Equality, Diversity and Inclusion Policy

FASD Informed UK™ is a trading name of FASD Hub South West, established to extend specialist FASD-informed support, education and advocacy across the UK. Document owner	FASD HUB SOUTH WEST / FASD Informed UK
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Policy lead	Designated Safeguarding Lead (DSL)
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1. Purpose

FASD HUB South West, including its trading name FASD Informed UK™, exists to advance the rights, safety, inclusion and life chances of people with diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD), and of the families and carers who support them. We recognise FASD as a lifelong, brain-based disability that may affect memory, communication, executive functioning, sensory processing, emotional regulation, adaptive functioning and the ability to use information consistently. We therefore commit to changing environments, expectations and systems—not blaming individuals for disability-related needs. Through co-production with people with lived experience, accessible communication, proactive reasonable adjustments, supported decision-making, trauma-aware practice and coordinated partnership working, we will remove barriers, reduce stigma and prevent avoidable exclusion. This policy requires everyone acting for our organisation to uphold dignity, equality and human rights; recognise hidden and fluctuating needs; respond proportionately to distress and risk; safeguard without silencing the person's voice; and be accountable for whether our services, employment practices and partnerships deliver fair and meaningful participation. Our purpose is not simply to offer equal access, but to create the conditions in which people affected by FASD are understood, heard, safe and able to thrive.

2. Our values and aims

- We listen to people with lived experience and involve them meaningfully in decisions that affect them.

- We recognise neurodiversity and use FASD-informed, trauma-aware and person-centred approaches.
- We remove avoidable barriers and make reasonable adjustments so people can participate fully.
- We value difference, challenge prejudice and promote dignity, fairness and belonging.
- We provide physical and virtual spaces in which people can ask for support without stigma or unfair treatment.
- We act transparently, learn from concerns and hold ourselves accountable.

3. Scope

This policy applies to directors, committee members, employees, workers, consultants, contractors, volunteers, researchers, students and others representing FASD HUB South West or FASD Informed UK. It also guides how we treat members, beneficiaries, service users, job applicants, visitors, partners and suppliers. It applies to face-to-face and online activity, communications, events, recruitment, service delivery and partnership working.

4. Legal and guidance framework

We will comply with applicable equality, employment, safeguarding, data protection and human rights law. The Equality Act 2010 identifies nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. The forms and scope of legal protection vary according to the characteristic and area of activity, including more limited protection for marriage and civil partnership in some contexts. We will obtain appropriate legal advice where interpretation is uncertain. For people aged 16 and over, we will apply the Mental Capacity Act 2005 and its Code of Practice when supporting decision-making or assessing capacity.

Our inclusion work also recognises barriers not always captured by protected-characteristic categories, including poverty, care experience, trauma, homelessness, caring responsibilities, communication needs and invisible disability. We take account of NICE quality standard QS204 on FASD, including individualised management planning and review at transition stages; NICE guideline NG213 on coordinated, person-centred support for disabled children and young people with severe complex needs; the SEND Code of Practice: 0 to 25 years; and Working Together to Safeguard Children 2026, as applicable to our work and locations.

Safeguarding law and guidance differ across the countries in which we work. In England, we will have regard to Working Together to Safeguard Children 2026 and the applicable adult safeguarding framework. In Wales, we will have regard to the Social Services and Well-being (Wales) Act 2014, Working Together to Safeguard People codes and the Wales Safeguarding Procedures. Staff must follow the framework that applies to the person's location and seek advice from the Designated Safeguarding Lead where jurisdiction or cross-border responsibility is unclear.

5. What equality, diversity and inclusion mean to us

- **Equality** means fair access, treatment and opportunity. Fairness may require different support for different people.

- **Diversity** means recognising, respecting and valuing differences in identity, experience, background, communication and perspective.
- **Inclusion** means designing our culture, services and systems so that people can participate, contribute and feel that they belong.
- **Equity** means identifying and addressing barriers so that people have a fair opportunity to achieve positive outcomes.

6. Discrimination, harassment and victimisation

- **Direct discrimination** is treating someone less favourably because of a protected characteristic, including discrimination by perception or association where the law applies.
- **Indirect discrimination** can occur when a provision, criterion or practice applied to everyone places people sharing a protected characteristic at a particular disadvantage and cannot be objectively justified.
- **Discrimination arising from disability** is unfavourable treatment because of something arising from disability where the treatment cannot be justified.
- **Harassment** is unwanted conduct related to a relevant protected characteristic that has the purpose or effect of violating dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.
- **Victimisation** is subjecting someone to a detriment because they have carried out, or are believed to have carried out, a protected act such as raising or supporting a discrimination complaint.
- **Positive action** is lawful, proportionate action to address disadvantage, different needs or under-representation. It is distinct from generally unlawful positive discrimination.

7. Reasonable adjustments and accessible services

We will anticipate accessibility needs where reasonably possible and respond promptly to individual requests. Adjustments may include accessible venues, quieter spaces, flexible appointment formats or timings, additional processing time, written follow-up, plain-language or Easy Read information, large print, alternative communication methods, interpreters, communication support, support-person attendance and accessible digital content. We will discuss needs with the individual rather than make assumptions, record agreed arrangements appropriately and review them when circumstances change.

8. FASD-informed practice commitments

FASD is a lifelong, brain-based disability. A person's verbal ability may not reflect their understanding, memory, executive functioning or ability to apply information consistently. Needs may be hidden and may vary with stress, fatigue, sensory demands, trauma, environment and developmental stage. We will focus on strengths and support needs, and will not assume that missed appointments, inconsistent recall, impulsivity, shutdown, distress or apparent non-compliance are deliberate or reflect unwillingness.

- **Individual support planning:** where appropriate, we will agree and review a personalised FASD-informed support plan covering strengths, communication, sensory

needs, triggers, regulation strategies, reasonable adjustments, safety, trusted supporters and review points. Plans for children and young people with diagnosed FASD should complement relevant health, education and social care plans and be reviewed at key transitions.

- **Communication:** we will use concrete, respectful language; give one instruction or question at a time where helpful; provide visual prompts, repetition and written follow-up; allow additional processing time; and check understanding without relying only on a yes or no response.
- **Executive-function support:** adjustments may include reminders, predictable routines, breaking tasks into manageable steps, support with sequencing, planning, time, memory, organisation, forms, appointments, deadlines and transitions.
- **Sensory and environmental support:** we will consider noise, lighting, crowding, waiting times, unfamiliar settings and online environments, and may offer quiet spaces, movement or regulation breaks and other agreed aids.
- **Fluctuating and hidden needs:** adjustments will be based on functional need and will not depend solely on diagnosis, appearance or verbal fluency. We will review support when circumstances or demands change.
- **Supported decision-making and consent:** we will presume capacity for people aged 16 and over unless established otherwise for the specific decision, provide information in an accessible form and take all practicable steps to support the person to decide. A diagnosis of FASD, an unwise decision or difficulty recalling information will not by itself be treated as lack of capacity. Any capacity assessment or best-interests decision must follow the Mental Capacity Act 2005 and its Code of Practice.
- **Voice, choice and trusted support:** children, young people and adults will be helped to express their views and preferences. With appropriate consent and regard to confidentiality and safeguarding, we will involve parents, carers, advocates or trusted supporters and explain the limits of confidentiality.
- **Safeguarding:** staff and volunteers will recognise that people with FASD may be more vulnerable to coercion, grooming, exploitation, bullying, online harm, financial abuse, manipulation, false agreement and suggestibility. Concerns will be recorded and escalated under safeguarding procedures. Questioning should be clear, non-leading and adapted to the person's communication and processing needs.
- **Transitions:** support will be reviewed in advance of significant changes, including moves between education settings, transition to adulthood or adult services, leaving care, employment, housing, healthcare and contact with the criminal justice system.
- **Intersectionality:** we will consider how FASD may interact with care experience, poverty, culture, ethnicity, language, sex, gender, additional neurodevelopmental conditions, mental health, physical disability and other sources of disadvantage or discrimination.
- **Confidentiality and stigma:** information about diagnosis, suspected FASD, prenatal alcohol exposure, birth family and care history will be handled sensitively, lawfully and on a need-to-know basis. Our language and practice will avoid blame and stigma.
- **Accessible feedback and complaints:** people may raise concerns verbally, in writing, through Easy Read or supported communication, or with an advocate or trusted person. We will not penalise delayed reporting where disability, trauma, communication or executive-function needs contributed to delay, and we will provide updates in an accessible format.

Examples of FASD-informed practice

- **Before a meeting:** send a short agenda, explain who will attend, provide directions or an online link, and send a reminder close to the appointment.
- **During conversations:** use clear and concrete language, avoid idioms or several questions at once, allow processing time, and offer a pause without interpreting silence as refusal.
- **Checking understanding:** ask the person to explain the plan in their own words or show the next step, rather than asking only, "Do you understand?"
- **Asking questions:** use short, specific questions about one topic at a time; avoid compound, abstract or hypothetical questions; and allow enough time for a response before repeating or rephrasing.
- **Offering choices:** present two or three realistic options using words, pictures or objects where helpful; explain what each option means now and what will happen next; and avoid open-ended choices that may feel overwhelming.
- **Using literal language:** avoid sarcasm, implied meanings, vague time phrases and figures of speech. Replace "in a while" or "get your act together" with a specific time, action or expectation.
- **Managing pace:** speak at a steady pace, pause between key points, reduce unnecessary detail and summarise before moving to a new topic. Do not fill every silence or interpret slower processing as lack of interest.
- **Making written information accessible:** use plain words, short sentences, headings, bullet points, white space and clear dates and times. Highlight the action required, who will help and the single next step; avoid dense pages or several deadlines in one message.
- **Telephone and online contact:** agree the preferred method and best time to communicate; identify yourself and the purpose at the start; minimise background distractions; use chat, captions or camera-off options where helpful; and follow up important calls with a short written summary.
- **Responding to repetition or inconsistent answers:** assume that memory, processing, anxiety or wording may be affecting the response. Repeat or reframe calmly, return to agreed facts and records, and do not accuse the person of lying or not listening without evidence.
- **Communicating during dysregulation:** use fewer words, a quiet tone and familiar phrases; avoid rapid questioning, confrontation or demands for immediate explanations; offer a clear safe choice; and return to detailed discussion after regulation.
- **Safeguarding conversations:** explain why questions are being asked and what may happen with the information; use open, non-leading prompts followed by simple clarifying questions; record the person's own words; avoid repeated interviewing; and check immediate safety and communication support needs.
- **Seeking consent and agreement:** separate information into small parts, explain what agreement covers and any limits, give time to consider, check understanding through teach-back, and revisit consent if circumstances or the person's ability to engage change.
- **Using a communication profile:** with the person's involvement and consent, record what helps, what to avoid, signs of overload, useful visual supports, preferred contact

methods and who may support communication. Share it only with relevant people and review it regularly.

- **Giving instructions:** break a task into small steps, demonstrate where helpful, provide a written or visual checklist, and confirm one achievable deadline at a time.
- **Supporting memory:** follow verbal information with a brief written summary, calendar entry or reminder, and repeat important information consistently without judgement.
- **Creating predictability:** keep routines, staff contacts and expectations consistent where possible; give advance notice of changes; and explain what will happen next.
- **Adjusting the environment:** offer a quieter waiting or meeting space, reduce unnecessary visual or verbal information, allow movement or regulation breaks, and consider sensory needs relating to lighting, noise and crowding.
    - **Lighting and visual input:** use natural or dimmable light where possible; switch off flickering or unnecessary overhead lights; reduce glare with blinds or screen filters; offer seating away from bright windows or busy walkways; and keep rooms, signs and written materials visually uncluttered.
    - **Noise:** offer a quiet room or quieter appointment time; close doors or windows where appropriate; turn off background music, televisions and avoidable alerts; permit ear defenders or noise-reducing headphones; and warn the person before unavoidable alarms or loud sounds.
    - **Smell and air quality:** avoid strong perfumes, air fresheners and heavily scented cleaning products; improve ventilation where possible; seat the person away from kitchens or other strong odours; and allow them to move if a smell becomes overwhelming.
    - **Touch and personal space:** ask before touching the person or their belongings; avoid unexpected physical contact; allow extra personal space; offer alternative seating or materials if fabrics, labels or surfaces are uncomfortable; and do not require handshakes.
    - **Movement and body regulation:** allow standing, pacing, rocking or discreet movement where safe; provide planned movement breaks; offer flexible seating; and permit agreed fidget or chew aids that are safe and hygienic.
    - **Temperature and physical comfort:** provide access to drinking water, allow additional layers or removal of a layer, offer seating away from draughts or heaters, and recognise that awareness of heat, cold, pain, hunger or thirst may be reduced or delayed.
    - **Waiting and crowding:** minimise waiting times, offer first or last appointments, allow waiting outside or in a quieter area, provide a clear estimate of delays, and reduce the number of people in the room where possible.
    - **Online environments:** allow camera-off participation, captions, chat responses and breaks; reduce animated backgrounds and overlapping speakers; share materials in advance; and avoid unexpected sounds or rapid screen changes.
    - **Individual sensory planning:** ask what helps and what makes things harder, record agreed adjustments in the person's communication or support profile, allow use of their own sensory aids, and review arrangements because sensory responses can change with stress, fatigue, health and context.
- **Responding to distress:** reduce demands and language, allow time and space for regulation, use a calm and non-confrontational approach, and revisit the issue when the person is ready while maintaining necessary safety boundaries.

- **Supporting decisions:** present a limited number of clear options, explain likely consequences in concrete terms, allow extra time, and involve an advocate, carer or trusted supporter with the person's consent.
    - **Break the decision into stages:** identify the decision to be made now, explain one part at a time, and defer non-urgent details until the person is ready.
    - **Use accessible comparisons:** show two or three realistic options using plain words, pictures, examples or a simple advantages-and-disadvantages table, including what each option means today and what is likely to happen next.
    - **Check understanding through teach-back:** invite the person to explain the options in their own words, point to a visual sequence or demonstrate the next step; rephrase information without judgement if anything is unclear.
    - **Provide time and repetition:** avoid pressure for an immediate answer where there is no urgency, offer breaks, repeat key information consistently and revisit the decision at a time of day when the person is best able to engage.
    - **Support memory:** provide a brief written or visual summary of the options, the person's questions, the decision made, who will help and any date on which the decision will be reviewed.
    - **Use trusted support appropriately:** with the person's consent, involve an advocate, carer or trusted supporter to help the person understand and communicate, while addressing the person directly and ensuring the supporter does not make the decision for them.
    - **Explore the person's own priorities:** ask what matters most to them, what they are worried about and what has helped in similar situations, rather than assuming that professional or family preferences are theirs.
    - **Reduce communication and sensory barriers:** hold the discussion in a calm setting, limit the number of people present, use the person's preferred communication method and pause if overload or dysregulation affects participation.
    - **Confirm that consent is specific and ongoing:** explain exactly what the person is agreeing to, any limits and how they can change their mind; revisit consent if information, circumstances or the person's ability to engage changes.
- **Planning transitions:** introduce changes gradually, use visits, photographs, maps, social stories or visual timelines, identify a named contact, and provide additional follow-up after the change.
- **Appointments and attendance:** explore whether missed or late attendance reflects memory, time, transport, anxiety or executive-function barriers before applying sanctions, and agree practical supports.
- **Recognising strengths:** identify interests, skills and successful strategies with the person, build these into support plans, and give specific positive feedback.

9. Additional safeguards, accessibility and accountability

Safeguarding children and adults at risk

Our safeguarding arrangements apply to children and to adults at risk. We recognise that FASD-related memory, communication, executive-function, social understanding and adaptive-

functioning needs may increase vulnerability to neglect, self-neglect, coercive control, financial abuse, mate crime, grooming, trafficking, county-lines activity, online harm and other exploitation. Staff and volunteers must notice patterns, adapt communication, record concerns accurately in the person's own words where possible, consider immediate safety and report or refer concerns without delay under the relevant safeguarding procedure. Support and risk management should promote the person's voice, rights and wellbeing and should not depend on a formal diagnosis.

Children's decision-making, consent and participation

For children under 16, we will support meaningful participation and consider the child's age, maturity, understanding and ability to appreciate the specific decision, alongside parental responsibility, relevant consent law, advocacy and safeguarding duties. Information will be presented accessibly and the child's wishes and feelings will be sought and given due weight. We will explain when information must be shared to protect the child or another person, and disagreement between a child and an adult will be managed through the relevant safeguarding, consent and legal framework rather than by excluding the child's voice.

Restrictive practice and behaviour support

Restraint, seclusion, exclusion, sanctions, threats, coercive responses and withdrawal of services must never be used simply because a person displays disability-related behaviour, communicates distress differently or needs additional support. Prevention, co-regulation, de-escalation, environmental adjustment and positive support must be prioritised. Any restrictive intervention must be lawful, necessary to prevent harm, proportionate to the likelihood and seriousness of that harm, the least restrictive available option, used for the shortest possible time, and recorded, reported, reviewed and followed by support for the person and others affected. Where another organisation uses restrictive practice, we will raise concerns and follow safeguarding or commissioning routes as appropriate.

Access without diagnosis and impact assessment

A formal FASD diagnosis is not required before a person can request or receive reasonable adjustments, accessible communication or FASD-informed support. Decisions will be based on the barriers and functional needs identified with the person. New policies, substantial service changes, digital systems, premises changes, partnerships and major organisational decisions will undergo a proportionate equality, accessibility and inclusion impact assessment. Where relevant, this will consider FASD, safeguarding, children's rights, data protection and Welsh-language effects, identify mitigating action and record who is responsible for delivery and review.

Data protection, confidentiality and safe information sharing

Information about health, disability, race or ethnicity, religion or belief, sexual orientation and some equality-monitoring information may be special-category personal data. Information about criminal allegations or convictions is also subject to additional safeguards. We will identify and document an appropriate lawful basis and, where required, a separate condition for processing; collect only information necessary for a clear purpose; provide appropriate privacy information; maintain role-based access controls; share securely and only when lawful and necessary; keep information accurate; follow retention and deletion schedules; and anonymise or pseudonymise reporting where possible. A data protection impact assessment will be

completed where processing is likely to present a high risk, including where vulnerable people, extensive sensitive information or new technology are involved.

Welsh-language provision

People using services in Wales may request communication, meetings and accessible information in Welsh. We will record and respect language preference where practicable, respond in the person's chosen language where we have the capability or arrange appropriate support, and avoid treating Welsh less favourably than English where legal duties or contractual standards apply. Welsh-language need will be considered when designing services, digital content, events, roles and partnerships, and accessible Welsh formats will be provided or arranged where reasonably possible.

Training and competence

All employees and regular volunteers will receive induction on equality, FASD-informed communication, reasonable adjustments, safeguarding, confidentiality and raising concerns before working unsupervised, with refresher learning at least every three years and sooner following significant changes, incidents or identified learning needs. Roles with safeguarding, management, recruitment, data-handling, consent or service-design responsibilities will receive enhanced and role-specific learning, including the applicable England or Wales framework and the Mental Capacity Act where relevant. Completion and understanding will be recorded, and competence will be supported through supervision, reflective learning, observation, feedback and corrective action where practice falls below the required standard.

Accountability and reporting

The policy lead will review implementation at least annually and report significant findings to the Directors. Proportionate measures may include completion of required learning; adjustment requests and whether agreed adjustments were delivered on time; availability and turnaround of accessible formats; use and review of communication or support profiles; complaints, outcomes and escalation; safeguarding themes; transition planning; restrictive-practice concerns involving the organisation or partners; recruitment and participation patterns; Welsh-language requests; and lived-experience feedback. Reports will protect confidentiality, explain limitations in the data and identify actions, owners and review dates.

Advocacy, conflicts and escalation

We will explain how a person may use an advocate, interpreter, communication partner or trusted supporter when making decisions, raising concerns or taking part in an investigation, subject to consent, confidentiality and safeguarding considerations. Where a complaint concerns the Chief Executive, a Director, the Designated Safeguarding Lead or another person who would normally handle it, it must be referred to an uninvolved Director, the governing body or an appropriate independent person. We will explain relevant external escalation routes, which may include the local authority safeguarding service, police, commissioner, funder, regulator, Equality Advisory Support Service, Information Commissioner's Office or Welsh Language Commissioner, depending on the issue.

Emergency and crisis communication

Where appropriate and agreed, individual support arrangements may include a brief portable emergency communication profile setting out preferred communication, key adjustments, signs of overload or distress, known triggers, effective de-escalation strategies, essential health or safety information, emergency contacts and who may support communication. Information will be current, proportionate, readily available to authorised people and shared in an emergency only as lawfully necessary to protect the person or others. After an incident, arrangements will be reviewed with the person and relevant supporters.

Accessibility of this policy

This policy will be published in an accessible digital format and supported by a concise plain-language or Easy Read summary. Alternative formats, including large print, audio, Welsh or another appropriate format, will be provided or arranged on reasonable request. Requests may be made verbally or through a supporter, and a person will not be disadvantaged because they could not read or understand the full policy before raising a concern.

10. Inclusive service delivery

- Information, publicity and events will be reviewed for inclusive language, representation and accessibility.
- We will seek feedback from people with lived experience and use it to improve services.
- We will work respectfully with lesbian, gay, bisexual and trans people and with people of all protected characteristics and backgrounds.
- We will not tolerate abusive, discriminatory or degrading behaviour. Where distress, trauma or disability affects behaviour, we will respond proportionately, safeguard those involved and seek supportive ways to address the behaviour without excusing harm.
- Requests for a particular worker will be considered against the person's needs, safety, continuity, lawful requirements and available resources.
- We will work with partners and suppliers that can support our equality and accessibility standards.

11. Recruitment, employment and volunteering

- Roles will be advertised and filled using fair, transparent and role-relevant criteria.
- Opportunities will be open and accessible, and reasonable adjustments will be offered throughout recruitment and work.
- Decisions on selection, pay, development, promotion, work allocation, discipline, grievance and ending employment or volunteering will be free from unlawful discrimination.
- Where lawful and proportionate, we may use positive action to address disadvantage or under-representation.
- Any occupational requirement must be lawful, necessary and documented.
- Employees and volunteers will receive induction and appropriate refresher learning on equality, FASD-informed practice, anti-discriminatory practice and cultural competence.

12. Roles and responsibilities

- **The Directors** approve this policy, provide oversight and ensure adequate arrangements for implementation and review.
- **The Designated Safeguarding Lead and policy lead** will oversee implementation of the FASD-informed practice and additional-safeguards commitments; advise on safeguarding, restrictive practice, accessible communication and relevant England and Wales frameworks; coordinate the annual implementation review; identify learning needs; and report significant themes, incidents or risks to the Directors.
- **Managers and service leads** apply the policy, respond to adjustment requests, address concerns promptly and model inclusive behaviour.
- **Employees, volunteers and representatives** must treat people with dignity, complete required learning, challenge or report inappropriate behaviour and cooperate with investigations.
- **Partners and contractors** are expected to meet equivalent standards when working on our behalf.

13. Raising a concern

Anyone who experiences or witnesses discrimination, harassment, victimisation, bullying, restrictive practice, a safeguarding concern or an accessibility barrier may raise it as soon as they feel able with a manager, service lead, Director, the Designated Safeguarding Lead or through the relevant Complaints, Grievance, Disciplinary or Safeguarding procedure. Concerns may be raised verbally, in writing, in an accessible format or through an advocate or trusted supporter. Concerns will be taken seriously, handled as confidentially as possible, assessed for immediate safety or safeguarding action, investigated fairly and addressed without victimisation. Appropriate outcomes may include support, education, mediation where suitable, changes to practice, formal action or ending a working or service relationship. Urgent safeguarding risks must be reported immediately under the applicable England or Wales safeguarding procedure. If the concern involves the usual decision-maker, an independent escalation route under section 9 will be used.

14. Monitoring and continuous improvement

We will review implementation at least annually using the measures in section 9, including feedback, complaints, adjustment requests, delivery of personalised support arrangements, transition planning, safeguarding and restrictive-practice themes, accessible-format provision, Welsh-language requests, participation, recruitment outcomes and required learning. We will monitor whether agreed FASD-informed adjustments are implemented and effective, while avoiding unnecessary collection of sensitive information. Equality monitoring will be voluntary where appropriate, proportionate, securely handled and reported in a way that protects individuals. Findings will generate documented actions, responsible owners and review dates, and will be used to update training, communications, service design, risk controls and related policies.

15. Policy review and status

This policy will be reviewed at least every three years and sooner where there are changes to law, guidance, organisational structure or identified risk. Substantive amendments must be approved by the Directors or the appropriate governing body. This policy does not form part of any contract of employment and may be amended following appropriate governance and consultation.

16. Related documents and guidance

This policy should be read with the legislation, statutory guidance, regulatory guidance and good-practice sources below. Sources should be checked for updates at each policy review and sooner after a relevant legal, safeguarding or regulatory change. A source described as guidance or good practice does not replace legal advice or any mandatory duty that applies to the organisation.

- Complaints Policy
- Grievance Policy
- Disciplinary Policy
- Bullying and Harassment Policy
- Safeguarding Policies
- Data Protection and Confidentiality Policy
- Recruitment and Selection Policy
- Equality and Human Rights Commission guidance on the Equality Act 2010
- Acas guidance on discrimination at work
- NICE quality standard QS204: Fetal alcohol spectrum disorder
- Mental Capacity Act 2005 and Code of Practice
- SEND Code of Practice: 0 to 25 years
- Working Together to Safeguard Children 2026
- Social Services and Well-being (Wales) Act 2014 and Working Together to Safeguard People codes
- Wales Safeguarding Procedures and Welsh Government safeguarding guidance
- Welsh Government Reducing Restrictive Practices Framework and applicable UK restrictive-intervention guidance
- Welsh Language (Wales) Measure 2011 and any Welsh Language Standards applicable to the organisation or its commissioned work
- UK GDPR, Data Protection Act 2018, privacy notices, retention schedule and data protection impact assessment procedure
- Equality, accessibility, children's rights, data protection and Welsh-language impact assessment procedure
- Advocacy and independent escalation information
- Emergency and crisis communication profile procedure
- Accessible Information and Communication Policy, including Easy Read and alternative-format arrangements
- Training and Competence Framework
- NICE guideline NG213: Disabled children and young people up to 25 with severe complex needs

External sources and official guidance

- **National Institute for Health and Care Excellence.** *Fetal alcohol spectrum disorder*, Quality Standard QS204, published 16 March 2022. Relevant to referral, neurodevelopmental assessment and individualised management planning, including review at transition stages. Official source: www.nice.org.uk/guidance/qs204.
- **National Institute for Health and Care Excellence.** *Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education*, NICE guideline NG213, published 9 March 2022 and updated 13 January 2023. Relevant to person-centred participation, communication, accessibility, coordinated services and transitions. Official source: www.nice.org.uk/guidance/ng213.
- **Equality and Human Rights Commission.** *Equality Act 2010 guidance and codes of practice*. Relevant to discrimination, harassment, victimisation, positive action and reasonable adjustments in employment, services and public functions. Official source: www.equalityhumanrights.com/equality-act-2010.
- **Office of the Public Guardian.** *Mental Capacity Act 2005 Code of Practice*, issued 2007 and published on GOV.UK. Relevant to supported decision-making, decision-specific capacity, best interests and least-restrictive intervention for people aged 16 and over in England and Wales. Official source: www.gov.uk/government/publications/mental-capacity-act-code-of-practice.
- **Department for Education and Department of Health and Social Care.** *Special educational needs and disability code of practice: 0 to 25 years*, statutory guidance for England, published June 2014 and updated September 2024. Relevant to participation, joint working, inclusive practice, removing barriers and preparation for adulthood. Official source: www.gov.uk/government/publications/send-code-of-practice-0-to-25.
- **Department for Education.** *Working Together to Safeguard Children 2026*, statutory guidance for England, updated 18 March 2026. Relevant to child-centred, inclusive and anti-discriminatory multi-agency safeguarding, information sharing and organisational responsibilities. Official source: www.gov.uk/government/publications/working-together-to-safeguard-children--2.
- **Welsh Government.** *Working Together to Safeguard People: Code of Safeguarding Practice*, first published January 2022 and updated December 2022. Relevant to safeguarding arrangements for organisations offering activities or services to children and adults in Wales. Official source: www.gov.wales/working-together-safeguard-people-code-safeguarding-practice.
- **Social Care Wales and safeguarding partners.** *Wales Safeguarding Procedures*. National procedures for safeguarding children and adults at risk of abuse and neglect, with regularly updated practice guidance. Official source: safeguarding.wales.
- **Welsh Government.** *Reducing Restrictive Practices Framework*, revised September 2022. Relevant to human-rights based, person-centred prevention and reduction of restrictive practices and to last-resort, proportionate responses across childcare, education, health and social care. Official source: www.gov.wales/reducing-restrictive-practices-framework.
- **Information Commissioner's Office.** *Guidance on special category data and data protection impact assessments*. Relevant to lawful basis, additional processing conditions, minimisation, privacy information, security and high-risk processing. The ICO notes that guidance is being reviewed following the Data (Use and Access) Act, so

the current version must be checked when relied upon. Official source: ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources.

Good-practice principles informing this policy

- **Co-production and participation:** involve people with FASD and families or trusted supporters in design, decisions and review, while addressing the person directly and protecting their own voice.
- **Functional-needs approach:** provide support according to observed barriers and individual need rather than waiting for a diagnosis or relying on verbal fluency, age or appearance.
- **Anticipatory and personalised adjustment:** identify communication, sensory, executive-function, environmental and timing adjustments in advance; record what works; and review at transition points or when context changes.
- **Strengths-based, trauma-aware practice:** recognise skills, interests and successful strategies; avoid blame or stigma; reduce avoidable demands; and interpret behaviour in the context of brain-based disability, communication and safety.
- **Supported decision-making:** use accessible information, limited choices, repetition, teach-back, additional time and trusted support before considering whether a person cannot make a particular decision.
- **Least-restrictive safeguarding:** prioritise prevention, co-regulation, de-escalation and environmental change; respond promptly to exploitation or abuse; and ensure any restriction is lawful, necessary, proportionate, time-limited and reviewed.
- **Coordinated and accountable support:** clarify roles, share information lawfully, plan transitions across services, measure whether adjustments were delivered and effective, and act on lived-experience feedback and safeguarding learning.
- **Accessible information:** provide plain-language, Easy Read and alternative formats; use clear dates and next steps; agree communication preferences; and make complaints and feedback routes usable without penalty for disability-related delay.

Document owner: FASD HUB SOUTH WEST / FASD Informed UK. **Policy lead:** Designated Safeguarding Lead (DSL).