# Safeguarding Children and Adults at Risk Policy

## 1. Purpose

This document is designed as a high-level organisational safeguarding policy, covering both children and young people and adults at risk, whilst allowing more detailed operational procedures to sit within associated appendices.

Ambitious about Autism/Ambitious about Autism Schools Trust has zero tolerance of all forms of abuse and exploitation of children and adults at risk. The purpose of this policy is to provide a framework for the protection and safeguarding of children and adults at risk for all staff working within Ambitious about Autism/Ambitious about Autism Schools Trust (AaA/AaAST).

This policy and procedures shall be followed by all staff in all central services, supported internships, TreeHouse School, The Rise School, Spring School, Ambitious College and St. John's College and associated residential care homes. The purpose of this policy is to:

- Safeguard and promote the welfare, wellbeing, safety, rights and dignity of all children, young people and adults at risk who access AaA/AaAST's services.
- Ensure a whole-organisation approach to safeguarding that places the individual at the centre of all decision-making.
- Establish clear expectations, responsibilities and arrangements for safeguarding and protection.
- Ensure compliance with statutory safeguarding requirements and best practice guidance.
- Support the identification of children and adults who may be suffering, or are at risk of suffering, abuse, neglect, exploitation, harm, or impairment of health and development.
- Promote effective early intervention, prevention and support to improve outcomes.
- Ensure all staff, volunteers, trustees, governors, agency workers, contractors and individuals working on behalf of AaA/AaAST understand their safeguarding responsibilities.
- Promote a culture where safeguarding concerns are recognised, reported and responded to appropriately, promptly and effectively.
- Support effective partnership working with safeguarding agencies and professionals.

This policy and associated procedures apply to all staff, trustees, governors, employees, volunteers, agency workers, consultants, contractors, apprentices, students on placement, temporary staff and visitors undertaking activities on behalf of AaA/AaAST. The term 'Staff' includes volunteers, including beneficiaries who receive involvement fees and/or expenses.

## 2. Statutory guidance

AaA/AaAST will comply with all relevant safeguarding legislation and guidance, including but not limited to:

**2.1 Children's safeguarding and protection**

Keeping Children Safe in Education (KCSiE)

Working Together to Safeguard Children

Children Act 1989

Children Act 2004

Children's Wellbeing and Schools Act 2026 (when fully enacted with published guidance)

Children and Social Work Act 2017

Education Act 2002

Children Missing Education Guidance

Sexual Violence and Sexual Harassment Guidance

**2.2 Adult safeguarding legislation and guidance**

Care Act 2014

Care and Support Statutory Guidance

Mental Capacity Act 2005

Mental Capacity Act Code of Practice

Health and Social Care Act 2008

Safeguarding Vulnerable Groups Act 2006

**2.3 Cross-cutting safeguarding legislation**

Human Rights Act 1998

Equality Act 2010

Domestic Abuse Act 2021

Serious Crime Act 2015

Modern Slavery Act 2015

Counter-Terrorism and Security Act 2015

Prevent Duty Guidance

Data Protection Act 2018

UK GDPR

Information Sharing Advice for Safeguarding Practitioners

**2.4 Workforce and safer recruitment**

**Disclosure and Barring Service (DBS)**

**Safer Recruitment Guidance** Contained within KCSiE

**Teachers' Standards**

**2.5 Governance and inspection**

**Ofsted Safeguarding Policy**

**Charity Commission Safeguarding Guidance**

**Information Commissioner's Office (ICO)**

**2.6 Other relevant information**

- Relevant Local Safeguarding Children Partnership procedures
- Relevant Safeguarding Adults Board procedures

Current safeguarding legislation and guidance should be accessible to staff through organisational policies, procedures and training materials.

**3. Policy statement**

Ambitious about Autism/Ambitious about Autism Schools Trust, has zero tolerance of all forms of abuse and exploitation of children and adults at risk and is committed to safeguarding and promoting the welfare of children, young people and adults at risk.

**Safeguarding is everybody's responsibility.**

AaA/AaAST recognises that effective safeguarding requires:

- A culture of vigilance.
- Strong leadership.
- Professional curiosity.
- Timely intervention.
- Effective information sharing.
- Partnership working.
- Robust governance and accountability.

AaA/AaAST will take all reasonable steps to protect children and adults from:

- Abuse
- Neglect
- Harm
- Violence
- Exploitation
- Discrimination
- Radicalisation
- Prejudice-based harm, including:
  - racism
  - faith-based prejudice
  - other forms of discrimination
- Coercion
- Harassment
- Bullying
- Online abuse

See Appendix A for more detail.

AaA/AaAST will ensure concerns are taken seriously, managed appropriately and responded to in a timely manner.

### 3.1 Policy Definitions

**Child:** Any person under the age of 18.

**Adult at Risk:** An adult who:

- Has needs for care and support.
- Is experiencing or is at risk of abuse or neglect.
- Is unable to protect themselves because of those needs.

**Safeguarding:** Protecting individuals:

- Health.
- Wellbeing.
- Human rights.
- Safety.
- Ability to live free from abuse and neglect.

See Appendix B for more information on Safeguarding Risks.

**Abuse:** A violation of a person's human or civil rights by another person or persons.

**Neglect:** The ongoing failure to meet a person's basic physical, emotional, educational, medical or social needs.

**Exploitation:** The manipulation or abuse of an individual for another person's benefit.

**Prejudice based harm:** Racism, faith based prejudice, other forms of discrimination.

## 4. Principles of safeguarding practice

### Principle 1 - Person-centred and child-centred practice

The welfare, safety and best interests of the child or adult at risk will always be paramount. Individuals will be encouraged and supported to:

- Express their wishes
- Share their views
- Participate in decisions
- Influence outcomes affecting them

Their voice will be heard and considered in safeguarding decision-making.

### Principle 2 - Safeguarding is everyone's responsibility

Every member of staff, volunteer, trustee, governor and contractor has a responsibility to:

- Recognise safeguarding concerns.

- Report concerns promptly.
- Act in accordance with organisational procedures.
- Promote safe environments.

See Appendix C for more detail on reporting concerns.

**Principle 3 - Prevention**

AaA/AaAST is committed to preventing abuse, neglect and exploitation through:

- Safe recruitment
- Effective training
- Awareness raising
- Positive relationships
- Risk management
- Safe working practices

**Principle 4 - Early identification and early help**

AaA/AaAST recognises the importance of early intervention.

Concerns will be identified and addressed at the earliest opportunity to reduce the likelihood of escalation and improve outcomes.

**Principle 5 - Empowerment**

Adults at risk and children with appropriate capacity will be supported to:

- Make informed decisions.
- Exercise choice and control.
- Be involved in safeguarding decisions.
- Achieve outcomes important to them.

**Principle 6 - Proportionality**

Responses to safeguarding concerns will be:

- Appropriate
- Timely
- Proportionate
- Risk assessment based

**Principle 7 - Protection**

AaA/AaAST will take steps to support and protect individuals experiencing or at risk of any harm, neglect or exploitation.

**Principle 8 - Partnership working**

Effective safeguarding depends upon strong collaborative relationships with:

- Children's Social Care
- Adult Social Care
- Police & Prevent Teams
- Health Services
- Local Authorities
- Safeguarding Partnerships
- Safeguarding Adults Boards
- Education Providers
- Housing Services
- Advocacy Services
- Community Services
- Voluntary Organisations
- Regulatory Bodies

**Principle 9 - Accountability**

All safeguarding decisions and actions will be:

- Appropriately recorded
- Evidence-based
- Transparent
- Subject to oversight and scrutiny

**Principle 10 - Inclusion, equality, diversity and human rights**

AaA/AaAST recognises that certain individuals may face increased safeguarding vulnerability due to:

- Autism.
- Disability.
- Mental ill health.
- Social isolation.
- Poverty.
- Care experience.
- Discrimination.
- Domestic abuse.
- Cultural barriers.
- Communication barriers
- Substance misuse
- Homelessness
- Age

Safeguarding responses shall be equitable, inclusive and free from discrimination.

**Principle 11 - Contextual safeguarding**

AaA/AaAST recognises that abuse and harm can occur:

- Within families.
- Within peer groups.
- Online.
- Within communities.
- Within organisations and institutions.

Safeguarding responses will consider the wider context in which harm occurs.

**Principle 12 - Online safety**

AaA/AaAST will promote safe use of technology through:

- Education
- Training
- Monitoring
- Risk assessment
- Appropriate safeguarding controls including monitoring and filtering activities

**Principle 13 - Child-on-child abuse**

AaA/AaAST adopts a zero-tolerance approach to child-on-child abuse. All allegations, disclosures and concerns will be taken seriously and investigated appropriately.

**Principle 14 - Mental capacity and consent**

Where services involve adults at risk, safeguarding practice will be informed by the Mental Capacity Act 2005.

AaA/AaAST will:

- Assume capacity unless established otherwise.
- Support decision-making.
- Respect informed consent.
- Act in best interests where capacity is lacking.
- Ensure interventions are the least restrictive option.

**Principle 15 - Safer recruitment and workforce conduct**

AaA/AaAST is committed to maintaining a safe workforce through:

- Safer recruitment procedures
- Appropriate vetting and DBS checks
- Induction processes and the effective use of probationary periods of employment
- Safeguarding training
- Workforce supervision
- Management of allegations and concerns

**Principle 16 - Autism-informed practice**

AaA/AaAST recognises that autistic individuals may experience increased vulnerability to abuse and exploitation and may face additional barriers when seeking help.

Staff must:

- Make reasonable adjustments.
- Adapt communication methods.
- Consider sensory needs.
- Allow additional processing time.
- Check understanding.
- Avoid assumptions about capacity or credibility.

**Principle 17 - Professional curiosity**

Staff must maintain respectful professional curiosity and seek to understand the circumstances that may place individuals at risk.

**Principle 18 - Early intervention**

Whenever possible, concerns shall be identified and addressed at the earliest opportunity.

**5 . Safeguarding Culture**

AaA/AaAST will promote a culture in which:

- Safeguarding is visible and understood.
- Concerns are reported without fear.
- Professional challenge is welcomed.
- Lessons are learned.
- Individuals feel safe to disclose abuse.
- Staff understand their safeguarding responsibilities.
- Leaders model safe and ethical practice.

Staff who raise safeguarding concerns in good faith will be supported and protected from detrimental treatment.

**6. Multi-Agency collaboration and partnership working**

Effective safeguarding requires coordinated working between professionals and agencies.

AaA/AaAST will work collaboratively with:

- Children's Social Care.
- Adult Social Care.
- Police.
- Health services.
- Education providers.
- Advocacy services.
- Local Authorities.
- Safeguarding Partnerships.
- Housing providers.
- Voluntary sector organisations.
- Regulatory bodies.

AaA/AaAST will:

- Share information lawfully and proportionately.
- Participate actively in safeguarding meetings.
- Contribute to assessments and plans.
- Attend child protection conferences.
- Attend adult safeguarding meetings.
- Escalate concerns when partners do not respond appropriately.
- Advocate for autism-informed safeguarding practice.
- Ensure that external agencies have access to safeguarding@ambitiousaboutautism.org.uk to enable them to make contact if necessary during school and college closure periods

**No practitioner should assume another agency is taking action without confirmation.**

Professional challenge must be exercised where decisions appear unsafe or risks remain unresolved.

### 7. Mental Capacity, Consent and Decision Making

When working with adults at risk, staff shall follow the principles of the Mental Capacity Act 2005.

Capacity must:

- Be presumed unless proven otherwise.
- Be assessed specifically in relation to individual decisions.
- Not be judged solely on the basis of disability, diagnosis or communication differences.

Where an adult lacks capacity, decisions will be made in their best interests and documented appropriately.

AaA/AaAST recognises that safeguarding concerns may justify sharing information without consent where significant risk exists.

See Appendix I for more information on Mental Capacity, Best Interest and Deprivation of Liberty.

### 8. Roles and responsibilities

#### 8.1 Trustees and governors

The Trustee Board and Governing Body members are responsible for:

- Approving this policy and procedures.
- Monitoring compliance.
- Holding leaders accountable.
- Ensuring legal responsibilities are met.
- Receiving safeguarding reports.
- Appointing a lead safeguarding trustee or governor.
- Ensuring sufficient resources are available.

The safeguarding trustee/governor will provide challenge, support and assurance.

#### 8.2 Senior leaders

Senior leaders are responsible for:

- Creating and maintaining a positive safeguarding culture.
- Implementing safeguarding systems.
- Ensuring that safeguarding support is available during holiday periods by supporting on call duty arrangements.
- Ensuring that the safeguarding email account safeguarding@ambitiousaboutautism.org.uk is monitored during term time and holiday periods.
- Allocating resources.

- Monitoring safeguarding performance.
- Supporting safeguarding staff.
- Managing organisational risk.
- Reporting to the Board and Governing Bodies as required.

### 8.3 Designated Safeguarding Lead (DSL)

The Designated Safeguarding Lead is responsible for:

- Leading safeguarding arrangements.
- Coordinating and supporting the safeguarding team of their setting.
- Providing advice and guidance.
- Managing referrals.
- Liaising with statutory agencies.
- Managing safeguarding investigations and processes.
- Maintaining safeguarding records.
- Monitoring safeguarding practice.
- Delivering or coordinating training.
- Reporting safeguarding matters to senior leaders, governors and trustees.
- Ensuring lessons learned are implemented.
- Being an active member of the Safeguarding Committee.

Deputy Safeguarding Leads will support and act on behalf of the DSL when required.

### 8.4 All staff, volunteers and contractors

All staff, volunteers and contractors are responsible for:

- Reading safeguarding policies and procedures and Keeping Children Safe in Education (KCSiE) Part 1 in full.
- Understanding indicators of abuse, neglect and exploitation.
- Reporting concerns immediately.
- Maintaining accurate records.
- Participating in safeguarding training.
- Contributing to a positive safeguarding culture.
- Following the Code of Conduct.
- Challenging poor practice where necessary.

### 8.5 Children, young people and adults accessing services

Individuals are encouraged to:

- Report concerns regarding their own safety.
- Report concerns about others.
- Participate in safeguarding processes.
- Treat others with dignity and respect.

AaA/AaAST will ensure accessible reporting and support mechanisms are available.

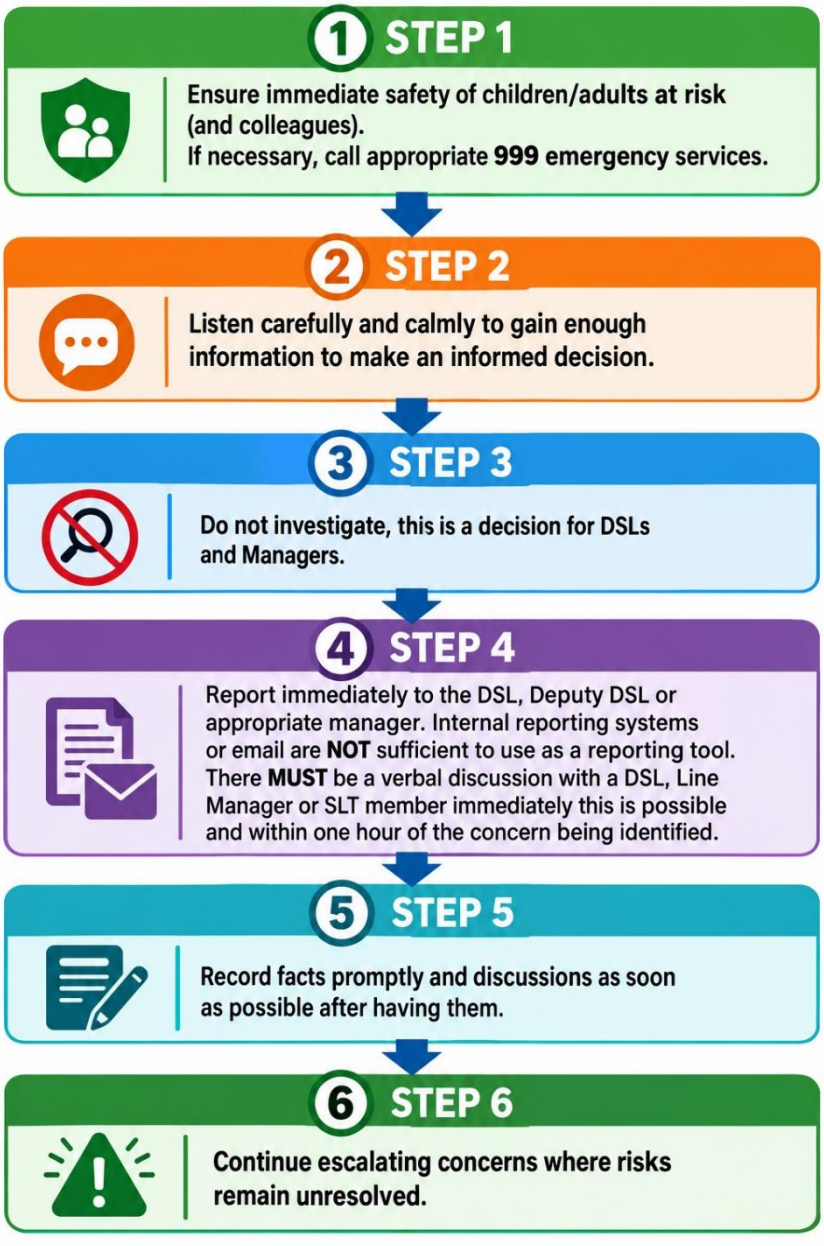
### 8.6 Policy accountability

Ultimate accountability for the implementation of safeguarding policy rests with the Chief Executive Officer, Directors, Heads of Service, Executive Heads / Head Teachers / Principals or equivalent organisational leads and the Board of Trustees and Governing Bodies.

## 9. Reporting and responding to concerns

All concerns **MUST** be reported, regardless of whether the concern seems minor. Reporting Safeguarding concerns by email or internal recording systems is **NOT** sufficient. Verbal reporting to a DSL, Line Manager or SLT member, **MUST** take place immediately if this is possible, or within one hour of the concern being identified.

**Staff must:**




**No concern is ever too small to report.**

## 10. Whistleblowing and professional challenge

AaA/AaAST expects staff to challenge decisions, actions or omissions that may place an individual at risk. Where concerns remain unresolved, staff must continue escalating through:

1. Manager.
2. DSL.
3. Senior Leadership.
4. Executive Leadership.
5. Trustees or Governors.
6. External agencies where necessary.

**The overriding responsibility is safeguarding rather than organisational reputation.**

All investigations will be carried out in accordance with legislation, AaA/AaAST policy and procedures.

## 11. Safeguarding supervision and staff welfare

AaA/AaAST will provide:

- Safeguarding supervision.
- Reflective practice opportunities.
- Professional support following serious incidents.
- Access to wellbeing services.
- Access to Employee Assistance Programmes where available.

Safeguarding work can have a significant emotional impact, and leaders will actively support staff wellbeing.

## 12. Quality assurance and governance

AaA/AaAST will monitor:

- Safeguarding referrals.
- Training compliance.
- DBS compliance.
- Safer recruitment compliance.
- Audit findings.
- Complaints.
- Whistleblowing activity.
- Serious case and learning reviews.
- Staff confidence.
- Child and adult outcomes.

The DSL will provide:

- Monthly operational reporting.
- Termly governance reporting.
- Annual safeguarding reports.

Findings will inform continuous improvement planning.

## 13. Further details found in appendices

These appendices provide a comprehensive operational framework and are suitable for inspection, governance, regulatory assurance, safeguarding audits, and align with both Working Together to Safeguard Children, Keeping Children Safe in Education, and the Care Act 2014 Safeguarding Adults Framework.

**Appendix A:** Signs and Indicators of Abuse, Neglect and Exploitation

**Appendix B:** Categories of Safeguarding Risk

**Appendix C:** Safeguarding Reporting and Referral Procedures

**Appendix D:** Key Safeguarding Contacts

**Appendix E:** Managing Allegations, Low-Level Concerns and Workforce Conduct

**Appendix F:** Early Help, Multi-Agency Working and Escalation Procedures

**Appendix G:** Online Safety, Digital Safeguarding and Filtering Arrangements

**Appendix H:** Safeguarding Training Requirements

**Appendix I:** Mental Capacity, Consent, Best Interests and Deprivation of Liberty Safeguards

**Appendix J:** Making Safeguarding Personal Framework

## 14. Review and approval

This policy shall be reviewed annually or sooner where there are legislation changes, national safeguarding guidance changes, inspection findings require revision, serious incident or other learning reviews or research reports identify improvement actions.

Contact details of DSLs and Safeguarding Management will be monitored for accuracy by the Safeguarding Committee, which will be responsible for ensuring staffing changes are reflected in the documentation and the review and any changes made will be minuted.

Approved by: Board of Trustees and Governing Bodies

Policy Owner: Director of Education and Care

## Appendix A: Signs and Indicators of Abuse, Neglect and Exploitation

### Introduction

The presence of one indicator does not necessarily mean abuse has occurred. However, multiple indicators, changes in presentation, unexplained injuries, unusual behaviour or disclosures should always be considered carefully and reported in accordance with safeguarding procedures.

### Physical Abuse

Potential Indicators

- Unexplained bruises, burns, fractures or injuries
- Injuries inconsistent with explanation provided
- Frequent injuries
- Delay in seeking treatment
- Fear of certain individuals
- Flinching or withdrawal from physical contact
- Wearing inappropriate clothing to conceal injuries

### Emotional or Psychological Abuse

Potential Indicators

- Low self-esteem
- Anxiety or depression
- Excessive withdrawal
- Fearfulness
- Self-harm
- Suicidal ideation
- Excessive compliance
- Lack of confidence
- Developmental delays
- Reluctance to return home

### Sexual Abuse

Potential Indicators

- Sexualised behaviour inappropriate to age
- Changes in behaviour
- Reluctance to be with particular individuals
- Self-harm
- Pregnancy
- Sexually transmitted infections
- Sleep disturbances
- Emotional distress
- Disclosure of abuse

### Neglect

Potential Indicators

- Poor hygiene
- Malnutrition
- Inadequate clothing
- Repeated absence from education or services
- Lack of supervision

- Untreated medical conditions
- Persistent tiredness
- Unsafe living conditions

**Financial or Material Abuse**

Potential Indicators

- Unexplained financial difficulties
- Missing money or possessions
- Unusual bank activity
- Changes to wills or finances
- Pressure regarding finances
- Dependency on others controlling finances

**Domestic Abuse**

Potential Indicators

- Fear of partner or family member
- Isolation
- Physical injuries
- Controlling behaviour
- Sudden behavioural changes
- Anxiety and distress

**Self-Neglect**

Potential Indicators

- Poor personal hygiene
- Hoarding
- Unsafe living environments
- Failure to seek medical treatment
- Malnutrition
- Social withdrawal

**Online Abuse**

Potential Indicators

- Secretive online behaviour
- Distress following internet use
- Online relationships with unknown individuals
- Sharing inappropriate images
- Sudden possession of gifts or devices

**Radicalisation**

Potential Indicators

- Extreme views
- Intolerance of others
- Isolation
- Exposure to extremist material
- Behavioural changes
- Expression of extremist narratives

**Appendix B: Categories of Safeguarding Risk**

AaA/AaAST recognises the following safeguarding risks.

**Child Criminal Exploitation (CCE) -** Where children are manipulated into criminal activity for another person's benefit. Indicators may include:

- Missing episodes
- Gang associations
- Possession of money or expensive items
- Drug activity
- Changes in behaviour

**Child Sexual Exploitation (CSE) -** A form of sexual abuse involving manipulation or coercion. Indicators may include:

- Gifts from unknown sources
- Missing episodes
- Older associates
- Sexual health concerns

**County Lines -** Criminal exploitation through drug distribution networks. Indicators may include:

- Frequent travel
- Missing periods
- Multiple mobile phones
- Involvement with older individuals

**Domestic Abuse -** Indicators may include:

- Physical abuse
- Emotional abuse
- Economic abuse
- Sexual abuse
- Coercive control

**Prejudice based harm – Including**

- Racism
- Faith based prejudice
- Other forms of discrimination

**Honour-Based Abuse -** Indicators may Include:

- Forced marriage
- So-called honour violence
- Restrictions on personal freedom
- Forced overseas travel or relocation

**Female Genital Mutilation (FGM) -** A serious criminal offence and safeguarding issue. Indicators may include:

- Disclosure
- Discussions of special ceremonies
- Overseas travel for medical procedures
- Prolonged absence abroad
- Difficulty walking or sitting

**Modern Slavery and Human Trafficking -** Includes:

- Forced labour
- Domestic servitude
- Sexual exploitation
- Criminal exploitation

**Radicalisation and Extremism -** Individuals may be vulnerable to extremist recruitment and harmful ideologies. Risk factors include:

- Serious Violence
- Weapon carrying
- Gang involvement
- Criminal exploitation
- Substance misuse
- Unusual internet searches or chats

**Organisational Abuse -** Organisational abuse is neglect or poor care practice arising from an organisation's structure, policies, routines, or culture**,** where the needs and wishes of individuals are overridden by AaA/AaAST's priorities. Examples include:

- Rigid routines that ignore individual needs
- A culture of disrespect or lack of dignity
- Unsanctioned medication to control behaviour
- Staff being desensitised to poor practice
- Management tolerating or normalising harmful behaviour

**Financial Abuse -** Including:

- Theft
- Fraud
- Scams
- Coercive financial control
- Self-Neglect and Hoarding
- Failure to care for personal health, hygiene, wellbeing or living conditions.

**Hate Crime and Discriminatory Abuse -** Abuse motivated by:

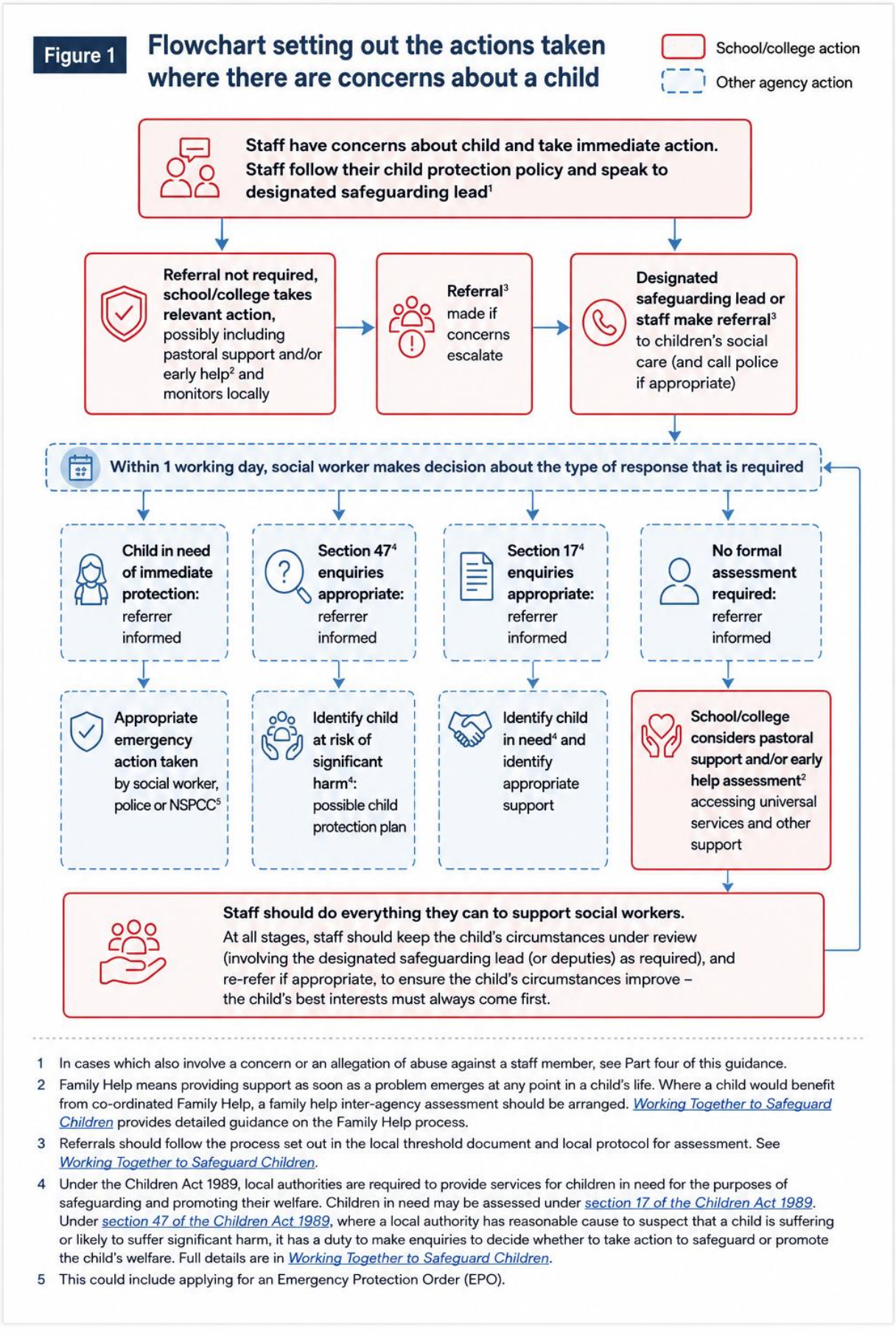
- Race
- Disability
- Religion
- Sexual orientation
- Gender identity
- Age

**Online Harm -** Including:

- Grooming
- Sextortion
- Cyberbullying
- Image sharing
- Fraud and exploitation

## Appendix C: Safeguarding Reporting and Referral Procedures

### Safeguarding children




1 In cases which also involve a concern or an allegation of abuse against a staff member, see Part four of this guidance.

2 Family Help means providing support as soon as a problem emerges at any point in a child's life. Where a child would benefit from co-ordinated Family Help, a family help inter-agency assessment should be arranged. *Working Together to Safeguard Children* provides detailed guidance on the Family Help process.

3 Referrals should follow the process set out in the local threshold document and local protocol for assessment. See *Working Together to Safeguard Children*.

4 Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Children in need may be assessed under *section 17 of the Children Act 1989*. Under *section 47 of the Children Act 1989*, where a local authority has reasonable cause to suspect that a child is suffering or likely to suffer significant harm, it has a duty to make enquiries to decide whether to take action to safeguard or promote the child's welfare. Full details are in *Working Together to Safeguard Children*.

5 This could include applying for an Emergency Protection Order (EPO).

**Safeguarding adults**

If the concerns and initial fact finding lead to the conclusion that an adult may have been harmed or at risk of significant harm, then the DSL will raise an alert to the Adult Social Care Department in the home and host Local Authority area where the adult at risk lives or in the case of this being a concern about a member of staff then the LA host Borough Adult Social Care Department will be contacted.

**Involving the adult at risk**

It is important that, prior to making a referral to Adult Social Care or the police, timely consideration has been given to the ability of the adult at risk to understand the concerns, and whether they have an ability to give consent to concerns being raised with other agencies. It is likely that one of the first questions that the Local Authority is likely to ask is 'Does the adult at risk have capacity?'. This refers to capacity as defined under the Mental Capacity Act 2005, which is explained in more detail in Appendix I.

**In brief:**

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought prior to making a referral. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example, as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation going ahead in response to a concern that has been raised.
- Where an adult at risk, with mental capacity, has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. This may present challenges at AaA/AaAST if the adult also asserts, they do not want their parents or carers to be informed. The person must be given information, have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- There is a public interest, for example, not acting will put other adults or children at risk.
- There is a duty of care to intervene, for example, a crime has been or may be committed.

In such circumstance in the above two points, an alert to the Adult Social Care Department must be made. When there are concerns that a crime has been committed, then the police should also be informed. An allegation of abuse or neglect of an adult at risk, who does not have capacity to consent on issues about their own safety, will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests will be

made in line with the Mental Capacity Act and Mental Capacity Act Code. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

**Raising an Alert**

Raising an alert with the Adult Social Care Department will require a lot of information to be shared. This should happen without delay by telephone. The telephone call will require information sharing.

The DSL will inform the Head and Executive Head who will decide the level of communication necessary within the organisation.

**The Local Authority decision to accept or not, the concern of an adult at risk**

Adult safeguarding processes have historically evolved out of serious concerns for adults living in institutional settings; therefore, an Adult Social Care Department may attempt not to accept the nature of the concern, if the abuse is within a family setting. For example, they may attempt to classify the concern as domestic violence. In such circumstances advice should be carefully recorded and any signposting to other agencies followed without delay.

If the concerns are accepted as an adult at risk:

- If the adult at risk has capacity, the home and host Local Authority will arrange to speak with the adult to clarify facts and to find out from them what is happening, discuss the concerns and carry out a risk assessment with them. This will establish if they understand the risk and what help they may need to support them to reduce the risk if that is what they want. The Local Authority will want to be satisfied that the ability to make an informed decision is not being undermined by the harm they are experiencing and is not affected by intimidation, misuse of authority or undue influence, pressure or exploitation, if they decline assistance.
- If the adult at risk does not have capacity, then their capacity will be appropriately assessed as soon as possible; in safeguarding, this is a process that the Local Authority will lead on. If it is established that the adult at risk lacks capacity, feedback will be given by the Local Authority to them and anyone who is acting in their best interests (for example a family member, attorney or court appointed deputy), unless they are implicated in the allegation.

**Strategy meetings**

The Local Authority Adult Social Care Department can decide that there is a need for a strategy meeting. It should be anticipated that a manager will be invited to attend.

At the meeting the following should be discussed:

- The wishes of the adult at risk.
- Whether an investigation will take place, and if so, how it should be conducted and by whom.
- A risk assessment.
- An interim protection plan.

- A clear record of the decisions.
- A record of what information is shared.
- An investigation plan with timescales.
- A communication strategy.

The strategy discussion or meeting should take place before any investigation; the exception to this is if a police investigation is required to gather evidence. Ambitious about Autism/Ambitious about Autism Schools Trust should not begin an investigation prior to a decision by the multiagency strategy meeting or discussion.

**Outcomes of strategy meeting**

There are a wide range of possible outcomes that can come from a strategy meeting, these include:

- That the police are going to investigate - The staff member who raised the concern and the DSL are likely to be interviewed. (If the concerns relate to an AaA/AaAST staff member then they will also be interviewed by the police, and this could be under caution.)
- That the Local Authority is going to investigate - Again the staff member who raised the concern and the DSL are likely to be interviewed.
- That Ambitious about Autism/Ambitious about Autism Schools Trust lead its own internal investigation - Under such circumstances the Local Authority will require a range of assurances regarding the protection of adults and the robustness of the process being agreed. There will also be an expectation of full, open and transparent feedback to the local authority.

**Investigation**

Guidance on investigations can be found in the London Multi Agency Adult Safeguarding Policy and Procedures, the Brighton and Hove Safeguarding Adults Procedures, or in the case of St. John's College residential care based in East Sussex – East Sussex Safeguarding Adults Procedures.

**Case Conference**

Following any investigation, a case conference is convened by the Local Authority.

The aim of a case conference is to:

- Consider the information contained in the investigating officer's report(s).
- Consider the evidence and, if substantiated, plan what action is indicated.
- Plan further action if the allegation is not substantiated.
- Plan further action if the investigation is inconclusive.
- Consider what legal or statutory action or redress is indicated.
- Make a decision about the levels of current risks and a judgement about any likely future risks.
- Agree a protection plan.

- Agree how the protection plan will be reviewed and monitored.

**Possible outcomes for the adult at risk**

- Increased monitoring.
- Removal from property/support, advice, services.
- Assessment/services.
- Application to Court of Protection.
- Application to change appointeeship.
- Referral to advocacy service.
- Referral to counselling services.
- Guardianship/use of Mental Health Act 2007.
- Review of self-directed support.
- Restriction/management of access.
- Referral to MARAC (London based domestic violence units)
- No further action.
- Other.

**Possible outcomes for the person alleged to have caused harm**

- Criminal prosecution/formal caution.
- Police action.
- Assessment/services.
- Removal from property/support, advice, services.
- Management of access to adult at risk.
- Referral to the Disclosure and Barring Service.
- Disciplinary action.
- Action by Ofsted or CQC.
- Continued monitoring.
- Counselling/training.
- Referral to court-mandated treatment.
- Action under Mental Health Act 2007.
- Exoneration.
- No further action.
- Other.

**Protection Plans and reviews**

One outcome of a case conference is the agreement of a protection plan. This could mean that Ambitious about Autism/Ambitious about Autism Schools Trust is requested to provide additional services, monitoring or support as part of the plan. Staff involved with the plan and the adult at risk should have a good understanding as to what the plan involves, and the DSL should have a written copy of the plan.

The protection plan should be reviewed by the convening of a review meeting.

**Closing a safeguarding adult at risk process**

The Safeguarding Adults process may be closed at any stage if it is agreed that an on-going investigation is not needed or if the investigation has been completed and a protection plan is agreed and put in place.

In most cases a decision to close the Safeguarding Adults process is taken at the case conference or at a protection plan review. The Safeguarding Adults process may close, but other processes may continue, for example, a disciplinary or professional body investigation.

**Appendix D: Key Safeguarding Contacts and escalation points**

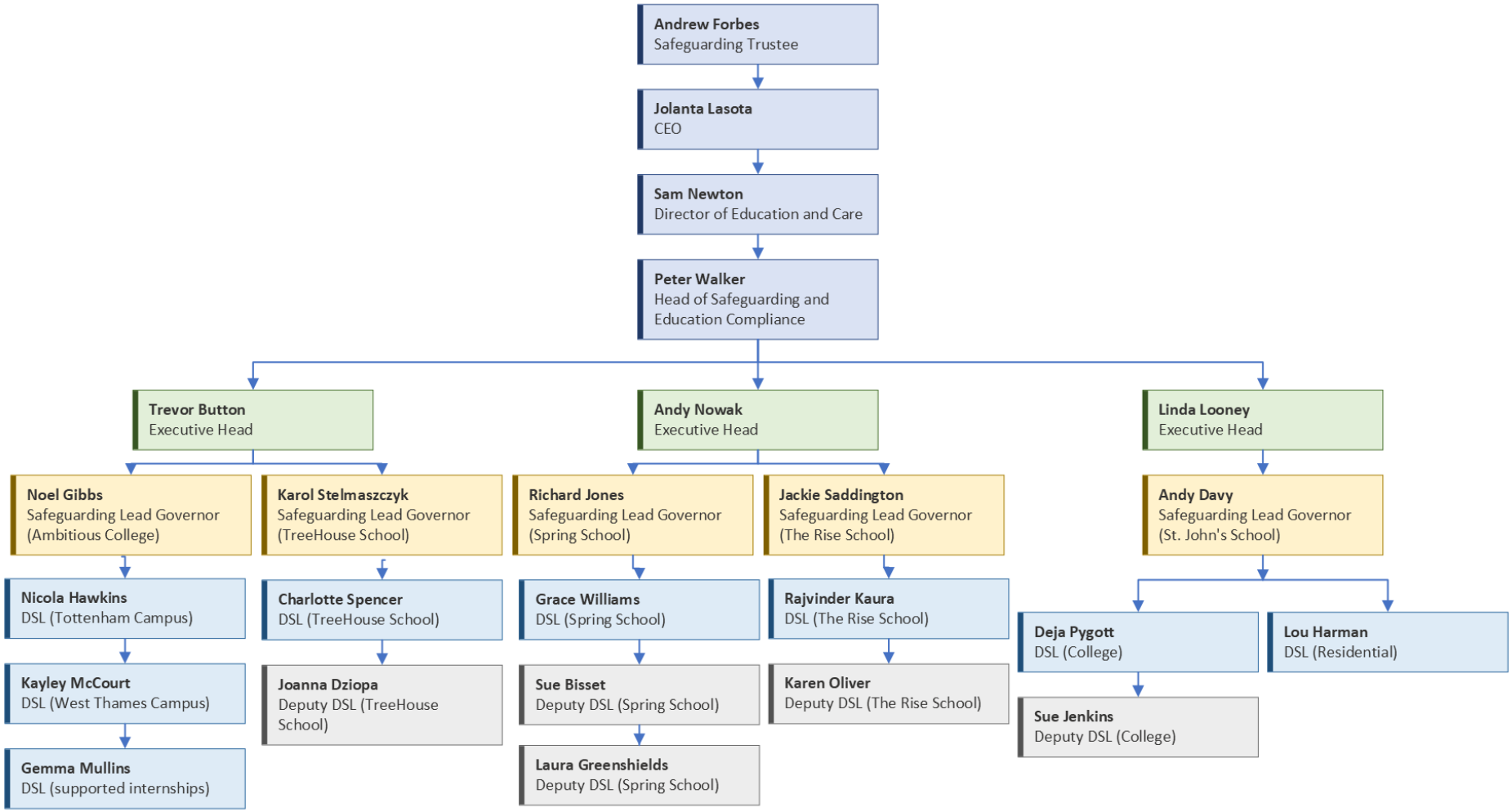
All DSLs will ensure that a comprehensive directory of both internal and external contacts for both Children and Adult at Risk Safeguarding, is available and accessible to all staff. Contact details of DSLs and Safeguarding Management in this document will be monitored for accuracy by the Safeguarding Committee, which will be responsible for ensuring staffing changes are reflected in the documentation.

All Management Safeguarding Leads are DSL trained and are identified to support concern escalation or whistle blowing activities

The **safeguarding@ambitiousaboutautism.org.uk** is monitored in both term time and holidays by Management Safeguarding Leads and can be used for communicating concerns by staff and external agencies and whistleblowing purposes.

| **Management Safeguarding Leads** | | |
|---|---|---|
| Andy Forbes | Safeguarding Trustee | |
| Jolanta Lasota | CEO | jlasota@ambitiousaboutautism.org.uk |
| Sam Newton | Director of Education and Care | snewton@ambitiousaboutautism.org.uk |
| Peter Walker | Head of Safeguarding and Education Compliance / DSL | pwalker@ambitiousaboutautism.org.uk |
| Trevor Button | Executive Head TreeHouse School & Ambitious College | tbutton@ambitiousaboutautism.org.uk |
| Linda Looney | Executive Head St Johns College | llooney@ambitiousaboutautism.org.uk |
| Andy Nowak | Executive Head AAA Schools Trust | anowak@ambitiousaboutautism.org.uk |
| **Safeguarding Link Governors** | | |
| Karol Stelmaszczyk | Safeguarding Lead Governor (TreeHouse School) | |
| Jackie Saddington | Chair & Safeguarding Lead Governor (The Rise School) | |
| Richard Jones | Safeguarding Lead Governor (Spring School) | |
| Noel Gibbs | Safeguarding Lead Governor (Ambitious College) | |
| Andy Davy | Safeguarding Lead Governor (St. John's College) | |
| **Wider charity DSL / Deputy DSL** | | |
| Peter Walker | Head of Safeguarding and Education Compliance / DSL | pwalker@ambitiousaboutautism.org.uk |

| | | |
|---|---|---|
| Emma Allix | Deputy Designated Safeguarding Lead | eallix@ambitiousaboutautism.org.uk |
| **TreeHouse School DSL / Deputy DSL** | | |
| Charlotte Spencer | Designated Safeguarding Lead | cspencer@treehouseschool.org.uk |
| Joanna Dziopa | Deputy Designated Safeguarding Lead | jdziopa@treehouseschool.org.uk |
| **The Rise School DSL / Deputy DSL** | | |
| Rajvinder Kaura | Designated Safeguarding Lead | rajvinder.kaura@theriseschool.com |
| Karen Oliver | Deputy Designated Safeguarding Lead | Karen.Oliver@theriseschool.com |
| **Spring School DSL / Deputy DSL** | | |
| Grace Williams | Designated Safeguarding Lead | gwilliams@springschool.org.uk |
| Sue Bisset | Deputy Designated Safeguarding Lead | sbisset@springschool.org.uk |
| Laura Greenshields | Deputy Designated Safeguarding Lead | lgreenshields@springschool.org.uk |
| **Ambitious College DSL / Deputy DSL** | | |
| Elizabeth Robinson | Designated Safeguarding Lead (Tottenham Green) | erobinson@ambitiouscollege.org.uk |
| Nicola Hawkins | Deputy Designated Safeguarding Lead | nhawkins@ambitiouscollege.org.uk |
| Kayley McCourt | Designated Safeguarding Lead (West Thames) | kmccourt@ambitiouscollege.org.uk |
| Gemma Mullins | Designated Safeguarding Lead (Supported Internships) | gmullins@ambitiouscollege.org.uk |
| **St. John's College (incl. supported internships) DSL / Deputy DSL** | | |
| Deja Pygott | Designated Safeguarding Lead (College) | deja.pygott@st-johns.co.uk |
| Louise Harman | Designated Safeguarding Lead (Residential Care) | louise.harman@st-johns.co.uk |
| Sue Jenkins | Deputy Designated Safeguarding Lead | sue.jenkins@st-johns.co.uk |




| Policy Owner | Director of Education | Review Date: | Dec 2027 |
|---|---|---|---|
| Policy No. | 001 | Version No. | 6.1 |

**External Contacts**

- Children's Social Care
- Adult Social Care
- Police
- Local Authority Designated Officer (LADO)
- Safeguarding Children Partnership
- Safeguarding Adults Board
- Prevent Team
- Domestic Abuse Services
- Emergency Duty Team
- CQC

**DSLs will ensure that a comprehensive directory of both internal and external contacts for both Children and Adult at Risk Safeguarding, is available and accessible to all staff.**

## Appendix E: Managing Allegations and Low-Level Concerns

### Scope

Applies to concerns regarding, employees, volunteers, Trustees, Governors, contractors and agency staff

### Allegations

An allegation may indicate an individual has: behaved in a way that harmed a child or adult at risk; committed a criminal offence; behaved in a manner unsuitable to work with vulnerable individuals.

### Low-Level Concerns

A low-level concern is behaviour inconsistent with the Code of Conduct but falling below the allegation threshold. Examples could include: professional boundary issues, inappropriate communication or poor professional judgement.

### Procedure

| | | |
|---|---|---|
| 1. | Report immediately | To DSL, Deputy DSL or line manager if not available |
| 2. | DSL initial factfinding and assess | Do not investigate but gather initial evidence to enable a decision to be made for next steps |
| 3. | DSL consults head/People Team and decides appropriate action | Options, LADO referral necessary/low level concern/internal investigation only/resolve informally/no further action.<br>Where suspension is felt necessary risk assessment and management agreement sought by DSL.<br>DSL will ensure appropriate communication maintained and any referrer advised on outcome while maintaining confidentiality where necessary. |
| 4. | DSL contact LADO where thresholds met when concerns relate to children or where there is potential impact on an Adult at Risk, Adult Social Care Safeguarding Team. | LADO/Adult Safeguarding will contact Police where appropriate and advise on whether their thresholds are met. May request internal investigation with appropriate communication between DSL and Social Care. |
| 5. | DSL cooperate with LADO and when agreement reached, if necessary, initiate internal investigation. | Where low level concerns are identified, these will be fully investigated, assessed and managed internally and will never be ignored. |
| 6. | DSL manage and record investigation according to procedures and communicate outcomes appropriately. | |

DSLs will make appropriate use of supervision and consultation to aid assessments, investigations and decision making.

## Appendix F: Early Help, Multi-Agency Working and Escalation

### Principles

AaA/AaAST will:

- Share information lawfully.
- Engage with families where appropriate.
- Participate in safeguarding meetings.
- Contribute to plans and reviews.

### Early Help

Early help may include:

- Family support
- Mental health services
- Housing support
- Financial advice
- Community resources

### Escalation

Where professional disagreement exists:

- Discuss with line manager.
- Escalate to safeguarding lead.
- Follow local escalation processes.
- Challenge decisions respectfully.

## Appendix G: Online Safety and Digital Safeguarding

### Organisational Commitments

AaA/AaAST will:

- Promote safe use of technology.
- Deliver online safety education.
- Respond to online incidents.
- Manage digital risks effectively.
- Ensure that appropriate, effective filtering and monitoring software and systems are installed.

### Key Risks

- Grooming
- Sextortion
- Cyberbullying
- Radicalisation
- Fraud
- Online exploitation

### Staff Responsibilities

Staff must:

- Understand and follow digital communication protocols.
- Use only approved systems.
- Report concerns immediately.
- Maintain professional boundaries online.

**Appendix H: Safeguarding Training Requirements**

All staff must read Part 1 of Keeping Children Safe in Education (KCSiE) annually, when updates are published and education settings will be provided with training information to highlight any changes made.

ELT/SMT members, DSLs and Deputy DSLs, must read KCSiE 2026 completely and annually, if updates published include significant changes.

DSLs and Deputy DSLs must have completed DSL training approved by the Head of Safeguarding and Education Compliance, prior to undertaking the role.

DSL training must be refreshed every two years, this will consist of a portfolio evidencing a combination of safeguarding supervision, attendance at Safeguarding Committee, undertaking investigations, audits or research, and delivering or receiving safeguarding training. The Head of Safeguarding and Education Compliance will approve individual DSL training refresher portfolios as required.

Additional training may include:

- Prevent including CEOP accredited training
- Domestic Abuse
- Online Safety
- Mental Capacity
- Trauma-Informed Practice
- Child-on-Child Abuse
- Exploitation

Or any other training agreed as appropriate by their supervising line manager.

**Appendix I: Mental Capacity, Consent, Best Interests and Deprivation of Liberty Safeguards**

The following is guidance on how AaA/AaST expects the Mental Capacity Act to be implemented in practice. If in doubt about appropriate practice or interpretation, staff should consult with their DSL, Line Manager or the Head of Safeguarding.

**Relevant Legislation**

**Mental Capacity Act 2005**

**Mental Capacity Act Code of Practice**

**Mental capacity**

The presumption in the Act is that adults have mental capacity to make informed choices about their own safety and how they live their lives. Issues of mental capacity and the ability to give informed consent are central to decisions and actions in Safeguarding Adults. All interventions need to take into account the ability of adults to make informed choices about the way they want to live and the risks they want to take.

This includes their ability:

- To understand the implications of their situation.
- To take action themselves to prevent abuse.
- To participate to the fullest extent possible in decision making about interventions.

The 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 Safeguarding Adults process must comply with the Act. The Act says that: '… a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance, in the functioning of the mind or brain'.

Further, a person is not able to make a decision if they are unable to:

- Understand the information relevant to the decision or;
- Retain that information long enough for them to make the decision or;
- Use or weigh that information as part of the process of making the decision or;
- Communicate their decision (whether by talking, using sign language or by any other means as muscle movements, blinking an eye or squeezing a hand).

Mental capacity is time and decision specific. This means that a person may be able to make some decisions but not others at a particular point in time. For example, a person may have the capacity to consent to simple medical examination but not to major surgery. Their ability to make a decision may also fluctuate over time.

**Principles of the Mental Capacity Act 2005**

Any person from the age of 16 (the age at which the Mental Capacity Act applies) at risk has the right to make their own decisions and must be assumed to have capacity to make decisions about their own safety unless it is proved (on a balance of probabilities) otherwise:

- Adults at risk must receive all appropriate help and support to make decisions before anyone concludes that they cannot make their own decisions
- Adults at risk have the right to make decisions that others might regard as being unwise or eccentric and a person cannot be treated as lacking capacity for these reasons.

Decisions made on behalf of a person who lacks mental capacity must be done in their 'Best Interests' and on the basis of a 'Reasonable Belief' and should be the least restrictive of their basic rights and freedoms.

**Ill treatment and wilful neglect**

An allegation of abuse or neglect of an adult at risk who does not have capacity to consent on issues about their own safety will always give rise to action under the Safeguarding Adults process and subsequent decisions made in their best interests in line with the Mental Capacity Act and Mental Capacity Act *Code* as outlined above. Section 44 of the Act makes it a specific criminal offence to wilfully ill-treat or neglect a person who lacks capacity.

**Consent**

It is always essential in safeguarding to consider whether the adult at risk is capable of giving informed consent. If they are, their consent should be sought. This may be in relation to whether they give consent to:

- An activity that may be abusive – if consent to abuse or neglect was given under duress, for example as a result of exploitation, pressure, fear or intimidation, this apparent consent should be disregarded.
- A Safeguarding Adults investigation may go ahead in response to a concern that has been raised. Where an adult at risk with capacity has made a decision that they do not want action to be taken and there are no public interest or vital interest considerations, their wishes must be respected. The person must be given information and have the opportunity to consider all the risks and fully understand the likely consequences of that decision over the short and long term, they should also understand how to get support if they wish to change their decision.

The recommendations of an individual protection plan being put in place:

- A medical examination.
- An interview.
- Certain decisions and actions taken during the Safeguarding Adults process with the person or with people who know about their abuse and its impact on the adult at risk.

If, after discussion with the adult at risk who has mental capacity, they refuse any intervention, their wishes will be respected *unless*:

- There is a public interest, for example, not acting will put other adults at risk.

- There is a duty of care to intervene, for example, a crime has been or may be committed.

**Deprivation of Liberty Safeguards (DoLS)**

DoLS, which is integrated as an amendment into the Mental Capacity Act (as a result of the so called Bournewood Judgment), apply to people from the age of 18 who have a mental disorder and who do not have mental capacity to consent to their liberty being restricted or removed.

At present the obtaining of local authorisation to deprive someone who lacks capacity of their liberty is reserved to those in a hospital, residential setting and, since new case law made in 2014, to supported living settings. Other regulated settings such as schools and colleges are expected to be aware of the principles of the Safeguards. Care homes must make applications to a Local Authority for authorisation to deprive someone of their liberty if they believe it is in their best interest. Hospitals must similarly make requests to their Integrated Care Boards (ICBs). Where the grounds are met for the authorisation, the authorising body may issue a certificate lasting up to 12 months, thereby lawfully permitting the deprivation of liberty of that individual. All decisions on care and treatment must comply with the Mental Capacity Act and the Mental Capacity Act Code.

The Care Quality Commission (CQC) has also issued guidance for providers of registered care and treatment services on DoLS. Reference should be made to the relevant Local Authority or health trust/ICBs for procedures relating to DoLS. The fundamental test rests upon whether depriving an adult of their liberty is consistent with a best interest's decision.
It is to be noted that in any other setting, such as a college or a day care setting, authority to deprive an individual who lacks capacity of their liberty can ONLY be authorised by the Court of Protection. A deprivation of liberty in the absence of a Deprivation of Liberty certificate or an order from the Court of Protection would be likely to be regarded as a criminal offence.

The threshold at which the degree of control of an individual may be regarded as being a deprivation of liberty is defined by case law (so may change) and is confined to: using force to admit someone who lacks capacity to an institution, complete and effective control over care and movement, control over contacts and residence, preventing someone electively leaving a setting, refusal to permit carers to remove the person from a setting, denial of social contacts and where autonomy is lost through continuous supervision and control.

**Advocates**

The Local Authority lead should consider whether an adult at risk may benefit from the support of an independent advocate. There are two distinct types of advocacy – instructed and non-instructed – and it is important that people involved in the Safeguarding Adults process are aware of which type of advocate is representing the person and supporting them to express their views. Instructed advocates take their instructions from the person they are representing. For example, they will only attend meetings or express views with the permission of that person.

Non-instructed advocates work with people who lack capacity to make decisions about how the advocate should represent them. Non-instructed advocates independently decide how best to

represent the person. Advocates should be invited to the strategy meeting or case conference, either accompanying the adult at risk or attending on their behalf, to represent the person's views and wishes. Instructed advocates would attend only with the permission of the adult at risk.

**Independent mental capacity advocates (IMCAs)**
IMCAs provide one type of non-instructed advocacy. Their role was established by the Mental Capacity Act 2005 to provide a statutory safeguard mainly for people who lack capacity to make important decisions and who do not have family or friends who can represent them to do so. IMCAs have a statutory role in the Safeguarding Adults process.

There is a legal requirement to make a decision about instructing an IMCA for an adult at risk who is the focus of Safeguarding Adults processes where they lack capacity to make decisions about their safety. IMCA instruction may be unnecessary if the adult at risk has adequate alternative independent representation. This could be from another advocate, or from family or friends. It is good practice for the Local Authority lead to make a decision about the need for IMCA instruction and, if required, to make the instruction to the local IMCA provider. Before making an instruction to an IMCA for Safeguarding Adults, it is necessary to assess the person as lacking capacity for consenting to at least one protective measure which is either being considered or has been put in place. Examples of protective measures may include (but are not limited to):

- Restrictions on contact with certain people.
- Temporary or permanent moves of accommodation.
- The police interviewing the person or collecting forensic evidence which may support a prosecution.
- Increased support or supervision.
- An application to the Court of Protection.
- Restrictions on accessing specific services and/or places.
- Access to counselling or psychology with the aim of reducing the risk of further abuse.

**Court of Protection**
The Court of Protection deals with decisions and orders affecting people who lack capacity. The court can make major decisions about health and welfare, as well as property and financial affairs. The court has powers to:

- Decide whether a person has capacity to make a particular decision for themselves.
- Make declarations, decisions or orders on financial and welfare matters affecting people who lack capacity to make such decisions.
- Appoint deputies to make decisions for people lacking capacity to make those decisions.
- Determine DoLS matters where certification is not permitted.
- Decide whether a lasting power of attorney or an enduring power of attorney is valid.
- Remove deputies or attorneys who fail to carry out their duties.

In most cases decisions about personal welfare will be able to be made legally without making an application to the court, as long as the decisions are made in accordance with the core principles

set out in the Mental Capacity Act 2005 and the best interests checklist and any disagreements can be resolved informally.

However, it may be necessary and desirable to make an application to the court in a safeguarding situation where there are:

- Particularly difficult decisions to be made.
- Disagreements that cannot be resolved by any other means.
- On-going decisions needed about the personal welfare of a person who lacks capacity to make such decisions for themselves.
- Matters relating to property and/or financial issues that need to be resolved.
- Serious healthcare and treatment decisions, for example, withdrawal of artificial nutrition or hydration.
- Concerns that a person should be moved from a place where they are believed to be at risk.
- Concerns or a desire to place restrictions on contact with named individuals because of risk or where proposed Safeguarding Adults actions may amount to a deprivation of liberty outside of a care home, supported living setting or hospital.

**Office of the Public Guardian (OPG)**

The OPG was established under the Mental Capacity Act to support the Public Guardian and to protect people lacking capacity by:

- Setting up and managing separate registers of lasting powers of attorney, of enduring powers of attorney and of court-appointed deputies.
- Supervising deputies.
- Sending Court of Protection visitors to visit people who lack capacity and also those for whom it has formal powers to act on their behalf.
- Receiving reports from attorneys acting under lasting powers of attorney and deputies.
- Providing reports to the Court of Protection the OPG may be involved in Safeguarding Adults at Risk in a number of ways, including:
    - Promoting and raising awareness of legal safeguards and remedies, for example, lasting powers of attorney and the services of the OPG and the Court of Protection
    - Receiving reports of abuse relating to adults at risk ('whistle blowing')
    - Responding to requests to search the register of deputies and attorneys (provided free of charge to local authorities and registered health bodies)
    - Investigating reported concerns, on behalf of the Public Guardian, about the actions of a deputy or registered attorney, or someone acting under a single order from the court
    - Working in partnership with other agencies, including adult care social services and the police.

**Investigations undertaken by the OPG**

The OPG can carry out an investigation into the actions of a deputy, of a registered attorney

(lasting powers of attorney or enduring powers of attorney) or someone authorised by the Court of Protection to carry out a transaction for someone who lacks capacity, and report to the Public Guardian or the court.

How the investigation is carried out will depend on the particular circumstances but will typically involve contact with people and agencies that have contact with the person.

Family and friends and other relevant people who are not implicated in the allegation of abuse often have an important part to play in the Safeguarding Adults process and provide valuable support to the individual and to manage the risk. If appropriate and possible, and where the adult at risk has mental capacity and gives their consent and there are no evidential constraints; family and friends should be consulted. If the adult does not have mental capacity, family and friends must be consulted under the Mental Capacity Act 2005.

**Vital interest**
If the adult at risk has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information under Safeguarding Adults procedures with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult at risk is not being unduly influenced or intimidated and is aware of all the options. This will also enable professionals to check the safety and validity of decisions made. It is good practice to inform the adult at risk that this action is being taken unless doing so would increase the risk of harm.

**Best interest**
If an adult at risk lacks capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, professionals have a duty to act in their best interests under the Mental Capacity Act 2005. This would automatically trigger a Safeguarding Adults referral.

**Public interest**
If the adult at risk has the mental capacity to make informed decisions about maintaining their safety and they do not want any action to be taken, practitioners have a duty to share the information with relevant professionals to prevent harm to others. This will automatically trigger a Safeguarding Adults referral.

**Personal decisions**
The adult at risk will have views about what is an acceptable level of risk to them and about balancing the risks in order to maintain the lifestyle or contacts they wish. There may be a balance to be struck between the benefits of achieving safety and the loss of contact with someone whom they value. A person with mental capacity may choose to live in a situation which is seen as unsafe by professionals, if the alternatives they are being offered are unacceptable to them. They do not, however, have a right to make decisions about the protection other people may need where they may also be at risk from the same person, service or setting.

Adults at risk need to be able to make informed choices from the information they are given. In order to do this, they may need support in a variety of ways such as the help of a family member or friend (as long as they are not the person alleged to have caused the harm), an advocate or IMCA, a language interpreter or other communication assistance or aid.

## Appendix J: Making Safeguarding Personal Framework

### Principles

Making Safeguarding Personal (MSP) is a person-led approach to adult safeguarding that puts the individual's views, wishes and desired outcomes at the centre of any safeguarding response; it focuses on choice, control and achieving outcomes that matter to the person rather than only following procedures.

### Adults should:

- Be listened to.
- Be involved.
- Be informed.
- Have desired outcomes identified.

### Key Questions

- What does the individual want to happen?
- What are their desired outcomes?
- What risks exist?
- What support may be required?

### Organisational Commitments

### AaA/AaAST will:

- Put people at the centre of safeguarding.
- Promote choice and control.
- Respect rights and dignity.
- Balance safety with autonomy.
- Focus on outcomes as well as processes.

### Outcome Measures

Safeguarding effectiveness will consider:

- Whether the individual feels safer.
- Achievement of desired outcomes.
- Reduction in risk.
- Improved wellbeing.
- Satisfaction with safeguarding interventions.