

	Date	Name/signature
Last updated	29/6/202 3	MR
Reviewed by Managing Director on behalf of the trustees	14/06/23	ss
Date for next review		

To be read in conjunction with the East Sussex Safeguarding Policy, and the Appendix 1 Safeguarding Induction Checklist (found in the policies folder).

INTRODUCTION: WHAT IS OUR SAFEGUARDING POLICY?

Safeguarding: Children/Vulnerable Persons Protection Policy for Down Syndrome Development Trust

#### Introduction, ethos and aims

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:

- 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.
- 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).

 SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323 sensmallwood.dsdt@gmail.com

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

- The welfare of a child/vulnerable person will always be paramount.
- 2. The welfare of families will be promoted.
- The rights, wishes and feelings of children/vulnerable persons and their families will be respected and listened to.
- 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.
- 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.
- Those people in positions of responsibility within the organisation should ensure the environment in which children use is safe and secure.
- Those people in the positions of responsibility within the organisation should adopt the behaviour policy to ensure safety and well-being of children.
- Those people in positions of responsibility within the organisation should promote positive relationships between children, parents and workers and listen and respond to children's needs.
- Those people in positions of responsibility within the organisation will know how to respond to disclosures of abuse or suspected abuse.

#### 1. CHILD PROTECTION AND SAFEGUARDING INDUCTION PROCESS

The Safeguarding and Child Protection induction process is carefully outlined in this policy, and it addresses the topics listed in Part 1's Paragraph 13 of the document Keeping Children Safe in Education.

The introduction to safeguarding is essential and should allow new employees to gain confidence and understanding regarding safeguarding, to become familiar with the policy as soon as possible.

#### 1.1 AIMS OF THE CHILD PROTECTION AND SAFEGUARDING INDUCTION PROCESS

- Give an understanding and training on the policies and procedures of DSDT
- Deliver Child protection and safeguarding training, and evaluate its success
- To ensure that all new employees and volunteers are trained and informed of the charity's expectations regarding the Code of Conduct and have the support they need to meet them.



 Determine any unique training requirements and take action.

# 1.2 THE INTRODUCTION PROCESS WILL CONSIST OF:

- An induction checklist of the rules, procedures, and training that must be addressed relation to in safeguarding child and protection during the introduction phase, which is included in the policies folder.
- Information about available assistance and support
- Information about the appropriate colleagues (such as the names of the designated and deputy designated safeguarding leads)

The Designated Safeguarding Lead (DSL) is responsible for managing and organising Safeguarding Induction for new staff and volunteers. The DSL will provide a tour of the AL, Health and Safety information about facilities, answer any questions, and provide advice. They will introduce the Safeguarding Team and provide an Induction Programme, including a statement of training needs, a checklist of policies to be read, an expectation to read Part 1 or Annex A\* and Annex B of Keeping Children Safe in Education 2022, a brief on the help and support available, and expectations from the Code of Conduct.

The Induction programme will be tailored to specific individuals. All new staff, including volunteers, will receive appropriate induction training, and information, including the Staff Induction Checklist (in the policies folder), the Safeguarding and Child Protection Policy, all other relevant policies, and the Keeping Children Safe in Education 2022.

# LEGISLATION, STATUTORY GUIDANCE AND PROCEDURES

Our safeguarding policy is supported by up-to-date legislation, statutory guidance and procedures. We follow and adhere to the following:

 Keeping children safe in education 2022 Statutory guidance for schools and college (Kcsie) policy -Department of Education

- Children Act 1989, Safeguarding Vulnerable Groups Act 2006
- The Children Act 2004
- Counter Terrorism and Security Act 2015 Prevent Duty
- The Early Years Foundation Stage Statutory framework April 2017
- Working together to safeguard children HMG 2018
- What to do if you're worried a child is being abused HMG 2015
- Information Sharing: Advice for practitioners providing Safeguarding Services DfE 2018
- Pan Sussex procedures <u>https://www.bhscp.org.uk/</u>
   BHSCP

#### WHO TO CONTACT

Senay Smallwood (designated vulnerable persons' protection contact).

SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323

sensmallwood.dsdt@gmail.com

Correspondence and confirmed charity's address: 13 Saltwood Road, Seaford, East Sussex, BN25 3SP

Registered main office: Chyngton Methodist Church, Millberg Road, Seaford, East Sussex, BN25 3ST Tel: 01323 893 323 / 01323 890 654

Second office: Unit Number 1b, The Sussex Innovation Centre, Falmer, Brighton, East Sussex, BN1 9SB

Website:

www.downsyndromedevelopment.org.uk

Email:

hello@downsyndromedevelopment.org.uk

Name of Deputy and committee safeguarding lead

Marianne Robinson, Operations/Office Manager DSDT Tel: 01323 890 654 marianne.dsdt@amail.com

Registered main office: Chyngton Methodist Church, Millberg Road, Seaford, East Sussex, BN25 3ST

Alastair Carter, Outreach Coordinator alastair.dsdt@gmail.com Unit Number 1b, The Sussex Innovation Centre, Falmer, Brighton, East Sussex, BN1 9SB

#### Roles and responsibilities

Senay Smallwood, Managing Director DSDT (designated vulnerable persons' protection contact) is responsible for the following:

- Responsible for liaison with local statutory children's services, and with the BHSCP
- Provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required
- Training
- Designated person training every 2 years

#### RECRUITMENT

Our charity adheres to the following recruitment process:

Safer recruitment practice:

- In person interview
- Enhanced DBS disclosure
- (either in person or online) Safeguarding and Down syndrome specific training
- 2 reference checks (one personal, one professional)
- Ongoing training and regular staff contact and reviews
- Exempt from the Rehabilitation Act 1974: we do not employ ex-offenders
- Our charity maintains thorough checks for anyone who works for us including agency workers, students and volunteers.
- Clear job descriptions, code of conduct: We have clear job descriptions set out and a code of conduct that all staff must abide by
- Ongoing checks on suitability: We regularly check in with staff to check suitability and progress. This includes regular DBS checks and updates, training and communication.
- Staff undergo regular supervision which includes discussion of safeguarding concerns and impact.
- Staff roles and responsibilities: are clearly defined and set out and regularly updated and checked.



 Staff are provided with safeguarding training (either in person or online) and provided with our full policies and procedures document so that they understand our charity's safeguarding policy and procedures.

HOW TO IDENTIFY SIGNS OF POSSIBLE ABUSE

Identify signs of possible abuse and neglect at the earliest opportunity and respond in a timely and appropriate way.

Staff roles and responsibilities EYFS 3.6

Our charity trains all staff to understand their safeguarding policy and procedures, and we ensure that all staff have up to date knowledge of safeguarding issues. Training enables our staff to identify signs of possible abuse and neglect at the earliest opportunity, and to respond in a timely and appropriate way. These may include:

- significant changes in children's behaviour
- deterioration in children's general well-being
- unexplained bruising, marks or signs of possible abuse or neglect
- children's comments which give cause for concern
- any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a girl may have been subjected to (or is at risk of) female genital mutilation13 and/or
- inappropriate behaviour displayed by other members of staff, or any other person working with the children, for example: inappropriate sexual comments; excessive one-to-one attention beyond the requirements of their usual role and responsibilities; or inappropriate sharing of images

#### STAFF TRAINING

- We provide full safeguarding training to all staff
- Keep a register of all children and staff on premises: We keep a register of all staff, children and young people at any of our activities.
- We record who is collecting children or young people and allocate passwords for those collecting children and young people.
- When undertaking any activities our charity adheres to the following rules:

- We record all visitors and ask them to sign in and check their ID. No visitor, child or young person is left unsupervised.
- We record who is collecting children or young people and allocate passwords for those collecting children and young people.
- Procedures of recording/responding to absences
- We check our register of attendance for absences and contact parents or carers where applicable. We record any absences of attendance.

# HOW DO WE SECURE OUR PREMISES?

Security measures to prevent unwanted access to premises: we lock doors/gates and do not allow any unknown visitor onto the premises or the activities we run. We will have a register of attendance for all staff, children and young people and the parents/carers who will be taking part in any activity and parents/carers collecting children or young people will have passwords. We will know in advance who will be collecting children and young people and parents/carers are all known to us.

Layout of rooms to ensure constant supervision: We hold full risk assessments for every activity we run at every venue. This includes constant vigilance about the health and safety aspects of any room including the layout being safe. We know where our children or young people are at any time. Our safety checks will be put in place before we run our activity and all activities are supervised by a high number of staff.

#### **DEFINING SAFEGUARDING**

Definition 'promote the welfare of children and protect them from harm'

Our charity works using the following principles:

- Working Together to Safeguard Children 2018 pg6/7
- Safeguarding and promoting the welfare of children is defined as:
- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care

 taking action to enable all children to have the best outcomes

#### **TYPES OF ABUSE**

Our charity recognises the following categories of abuse: sexual, physical, emotional and neglect.

- Fabrication of symptoms or deliberately inducing illness
- Peer on peer abuse
- Additional vulnerabilities and increased risk:
- Children with SEN
- Children with family members in prison
- Substance misuse
- Domestic abuse
- Homelessness
- Mental or physical illness and parent's learning disability
- Persistent absences
- Child sexual exploitation
- Child criminal exploitation
- County lines
- Private fostering (duty to inform FDFF if this is happening)
- Breast ironing, honour-based violence, peer on peer abuse, bullying and cyberbullying

# 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/ VULNERABLE PERSONS. For example:

- 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.
- 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.

#### **RECOGNISING 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 shaking, biting, throwing. hitting. 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 of physical abuse

The child/vulnerable person who is 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. The child/vulnerable person may defensive wounds located on 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. The child/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 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/attach ment\_data/file/277314/Safeguar ding\_Children\_in\_whom\_illness is\_fabricated\_or\_induced.pdf
- https://www.nice.org.uk/Guidance/CG89

#### **Emotional Abuse:**

**Definition-** Emotional abuse is 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 developmentally inappropriate expectations being imposed children/vulnerable persons. It children/vulnerable involve causing 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 of emotional abuse

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.

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.

SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323

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### Sexual Abuse:

Definition- There are two different types of sexual abuse, contact abuse and Contact abuse non-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 exploitation, encouraging grooming, children to perform sexual acts over the internet, to watch or hear sexual acts, showing children pornography making, viewing or distributing child abuse images.

#### Signs and symptoms of sexual abuse

Children/vulnerable persons suffering from sexual abuse may avoid being alone 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, 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

#### **Nealect**

Definition-Neglect is the most common form of child abuse. It can be defined as persistent failure to meet 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, unresponsiveness to, а 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 of neglect

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 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 social or Children/vulnerable persons may be living in an unsuitable home environment, for example dog faeces being left or not having heating.

#### FGM (Female Genital Mutilation)

We follow guidelines on the NSPCC website on FGM (Female Genital Mutilation)

https://www.nspcc.org.uk/what-is-child-ab use/types-of-abuse/female-genital-mutilati on-fgm/#signs

We recognise that the following signs indicate that FGM might happen:

- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- A girl has an unexpected or long absence from school.
- A girl struggles to keep up in school.
- A girl runs away or plans to run away - from home.

Signs FGM might have taken place:

- Having difficulty walking, standing or sitting.
- Spending longer in the bathroom or toilet.
- Appearing quiet, anxious or depressed.
- Acting differently after an absence from school or college.
- Reluctance to go to the doctors or have routine medical examinations.
- Asking for help though they might not be explicit about the problem because they're scared or embarrassed.

# INDIVIDUALS WITHIN THE ORGANISATION NEED TO BE ALERT TO POTENTIAL ABUSE

Individuals within the organisation need to be alert to the potential abuse of children/vulnerable persons both within their families and 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:

- Listen carefully to the child/vulnerable person. Do NOT directly question the child/vulnerable person.
- 2. Give the child/vulnerable person time and attention.
- 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.
- Use the child's/vulnerable person's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared.
- 7. Reassure the child/vulnerable person
  - You are glad they have told
  - They have not done anything
  - What you are going to do next.
  - Do NOT ask the child/vulnerable person to repeat his or her account or events to anyone
  - Do NOT give the child a cuddle or ask them to sit on your lap
  - Do NOT ask the child leading questions
  - Seek advice from Senay Smallwood as soon as possible for her to action
  - You must remain calm, patient and empathic with the child throughout this process
  - 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 893 323 sensmallwood.dsdt@gmail.com

If any DSDT staff feel that they need to record a safeguarding issue, they would need to:

Firstly report the safeguarding issue in confidence firstly to Senay Smallwood, Managing Director who is our main safeguarding lead, if Sen is not available, then Marianne Robinson, Operations/Office Manager marianne.dsdt@gmail.com tel: 01323 890654,, if Marianne or Sen are not available, then Alastair Carter, Outreach Coordinator alastair.dsdt@gmail.com

- 1) request the safeguarding template which will be emailed from the administration templates folder
- 2) complete it
- 3) email it to 1) Sen (in the first instance),
- 2) Marianne 3) Alastair
- 4) we would then take action where necessary
- 5) create a folder for the service user (if they don't yet have one) and put a safeguarding folder in their folder- add the form you have completed there.

Any safeguarding issues should be recorded in the following folders: MANAGEMENT; SERVICE USER INFORMATION; SAFEGUARDING INCIDENT LOG; Safeguarding incident log form

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:

 When you remain unsure after internal consultation as to whether child/vulnerable person protection concerns exist.

- When there is disagreement as to whether child/vulnerable person protection concerns exist.
- When you are unable to consult promptly or at all with your designated internal contact for child/vulnerable person protection.
- 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.

- Your name, telephone number, position and request the same of the person to whom you are speaking.
- Full name and address, telephone number of family, date of birth of child/vulnerable person and siblings.
- Gender, ethnicity, first language, any special needs.
- 4. Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the child/vulnerable person or their family e.g.: GP, Health Visitor, School.
- 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.
- Your view of what appears to be the needs of the child/vulnerable person and their family.
- Whether the consent of a parent with parental responsibility has been given to the referral being made.
- A clear and accurate account of your concerns.

# ACTION TO BE TAKEN FOLLOWING A REFERRAL

- Ensure that you keep an accurate record of your concern(s) made at the time.
- Put your concerns in writing to Social Services following the referral (within 48 hours).
- 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).

#### WHO TO CONTACT:

EMERGENCY: In an emergency or if there is imminent danger or a crime may have been committed please contact the

POLICE: 999

Front Door for Families 01273 290400 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday) Emergency out of hours 01273 335905 or 335906

For other safeguarding concerns contact:

- SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323
- SENIOR DSDT TRUSTEE (if you do not want to contact Senay Smallwood)
- Guy Passey guypassey@guypassey.com
- Kristina Veasey kristinaveasey@yahoo.co.uk
- Joanna Pike
- joannapike.dsdt@gmail.com
- Andy Smallwood
   andysmallwood.dsdt@gmail.co
   m
- SENIOR DSDT STAFF MEMBER (Marianne Robinson, Operations Manager: 01323 890654)
- LOCAL AUTHORITY SOCIAL SERVICES: East Sussex County Council 01323 464222 OR Brighton and Hove County Council https://www.brighton-hove.gov.u k/families-children-and-learning/ tell-us-if-you-are-worried-aboutchild
- NSPCC 0808 800 5000 or email: help@nspcc.org.uk

#### PREVENT DUTY:

Prevent Duty EXPLAIN 2015 ACT and Counter Terrorism and Security Act 2015

We follow the guidelines as set out in the: The Prevent duty Departmental advice for schools and childcare providers June 2015 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/439598/prevent-duty-departmental-advice-v6.pdf

This is departmental advice from the Department for Education. This advice is no statutory and has been produced to help recipients understand the implications of the Prevent duty.

The Prevent duty is the duty in the Counterterrorism and Security Act 2015 on specified authorities, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism.

If we have concerns we contact

Prevent Coordinator, Nahida Shaikh, Partnership Community Safety Team, Tel: 01273 290584; Mob: 07717303292 Nahida.Shaikh@brighton-hove.gcsx.gov.u k

# HOW OUR CHARITY RESPONDS TO SAFEGUARDING CONCERNS

- We include this information in our staff training, and risk assessments
- How to respond to signs or suspicions of abuse: Work within BHSCP guidelines
- All concerns are passed on to the designated lead or another designated person in their absence as soon as possible. In the first instance concerns are passed verbally but this must be followed up in writing. The information must be factual, and any opinions are substantiated.
- The designated person makes the decision on the assessed risk, this should reflect the history of the child. If they feel it meets the threshold for referral they need to notify parents unless it would place the child at significant risk. Make contact to FDFF. Front Door for Families

Front Door for Families 01273 290400 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday) Emergency out of hours 01273 335905 or 335906

 The service is made up of professionals with different areas of expertise who work together to assess, decide, and coordinate how best to support children, young

- people and their families where there are concerns.
- Referrals made verbally must be confirmed in writing within 24 hours.
- If the threshold for referral is not met the designated person may request staff to monitor specific aspects of the child's presentation, behaviour, attendance, etc. with a timescale for review

#### **LOW LEVEL CONCERNS**

Any allegation should be reported immediately to a senior manager within your organisation.

SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323 or SENIOR DSDT STAFF MEMBER (Marianne Robinson, Operations Manager: 01323 890654)

The LADO 01273 295643 LADOENQUIRIES@BRIGHTON-HOVE.C O.UK should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.

#### Disclosure

- Our charity abides by the following:
- Responding to suspicion of abuse or disclosure
- Listen to the child, offer reassurances, and give reassurances that action will be taken
- Do not question the child, although it is OK to ask questions for the purpose of clarification.
- Make written records date and time, exact words spoken, the name of person disclosed to and any witnesses. Signed and kept securely in safeguarding file

# Immediate danger: immediate referral to FDFF

Our charity abides by the following process if immediate danger is apparent: Front Door for Families Front Door for Families 01273 290400 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday)

Emergency out of hours 01273 335905 or 335906

The service is made up of professionals with different areas of expertise who work together to assess, decide and coordinate how best to support children, young



people and their families where there are concerns.

The Front Door for Families service includes:

- Referral Officers who receive your calls, e-mails, and online notifications. They provide information, advice, and guidance
- Social Workers who assess the needs or concerns you've raised about a child or young person.
- Police Officers who assess information and notifications about children and young people who come to their attention
- Specialist Nurse Safeguarding Children who gather health information and assess the risk and impact on the children's development and well-being
- Education Safeguarding Officers who advise schools where there are safeguarding needs identified for a child
- Family Coaches who triage contacts that meet the threshold for targeted Early Help and Parenting Support and will assist partner agencies in setting up Team Around the Family meetings and plans

Threshold Document : https://www.bhscp.org.uk/documents/brighton-hove-helping-children-and-families-threshold-document/

#### Staff escalation procedure

Any worker who feels that a decision is not safe or is inappropriate, and/or where it has not been possible to resolve the disagreement through Stage One discussion, must escalate their concerns as soon as possible to their supervisor/manager, being specific as to what the disagreement is about and clearly advising.

Designated Person (Contact details for if off site)

 SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323

#### Deputy Designated person

 SENIOR DSDT STAFF MEMBER (Marianne Robinson, Operations Manager: 01323 890654)

Nominated committee member for safeguarding

- SENIOR DSDT TRUSTEE (if you do not want to contact Senay Smallwood)
- Guy Passey guypassey@guypassey.comKristina Veasey
  - kristinaveasey@yahoo.co.uk
- Joanna Pike joannapike.dsdt@gmail.com
   Andy Smallwood
  - andysmallwood.dsdt@gmail.com

# ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

We follow this procedure: Contact Designated Person

> SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323

OR

 LADO: LADOENQUIRIES@BRIGHTO N-HOVE.CO.UK

#### **Definition of allegation**

Our charity works with the following:

# Definition of allegation Working together to Safeguard Children 2018 pg58

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children

Our charity abides by the following rules: If an allegation takes place

- We inform LADO immediately without internal investigation
- LADO: LADOENQUIRIES@BRIGHTO N-HOVE.CO.UK
- We inform Ofsted (as soon as is reasonably practicable, but at least within 14 days)

- We cooperate with the investigation
- We use guidance on appropriate suspension or alternative
- Procedure if concerns relate to the designated person
- If the concern relates to the designated person there are several options for further contacts.
- 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:

- When you remain unsure after internal consultation as to whether child/vulnerable person protection concerns exist.
- When there is disagreement as to whether child/vulnerable person protection concerns exist;
- When you are unable to consult promptly or at all with your designated internal contact for child/vulnerable person protection.
- 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.

- SENIOR DSDT TRUSTEE (if you do not want to contact Senay Smallwood)
- Guy Passey guypassey@guypassey.com
- Kristina Veasey kristinaveasey@yahoo.co.uk
- Joanna Pike joannapike.dsdt@gmail.com
- Andy Smallwood andysmallwood.dsdt@gmail.co
  m
- SENIOR DSDT STAFF MEMBER (Marianne Robinson, Operations Manager: 01323 890654)
- LOCAL AUTHORITY SOCIAL SERVICES: East Sussex County Council 01323 464222 OR Brighton and Hove County Council https://www.brighton-hove.gov.u



k/families-children-and-learning/ tell-us-if-you-are-worried-aboutchild

NSPCC 0808 800 5000 or email: help@nspcc.org.uk

#### Outcomes of investigation

- Our charity recognises the following outcomes of investigations of allegations:
- Outcomes of investigations of allegations
- Substantiated there sufficient evidence to prove the allegation/ staff conduct issue
- Malicious sufficient evidence to disprove the allegation/ staff conduct issue and there is a deliberate act to deceive.
- False sufficient evidence to disprove the allegation/staff conduct issue
- Unsubstantiated insufficient evidence to either prove or disprove the allegation/ staff conduct issue. This term, therefore, does not imply guilt or innocence

Our charity abides by the following:

DBS if Referral allegations to substantiated or person leaves employment before investigation would have concluded in a dismissal for safeguarding concerns.

Whistleblowing and complaints, escalation procedure

- Provide a forum for employees 1 to discuss issues internally.
- 2. Ensure management support the process.
- 3 Ensure а thorough and immediate investigation takes place.
- Treat all cases in confidence.
- Ensure employees are not 5. penalised.

#### PARTNERSHIP WITH PARENTS

Our charity abides by the following rules: Partnership with parents: we work closely with parents and families and inform them of concerns before a referral to FDFF unless this puts child at significant risk

We recognise that we need parents' permission for a referral for Early Help Services

#### **INFORMATION SHARING**

#### Information sharing, consent, and confidentiality

Our charity follows the guidelines as set out by the Guide to the UK General Data Protection Regulation (UK GDPR)

https://ico.org.uk/for-organisations/guide-t o-data-protection/guide-to-the-general-dat a-protection-regulation-gdpr/

and we follow guidance from BHSCP, GDPR and Information Sharing: Advice for Practitioners

we use this document to follow advice

Sharing: Advice Information practitioners providing safeguarding services to children, young people, parents and carers

#### The seven golden rules to sharing information

- Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
- 2. Be open and honest with the individual (and/or their family where appropr from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
- Seek advice from other practitioners, or your information governance lead are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
- 4. Where possible, share information with consent, and where possible, rest the wishes of those who do not consent to having their information shared. Unde GDPR and Data Protection Act 2018 you may share information without consent your judgement, there is a lawful basis to do so, such as where safety may be at You will need to base your judgement on the facts of the case. When you are shor requesting personal information from someone, be clear of the basis upon wh are doing so. Where you do not have consent, be mindful that an individual migle expect information to be shared.
- 5. Consider safety and well-being: base your information sharing decisions of considerations of the safety and well-being of the individual and others who may affected by their actions.
- Necessary, proportionate, relevant, adequate, accurate, timely and secur ensure that the information you share is necessary for the purpose for which you sharing it, is shared only with those individuals who need to have it, is accurate  $\epsilon$  to-date, is shared in a timely fashion, and is shared securely (see principles).
- Keep a record of your decision and the reasons for it whether it is to sha information or not. If you decide to share, then record what you have shared, wit whom and for what purpose.

Our charity takes into account the following factors when sharing information:

proportionate, relevant, Necessary, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.

#### **RECORD KEEPING**

We follow advice from this GDPR frequently asked questions document regarding keeping records

https://www.att.org.uk/sites/default/files/18 0326%20GDPR%20-%20Frequently%20A sked%20Questions.pdf

#### Records

What records need to be kept to be GDPR compliant?

A key change under the GDPR is accountability: members need to demonstrate that they comply with the principles, and the GDPR states explicitly that this is their (ie members) responsibility.

#### This includes:

- Providing clear and transparent privacy policies.
  If relying on consent, being able to demonstrate that the data subject has given a valid consent. This should include keeping records to show:

  Who consented

  What they were told at the time

  How they consented e.g. for written consent a copy of the relevant document

  Whether they have withdrawn consent, and if so when.

  If members have 250 or more employees keeping additional written records of all processing artivities including:
- - es including:

    Name and details of organisation, and where applicable, other controllers, the member's firm's representative and data protection officer. 
    Purposes of the processing.

    Description of the categories of individuals and personal data. 
    Categories of recipients to whom the personal data has been or will be disclosed. 
    Details of transfers to third countries (i.e. outside the EU) including the safeguards in
- - example:

    Where new technologies are used.

    Where a profiling operation is likely to significantly affect individuals.

    Under a profiling operation is likely to significantly affect individuals.

    Large scale processing of special categories of data (race, health records, sexual orientation, religion etc.) or personal data relating to criminal convictions or offences. Appointing a Dalar Protection Officer (DOV) where the business in question:

  - pointing a Usuar riverseast value to the public of the public of the public authority, Carries out large scale systematic monitoring of individuals (e.g. online behaviorationing).

    Carries out large scale processing of special categories of data such as health records, or data relating to criminal convictions and offences.

Further information can be found <a href="here">here</a> on the ICO website and this includes templates for the documentation of data processing.

- We keep a record of our decisions to share information, with or without consent, and your reasons for it.
- Our record keeping follow this procedure:
- Record keeping dated, factual, signed, shared with parents
- Existing injuries are noted
- Locked storage our records are kept in a locked cupboard



- Our charity follows the instructions and guidance of the following:
- Engage with any Child in Need plan or Early Help plan as agreed.
- Attend multiagency meetings to support families including core groups and case conferences

#### RETENTION OF RECORDS

Our charity will keep information retained on file, including for people who leave the organisation, at least until the person reaches normal retirement age, or for 10 years if that is longer. The purpose of the record is to enable accurate information to be given in response to any future request for a reference.

#### MOBILE DEVICES SAFEGUARDING

Mobiles devices (i.e. smart watches and tablets) Phones and Cameras policy

Activities and phone use

- When supporting activities, Activities Assistants may use their own mobile phone only as a point of contact between themselves and other staff or senior members of staff at the activity.
- Personal phones may be used to text if necessary but only using the initials of the young person they are supporting never full names.
- DSDT staff must never take photos of young people at activities on their own personal phones.
- DSDT staff do not provide their phone number to the young people with DS they are supporting and do not take the phone number of young people either..

Our charity occasionally takes photos of our young people to record development and to sometimes use in marketing/social media. This is always with the parents explicit written consent and is managed by senior DSDT staff so photos will only be taken on designated senior staff phones or charity phones specifically for this use.

Social and Learning Hub and phone use

- For our new project the Social and Learning hub we use specific DSDT mobile phones on the University of Sussex campus for our student unifriend volunteers to use. This is so that our unifriends have a phone to call senior DSDT staff if needed.
- If agreed with senior staff and young people and parents,, uni friends are allowed to take appropriate photos of young people on this charity phone for marketing purposes (if the parent has consented) and must hand it back to senior staff at the end of the session.
- Unifriends/staff can text regarding an individual they are supporting and where possible initials only.
- Unifriend volunteers or Activities
   Assistants working at the S&L
   Hub must not use their own
   personal phones but use the
   designated charity phones.
- DSDT staff do not provide their phone number to the young people with DS we are supporting and do not take the phone number of young people.
- At the end of the session, senior staff must check any messages on phones and then delete them for the next session.
- At the end of the session, senior staff must check any photos taken on the phones and download to the computer if appropriate and delete off the phone ready for the next session.

Photos can be taken of our young people ONLY in the following circumstances:

- 1) On a designated DSDT mobile phone (only if given permission by senior DSDT staff)
- 2) When parents have given their written consent (senior DSDT staff will let you know if parents do not want photos of their young person taken)
- 3) If young people are happy for their photo to be taken

The DSDT mobile phone is then handed back at the end of the session to senior DSDT staff who will then manage the images securely.

Staff should:

- 1) NEVER take photos of our young people on their own personal mobile phone or other device
- 2) NEVER send photos of our young people to anyone or upload onto social media

Staff do NOT discuss, email, text any details about the young person they are supporting outside of the activity.

Staff receive safeguarding training.

Please let either myself or Sen know if you have any concerns or questions.

- Parents sign consent form for individual uses
- Images are held securely.

Parents and visitors are asked not to use mobile phones on the premises..

#### CONTACT DETAILS SUMMARY

#### **IN AN EMERGENCY CONTACT:**

THE POLICE: 999

OR

Front Door for Families 01273 290400 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday) Emergency out of hours 01273 335905 or 335906

#### FOR OTHER SAFEGUARDING ISSUES

#### CONTACT:

Designated Person (Contact details for if off site)SENAYSMALLWOODDSDTDESIGNATEDSAFEGUARDINGLEADON 01323 893323

DeputyDesignatedpersonSENIORDSDTSTAFFMEMBER(MarianneRobinson,OperationsManager:01323890654)

# Nominated committee member for safeguarding

- SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323
- SENIOR DSDT TRUSTEE (if you do not want to contact Senay Smallwood):
- Guy Passey guypassey@guypassey.com
- Kristina Veasey kristinaveasey@yahoo.co.uk



- Joanna Pike joannapike.dsdt@gmail.com
- Andy Smallwood andysmallwood.dsdt@gmail.co m

# FOR ALLEGATIONS AGAINST STAFF AND VOLUNTEERS

#### CONTACT:

SENAY SMALLWOOD DSDT DESIGNATED SAFEGUARDING LEAD ON 01323 893323

#### AND/OR

LADO 01273 295643 LADOENQUIRIES@BRIGHTON-HOVE.C O.UK (For allegations against staff and volunteers)

#### OTHER CONTACTS

Police 01273 665502 or 0845 6070999 or 101

Front Door for Families 01273 290400 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday) Emergency out of hours 01273 335905 or 335906

Prevent Coordinator, Nahida Shaikh, Partnership Community Safety Team, Tel: 01273 290584; Mob: 07717303292 Nahida.Shaikh@brighton-hove.gcsx.gov.u

NSPCC Whistleblowing 0800 028 0285

NSPCC 0808 800 5000 or email: help@nspcc.org.uk

Public concern at work 020 3117 2520

LOCAL AUTHORITY SOCIAL SERVICES: East Sussex County Council 01323 464222 OR Brighton and Hove County Council

https://www.brighton-hove.gov.uk/familieschildren-and-learning/tell-us-if-you-are-wor ried-about-child

Registered charity and correspondence address: 13 Saltwood Road, Seaford East, Sussex BN25 3SP Main office: Chyngton Methodist Church, Millberg Road, Seaford, East Sussex, BN25 3ST **Second office:** Unit Number 1b, The Sussex Innovation Centre, Falmer, Brighton, East Sussex, BN1 9SB

Tel: 01323 893 323 / 01323 890 654 Website: www.downsyndromedevelopment.org.uk

Email:

hello@downsyndromedevelopment.org.uk

Down Syndrome Development Trust Company Number: 08346182 Registered Charity Number: 1155830