

CHILDREN/VULNERABLE PERSONS PROTECTION POLICY FOR DOWN SYNDROME DEVELOPMENT TRUST

Safeguarding vulnerable children and adults

All members of staff whether they are voluntary, employed/ self-employed or working in partnership shall undergo all appropriate checks such as enhanced DBS and /or will need to provide details of registration with Care quality commission and/or Ofsted.

Anyone directly working with children or adults will be required to read the organisation's vulnerable persons protection policy below and attend a training induction regarding:

- a) Rules and procedures of particular projects.
- b) Vulnerable person's protection training.
- c) Overview of specific issues for project participants and how to address their needs.

Introduction to the children/vulnerable person's protection policy

This document is the Children/Vulnerable persons Protection Policy for Down Syndrome Development Trust which will be followed by all members of the organisation and promoted by those in the position of leadership within the organisation.

The purpose of the organisation:

- 1) To support persons with Down syndrome and their families.
- 2) The organisation may from time to time undertake activities with children/ vulnerable persons in the absence of their parents/carers after obtaining the relevant permissions and safeguards in line with the current laws and regulations. Also the organisation has the opportunity to observe the children's/vulnerable persons' welfare within their family setting.
- 3) Parents/carers remain responsible for their children's/vulnerable persons' welfare throughout all the work undertaken by the organisation unless item 2 of this Policy applies.

We know that being a young person makes them vulnerable to abuse by adults. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the organisation are transparent and safeguard and promote the welfare of all young people.

If any parent or child/ vulnerable person has any concerns about the conduct of any member of the organisation, this should be raised in the first instance with Senay Smallwood (designated vulnerable persons' protection contact).

Principles upon which the Child/Vulnerable person Protection Policy is based:

- 1) The welfare of a child/vulnerable person will always be paramount.
- 2) The welfare of families will be promoted.
- 3) The rights, wishes and feelings of children/vulnerable persons and their families will be respected and listened to.
- 4) Those, people in positions of responsibility within the organisation will work in accordance with the interests of children/vulnerable persons and follow the policy outlined below.
- 5) Those people in positions of responsibility within the organisation will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect.
- 6) Those people in positions of responsibility within the organisation should ensure the environment in which children use is safe and secure.
- 7) Those people in the positions of responsibility within the organisation should adopt the behaviour policy to ensure safety and well-being of children.
- 8) Those people in positions of responsibility within in the organisation should promote positive relationships between children, parents and workers and listen and respond to children's needs.
- 9) Those people in positions of responsibility within the organisation will know how to respond to disclosures of abuse or suspected abuse.

CHILDREN/VULNERABLE PERSONS PROTECTION POLICY

Immediate Action to Ensure Safety:

Immediate action may be necessary at any stage in involvement with children/ vulnerable persons and families.

IN ALL CASES IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD CHILDREN/ VUNERABLE PERSONS. For example:

- 1) If emergency medical attention is required this can be secured by calling an ambulance (dial 999) or taking a child/vulnerable person to the nearest Accident and Emergency Department.
- 2) If a child/vulnerable person is in immediate danger the police should be contacted (dial 999). Police have the power to remove children under a police protection order in line with The Children Act 1989.

Recognition of Abuse or Neglect:

Abuse or neglect of a child is caused by inflicting harm or by failing to act to prevent harm. Children/vulnerable persons may be abused in a family or in an institutional or community setting: by those known to them or more rarely by a stranger.

Physical Abuse:

Definition-

Physical abuse is caused by non-accidental injuries which may involve hitting, shaking, biting, throwing, poisoning, burning, scalding, drowning, suffocating, throwing objects or otherwise causing physical harm to a child/vulnerable person. Physical harm may also be caused by fabricated induced illness, which is described as a parent or carer feigns the symptoms, of, or deliberately causes ill health to a child/vulnerable person whom they are looking after. This term was previously recognised as Munchausen Syndrome by proxy.

Signs and Symptoms-

Children/vulnerable person who are suffering from physical abuse may have bruises, commonly on the head, however can be located on the softer areas of the body, i.e ears, neck, abdomen, back and buttocks; cluster bruises or outlines of hand or object may also be seen. Children vulnerable person may have defensive wounds located on their forearm,

upper arm, backs of their legs, hands or feet. Burns or scalds may be seen more commonly on their hands, back, shoulders or buttocks, which can be multiple and sometimes in a circular cigarette burn. Bite marks are usually oval or in a circular shape, which may be a visible wound, indentation or bruising of individual teeth. Children/vulnerable person may suffer from fractures or broken bones, which can be a sign of physical abuse if the child suffers from multiple fractures or breaks which are at different stages of healing. Children may represent as scared, nervous, or, angry, they may flinch and resist going home with their caregiver. Fabricated induced illness can be recognised by repeated unexplained illness and symptoms which are not in line with the child's behaviour. The caregiver is often well educated in different medicines, keen for their child to undergo tests which most would only agree to if necessary, frequently changing GP's, using different hospitals, using different names and dates of birth, the child has a poor response to treatment and if the child's/vulnerable person's daily activities are compromised (e.g. use of wheelchair).

Please see government or NICE guidelines for more information:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf

<https://www.nice.org.uk/Guidance/CG89>

Emotional Abuse:

Definition-

Emotional abuse is the persistent emotional ill treatment of a child/vulnerable person such as to cause severe and persistent adverse effects on the child's/vulnerable person's emotional development. It may involve conveying to children/vulnerable persons that they are worthless or unloved, inadequate, or valued only in so far as they meet the needs of another person. It may feature age or developmental inappropriate expectations being imposed on children/vulnerable persons. It may involve causing children/vulnerable persons frequently to feel frightened or in danger, or the exploitation or corruption of children/vulnerable persons. Emotional abuse may also involve humiliating, isolating or ignoring the child. Some level of emotional abuse is involved in all types of ill treatment of a child/vulnerable person though it may occur alone.

Signs and Symptoms-

Children/vulnerable persons suffering from emotional abuse is hard to detect, however it is possible to recognise signs in children's emotions and actions. Children may be over-

affectionate towards strangers, lack in confidence, being anxious, observed to not have a close relationship with their caregiver, being aggressive to other children or animals, to act a lot older or younger than their developmental age, struggle to control strong emotions or have extreme outbursts, appear to be isolated from their parents or lack in social skills.

With this in mind, detecting emotional abuse with children with Down syndrome can present as more challenging as they will often display these behaviours regardless. However, always report your concerns to Senay Smallwood.

Sexual Abuse:

Definition-

There are two different types of sexual abuse, contact abuse and non-contact abuse. Contact abuse involves physical contact with the child/vulnerable person which includes sexual touching any part of the body whether the child is wearing clothes or not. Rape or penetration which involves putting object or body parts inside a child's mouth, vagina or anus. Forcing or encouraging children to take part in sexual activities, take their clothes off, touching someone else's genitals or masturbate. This also includes child sexual exploitation (CSE). Non-contact abuse involves grooming, exploitation, encouraging children to perform sexual acts over the internet, to watch or hear sexual acts, showing children pornography and making, viewing or distributing child abuse images.

Signs and symptoms-

Children/vulnerable persons suffering from sexual abuse may avoid being along with people such as family members or friends, they may seem frightened or reluctant to socialise with them. Children may become sexually active at a young age, use sexual language or behave promiscuously. Children may suffer with anal or vaginal soreness, unusual discharge, have sexually transmitted infections or be pregnant. Signs of CSE include children continually going missing or returning home late, missing school, travelling via taxi's, having unexplained money or gifts, using alcohol or drugs, socialising with older people and using different mobile phones.

For more information on CSE please see Government documentation:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/180867/DFE-00246-2011.pdf

Neglect:

Definition-

Neglect is the most common form of child abuse. It can be defined as persistent failure to meet a child's/vulnerable person's basic physical and/or psychological needs, likely to result in the serious impairment of the child's/vulnerable person's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child/vulnerable person from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's/vulnerable person's basic emotional needs. Neglect may also involve leaving the child unsupervised for periods of time, or the child taking on the caring role for other members of the family.

Signs and symptoms-

Children/vulnerable persons suffering from neglect may have poor appearance and hygiene, they might smell, be dirty, wearing unwashed clothes, have inadequate clothing for the weather or their age, seem hungry and having untreated nappy rash. Children may also have untreated illnesses or injuries, repeated accidental injuries through lack of supervision, missing medical appointments, skin sores, flea bites, scabies or ringworm.

Children/vulnerable person may present as tired, not reaching their developmental milestones, have poor language or social skills. Children/vulnerable persons may be living in an unsuitable home environment, for example dog faeces being left or not having heating.

Individuals within the organisation need to be alert to the potential abuse of children/vulnerable persons both within their families and also from other sources including abuse by members of that organisation. The organisation should know how to recognise and act upon indicators of abuse or potential abuse involving children/vulnerable persons. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child/vulnerable person in accordance with these procedures.

It is good practice to be as open and honest as possible with parents/carers about any concerns. However, you must **NOT** discuss your concerns with parents/carers in the following circumstances:

- Where sexual abuse is suspected.
- Where organised or multiple abuse is suspected.
- Where fabricated induced illness is suspected.
- Where contacting parents/carers would place a child/vulnerable person, yourself or others at immediate risk.

What to do if children/vulnerable person's disclosure's abuse or neglect to you:

It is recognised that a child/vulnerable person may seek you out to share information about abuse or neglect, or talk spontaneously, individually or in groups when you are present. In these situations you **MUST**:

- 1) Listen carefully to the child/vulnerable person. Do **NOT** directly question the child/vulnerable person.
- 2) Give the child/vulnerable person time and attention.
- 3) Allow the child/vulnerable person to give a spontaneous account; do not stop a child/vulnerable person who is freely recalling significant events.
- 4) Make an accurate record of the information you have been given taking care to record the timing, setting and people present, the child's/vulnerable person's presentation as well as what was said. Do not throw this away as it may later be needed as evidence.
- 5) Use the child's/vulnerable person's own words where possible.
- 6) Explain that you cannot promise not to speak to others about the information they have shared.
- 7) Reassure the child/vulnerable person that:
 - You are glad they have told you;
 - They have not done anything wrong;
 - What you are going to do next.
- 8) Explain that you will need to get help to keep the child/vulnerable person safe.
- 9) Do **NOT** ask the child/vulnerable person to repeat his or her account of events to anyone.
- 10) Do **NOT** give the child a cuddle or ask them to sit on your lap.
- 11) Do **NOT** ask the child leading questions.
- 12) Seek advice from Senay Smallwood as soon as possible for her to action.
- 13) You must remain calm, patient and empathic with the child throughout this process.
- 14) Do **NOT** question whether the child is lying.

Consulting about your concern:

The purpose of consultation is to discuss your concerns in relation to a child/vulnerable person and decide what action is necessary.

You may become concerned about a child/vulnerable person who has not spoken to you, because of your observations of, or information about that child/vulnerable person.

It is good practice to ask a child/vulnerable person why they are upset or how a cut or bruise was caused, or respond to a child/vulnerable person wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action.

If you are concerned about a child/vulnerable person you must share your concerns. Initially you should talk to one of the people designated as responsible for child/vulnerable person protection within your organisation. In this organisation this person is:

Senay Smallwood Tel: 01323 890016.

If one of those people is implicated in the concerns you should discuss your concerns directly with Children's Social Services.

You should consult externally with your local Social Services Department in the following circumstances:

- 1) When you remain unsure after internal consultation as to whether child/vulnerable person protection concerns exist;
- 2) When there is disagreement as to whether child/vulnerable person protection concerns exist;
- 3) When you are unable to consult promptly or at all with your designated internal contact for child/vulnerable person protection;
- 4) When the concerns relate to any member of the organising committee.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Social Services or the Police should progress.

Making a referral:

A referral involves giving Social Services or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases the level of concern will lead straight to a referral without external consultation being necessary.

Parents/carers should be informed if a referral is being made except in the circumstances outlined above.

However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Social Services about how and when the parents should be approached and by whom.

IF YOUR CONCERN IS ABOUT ABUSE OR RISK OF ABUSE FROM SOMEONE NOT KNOWN TO THE CHILD/VULNERABLE PERSON OR CHILD'S/VULNERABLE PERSON'S FAMILY, YOU SHOULD MAKE A TELEPHONE REFERRAL DIRECTLY TO THE POLICE AND CONSULT WITH THE PARENTS.

If your concern is about abuse or risk of abuse from a family member or someone known to the children/vulnerable persons, you should make a telephone referral to your local Social Services Office, (see list below "Information required").

Information required:

Be prepared to give as much of the following information as possible (in emergency situations all of this information may not be available). Unavailability of some information should not stop you making a referral.

- 1) Your name, telephone number, position and request the same of the person to whom you are speaking.
- 2) Full name and address, telephone number of family, date of birth of child/vulnerable person and siblings.
- 3) Gender, ethnicity, first language, any special needs.

- 4) Names, dates of birth and relationship of household members and any significant others.
- 5) The names of professionals' known to be involved with the child/vulnerable person or their family e.g.: GP, Health Visitor, School.
- 6) The nature of the concern and foundation for them.
- 7) An opinion on whether the child/vulnerable person may need urgent action to make them safe.
- 8) Your view of what appears to be the needs of the child/vulnerable person and their family.
- 9) Whether the consent of a parent with parental responsibility has been given to the referral being made.
- 10) A clear and accurate account of your concerns.

Action to be taken following the referral:

- 1) Ensure that you keep an accurate record of your concern(s) made at the time.
- 2) Put your concerns in writing to Social Services following the referral (within 48 hours).
- 3) Accurately record the action agreed or that no further action is to be taken and the reasons for this decision.

Confidentiality:

The organisation should ensure that any records made in relation to a referral should be kept confidentially and in a secure place. Information in relation to child/vulnerable person protection concerns should be shared on a "need to know" basis. However, the sharing of information is vital to child/vulnerable person protection and, therefore, the issue of confidentiality is secondary to a child's/vulnerable person's need for protection.

If in doubt, consult.

Child protection is EVERYBODY'S responsibility. (Working Together to Safeguard Children, 2015).