has a positive impact on people's lives.

Whilst every effort must be made to work with adults experiencing abuse within the present legal framework there will be some occasions on which adults at risk will choose to remain in dangerous situations. It may be that even after careful scrutiny of the legal framework, staff will conclude that they have no power to gain access to a particular adult at risk. Staff may find that they have no power to remove the adult from a situation of risk, investigate the adult's financial affairs, or intervene positively because the adult refuses all help or wants to terminate contact with the professionals.

It may not always be possible to provide satisfactory solutions. At the age of 18, people are legally entitled to adult status regardless of any disability or impairment they may have. It is, therefore, essential that wherever possible it is the adult at risk who will decide on the chosen course of action, taking into account the impact of the adult at risk's mental capacity where relevant. However, the people and organisations caring for, or assisting them, must do everything they can to identify and prevent abuse happening wherever possible and evidence their efforts.

In these extremely difficult circumstances, staff will be expected to continue to exercise as much vigilance as possible.

Safeguarding Managers will give full support to staff over problems when handling cases of adults remaining in high-risk situations, provided that:

- It is evident from case records that Safeguarding Adults procedures have been properly followed;
- Every effort has been made, on a multi-agency basis, to intervene positively to protect the adult at risk;
- Legal advice has been obtained and acted upon

And ultimately that the adult at risk has been fully consulted and involved as far as practicable in every decision relating to their situation

## Capacity, Consent and Decision Making

The consideration of capacity is crucial at all stages of Safeguarding Adults procedures. For example determining the ability of an adult at risk to make lifestyle choices, such as choosing to remain in a situation where they risk abuse; determining whether a particular act or transaction is abusive or consensual; or determining how much an adult at risk can be involved in making decisions in a given situation.

The key development affecting this area of work is the implementation of the Mental Capacity Act 2005, which provides a statutory framework to empower and protect adults at risk who may not be able to make their own decisions. It makes it clear who can take decisions in which situations and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. It applies to anyone aged 16 years and over therefore appropriate liaison needs to occur for young people aged 16 to 18 years with Children's Services where relevant as part of Safeguarding Adults work.

The whole Act is underpinned by a set of five key principles:

- **A presumption of capacity** - every adult has the right to make their own decisions and must be assumed to have the capacity to do so unless it is proved otherwise;
- **The right for individuals to be supported to make their own decisions** - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- That individuals must retain the right to make what might be seen as eccentric or **unwise decisions**;
- **Best interests** - anything done for or on behalf of people without capacity must be in their best interests; and
- **Least restrictive intervention** - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.