Section 56: Safeguarding Policy

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Policy lead	Designated Safeguarding Lead (DSL)
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1. Policy statement

FASD HUB SOUTH WEST / FASD Informed UK supports children, young people, adults at risk and families, including people with diagnosed or undiagnosed Fetal Alcohol Spectrum Disorder (FASD). We work alongside partners across England and Wales to challenge attitudes, improve services, and provide information, advice, groups, one-to-one support, family events, training and guest-speaker events.

FASD HUB SOUTH WEST / FASD Informed UK is committed to safeguarding and promoting the welfare of every child and adult at risk who comes into contact with our organisation. Safeguarding is everyone's responsibility. The welfare and best interests of the person at risk are central to our decisions, and concerns will be acted on promptly, proportionately and without discrimination.

2. Purpose and scope

This policy explains how FASD HUB SOUTH WEST / FASD Informed UK prevents harm, responds to concerns, shares information, manages allegations, records decisions and works with statutory agencies. It applies to directors, managers, employees, volunteers, sessional workers, contractors, students and anyone acting on behalf of FASD HUB SOUTH WEST / FASD Informed UK, in person or online.

- Protect children, young people and adults at risk from abuse, neglect and exploitation.
- Provide clear responsibilities and reporting routes for everyone working with FASD HUB SOUTH WEST / FASD Informed UK.
- Promote early help, accessible communication, participation and partnership with families and other agencies.
- Support lawful, timely and proportionate information sharing and secure record keeping.

3. Principles and definitions

- **Child-centred:** a child is anyone under 18; their welfare is paramount and their wishes and feelings must be heard in ways suited to their age and communication needs.
- **Adult safeguarding:** an adult at risk is a person aged 18 or over who has care and support needs, is experiencing or at risk of abuse or neglect, and because of those needs is unable to protect themselves.
- **Making Safeguarding Personal:** adults should be supported to make choices and have control over safeguarding outcomes wherever possible.
- **Equality and inclusion:** everyone is entitled to protection. Disability, communication needs, trauma, dependency, discrimination, online exposure and previous experiences may increase vulnerability and must inform reasonable adjustments.
- **Professional curiosity:** staff must notice, listen, record and respectfully question inconsistencies without investigating or leading a person's account.
- **Partnership:** safeguarding depends on timely work with children, adults, families, local authorities, police, health, education and other relevant agencies.

Abuse and neglect may be physical, emotional or psychological, sexual, financial or material, organisational, discriminatory, domestic, modern slavery, self-neglect, exploitation, bullying, harassment or neglect. Harm may occur in person or online, at home, in education, in services, in the community, or within peer and intimate relationships. More than one form of harm may occur at the same time.

4. Roles and responsibilities

- **Board of Directors:** holds overall accountability, approves this policy, receives anonymised safeguarding assurance, ensures adequate resources and appoints a Director with lead responsibility for safeguarding.
- **Designated Safeguarding Lead:** provides advice, assesses and coordinates responses, makes or oversees referrals, manages records, liaises with agencies, monitors training and reports themes and learning.
- **Deputy DSL:** provides cover and has authority to act when the DSL is unavailable.
- **Managers:** create a safe culture, ensure induction, supervision, risk assessment and compliance.
- **Everyone working for FASD HUB SOUTH WEST / FASD Informed UK:** follows this policy, maintains boundaries, completes training, records and reports concerns promptly, and never assumes someone else will act.

5. Raising and responding to a concern

Immediate danger or urgent medical need: call 999. Where a child may be suffering or likely to suffer significant harm, contact the relevant children's social care service or police without delay. Where an adult meets or may meet the Care Act safeguarding criteria, contact the relevant local authority adult safeguarding service. Anyone can make a referral. Inform the DSL as soon as it is safe to do so.

1. Listen calmly and take the person seriously. Do not promise secrecy.

2. Use open prompts only where necessary to clarify immediate safety. Do not investigate, quiz, confront an alleged perpetrator or ask leading questions.
3. Explain what will happen next and involve the person, and parents or carers where appropriate, unless doing so may increase risk, prejudice an investigation or be contrary to the adult's wishes and no overriding risk applies.
4. Record the person's words as accurately as possible, together with the date, time, context, observed facts, actions taken and your name. Separate fact from opinion.
5. Report to the DSL or Deputy DSL without delay and before the end of the working day. If neither is available, contact the Chief Executive or a designated Director, or seek advice directly from the relevant statutory service.
6. The DSL will assess risk, consult local threshold and referral guidance, decide and record action, make or support referrals, and ensure appropriate follow-up. Uncertainty must not cause delay.
7. If you disagree with the response or remain concerned, escalate to the Safeguarding Director, Chair of the Board or statutory agency. Use whistleblowing arrangements where necessary.

6. FASD-specific safeguarding considerations

FASD is a lifelong, brain-based neurodevelopmental disability. Prenatal alcohol exposure can affect memory, attention, processing speed, executive functioning, impulse control, emotional regulation, communication, sensory processing, adaptive functioning and the ability to understand cause and effect. Presentation varies widely, and co-occurring conditions may include learning disability, ADHD, autism, speech and language needs, sensory or physical impairments, attachment difficulties and mental health needs. A child's chronological age, vocabulary or outward presentation must not be assumed to reflect their developmental understanding or ability to manage risk.

Children with FASD may be highly suggestible, eager to please, trusting of unsafe people, vulnerable to pressure, grooming and coercion, or likely to agree without fully understanding. They may repeat language supplied by others, change an account when questioned repeatedly, confabulate to fill memory gaps, or comply to end a stressful interaction. These features must never be used to dismiss a disclosure or to label a child dishonest. Equally, apparent agreement must not be treated as informed consent or proof that the child is safe.

- **Communication:** use short, concrete sentences, one idea at a time, neutral language and visual or written prompts where helpful. Allow additional processing time, reduce sensory demands, check understanding by asking the child to explain in their own words, and avoid relying on a simple "yes", "no" or nod.
- **Disclosure and questioning:** record the child's exact words and the questions asked. Use the minimum necessary open prompts, avoid repeated questioning, forced-choice questions, abstract language and correcting the child's account. Seek specialist communication advice or an intermediary where needed.
- **Consent and choices:** present limited, genuine choices in an accessible form; check understanding of the likely consequences; revisit the decision after time and away from anyone who may be influencing the child. Consider whether acquiescence, fear, dependency, reward, threat, grooming or coercion is affecting the response.

- **Behaviour:** distress, shutdown, flight, aggression, apparent defiance, inconsistent recall, missed appointments or repeated unsafe behaviour may reflect unmet neurodevelopmental, sensory, communication or trauma-related needs. Behaviour must be understood in context and must not reduce safeguarding action.
- **Risk assessment:** consider developmental functioning rather than age alone, previous victimisation, online contact, peer influence, exploitation, substance use, missing episodes, transport, money, intimate relationships, criminalisation, self-neglect and dependence on carers or service providers.
- **Protective practice:** use predictable routines, clear boundaries, named trusted adults, repetition, active supervision proportionate to risk, safe online arrangements, rehearsed safety plans and prompt follow-up after incidents. Do not expect learning from consequences alone to prevent recurrence.

Safeguarding plans must be individualised and developed with the child, family or carers and relevant professionals. Where available, they should align with the child's FASD management plan, education plan, health information, communication profile and positive support strategies. Practitioners should seek FASD-informed, speech and language, occupational therapy, psychology, paediatric, mental health or social-care advice where this is necessary to understand communication, capacity, risk or support needs. Transitions between services, placements, education settings and adulthood require advance planning because changes in routine and support may increase vulnerability.

Records and referrals must distinguish direct observation, the child's words, information from others and professional analysis. They should identify the adjustments used, who was present, possible sources of influence, the child's communication and developmental needs, and any discrepancy between apparent verbal ability and functional understanding. A pattern of small concerns may be significant and must be considered cumulatively.

7. Safeguarding children

Staff and volunteers must remain alert to abuse, neglect and exploitation, including domestic abuse, child criminal exploitation and county lines, child sexual exploitation, missing education, homelessness, harmful practices, forced marriage, female genital mutilation, radicalisation, online harms, bullying, serious violence and child-on-child abuse. A child may communicate through words, behaviour, play, writing, drawing or changes in presentation. Absence of a verbal disclosure does not mean absence of harm.

Concerns that do not appear to meet a statutory threshold may still require early or family help. FASD HUB SOUTH WEST / FASD Informed UK will work with the family and relevant agencies, while reviewing risk and escalating if circumstances worsen. When working in a school or college, concerns must be shared promptly with that setting's DSL and with the FASD HUB SOUTH WEST / FASD Informed UK DSL; FASD HUB SOUTH WEST / FASD Informed UK will follow the setting's procedures while retaining responsibility for its own records and actions.

8. Safeguarding adults at risk

Adult safeguarding is guided by empowerment, prevention, proportionality, protection, partnership and accountability. Consent should normally be sought before referral or

information sharing. Information may nevertheless be shared without consent where there is a lawful basis and a compelling safeguarding reason, including serious risk to the adult or others, coercion, suspected crime, concerns about a child, or where the person lacks capacity for the relevant decision. The reasons must be recorded.

Under the Mental Capacity Act 2005, a person aged 16 or over is presumed to have capacity unless established otherwise. Support must be provided to help them decide; an unwise decision alone does not prove incapacity. Any act or decision for a person lacking capacity must be in their best interests and be the least restrictive option. Capacity is decision-specific and time-specific.

9. Confidentiality and information sharing

Safeguarding information is confidential but is not secret. UK GDPR and the Data Protection Act 2018 do not prevent necessary, proportionate and lawful information sharing to protect a child or adult at risk. Staff must share only what is relevant, accurate, necessary and timely; identify the lawful basis; record what was shared, with whom and why; and tell the person where safe and appropriate. Consent is not always the appropriate lawful basis in a safeguarding context.

Records of concern must be completed as soon as possible and normally within 24 hours, signed and dated, reviewed by the DSL, stored securely with access restricted to authorised safeguarding personnel, and retained in line with the organisation's approved retention schedule and data-protection obligations. Records must include decisions not to refer and the rationale. The previous blanket statement that every safeguarding record is retained for 25 years should not be applied without an approved, documented retention basis.

10. Safer recruitment, conduct and training

- Roles will be risk-assessed and subject to proportionate safer-recruitment checks, including identity, employment history, references, right to work, qualifications and the legally eligible level of DBS and barred-list check.
- DBS eligibility depends on the role. There is no statutory expiry date for a DBS certificate; FASD HUB SOUTH WEST / FASD Informed UK will use risk-based rechecking and the DBS Update Service where appropriate rather than relying solely on a fixed three-year rule.
- All personnel must follow the code of conduct, maintain professional boundaries, avoid lone-working arrangements unless risk assessed and authorised, and report low-level concerns as well as allegations.
- Before any unsupervised work, all staff, volunteers, directors, sessional workers and relevant contractors must complete safeguarding induction and role-appropriate FASD safeguarding training. Core safeguarding training must be refreshed at least every two years, with brief updates at least annually and whenever legislation, statutory guidance, local procedures, organisational learning or identified risks change.
- **Mandatory FASD safeguarding content:** training must cover FASD as a lifelong neurodevelopmental disability; differences between chronological age, verbal ability and functional understanding; memory, executive-function, processing, sensory, communication and regulation needs; suggestibility, acquiescence, confabulation and vulnerability to grooming, coercion, exploitation, online harm and criminalisation;

trauma-informed and non-stigmatising practice; recognising that behaviour or inconsistent recall may communicate unmet need or harm; accessible disclosure handling; checking understanding and consent; reasonable adjustments; cumulative risk; individual management and safety plans; professional boundaries; recording; information sharing; and internal and statutory reporting routes.

- **Competence and application:** training must include practical FASD-based safeguarding scenarios relevant to each role. Personnel must be able to demonstrate how they would communicate without leading, make reasonable adjustments, recognise and escalate risk, record the person's own words, and avoid treating apparent compliance or inconsistent recall as evidence that no harm occurred. Additional coaching, supervision or restricted duties will be used where competence is not yet demonstrated.
- **Enhanced training:** the DSL, Deputy DSL, managers and staff who assess risk, supervise practice or make referrals must complete advanced, role-appropriate training in FASD-informed safeguarding. This must include complex and cumulative risk, exploitation, decision-making and capacity, multi-agency referrals, accessible safety planning, supervision of FASD-informed practice, and use of individual management plans. They must maintain current knowledge of local referral pathways and know when to seek specialist advice.
- **Records and assurance:** the organisation will maintain a training matrix showing induction, course content, provider, completion date, refresher due date and role-specific requirements. Learning will be reinforced through supervision, case reflection and service audits. The DSL will review training needs after incidents, complaints, near misses or changes in service delivery, and will report completion and identified gaps to the Board of Directors.

11. Concerns or allegations about workers

Any concern that a worker, volunteer, director, contractor or other representative may have harmed a child or adult at risk, may pose a risk of harm, may have committed a relevant criminal offence, or may have behaved in a way indicating unsuitability must be reported immediately to the Chief Executive and DSL. If either is implicated, report to the Chair of the Board or Safeguarding Director. If the Chair is implicated, report to another non-implicated Director. The organisation will seek advice from the relevant Local Authority Designated Officer or equivalent arrangements for children, and from adult safeguarding, police, DBS, professional regulator, commissioner or other authority as required. Neutral action to manage risk, including temporary redeployment or suspension, will be considered case by case and will not be automatic.

FASD HUB SOUTH WEST / FASD Informed UK will protect people who raise concerns in good faith from victimisation, preserve confidentiality as far as possible, support those affected, and ensure referrals or investigations are not compromised. Concerns about safeguarding practice may also be raised through the organisation's complaints or whistleblowing procedures.

12. Safe services, events and online activity

- Activities will be risk assessed, with clear supervision, consent, emergency, first-aid, transport, photography and missing-person arrangements.

- Online contact will use approved organisational accounts and platforms, appropriate privacy settings and clear moderation and reporting routes.
- Personal devices and private messaging with children or adults at risk must not be used unless specifically authorised within an approved service procedure.
- Accessible information and reasonable adjustments will be provided, recognising sensory, cognitive, communication and trauma-related needs associated with FASD and other conditions.
- Bullying, harassment, discrimination, abusive behaviour and unsafe conduct will be challenged and addressed promptly.

13. CIC governance, audit and review

CIC governance summary

FASD HUB SOUTH WEST / FASD Informed UK is a Community Interest Company governed by its Board of Directors. The Board retains collective accountability for safeguarding, legal compliance, financial stewardship and delivery of community benefit, even where operational responsibilities are delegated. Directors must act in accordance with the company's Articles, their statutory duties, the community interest test and the CIC asset lock.

- The Board approves this policy, appoints a Safeguarding Director and ensures the DSL has sufficient authority, resources, training and access to directors.
- Safeguarding assurance is reviewed at least quarterly, including concerns, referrals, allegations, training, safer recruitment, complaints, incidents, emerging risks and overdue actions.
- Directors declare and manage conflicts of interest; anyone conflicted must not influence the related safeguarding decision or investigation.
- Safeguarding responsibilities may be delegated, but Board accountability cannot be delegated. Reporting lines, escalation routes and out-of-hours authority must be clear.
- Safeguarding risks must inform strategy, budgets, staffing, partnerships, contracts, new services, online activity and the corporate risk register.
- The annual CIC report and accounts must accurately explain community benefit and stakeholder engagement without identifying children, adults at risk, complainants, whistleblowers or alleged perpetrators.
- Material incidents are assessed promptly for reporting to relevant statutory agencies, regulators, commissioners, funders, insurers or data-protection authorities.

As a Community Interest Company, FASD HUB SOUTH WEST / FASD Informed UK is governed by its Board of Directors under the Companies Act 2006, the Companies (Audit, Investigations and Community Enterprise) Act 2004, the Community Interest Company Regulations 2005 and its Articles of Association. Directors must act within their powers, promote the success of the CIC for the benefit of the community, exercise independent judgement and reasonable care, skill and diligence, avoid or properly manage conflicts of interest, and ensure safeguarding is integrated into strategy, risk management, finance, staffing, service design and decision-making.

- **Community interest and safeguarding:** the Board must ensure that activities continue to satisfy the community interest test and that services deliver identifiable benefit without exposing beneficiaries to avoidable harm. Safeguarding impact and

accessibility must be considered when approving new services, partnerships, funding arrangements or material changes.

- **Asset lock:** assets, income and surpluses must be used for community benefit in accordance with the CIC asset lock and Articles. Decisions affecting safeguarding resources, commissioned services or disposal of assets must be documented and must not undermine safe delivery.
- **Board accountability:** the Board retains collective responsibility even where duties are delegated to the DSL, Chief Executive, Safeguarding Director, committee or contractor. Delegations, reporting lines, authority to refer and out-of-hours cover must be recorded and reviewed.
- **Conflicts of interest:** directors must declare actual, potential or perceived conflicts. A conflicted director must not lead or influence safeguarding decisions, investigations, disciplinary action, procurement or partnership decisions connected to that conflict.
- **Stakeholder participation:** the CIC will seek proportionate feedback from children, adults at risk, families, carers, staff, volunteers and partners, using accessible and FASD-informed methods. Safeguarding themes and resulting improvements will inform service planning and the annual community interest report.

The Board will appoint a Safeguarding Director, without reducing the collective duties of all directors, and will receive safeguarding assurance at least quarterly. Assurance must include anonymised data on concerns, referrals, allegations, safer recruitment, training, complaints, whistleblowing, incidents, near misses, partnerships, data breaches, emerging risks, overdue actions and the experience of people using services. The Board will maintain a corporate risk register, record safeguarding decisions and challenge, monitor agreed actions to completion, and commission independent review where the seriousness, complexity or potential conflict warrants it.

The directors must prepare and file the annual community interest company report, form CIC34, with the CIC's accounts. The report should explain how activities benefited the community, how stakeholders were consulted, directors' remuneration where applicable, asset transfers and other required matters. Safeguarding information included in any public filing must be anonymised and must not identify a child, adult at risk, complainant, whistleblower or alleged perpetrator. The CIC must keep Companies House and the CIC Regulator filings accurate and up to date, including accounts, confirmation statements, registered-office details, directors and people with significant control.

Safeguarding incidents must be assessed promptly for notification to the police, local authority, LADO or equivalent, DBS, professional regulators, commissioners, funders, insurers, data-protection authorities, Companies House or the CIC Regulator as applicable. Unlike a charity, a CIC does not make a Charity Commission serious-incident report unless it is separately subject to Charity Commission jurisdiction; nevertheless, the Board must document whether every material incident requires notification under company law, CIC regulation, contract, insurance, data protection or another legal duty.

The DSL will maintain a safeguarding action log and report themes, learning and compliance to the Board. The Board will review this policy annually and sooner after a serious incident, audit finding, organisational change, significant service development or relevant legal or guidance update. It will ensure that safeguarding actions are resourced, assigned, time limited and formally closed only when evidence of completion has been reviewed.

14. Contacts and local procedures

FASD HUB SOUTH WEST / FASD Informed UK safeguarding contact:
Fasd.southwest@gmail.com. The current names and direct contact details of the DSL, Deputy DSL, Chief Executive, Chair of the Board and Safeguarding Director must be held on an internal contact sheet available to staff, volunteers and directors. Personal details may be withheld from the public version where necessary for safety, but this must not impede prompt internal reporting.

In an emergency call 999. Otherwise use the current safeguarding referral pathway for the person's home local authority or the authority where the risk arises, in accordance with local cross-border procedures. Before publication, FASD HUB SOUTH WEST / FASD Informed UK must verify and maintain a separate contact schedule for Devon, Somerset, Cornwall and the Isles of Scilly, Dorset, Gloucestershire, Bristol, Wiltshire and any other area served. Outdated links must not delay a referral.

15. Legal and guidance framework

- Children Act 1989 and Children Act 2004
- Children and Social Work Act 2017
- Children and Families Act 2014 and Special Educational Needs and Disability Code of Practice: 0 to 25 years, where relevant
- Working Together to Safeguard Children 2026 (England)
- Keeping Children Safe in Education 2026, where FASD HUB SOUTH WEST / FASD Informed UK works in or with schools and colleges in England
- Care Act 2014 and Care and Support statutory guidance (England)
- Mental Capacity Act 2005 and Code of Practice
- Equality Act 2010
- Human Rights Act 1998
- Data Protection Act 2018 and UK GDPR
- Domestic Abuse Act 2021
- Sexual Offences Act 2003
- Female Genital Mutilation Act 2003, as amended, and statutory guidance on multi-agency responsibilities
- Forced Marriage (Civil Protection) Act 2007 and Anti-social Behaviour, Crime and Policing Act 2014
- Online Safety Act 2023 and relevant Ofcom codes and guidance, where the organisation provides or moderates an in-scope online service
- Public Interest Disclosure Act 1998
- Health and Safety at Work etc. Act 1974
- Companies Act 2006; Companies (Audit, Investigations and Community Enterprise) Act 2004; Community Interest Company Regulations 2005; and current guidance from the Office of the Regulator of Community Interest Companies, including annual CIC reporting requirements
- Modern Slavery Act 2015
- Counter-Terrorism and Security Act 2015, where relevant
- Safeguarding Vulnerable Groups Act 2006 and current DBS eligibility guidance

- Protection of Freedoms Act 2012, Police Act 1997 and current Disclosure and Barring Service guidance on eligibility, regulated activity and referrals
- Information sharing advice for safeguarding practitioners, Department for Education, May 2024
- NICE Quality Standard QS204: Fetal alcohol spectrum disorder, including individualised management planning
- Department for Education practice guidance on safeguarding disabled children

Jurisdiction note: the referral pathways and much of the statutory guidance named above apply specifically to England. Where services are delivered in Wales, FASD HUB SOUTH WEST / FASD Informed UK must also follow the Social Services and Well-being (Wales) Act 2014, particularly Part 7; the Wales Safeguarding Procedures; Working Together to Safeguard People statutory guidance, including the volumes on adults at risk, children at risk and information sharing; the Welsh Government Code of Safeguarding Practice; the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015; and the relevant Regional Safeguarding Board arrangements.