

## **YOUTH REALITIES SAFEGUARDING CHILDREN AND VULNERABLE ADULTS POLICY**

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## **1. SAFEGUARDING LEGISLATION**

1.1 Youth Realities recognises and adheres to the legal requirements regarding working with children and young people, and refers to The Children's Act 1989 and 2004, The Care Act 2014, Safeguarding Disabled Children 2009 and NSPCC issued standards and guidance. We acknowledge that the interests of children and young people must always be of paramount importance in all considerations of welfare and safeguarding and that safeguarding is everyone's responsibility.

1.2 In accordance with this, we work in compliance with the Working Together to Safeguard Children Framework 2018, the government's statutory guidance on inter-agency working to safeguard and promote the welfare of children. In line with the Safeguarding Disabled Children 2009 framework, our delivery spaces are open to, and adapted for children with disabilities.

1.3 All staff and volunteers of Youth Realities working with young people must have an up to date DBS, issued within the last 24 months, (Disclosure Barring Service) as established in The Protection of Freedoms Act 2012 and in line with requirements outlined in Safeguarding Vulnerable Groups Act 2006.

1.3.1 Following the mentioned acts, Trustees must refer another to the DBS if they have been dismissed because they have harmed a child or other adult, or they had plans of dismissing the person for those reasons; but they otherwise resigned.

1.3.2 Youth Realities will fund the costs of a new and renewed DBS check for staff and volunteers, unless agreed otherwise with regard to placement workers and volunteers.

## **2. IMMEDIATE ACTIONS TO ENSURE SAFETY**

2.1 Immediate action will be taken in any case of an emergency. Emergencies include the requirement of urgent medical attention, and this will be secured by calling an ambulance (dial 999) or being under threat of imminent harm, in which case the police will be called (dial 999).

2.2 If the required medical attention is not urgent, but necessary, the First Aid trained member of staff on-site will deal with matters. **All frontline staff are first aid trained. Volunteers should not administer first aid unless it is unavoidable and they are supervised/ being advised by a trained medical professional.**

2.2.1 In other cases of non-emergencies, 101 / 111 will be called in order to seek further advice and guidance on the matter. An assessment will then be completed by a medical professional.

## **3. DEFINITIONS OF ABUSE OR NEGLECT**

3.1 **Abuse and Neglect:** Abuse and neglect are forms of maltreatment of a child and/or vulnerable adult. Somebody may abuse or neglect a child and/or vulnerable adult by inflicting harm, or by failing to act to prevent harm. Children and vulnerable adults may be abused in a family or in an institutional or community setting, by those known to them or by a stranger. They may be abused by an adult or adults, or another child or children.

3.2 **Physical Abuse:** Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to another. Physical harm may also be caused when one fabricates the symptoms of, or deliberately induces illness on another, especially a child.

3.3 **Emotional Abuse:** Emotional abuse is the persistent emotional ill treatment of another such as to cause severe and persistent adverse effects on a person's emotional development. It may involve conveying to children and vulnerable adults that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children.

3.3.1 This also includes any abuse taking place online, whether that is anonymously or by a person known to the individual.

3.4 **Sexual Abuse:** Sexual abuse involves forcing or enticing another to take part in sexual activities, whether the child or vulnerable adult is aware of what is happening, or not. The activities may involve physical or non-physical acts.

**3.5 Economic abuse:** Financial abuse includes the coercive control or manipulation of a child or vulnerable adult in order to benefit from them economically. This is inclusive but not exclusively in regard to encouraging spending that is to the benefit of another, at the expense of the child or vulnerable adult.

**3.5.1** Economic abuse can also be acknowledged as the misuse of money, owned by or owed to the child or young person, or control of access to economic resources, including education and/or employment.

**3.6 Neglect:** Neglect is the failure to meet a child's and/or vulnerable adult basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. This can take place during pregnancy or once a child is born.

**3.7 Child Sexual Exploitation (CSE):** Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity, for a perceived or required benefit, such as including but not exclusively money, status, protection or love.

**3.8 Child Criminal Exploitation (CCE):** CCE involves a child or vulnerable adult being exploited by an adult, which inclusively but not exclusively includes giving them weapons, drugs or illegal items to hold or sell, grooming a child or vulnerable adult to partake in illegal activities and being moved by others for the purpose of criminal activity.

**3.9 Female Genital Mutilation (FGM):** FGM is an invasive procedure where the female genitals are deliberately cut, injured or changed, without any medical need or reason for this to be done. FGM involves the partial or total removal of the external female genitalia for non-medical reasons. It's also known as female circumcision or cutting.

**3.12 Self harm:** Self harm is a form of self inflicted injury caused usually as a response to distress or trauma. There are many ways people choose to self harm, inclusive but not limited to: cutting, hair pulling, kicking/ punching self or an object, headbutting objects, drinking or taking excessive substances, biting and more. Self harm is common amongst people who have experienced abuse or violence, and is often used as a coping mechanism, and often as a way to stay alive, not to die.

**3.13 Bullying:** Bullying is any consistent act of harm against another person, or group of people. Bullying may be racist, ableist, sexist, homophobic, transphobic or other. Bullying can include cyber-bullying (see s.8.5).

## **4. RESPONDING TO A DISCLOSURE OF HARM**

**4.1** In a case where an individual discloses information concerning harm, whether that is directly to a member of Youth Realities staff and volunteers, or indirectly to another whilst the staff member is present, one must:

- Listen carefully, giving time and attention, without directly probing or pressuring for answers
- Inform the Designated Safeguarding Lead (see s.5) or other relevant protective professionals involved
- Make an accurate record of the information, ensuring people, times and dates are stated - using the Upshot monitoring database and in line with Youth Realities *Data Protection and Information Sharing Policy*
- Use own words of the child/ vulnerable adult and do not make assumptions
- Explain confidentiality (see s.9) regulations and that you cannot promise not to speak to another about the information they have shared – however, where appropriate and reasonable to do so, ask the young person/ vulnerable adult, for consent to share the information
- Reassure the individual that they have done the right thing to share the information
- Explain the next steps you will be taking to keep them safe.

## **5. HOW TO REPORT GENERAL CONCERNS**

5.1 Information is to be shared only if you have doubts or concerns about the wellbeing of the individual, and the safety of the individual must be your key consideration when deciding whether information can be shared

5.2 Consult with a senior team member, or the Designated Safeguarding Lead(s) if you are unsure how to appropriately deal with the information provided.

**Lead DSL Shirley on [shirley@youthrealities.co.uk](mailto:shirley@youthrealities.co.uk) or 07551 047610 Monday - Friday 10am-6pm.**

**Deputy DSL Talia Kensit on [talia@youthrealities.co.uk](mailto:talia@youthrealities.co.uk) or 07551 022824 Monday - Friday 10am-6pm.**

5.3 Making a referral – depending on the seriousness of the information disclosed, you may need to make an immediate referral to the Police or Social Care / Multi Agency Safeguarding Hub (MASH):

**Barnet MASH team is available on 0208 359 4066 // out of hours: 0208 359 2000.**

The Local Authority Designated Officer (LADO) for Barnet Council can be contacted either via Barnet MASH or directly on **0208 359 4528**.

5.3.1 Be prepared to give as much information as possible on making a referral, this includes accurate full names, dates of birth, addresses, any special needs, known involved professionals (such as GPs, Health visitor, School), details of others in the household (if it concerns a domestic matter) and detailed nature and foundation for the concern.

## **6. HOW TO REPORT CONCERNS ABOUT STAFF AND VOLUNTEERS**

6.1 Staff, parents/ carers, young people or partners and other professionals should report any concerns to the DSL/DDSL on duty as soon as possible. If it is not appropriate to report to the DSL/DDSL, staff should contact the Board of Trustees with their concerns, in line with Youth Realities Whistleblowing Policy.

Lead contact is **Tony Lewis** available on [boardchair@youthrealities.co.uk](mailto:boardchair@youthrealities.co.uk), Monday to Friday 9:00 - 5:00pm. Tony Lewis is also the dedicated contact for all general enquiries and correspondence required at Board level, if it is not appropriate to liaise directly with management.

Youth Realities also have an incident form that should be filled out as soon as possible after the incident has been reported. All staff and volunteers also agree to a Code of Conduct upon recruitment to the organisation, which outlines the reasonable behavioural expectations for all members of the organisation, including how to respond to concerns and allegations in a way that creates a safe and comfortable environment.

6.2 If the allegation is made by a child or vulnerable adult, the DSL on duty should also be informed immediately.

6.2.1 The concern will be reviewed by the Board of Trustees and DSL on duty, as soon as possible.

6.2.1.1 All reviews must be fully recorded and in-depth notes taken as a point of future reference if needed.

6.2.2 The member of staff in question may be asked to not attend the programme(s) until the matter has been investigated and resolved.

6.2.3 The parents/ carers of the child or vulnerable adult involved will be informed of the concerns raised.

6.2.4 If required, further action will be taken through the involvement of local authority agencies, such as the Police and DBS (see 1.3.1).

## **7. RESPONDING TO IMMEDIATE RISKS**

7.1 All programmes have up-to-date, thorough risk assessments, approved by senior management. All staff are **required to review the risk assessments** ahead of any sessions taking place, and refer back to it whenever required.

7.2 Staff should make immediate contact with the DSL if a risk is present or becomes imminent.

7.2.1 If a staff member feels unable to manage an incident, they should end the session and ensure any others present in the space are able to leave safely, before trying to contain the risks further.

If in a public space during an incident, for example, during a 1:1 or group activity, try to ensure members of the public are not at risk, and if the risk cannot be contained, contact emergency services for support.

7.2.2 Emergency services should always be contacted in the event of an emergency, such as an injury that exceeds first aid treatment, or an unmanageable risk to safety which requires the assistance of police.

7.2.3 If a young person requires urgent medical attention due to an injury obtained during a trip or other activity when only 2 staff members are present, and there are other young people present that would require 2 staff members to remain with them to maintain a safe staff ratio, staff should call an ambulance and then inform emergency contacts immediately, requesting the emergency contact meets the injured young person either at the location or at hospital, to assist them whilst they obtain emergency care. The safeguarding responsibility is then handed over to the emergency services upon their arrival.

7.2.4 If a young person poses or threatens a significant risk to the safety of others, for example threats with a weapon or using violence, and the harm cannot be mitigated, they should be asked to leave the space and emergency contacts informed to arrange for safe departure. If the young person refuses to leave, and the risk is still present and cannot be mitigated via other avenues, the police should be called - this is a last resort and all de-escalation of harm methods should be utilised beforehand.

7.2.4.1 After the situation has been resolved and the young person has left the space, all staff involved should have a meeting to reflect on the incident, complete an incident form to be reviewed by DSL, decide on direct actions and ensure the wellbeing needs of staff and other young people is being responded to. Management should ensure wellbeing resources are available (see s.11).

### **7.3 Responding to self harm**

**For 1:1 support, Individual Risk Assessments should be reviewed alongside this policy.**

If a young person presents with a self harm injury that is treatable via first aid, a trained first aider should perform this safely and in private, with another staff member present to observe. If the treatment required exceeds first aid, contact 999 or the young person should attend A&E with an appropriate adult, which in the first instance should be their emergency contact, but if not possible and within staff capacity, staff can attend A&E with them.

7.3.1 If a young person harms themselves within the space, staff (ideal ratio of 2 staff to 1 young person where possible) should mitigate this risk immediately by safely making attempts to remove any tools used for harm. This should be voluntarily encouraged and staff should not risk any harm to themselves by trying to physically remove any sharp objects. If the harm is via punching/kicking/headbutting or other, staff should safely try to calm the young person down using de-escalation tools. Staff should not physically try to intercept any harm caused unless it becomes urgent and can be done safely. **Always call for another staff member to be present if you are alone.**

7.3.2 If a young person is not able to calm down, or continues to harm themselves, contact the Barnet Crisis Team on **0800 151 0023** or **111** for advice. **Always call 999 if medical treatment is required or if the harm, or risk of further harm, becomes unmanageable and the young person requires emergency intervention.**

7.3.3 Emergency contacts should be informed immediately and informed of any harm and actions taken to de-escalate the situation.

7.3.4 DSL should be informed and an Incident Report form must be completed and sent to a DSL for review as soon as reasonably possible, with an action plan detailed in the report.

### **7.4 Responding to immediate violence and abuse**

**For 1:1 support, Individual Risk Assessments should be reviewed alongside this policy.**

If a young person is a victim of violence or abuse, and the perpetrator is still present or in close proximity to the space, the young person must immediately be offered solace in a separate space, with at least 2 other



staff members present where possible. This should ideally be a room that locks from the inside. If the perpetrator does not leave, and continues to pose a risk of harm to others, **call the police**.

7.4.1 Assess the victim and apply any first aid as required. Call 111 or 999 for further assistance if needed.

7.4.2 If able to, immediately complete a safety plan, including contacting emergency contacts to ensure the young person has a safe place to go to when they leave the space.

- If a matter of relationship abuse, make contact with the **National Domestic Abuse helpline** on **0808 2000 247** to assist with locating a refuge if the young person does not have a safe location to return to.
- If the perpetrator is familial, police should be contacted to safeguard the victim and other family members. If not, the decision to contact the police should remain with the survivor.
- If the victim is under 18, contact MASH and submit a referral at the next available opportunity.
- If the incident is not a matter of relationship abuse, and is peer-related or serious youth violence, then contact should be made with all other relevant agencies known to the victim and harm causer, including schools, other youth services, mental health or community care teams.

7.4.3 With relationship abuse, an Individual Risk Assessment and DASH risk assessment should be completed at the next available opportunity with the victim, to ensure that any identified and potential risks are mitigated to the best of our ability, and that all necessary services supporting the victim are informed of the recent incident.

7.4.3.1 If threshold is met, refer the case to MARAC.

7.4.4 DSL team should meet within the next 24 hours to discuss any compromised safety to the space and potential follow up incidents of harm that could occur. Any high-risk concerns should be shared with the staff and volunteer team and measures put in place to safeguard their immediate safety before returning to the space. Temporary space closure should be considered and all service users should be informed, however details of why, do not need to be disclosed.

## **7.5 Responding to harm towards staff or volunteers**

**For 1:1 support, Individual Risk Assessments should be reviewed alongside this policy.**

It is not uncommon for children and young people who have traumatic and adverse experiences, have been subjected to abuse or violence or other forms of harm, to respond or retaliate to situations of upset or anger with violence (whether physical, emotional or other, towards a person or property).

Youth Realities recognises the importance of the safety of all young people, staff and volunteers. Behaviour of this nature will not be tolerated within the space however it will be responded to on a needs-basis, taking into account the individual circumstances at hand.

If a young person is presenting in a way that could cause harm to themselves or others, staff should:

- Attempt to calm down the young person
- Clear the space of any other young people or persons at risk (see 7.3 for responding to self harm)
- Encourage the young person to safely exit the space and engage in conversation with another person the harm is not directed towards
- Contact emergency contact to assist if matters can not be resolved
- If matters cannot be defused, and a high risk is still present or harm has occurred, staff should consider contacting emergency services, however this should be only if unavoidable and as a last resort.

If harm has been caused, whether physically or verbally towards a staff member or volunteer, the person responsible for that harm should be held accountable for their actions and mediation should be explored - if not appropriate immediately, with all parties involved feeling safe, then the young person should leave the space and a mediation should be arranged for a later, convenient time.

If the harm caused exceeds mediation, such as a serious physical incident or significant emotional upset has been caused, the young person may have to be placed on a suspension from engaging in specific group spaces for a set period of time, depending on the feelings and safety of the staff member involved.

An incident form should be completed, reported to the DSL and all other protocols followed in regards to medical care, any necessary referrals (MASH) and/or emergency contacts informed of the incident and outcome.

## **8. SOCIAL MEDIA - Refer to E-Safety Policy for further information.**

Youth Realities uses Facebook (facebook.com/youthrealities), Twitter (@youth\_realities), Instagram (@youthrealities), Youtube (@youthrealities) and TikTok (@youthrealities\_).

8.1 Youth Realities uses social media in our work and recognises staff, volunteers and beneficiaries may also use social media, both for professional and personal functions. We encourage social media as a promotional and advertising tool, for our programmes, projects and highlighting other relevant opportunities.

8.1.1 Youth Realities also uses social media as a means of communicating with young people.

8.1.2 Such communication outlined above (6.1.1) is only through Youth Realities registered work phones and all communications are updated on our Upshot monitoring database, which is monitored regularly by senior staff.

8.2 Inappropriate use of social media can pose risks to our staff, volunteers and the young people we work with. To minimise those risks, we ensure all our content is featuring only those with signed parental/ carer consent (if under 18) and we will not disclose any young person's personal accounts on our public 'Youth Realities' accounts.

8.3 Only selected members of the team will have access to our social media pages and any misuse of our accounts will result in individuals being removed from the pages, and security measures taken to ensure they will not regain access, following disciplinary measures.

8.4 Any inappropriate comments or content posted to our pages by other accounts will be reported and deleted as soon as possible, this includes indecent images, aggressive or threatening comments or comments endorsing any form of harm.

8.5 The recognition of any cyber-bullying concerning our young people will be reported following the necessary procedures, followed up in person and dealt with accordingly, this could include police involvement, depending on the seriousness of the issue.

8.6 Identification of self harm related content: **Inform the DSL.** Make contact with the young person and if a relationship is established, invite them for a session to assess and safeguard the situation. Offer additional support as necessary - for staff, visit support checklist saved on the Youth Realities drive. There are also resources available on Youth Realities website: [www.youthrealities.co.uk](http://www.youthrealities.co.uk). **Refer to E-Safety Policy for further details of how to respond.**

## **9. CONFIDENTIALITY**

9.1 Youth Realities should ensure all records are kept regarding any issues concerning the safety of the children and vulnerable adults we work with, and such records are securely recorded on our Upshot monitoring database.

9.2 Confidentiality comes second to the need for protection and safety, so the sharing of information is vital in cases where to withhold from sharing such information would place the young person in immediate, or more danger.

9.2.1 Everyone working with children has a '**duty of care**' to keep children safe and protect them from harm. This means that all adults have a duty to report child protection or welfare concerns to Children's Services or the police.

9.3 Always ensure the child or vulnerable adult is aware of your need to disclose certain information for their own safety, and when appropriate to do so, seek consent.

9.3.1 If a member of staff or volunteer feels seeking consent (from the individual directly, or parent/ carer if regarding a child) would put themselves or the individual concerned at further risk, they must confer with the DSL and announce their concerns clearly and transparently with the relevant agency.

## **10. GENERAL BEST PRACTICE**

**10.1 Staff ratios:** Staff to child and vulnerable adult ratio needs to be monitored and maintained at a suitable level in order to keep safe and efficient working. There are to be **two staff members** in group spaces at all times - for smaller groups, only one staff member needs to be present in the delivery space, but there should be another staff member accessible in close proximity, i.e the next room.

- Ratio of 1:4 staff to young people of any age group
- Ratio of 2:6 staff to young people aged 10 - 15
- Ratio of 2:8 staff to young people aged 16 - 20
- Ratio of 2:10 staff to young people aged 21 - 25

Volunteers or newer staff members with less experience should reduce each ratio by 1-2 young people, to ensure they are working comfortably. **Ratio also varies depending on complexity and need. If high-risk members are present, the ratio reduces by 1-2 young people for each staff member regardless of experience**

If a member of staff or volunteer ever feels overwhelmed by the number of children or vulnerable adults they are working with, it should be raised immediately with the DSL on duty.

If in the instance a member of staff or volunteer finds themselves working with more than the recommended ratio listed above, and other staff are otherwise occupied and cannot assist immediately, they should politely explain to the young people that they cannot continue with the session/ activity at this capacity, and **not make an attempt to continue unsafely**.

**10.2 Money and gifts:** Youth Realities does not provide money or gifts to young people directly outside of contracted employment via Youth Employment strands, or organised and agreed activities, such as via an approved grant payment, such as the Hendonian Trust crisis fund.

- Young people should not handle Youth Realities money. This includes giving young people cash (for food, games, etc) or lending them the company bank card. Any and all purchases during a Youth Realities event/session should be done by a staff member.
- Staff should not give personal money to a young person.
- Gifts exchanged between staff and young people should be done so sparingly and appropriately, with the approval of management (i.e: greeting card, flowers for a bereavement etc).

## **11. STAFF HEALTH AND WELLBEING**

### **11.1 Physical health:**

- The Youth Realities office is located on the ground floor with no stairs to access the building or any rooms. There is a fully accessible disabled toilet and wide edged doors to enable wheelchair access.
- Youth Realities will do their best to accommodate staff comfortability during working from home periods, for example, with supportive/ assistive furniture, desks or other items to assist with the physical comfort and wellbeing of staff when at home
  - Staff are required to complete a Work From Home Agreement which outlines any needs, and how Youth Realities will respond to such needs.



- Youth Realities does not expect staff to fulfil any strenuous manual activities, such as lifting heavy equipment, walking long distances or other. External assistance is hired in any case this is required. If it is not possible to hire externally and staff are required to do such a task, it will be fully risk assessed and in line with all health and safety requirements. Manual Handling Training to be completed.
- The physical health of staff is also safeguarding by following Display Screen Equipment guidance issued by HSE.
- If you identify any other physical health needs, these should be raised with management and Youth Realities will respond as required and reasonably possible, to ensure staff feel supported and able to stay safe whilst at work.

## **11.2 Mental health:**

- Youth Realities recognises the importance of positive mental health, especially when working in environments that may vicariously expose staff to harm. Therefore Youth Realities offers:
  - Monthly 1:1 clinical supervision with a qualified external mental health professional
  - Monthly group clinical supervision
  - 3-weekly check ins with management
  - Full access to an Employee Assistance Programme provided by Health Assured, which is inclusive of a 24/7 emotional helpline, multiple face to face or virtual counselling sessions, wellbeing tools and other resources.
- Youth Realities will support staff members with accessing any additional, external support if and when needed, and work schedules will be, as much as reasonably possible, adapted to ensure these external arrangements to improve and manage any mental health challenges can be met.
- If you identify mental health challenges, whether related directly to work or not, and you feel this may impact your ability to perform at work, this should be discussed with management in order to support you moving forward.

## **12. COVID-19: HEALTH AND SAFETY**

Youth Realities will commit to ensuring all safety measures outlined by the Government (guidance and legislation) are followed in full and the health and safety of our staff, volunteers and members is a top priority.

12.1 Youth Realities has up to date risk assessments to reflect all COVID-19 guidance.

12.2 Personal Protective Equipment is currently optional but available to all staff, volunteers and members, including but not limited to:

- Masks
- Hand sanitizer

## **13. SAFEGUARDING ADULTS**

13.1 Adults have the right to self-determination, enabling adults to choose not to act to protect themselves.

13.2 Legal or statutory intervention is also warranted without the consent of the adult in circumstances which involve the adult lacking in capacity, where harm is extended to a child/ren or if an act of violence, primarily domestic violence or abuse, has been directly witnessed by a third party (staff or young person).

13.2.1 capacity relates to whether the adult has a physical or mental/ cognitive disability.

13.3 Youth Realities adopts the six principles of adult safeguarding as outlined in The Care Act 2014, which highlights:

- Empowerment: Adults are supported and encouraged to make their own, informed decisions about the support they wish to receive.
- Prevention: Ensuring adults have the information and resources available to understand potential experiences they may have and how to access support for them.
- Proportionality: Providing the least intrusive response appropriate to the risk presented.
- Protection: Support and representation for those in need.

- Partnership: Working closely with communities and other professionals to ensure we are preventing, detecting and reporting neglect and abuse.
- Accountability: Being transparent and accountable with the adults we safeguard.

13.4 For reporting Adult Safeguarding concerns regarding somebody with a physical or mental/ cognitive disability, contact Social Care Direct on **020 8359 5000** (Monday to Friday, 9am to 5pm) or **020 8359 2000** (out of hours).

#### **14. SIGNATURE OF AGREEMENT**

This policy has been reviewed and approved by Talia Kensit, CEO and Deputy Designated Safeguarding Lead for Youth Realities.

This policy is reviewed annually by senior staff, Trustees or other designated members. All staff are required to review the policy on recruitment and as and when it is updated. It is the responsibility of the CEO to ensure that all staff and volunteers have access to this policy, and the responsibility of staff to ensure that they understand the policy and have communicated any gaps in knowledge with the CEO so that training and/or further guidance can be resourced.

<b>Name and Role</b>	<b>Talia Kensit, CEO</b>
<b>Date</b>	<b>11/09/2023</b>
<b>Signature</b>	