Safeguarding Children and Young People Policy & Procedures

Background

Down Syndrome Cheshire works with disabled children, young people and vulnerable adults (Down Syndrome Cheshire members), including those with physical and learning disabilities and complex medical conditions. Down Syndrome Cheshire also engages non-disabled young people as Young Volunteers, and disabled adults as Supported Volunteers, and Office Volunteers. This means that the majority of individuals we work with are from vulnerable groups, and we have a commitment and duty to keep them safe from harm.

Principles

Down Syndrome Cheshire ("DSC") is committed to safeguarding and protecting children and young people and fully accepts its responsibility for the safety and welfare of all children and young people who engage with Down Syndrome Cheshire. Simple flowcharts on how to respond to a safeguarding concern and what constitutes abuse and neglect can be found in Appendices 1, 2, 3 and 4.

The welfare of children and young people is of paramount importance and all children and young people have a right to be protected from abuse regardless of their gender, race, disability, sexual orientation, religion, belief or age. Through the application of policy, procedures and best practice, Down Syndrome Cheshire promotes the safety, welfare and well-being of all children and young people enabling them to participate in any Down Syndrome Cheshire activity in an enjoyable, safe, inclusive and child-centred environment. This equally applies to the safety and security of those working with and who are responsible for the activities involving children and young people.

Employees, workers, consultants, agency staff and volunteers who come into contact with children and young people in Down Syndrome Cheshire related activities should be positive role models and display high moral and ethical standards in line with the Down Syndrome Cheshire vision and values.

This Policy and Procedures takes into account the procedures and practices of Cheshire as part of the inter-agency safeguarding procedures set up by the Cheshire West and Chester (CWCSCP) it is compliant with legislation including but not limited to the Children Acts 1989 and 2004, statutory guidance such as Working Together to Safeguard Children dated 2018, but updated 2020, Prevent Duty Guidance: for England and Wales 2021 and The Charity Commission Guidance Safeguarding and Protecting People for Charities and Trustees 2022.

This Policy and Procedure should be read in conjunction with related Down Syndrome Cheshire policies and procedures, a list of which are available in Appendix 5.

Scope

This Policy is for use across Down Syndrome Cheshire and is to be observed by all those working and coming into contact with children and young people to ensure best practice in safeguarding is promoted and adhered to. All Down Syndrome Cheshire provision on site at the Hub or at external locations are under the remit of this policy.

All employees and workers are made aware of the Policy and Procedures through induction and where appropriate their work with children and young people will be supported by a comprehensive on-going safeguarding training programme.

Definition of a child

A child or young person is defined as anyone up to their 18th birthday. *Children Act 1989*

Safeguarding children and young people is defined as:

- Protecting children and young people from maltreatment;
- Preventing impairment of children or young peoples' health or development;
- Ensuring that children and young people are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children and young people to have the best life chances.

Working Together to Safeguard Children 2018

Recruitment and disclosure

As part of Down Syndrome Cheshire's recruitment and selection process, offers of work for positions which come into contact with children and young people are subject to a satisfactory self-declaration and a criminal record check ("DBS Check") as relevant, CV checks, appropriate references, right to work in the UK checks and a qualification check, if applicable. All offers of work are subject to a satisfactory outcome to the rigorous screening process and until such time that all background checks are deemed as acceptable by Down Syndrome Cheshire, the person concerned is not permitted to commence work.

All employees, workers, consultants, agency staff and volunteers in a position of trust are required to undergo regular DBS checks, normally every three years or earlier if required.

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Should any person's DBS check reveal any cautions, convictions, community resolutions, warnings or final reprimands Down Syndrome Cheshire will consider whether the nature of the offence/offences renders the person concerned unsuitable for working with children and young people. In such circumstances, when the nature of any disclosure has to be considered, a risk assessment is carried out to evaluate the information contained within the disclosure certificate. The person may also be required to attend a risk assessment meeting with Down Syndrome Cheshire's Safeguarding Team prior to a recruitment decision being made. Further information can be found in Down Syndrome Cheshire Recruitment Policy and Safer Recruitment Guidance available on Down Syndrome Cheshire website.

All new employees, workers, consultants, agency staff and volunteers working with children and young people at Down Syndrome Cheshire required to complete a self-declaration on commencement of duties.

When the Down Syndrome Cheshire uses suppliers or agencies to undertake its work, they are be subject to rigorous vetting and safeguarding checks and required to adhere to Down Syndrome Cheshire policy and procedures as set out in their contracts or service level agreements where relevant.

When Down Syndrome Cheshire engages with schools and organisations in connection with child or young people related activities, where appropriate Down Syndrome Cheshire's writes to the school or organisation to state Down Syndrome Cheshire policy and procedures in relation to criminal record checks and safe recruitment. Down Syndrome Cheshire only discloses the name, date of birth, disclosure and issue numbers of the employees, workers, consultants, agency staff or volunteers criminal record checks. Disclosure information in relation to checks will not be divulged. Schools and organisations are required to comply with Down Syndrome Cheshire safeguarding arrangements as set out in contracts and/or service level agreements.

Induction and training

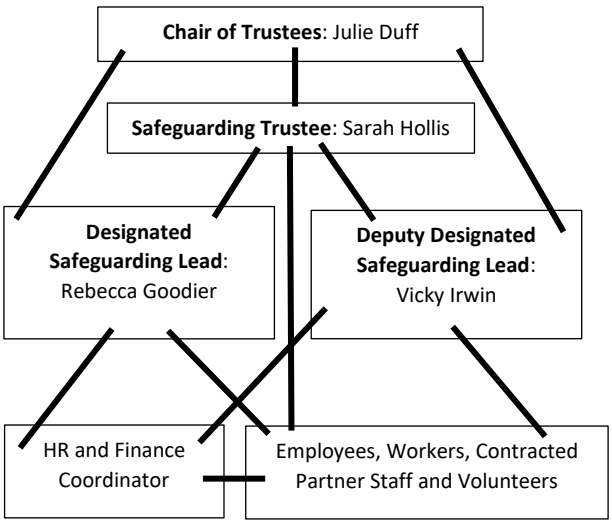
During the induction process, employees who work with or come into contact with children and young people are required to attend Down Syndrome Cheshire safeguarding and protection training. Employees also receive a copy of this Policy and Procedures as well as other Down Syndrome Cheshire policies and are required to sign an acknowledgement that they have read and agree to abide by them.

Workers, consultants, agency staff and volunteers who have roles that work with or come into contact with children and young people undertake both Down Syndrome Cheshire training. They also receive copies of Down Syndrome Cheshire Safeguarding Policies and Procedures and are expected to read and abide by them as set out in their Agreements.

Refresher safeguarding training is provided every three years or earlier as required.

Roles and responsibilities

Down Syndrome Cheshire has a comprehensive safeguarding structure which ensures the safety and welfare of all children and young people who engage with Down Syndrome Cheshire. For the purpose of this Policy and Procedure the Safeguarding Team consists of the Designated Safeguarding Lead, Deputy Designated Safeguarding Lead, Safeguarding Trustee and Chair of Trustees.



The Down Syndrome Cheshire **Chair of Trustees** is responsible for ensuring that safeguarding is a key priority at the Charity and for providing charity-wide strategic leadership that assists Down Syndrome Cheshire to deliver the safeguarding strategy, vison, values, priorities, policies, promoting the welfare of vulnerable groups and communicating at Executive level.

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The Down Syndrome Cheshire **Safeguarding Trustees** is responsible for ensuring that the safeguarding policy and procedures are fit for purpose for the provision of services delivered at Down Syndrome Cheshire to deliver the safeguarding strategy, vison, values, priorities, policies, promoting the welfare of vulnerable groups, communicating at Executive level and being the immediate support for the **Designated Safeguarding Lead**, **Deputy Designated Safeguarding Lead** and all other Down Syndrome Cheshire **Employees, Workers, Contracted Partner Staff and Volunteers** as they need.

Down Syndrome Cheshire's **Designated Safeguarding Lead** is responsible for embedding safeguarding across the charity. The Designated Safeguarding Lead is also lead point of contact should safeguarding concerns arise and the Lead Disclosure Officer. If the Designated Safeguarding Lead is absent from work for an extended period or the position becomes vacant, the Deputy Designated Safeguarding Lead will assume the positions of Designated Safeguarding Lead and Lead Disclosure Officer. Should this situation arise, the new arrangement will be clearly communicated across the Charity.

Down Syndrome Cheshire's **Deputy Designated Safeguarding Lead** will assume the positions of Designated Safeguarding Lead and Lead Disclosure Officer if the Designated Safeguarding Officer is absent from work for an extended period or the position becomes vacant or there is a conflict of interest, whether that be about the Designated Safeguarding Lead or the individual there is a concern around.

The HR and Finance Coordinator is responsible for ensuring all vetting checks including criminal record checks adhere to Down Syndrome Cheshire's Recruitment Policy as well as legislation and governing body rules.

Employees, Workers, Contracted Partner Staff and Volunteers are responsible for familiarising themselves with the charity's policy and procedures, ensuring the safety and welfare of all children and young people as well as promoting best practice and creating a safe and inclusive environment to prevent harm occurring through awareness of what constitutes abuse and neglect.

Abuse and neglect

Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children or young people may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child, children, young person or young people.

There are four recognised categories of abuse as defined in Working Together to Safeguard Children 2018:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse (includes bullying)
4. Neglect

In addition, Keeping Children Safe in Education 2020 recommends the addition of two further categories (or sub-categories) of abuse:

5. Child Sexual Exploitation (CSE)
6. Child Criminal Exploitation (CCE)

Full descriptions of each category of abuse and neglect can be found in Appendix 4.

Children and young people may be at additional risk of abuse and neglect through some of the additional vulnerabilities they may face.

Additional vulnerabilities

If children and young people have additional vulnerabilities when engaging with Down Syndrome Cheshire, further safeguards may need to be put in place to reduce the potential risk of abuse and neglect, this will be done by the Down Syndrome Cheshire Safeguarding Team on an individual basis as required.

Contextual Safeguarding

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. The different relationships that young people form in their local communities, peer groups, schools and online can feature violence and abuse, and parents and carers have little influence over these contexts. Down Syndrome Cheshire is therefore committed to understanding these risks and engaging with children and young people to help keep them safe.

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Radicalisation and extremism

Radicalisation and extremism of children and young people is a form of emotional abuse. HM Government states that the aim of radicalisation is to attract children and young people to a particular extremist ideology. In many cases it is with a view to inspiring children and young people eventually to become involved with harmful or terrorist activities. Radicalisation can take place through direct personal contact, or indirectly through social media. Extremism is defined as vocal or active opposition to fundamental British values including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Looked after children and young people

Looked after children and young people (such as those living in foster care) may be especially vulnerable to abuse and neglect for a number of reasons, including:

- Experienced abuse and neglect previously.
- Living with people who are not their immediate family or friends
- Less support networks.
- Stigma for being in care.

Online world

Although the online world provides many benefits to children and young people, there are also a number of potential associated risks:

- Inappropriate language or images.
- Online grooming.
- Cyberbullying.
- Sexting.

Further information about the online risks is contained in the Down Syndrome Cheshire Social Media Policy.

Children and young people with a disability

The Equality Act (2010) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Children and young people with a disability may be vulnerable to abuse for a number of reasons:

- Increased likelihood of social isolation
- Dependency on others for practical assistance in daily living (including intimate care)
- Impaired capacity to resist, avoid or understand abuse
- Speech and language communication needs may make it difficult to tell others what is happening
- Limited access to someone to disclose to
- Particular vulnerability to bullying

Children and young people with disabilities may also feel less valued than Down Syndrome Cheshire's peers and poor care may be observed but tolerated by others. This might include such things as not speaking directly to the child or young person; not offering choices; not moving and handling them safely; not respecting their privacy and dignity; not treating him/her according to their age; allowing physical restraint to occur; or using derogatory language.

There is no single route to ensure that children and young people are protected, especially those with additional vulnerabilities. However, the safest environments are those that help children and young people to protect themselves by helping them to speak out and do their best to stop any abuse and neglect from happening and take responsibility for observing, challenging and reporting any poor practice and suspected abuse and neglect.

Safe environments for children and young people with additional vulnerabilities are also safer for all children and young people.

Mental Health

Adverse experiences, like abuse and neglect, can have a lasting impact on a child's mental health, behaviour and education.

While only professionals should diagnose mental health problems, staff must be alert to identifying behaviour which may indicate that a child is experiencing mental health problems or is at risk of developing one.

Staff should immediately raise any mental health concerns which are / may be also safeguarding concerns with the Safeguarding Team via completion of a MyConcern form (Appendix 8).

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Use of photography and film

All images are taken by Down Syndrome Staff and approved stakeholders have been briefed by the Down Syndrome Cheshire Safeguarding Team. Parent/carer consent is sought in writing when the Down Syndrome Cheshire member begins their journey with the Chairty. Down Syndrome Cheshire adhere to the following principles when using photography or film:

- All children or young people featured in Down Syndrome Cheshire publications are appropriately dressed.
- Where possible, the image will focus on the activity taking place and not a specific child or young person.
- Children or young people who are the subject of a court order will not have their images published in any charity document.
- No images of children or young people featured in Down Syndrome Cheshire publications are accompanied by personal details such as their home address.
- No images of children or young people featured on the Down Syndrome Cheshire website are accompanied by personal details such as their home address.
- Recordings of children and young people for the purposes of legitimate coaching aids are only filmed by Down Syndrome Cheshire staff or approved stakeholders and are stored safely and securely on the Charity's online workspace; OneDrive.
- Any instances of inappropriate images in Down Syndrome Cheshire outlets and material should be reported to a Designated Safeguarding Lead or the Safeguarding Team.

Good practice and code of conduct

To ensure all children and young people have the most positive and safe experience when engaging with Down Syndrome Cheshire, all employees, workers, contracted partner staff and volunteers should adhere to the following principles and action (to ensure they role model positive behaviours and so reduce the risk of allegations, abuse and neglect occurring):

- Listen carefully to children and young people about their needs, wishes, ideas and concerns and take them seriously.
- Treat all children and young people equally not showing favouritism.
- Always work in an open environment (e.g. avoiding private or unobserved situations and encouraging open communication with no secrets).
- Make the experience fun and enjoyable.
- Promote fairness, confront and deal with bullying.
- Maintain a safe and appropriate distance with children and young people and avoid unnecessary physical contact.
- Where any form of manual/physical support is required, it should be provided openly and with the consent of the child or young person.
- If children and young people have to be supervised in changing rooms always ensure coaches etc. work in pairs.
- Request written consent if the Down Syndrome Cheshire are required to transport children and young people using the Down Syndrome Cheshire Member Agreement Form (Appendix 6) for any activities, events or significant travel arrangements e.g. overnight stays.
- Employees and workers should maintain their qualifications and professional development.
- A qualified first aider is in attendance or readily available.
- Maintain appropriate professional relationships with children and young people including only engaging with them online with prior approval and through the Down Syndrome Cheshire social media channels.
- On trips, ensure that adults should not enter a child or young person's room unless there is a safety concern, in which case two adults should enter and should not invite children or young people into their rooms.
- Be a good role model, this includes not swearing, smoking or drinking alcohol in the company of children and young people.
- Always give enthusiastic and constructive feedback rather than negative criticism.
- Promote the Down Syndrome Cheshire's vision and values and be an ambassador for those values.
- Ensure children and young people adhere to the relevant code of conduct and Down Syndrome Cheshire member rules at every session/event.
- Secure written consent for Down Syndrome Chesire to administer emergency first aid or other medical treatment if the need arises.
- Secure written consent for Down Syndrome Chesire to support Down Syndrome Cheshire members to the toilet, including changing nappies and underwear as needed, working in pairs.
- Reward effort as well as performance.
- Challenge unacceptable or inappropriate behaviour.
- Encourage children and young people to take responsibility for their own behaviour and performance.
- Keep a written record of any incident or injury that occurs, along with details of any treatment given or action taken using the Down Syndrome Cheshire Accident and Incident Report Form (Appendix 7).
- Recording safeguarding concerns on the MyConcern or the Safeguarding Concern Form (Appendix 8).

This list is not exhaustive

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Unacceptable practice

The following are regarded as unacceptable practice and should be avoided by all employees, workers, consultants, agency staff and volunteers:

- Unnecessarily spending excessive amounts of time individually with a child or young person away from others.
- Being alone in changing rooms, toilet facilities or showers used by children and young people.
- Taking children and young people alone in a car or journey unless written consent is sought from the Down Syndrome Cheshire Safeguarding Team for emergency situations.
- Taking children and young people to your home or places where they will be alone with you.
- Sharing a room with children and young people.
- Engaging in rough, physical or sexually provocative games, including horseplay.
- Allowing or engaging in inappropriate touching of any form.
- Allowing children and young people to use inappropriate language unchallenged.
- Making sexually suggestive comments to children and young people, even in fun.
- Reducing children and young people to tears as a form of control.
- Allowing allegations made by children and young people to go unchallenged, unrecorded or not acted upon.
- Doing things of a personal nature that children and young people can do for themselves.
- Not recording safeguarding concerns on MyConcern or the Safeguarding Concern Form.
- Sending inappropriate text messages or social media messages to children and young people.
- Having children or young people engaged with Down Syndrome Cheshire as 'friends' or 'followers' within social networking sites such as Facebook, Twitter and Instagram
- Engaging with children and young people on 'one to one' personal electronic communications.

This list is not exhaustive

Lost or missing children and young people

During Down Syndrome Cheshire activities every effort is made to ensure children and young people remain with their parents/carers or the activity leaders. Should a child or young person become lost or go missing during Down Syndrome Cheshire activity every effort will be made to locate the child or young person as quickly as possible. Should a child or young person not be located within a reasonable timeframe, contact will be made with their parents/carers and the police to file a missing child/young person's report.

Children and young people who are not picked up on time

All parents and carers should collect their child or young person on time in line with the instructions given by Down Syndrome Cheshire. Should the child or young person not be collected on time a minimum of two appropriate adults will wait at the venue until the parent or carer arrives. Should the child or young person not be picked up at all, a Down Syndrome Cheshire employee or worker will contact the Designated Safeguarding Lead or the charity's Safeguarding Team. Should sufficient time pass, Down Syndrome Cheshire may contact the police and/or children's services to take care of the child or young person until their parent or carer is contacted.

Risk assessments

For all Down Syndrome Cheshire activities including, trips, residentials, events and activities, thorough risk assessments are completed to identify and minimise potential risks. Down Syndrome Cheshire's Health and Safety Policy outlines the process to undertake when completing risk assessments as well as how to capture information regarding accidents and incidents and how Down Syndrome Cheshire learns from such matters. Where a child or young person is involved in a trip, activity or event, a risk assessment must take account of their particular vulnerabilities, disabilities and needs whilst in Down Syndrome Cheshire's care. The risk assessment will set out what arrangements are in place for their care and supervision and how risks will be minimised. Activity leaders will be required to continually monitor and amend the controls within the risk assessments whilst leading such activities.

Supervision of children and young people

Down Syndrome Cheshire adheres to best practice guidance set out by Cheshire West and Chester /CWCSCP in relation to the supervision of adults to children/young people. However particular activities may require more or less adult to child/young person ratios due to:

- Age, needs and ability of children and young people.
- Nature of the activity and environment.
- Risk assessments or intelligence information identifying potential behavioural or other issues.
- Expertise and experience of the staff involved.
- Mixed gender children and young people activities will require adults of both genders to supervise where possible.

Should the ratio not be suitable, the Down Syndrome Cheshire Safeguarding Team and Project Manager will decide whether the

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Working with external partners

Down Syndrome Cheshire always ensures external partners and organisations we engage with promote the safety and welfare of children and young people and this is outlined in contracts and/or service level agreements. External partners and organisations are required to demonstrate competencies in safeguarding and Down Syndrome Cheshire assesses this through its own safeguarding audits. Where organisations do not have their own satisfactory safeguarding arrangements, they will be expected to comply with Down Syndrome Cheshire's standards.

Referrals

If Down Syndrome Cheshire has safeguarding concerns in relation to a child, young person or their parents/carers, Down Syndrome Cheshire may refer these concerns to external agencies. External agencies include, but are not limited to, children's social care, adult social care, the police, health agencies (Appendices 1, 2 and 3).

Confidentiality

Every effort should be made to ensure that confidentiality of safeguarding cases is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only which would not normally include anyone other than the following:

- The Safeguarding Team.
- The child or young person or the person raising the concern.
- The employees, workers, contracted partner staff and volunteers who received the concern or disclosure.
- The parents/carers of the child or young person who is alleged to have been abused, where appropriate.
- Local Authority and Police.

Employees, workers, contracted partner staff and volunteers may have access to confidential information about children and young people in order to undertake their responsibilities. In some circumstances, employees, workers, contracted partner staff and volunteers may be given highly sensitive or private information. Confidential or personal information about a child or young person or their family should not be used for their own or others advantage. Confidential information about a child or young person should never be used casually in conversation or shared with any person other than on a need-to-know basis. In circumstances where the child or young person's identity does not need to be disclosed, the information should be handled anonymously. There are some circumstances in which an employees, workers, contracted partner staff and volunteers may be expected to share information about a child, for example when abuse is alleged or suspected.

In such cases, employees, workers, consultants, agency staff and volunteers have a duty to pass information on without delay, but only to those with designated safeguarding responsibilities (Designated Safeguarding Lead and Safeguarding Team). If an employee, worker, contracted partner staff and volunteer is in any doubt about whether to share information or keep it confidential, guidance should be sought from the Down Syndrome Cheshire Safeguarding Team. The storing and processing of personal information about children and young people is governed by the Data Protection Act 2018.

Information sharing

The Down Syndrome Cheshire abides by the seven guiding principles as set out by HM Government on sharing information:

1. The Data Protection Act 2018, the General Data Protection Regulation 2018 and human rights laws are not barriers to justified information sharing, but provide a framework to ensure that personal information about children and young people is shared appropriately.
2. Openness and honesty with the child or young person (and/or their parents/carers or family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek agreement, unless it is unsafe or inappropriate to do so.
3. Advice is sought from Down Syndrome Cheshire's Safeguarding and/or Legal Team if there is any doubt about sharing the information concerned, without disclosing the identity of the child or young person where possible.
4. Information is shared with informed consent where appropriate and, where possible, there is respect for the wishes of those who do not consent to share confidential information. Information will still be shared without consent if, in Down Syndrome Cheshire's judgement, there is good reason to do so, such as where safety may be at risk. Judgement will be based on the facts of the case.
5. Safety and well-being of the child or young person is always considered.
6. Information is only shared when it is necessary, proportionate, relevant, adequate, accurate, timely and secure to do so.
7. Records of Down Syndrome Cheshire's decision to share information in relation to any reported concerns, with whom and the reasons are always recorded on the Safeguarding Concern Form (Appendix 8).

Down Syndrome Cheshire will share information with the relevant statutory agencies, where appropriate in relation to safeguarding cases.

Review

Down Syndrome Cheshire shall review this Policy and Procedures at the end of every academic year or whenever there is a change in legislation, guidance, governing body rules or learning from safeguarding cases.

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Procedures

Consent

The first priority in safeguarding should always be to ensure the safety and welfare of the child or young person. If concerns arise, it is best practice to always gain the consent of the child or young person before an external referral is made. There are a number of circumstances whereby an external referral can be made without consent and these include:

- The child or young person is at risk of harm.
- Other people are, or may be, at risk, including other children or young people.
- Emergency or life-threatening situations may warrant the sharing of relevant information with the emergency services without consent.
- Sharing the information could prevent a serious crime.
- The child or young person lacks the mental capacity to make that decision.
- A serious crime has been committed.
- There is a risk of significant harm and meets the threshold for a multi-agency strategy meeting.
- Employees, Workers, Contracted Partner Staff and Volunteers are implicated.

What to do if you suspect abuse or poor practice has occurred?

If you are concerned about the safety or welfare of a child or young person or you are concerned about a adult's behaviour towards a child or young person you must act. Do not assume that someone else will help the child or young person. Safeguarding children and young people is everyone's responsibility. It is important that you report your concerns to one of the following:

- Designated Safeguarding Lead
- Deputy Designated Safeguarding Lead
- Safeguarding Trustee

Taking no action is not an option.

What to do if you receive a safeguarding disclosure from a child or young person

Children or young people who may be vulnerable are likely to disclose abuse or neglect to those they trust and how one responds to a disclosure is crucial.

Stage 1

Deal with the disclosure as it happens and ensure that the child or young person's immediate needs are met and that they feel supported.

When a disclosure is made, it is most important to understand that you must not investigate the disclosure yourself. The disclosure must always be taken seriously and dealt with according to the guidance in this Policy and Procedure, even if the validity of the disclosure is uncertain.

You are not expected to act as a social worker, counsellor, judge, and jury or avenge the abuser; you are however expected to act in the best interest of the child or young person who may be at risk.

You must:

- Put your own feelings aside and listen as if the information is not sensational.
- Allow the child/young person to lead the discussion and to talk freely.
- Listen to what the child/young person is saying without investigating. Try not to interrupt them or ask lots of questions. Being asked a lot of questions can feel like being interrogated.
- Allow the child or young person to tell you at their own pace.
- Don't worry if the child/young person stops talking for a while, silences are ok. You don't have to rush in to fill the gaps.
- Accept what the child/young person says without challenge.
- Allow the child/young person to talk but protect them from sharing the information with too many other people.
- Provide reassurance that you are taking them seriously and he/she have done the right thing by disclosing.
- Let the child/young person know it is recognised how hard it is for them to tell you.
- It is ok to let them know if you are unable to answer all their questions.
- Avoid asking leading questions, for example "Did the coach hit you?".
- Never ask questions that may make the child/young person feel guilty or inadequate.
- If physical abuse has taken place, you may observe visible bruises and marks but do not ask a child/young person to remove or adjust their clothing to observe them and do not take photographs of the injuries, you should make a note of the injuries on the Body Map in the Safeguarding Concern Form (Appendix 8)
- Tell the child/young person who you will be contacting e.g. Designated Safeguarding Lead or Safeguarding Team and that you will support him/her through that process.
- If you establish that they have been harmed or is at risk of being harmed, do not pursue the conversation any further. This is important to ensure that questions cannot be raised later about possible manipulation of the disclosure.
- Respect the confidentiality of the disclosure and do not share the information with anyone other than those who need to know. Those who need to know are those who have a role to play in protecting children/young people.
- After the child/young person has disclosed, the conversation must be documented remembering as accurately as you can, the words and phrases used by the child/young person to describe what happened to them.

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You must not:

- Panic or show that you are shocked. It is important to remain calm and in control of your feelings.
- Document the conversation while the child/young person is disclosing. This should be done as soon as possible after the child/young person has disclosed to you.
- Investigate.
- Give the impression that you might blame the child/young person. For example, don't ask: "Why did you let him?", "What were you doing there anyway?" or "Why didn't you tell me before?
- Press for details by asking questions such as "What did he/she do next?
- Ask leading questions.
- Pass judgment on what is said.
- Make false promises and/or promise confidentiality – it should be explained that the child/young person has done the right thing, outline who will need to be told and why.
- Approach the alleged abuser yourself.

Do remember, when a child/young person discloses they may feel:

- Guilt: he/she may blame themselves for the abuse and often feel guilt for telling.
- Ashamed: he/she may feel ashamed about the abuse itself.
- Confused: he/she may be confused about their feelings for the alleged abuser.
- Scared: he/she may be fearful of the repercussions of telling. He/she may be scared of the alleged abuser.
- Be careful about touching (e.g. hugging or cuddling) the child/young person if they have not initiated the contact. He/she may be upset by physical contact.

Stage 2

As soon as possible, once the immediate comfort and safety of the child or young person is secured, you must inform your Designated Safeguarding Lead or the Safeguarding Team of the disclosure. You may make a referral yourself directly to a statutory agency if you are concerned about the child/young person's immediate safety and/or are having difficulty contacting the designated safeguarding lead/safeguarding team. You would contact the Deputy Designated Safeguarding Lead or Safeguarding Trustee if the Designated Safeguarding Lead is the alleged abuser, it involves her family or her close network (a conflict of interest). Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis only.

Stage 3

You should raise a new Concern on MyConcern or complete Down Syndrome Cheshire's Safeguarding Concern Form (SCF) as soon as possible after the disclosure has been made and send the SCF (Appendix 8) to the Safeguarding Team within 24 hours of the disclosure. Wherever possible, you must record information as it was relayed to you using the language of the child or young person rather than your own interpretation of it.

What happens next?

It is important that concerns are followed up and it is everyone's responsibility to ensure that they are. You should be informed by the Designated Safeguarding Lead / Safeguarding Team what has happened following the report being made. If you do not receive this information, you should be proactive in seeking it out. If you have concerns that the disclosure has not been acted upon appropriately, you should inform the Safeguarding Trustee and ultimately contact the relevant statutory agency.

And remember…

A disclosure is not the only way that you may be made aware of an issue. Sometimes another adult or even a child or young person may say something about a possible abusive situation. On occasions you may witness an incident that may cause concern or indeed you may pick up on things that cause concern or information may be passed to a activity leader or manager anonymously by a person or persons who do not want to be directly involved for whatever reason.

Raising a concern

You do not need to have firm evidence before raising a concern. But we do ask that you explain, as fully as you can, the information or circumstances that gave rise to your concern.

Step 1
If you have a concern of any form of safeguarding poor practice or abuse, raise it first with the Designated Safeguarding Lead, who will raise it with the Safeguarding Team.

Step 2
If you feel unable to raise the matter with the Designated Safeguarding Lead for whatever reason, raise the matter with the Deputy Designated Safeguarding Lead or Safeguarding Trustee.

Step 3
If you feel the Safeguarding Team has not handled the concern appropriately you should contact the local authority:

Cheshire East: 0300 123 5012 or out of hours 0300 123 5022
Cheshire West and Chester: 0300 123 7047 or out of hours 01244 977 277

For a flowchart of the process to follow, please see Appendices 1, 2 and 3.

Safeguarding Children and Young People Policy & Procedures

Managing allegations against employees, workers, contracted partner staff and volunteers

Should a concern arise about an employee, worker, contracted partner staff and volunteer conduct in relation to a child or young person, this should be reported to the Down Syndrome Cheshire Safeguarding Team who will take such steps as considered necessary to ensure the safety of the child or young person in question and any other person who may be at risk. The person raising the concern should complete the Down Syndrome Cheshire Safeguarding Concern Form or MyConcern (Appendix 8).

When managing an allegation against an employee, worker, contracted partner staff or volunteer the Safeguarding Team will follow this process:

- The allegation will be referred to the Local Authority Designated Officer (LADO)/Designated Person at the Local Authority and/or the Police.
- The parent / carer of the child or young person will be contacted as soon as possible, following advice from statutory agencies.
- Senior Management will be notified.
- If a member of the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead is the subject of an allegation, the report must be made to the Safeguarding Trustee or Chair of Trustees who will refer the allegation to the appropriate statutory agencies.
- If required, a full investigation and possible sanction in accordance with the Down Syndrome Cheshire Disciplinary Policy for employees will follow. Workers and contracted partner staff may have their Agreements terminated.
- Referrals as appropriate will be made to the Disclosure and Barring Service (DBS).

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.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children (see "Transferrable risk" below)

For a flowchart of the process to follow, please see Appendix 3.

Managing concerns for a child or young person

Any concern relating to the abuse of a child or young person by another child or young person must be dealt with through this Policy and Procedure. Any such concern should be reported immediately to the Designated Safeguarding Lead who will inform the Safeguarding Team.

Transferrable risk i.e., behaviour that indicates an adult may not be suitable to work with children

In addition, there may be types of behaviour which may indicate a person poses, or might pose, a risk of harm if they continue to work in regular or close contact with children. This is more commonly known as the 'harm test', i.e. a person has 'behaved or may have behaved in a way that indicates they may not be suitable to work with children' (KCSIE 2025).

This could involve an incident that occurred outside of Down Syndrome Cheshire, and may not involve children, but could have an impact on their suitability to work with them. For example, being involved in a domestic violence incident at home, where violent behaviour is triggered and could pose a risk to children at Down Syndrome Cheshire. This is known as transferrable risk.

Staff should report any allegations of such behaviour by following this Policy and Procedure.

Making a referral

All employees, workers, contracted partner staff and volunteers should raise a new Concern on MyConcern or complete the Down Syndrome Cheshire Safeguarding Concern Form (Appendix 8) after referring any case to the Designated Safeguarding Lead and/or Safeguarding Team. The Safeguarding Team will contact the relevant Local Authority Children's Services Team completing their Referral Form and update the Safeguarding Concern Form for Down Syndrome Cheshire's records.

What to do if a child or young person is in danger of immediate harm

The first priority is to ensure the child or young person is in a safe place away from the alleged perpetrator. Emergency services should be summoned whenever a situation is felt to be beyond the control of employees, workers, contracted partner staff or volunteers. In addition, employees, workers, contracted partner staff and volunteers should have, readily available, all the contact numbers of the Down Syndrome Cheshire Safeguarding Team, colleagues, or other services which can assist in an emergency or urgent situation (Appendix 9). Report the matter to the Safeguarding Team at the earliest opportunity. In the absence of the Safeguarding Team, contact Cheshire East: 0300 123 5012 or out of hours 0300 123 5022 or Cheshire West and Chester: 0300 123 7047 or out of hours 01244 977 277 and/or the police on 101 for help and to ensure the correct procedure is followed.

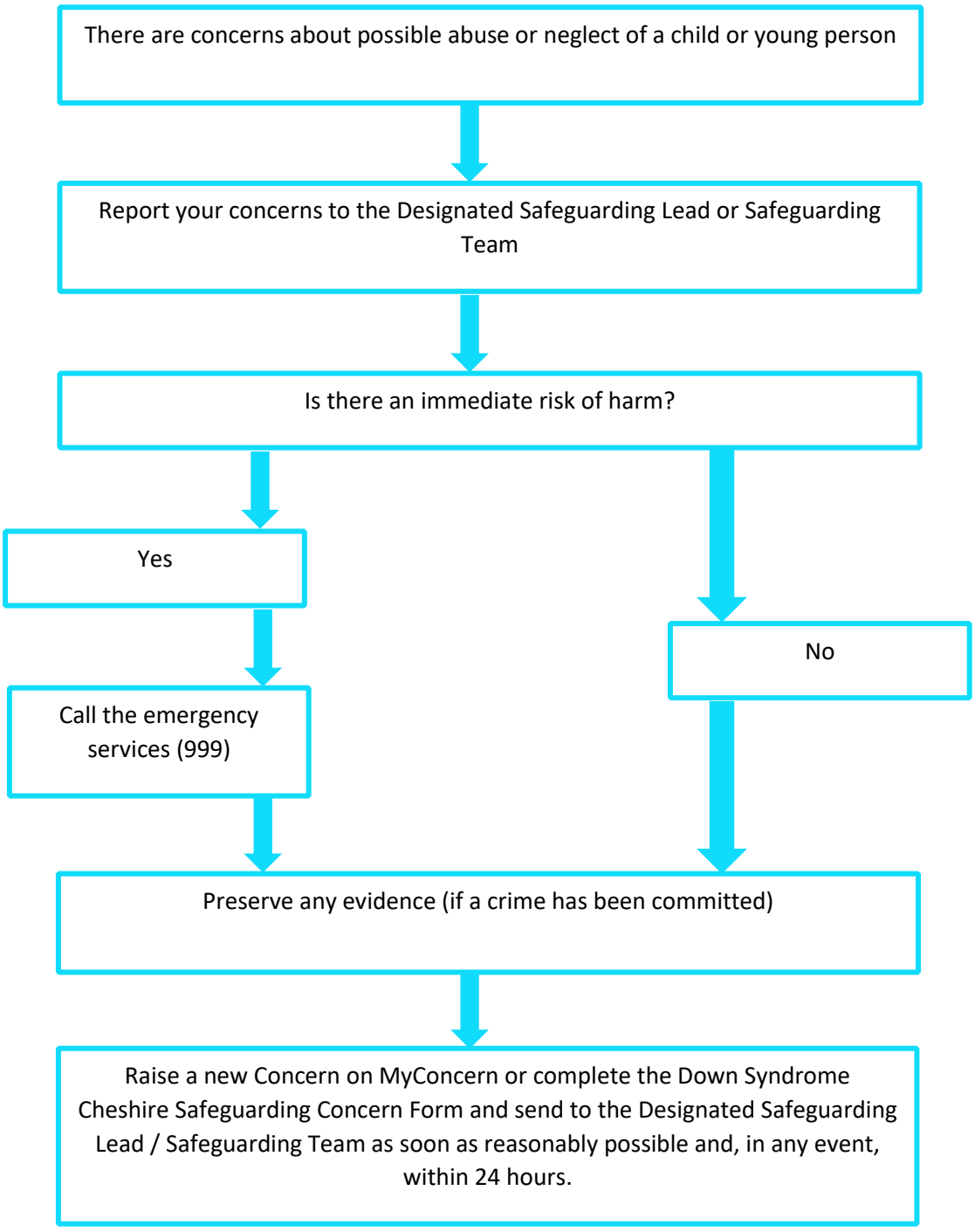
When to call the Police

Even when a matter is not an emergency (e.g. no risk of immediate harm), consideration must still be made on whether to make a Police report and when liaising with the Police on any safeguarding matters.
The National Police Chief's Council (NPCC) have created guidance which helps to clarify when to consider calling the Police and what to expect when a report is made.

Safeguarding Children and Young People Policy & Procedures

Appendix 1

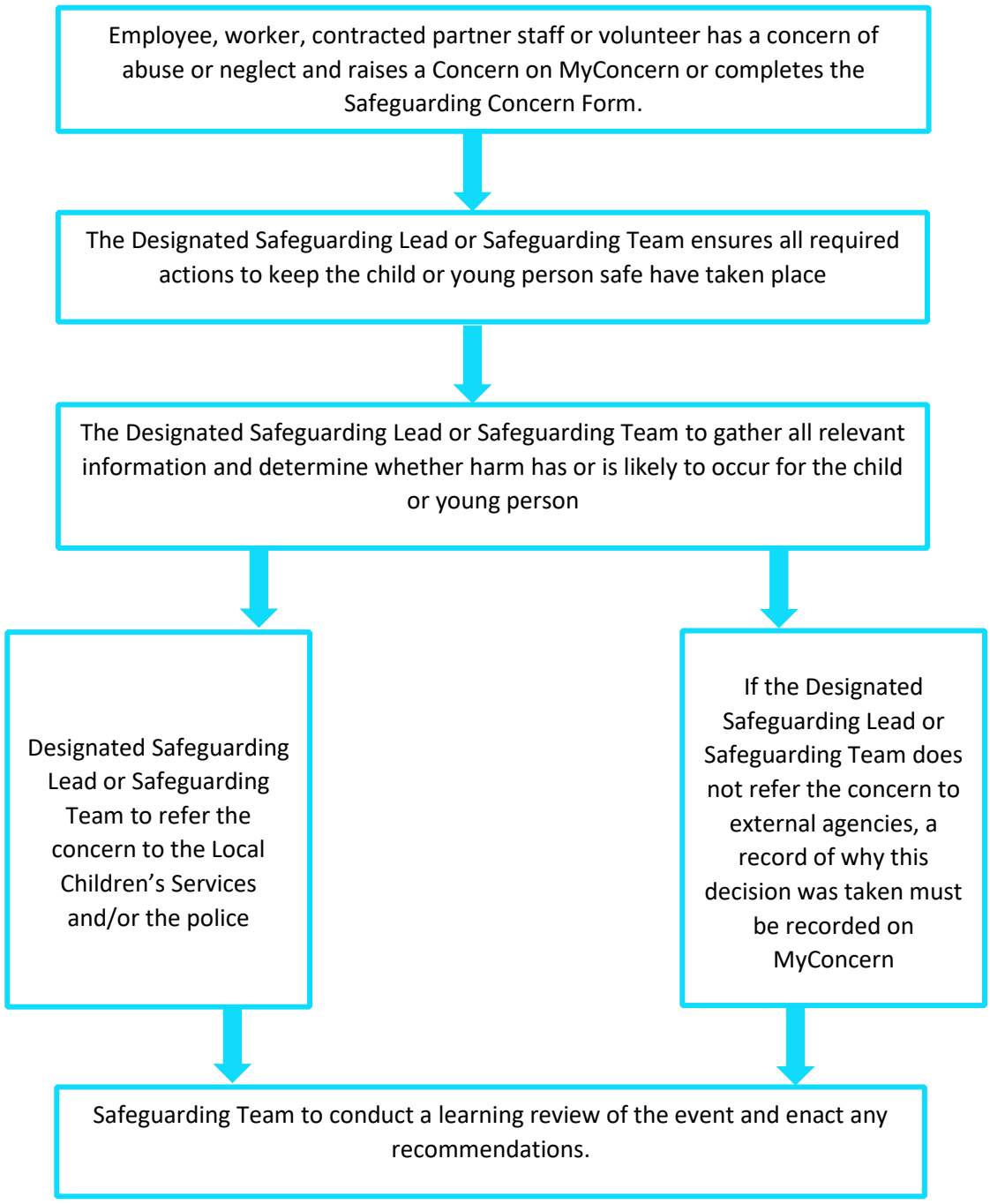
Flowchart for employees, workers, contracted partner staff and volunteers who raise a concern about a child or young person



Safeguarding Children and Young People Policy & Procedures

Appendix 2

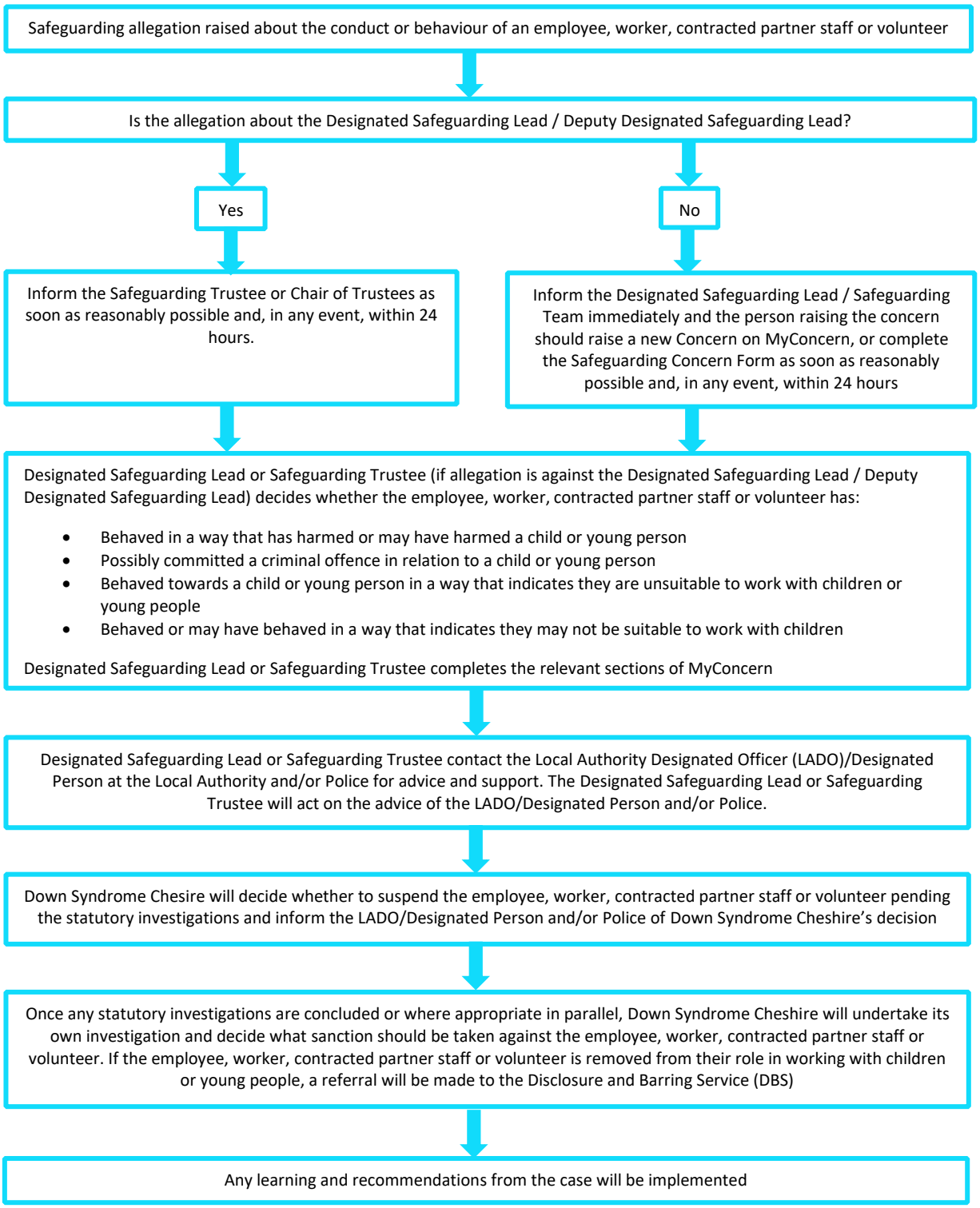
Flowchart for Designated Safeguarding Lead and Safeguarding Team making a referral



Safeguarding Children and Young People Policy & Procedures

Appendix 3

Allegations against employees, workers, contracted partner staff or volunteers flowchart



Safeguarding Children and Young People Policy & Procedures

Appendix 4

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2025

Abuse	A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused by other children or adults, in a family or in an institutional or community setting by those known to them or, more rarely, by others.
Physical abuse	A form of abuse that may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child.
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Females can also be abusers as can other children. The sexual abuse of children by other children is a specific safeguarding issue (also known as child-on-child abuse) in education and all staff should be aware of it and their school or colleges policy and procedures for dealing with it.
Emotional abuse (including bullying)	The persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.
Neglect	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may involve a parent or carer failing to provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs
Child Sexual Exploitation (CSE)* **KCSIE 2025 Update*	Child sexual exploitation is a form of child sexual abuse (above). 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 (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.
Child Criminal Exploitation (CCE)* **KCSIE 2025 Update*	Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

Safeguarding Children and Young People Policy & Procedures

Appendix 4 (continued)

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2025

Category of abuse and neglect	Physical Signs	Behavioural Signs
Physical abuse	Unexplained and unusual bruising, finger and strap marks, injuries, cigarette burns, bite marks, fractures, scalds, missing teeth	Fear of contact, aggression, temper, running away, fear of going home, reluctance to change or uncover body, depression, withdrawal, bullying or abuse of others
Sexual Abuse	Genital pain, itching, bleeding, bruising, discharge, stomach pains, discomfort, pregnancy, incontinence, urinary infections or STIs, thrush, anal pain on passing motions	Apparent fear of a person, nightmares, running away, sexually explicit knowledge or behaviour beyond their years, masturbation, bed-wetting, eating problems, substance abuse, unexplained money or gifts, acting out with toys, self-harm
Emotional Abuse	Weight change, lack of growth or development, unexplained speech disorders, self-harm, clothing inappropriate for child's age, gender or culture etc.	Unable to play, fear of mistakes, fear of telling parents, withdrawn, unexplained speech and language difficulties, few friends
Bullying	Weight change, unexplained injuries and bruising, stomach pains and headaches, bed-wetting, disturbed sleep, hair pulled out	Difficulty making friends, anxiety over school, truancy, withdrawn, anger, moodiness, suicide attempts, reduced performance, money and possessions reported as lost, stealing from within the family, distress and anxiety on reading texts or e-mails
Neglect	Constant hunger, ill-fitting or inappropriate clothes, weight change, untreated conditions, continual minor infections, failure to supply hearing aids, glasses and or inhalers (where appropriate)	Always being tired, early or late, absent, few friends, regularly left alone, stealing, no money, parent or carer not attending or supportive

Safeguarding Children and Young People Policy & Procedures

Appendix 4 (continued)

Categories of abuse and neglect as defined in Working Together to Safeguard Children 2018 and Keeping Children Safe in Education 2025

Category of abuse and neglect	Physical Signs	Behavioural Signs
Child sexual exploitation (CSE)	May be similar to those under the categories of sexual or physical abuse (above) including evidence of / suspicions of physical or sexual assault	• Acquisition of money, clothes, mobile phones etc without plausible explanation • Gang-association and/or isolation from peers/social networks • Exclusion or unexplained absences from school, college or work • Leaving home/care without explanation and persistently going missing or returning late • Excessive receipt of texts/phone calls • Returning home under the influence of drugs/alcohol • Inappropriate sexualised behaviour for age/sexually transmitted infections • Relationships with controlling or significantly older individuals or groups • Multiple callers (unknown adults or peers) • Frequenting areas known for sex work • Concerning use of internet or other social media • Increasing secretiveness around behaviours • Self-harm or significant changes in emotional well-being
Child Criminal Exploitation (CCE)	Unexplained injuries and refusing to seek medical help.	• Frequently absent from and doing badly in school • Going missing from home, staying out late and travelling for unexplained reasons • In a relationship or hanging out with someone older than them • Being angry, aggressive or violent • Being isolated or withdrawn • Having unexplained money and buying new things • Wearing clothes or accessories in gang colours or getting tattoos • Using new slang words • Spending more time on social media and being secretive about time online • Making more calls or sending more texts, possibly on a new phone or phones • Self-harming and feeling emotionally unwell • Taking drugs and abusing alcohol • Committing petty crimes like shop lifting or vandalism • Carrying weapons or having a dangerous breed of dog

Safeguarding Children and Young People Policy & Procedures

Appendix 5

Applicable Down Syndrome Cheshire policies and procedures

Anti-Bullying Policy	IT and Computing Policy
Bullying and Harassment Policy	Missing or Lost People Policy
Disciplinary Policy	Recruitment Policy (and Safer Recruitment Guidance)
Domestic Abuse Policy	Safeguarding Adults at Risk Policy & Procedures
Equal Opportunities Policy	Smoking, Alcohol and Drugs Policy
GDPR Policy	Social Media Policy
Grievance Policy	Searching Children and Young People Policy
Health and Safety Policy	Transport Policy
Human Rights and Modern Slavery Policy	Unaccompanied Children and Young People Policy
Intimate Care Policy	Whistleblowing Policy

Relevant legislation, guidance and regulations

Adoption and Children Act 2002	Human Rights Act 1998
Children Act 1989	Keeping Children Safe in Education (KCSIE) 2025
Children Act 2004	Modern Slavery Act 2015
Children and Families Act 2014	Online Safety Act 2023
Counter-Terrorism and Security Act 2015	Police Act 1997
General Data Protection Regulation 2018	Protection of Children Act 1999
Equality Act 2010	Protection of Freedoms Act 2012
Female Genital Mutilation Act 2003	Rehabilitation of Offenders Act 1974
Forced Marriage Act 2008	Safeguarding Vulnerable Groups Act 2006
HM Government Information Sharing Guidance for Practitioners 2015	Sexual Offences Act 2003
HM Government Working Together to Safeguard Children 2018	

These lists are not exhaustive.

Safeguarding Children and Young People Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Member One Page Profile, Care Plan & Consent Form

One Page Profile

How I want to be supported

Things I find difficult

How I communicate

What is important to me

My name and age

I am motivated by

Any other information

Safeguarding Children and Young People Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Care Plan

Disability / Dual Diagnosis

Conditions/Symptoms

Care Needs

Care Actions

Safeguarding Children and Young People Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Care Plan

Medication

Intimate Care Need

I give consent for my child to have intimate care, should they need it by Down Syndrome Cheshire staff while in their care.

I confirm I have declared truthfully and to the best of my knowledge all medical and care needs for my child.

I confirm that I will advise Down Syndrome Cheshire of anything that may affect issues of personal care, such as if medication is changed or my child has an infection etc.

I understand the procedures that will be carried out and will contact Down Syndrome Cheshire Designated Safeguarding Lead immediately if there are any concerns.

Name:

Relationship to child:

Signature:

Date:

Safeguarding Children and Young People Policy & Procedures

Appendix 6

Down Syndrome Cheshire Member One Page Profile, Care Plan and Consent Form

Consent Form

Member Details

Name

Date of Birth

Address

Postcode

Home Phone Number

Mobile Phone Number

Email Address

School/College Name and Address

Parent/Carer Details

Name

Relationship to Member

Address

Postcode

Home Phone Number

Mobile Phone Number

Email Address

Photographs, Images and Videos

Down Syndrome Cheshire requests the consent of parents/carers to use photographs and videos of your child. We use these to celebrate Down Syndrome Cheshire life and member achievements, as well as to promote Down Syndrome Cheshire.

Photographs and videos may be used in accordance with the consent provided for a period of five years after the date that the photograph/video was taken/recorded and may be kept indefinitely for historical/archiving purposes. These will also be used by Down Syndrome Cheshire partners and stakeholders.

Without your consent, we will not use photographs or videos of your child. If you only give consent for certain types of use, please specify them below. Please provide your consent as appropriate below.

Grant Permission	Deny Permission

Transport and Supervision

Down Syndrome Cheshire supports independence, please state below how your child will travel to Down Syndrome Cheshire services and activities.

May travel independent	Will always get dropped off by parent/guardian

Please state who will be dropping and/or collecting your child from Down Syndrome Cheshire services and activities.

Name:
Relationship:
Contact Number:

Name:
Relationship:
Contact Number:

Name:
Relationship:
Contact Number:

Safe word for pick up:

Dietary and Allergies

Provide details here:

Religious and Cultural Needs

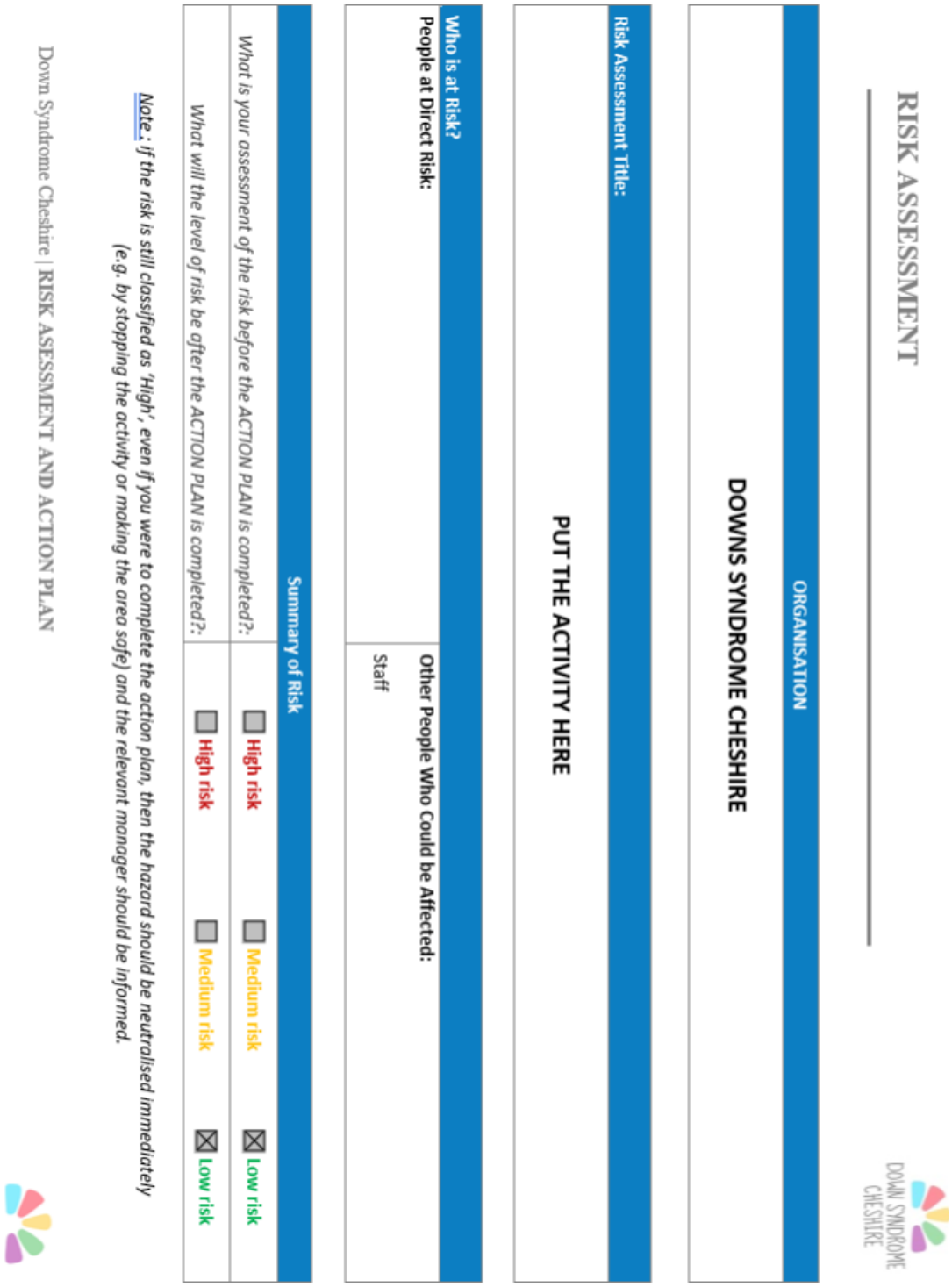
Provide details here:

Safeguarding Children and Young People Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments



RISK ASSESSMENT

ORGANISATION
DOWNS SYNDROME CHESHIRE

Risk Assessment Title:
PUT THE ACTIVITY HERE

Who is at Risk?	
People at Direct Risk:	Other People Who Could be Affected:
	Staff

Summary of Risk		
What is your assessment of the risk before the ACTION PLAN is completed?:	☐ High risk	☐ Medium risk ☒ Low risk
What will the level of risk be after the ACTION PLAN is completed?:	☐ High risk	☐ Medium risk ☒ Low risk

Note: if the risk is still classified as 'High', even if you were to complete the action plan, then the hazard should be neutralised immediately (e.g. by stopping the activity or making the area safe) and the relevant manager should be informed.

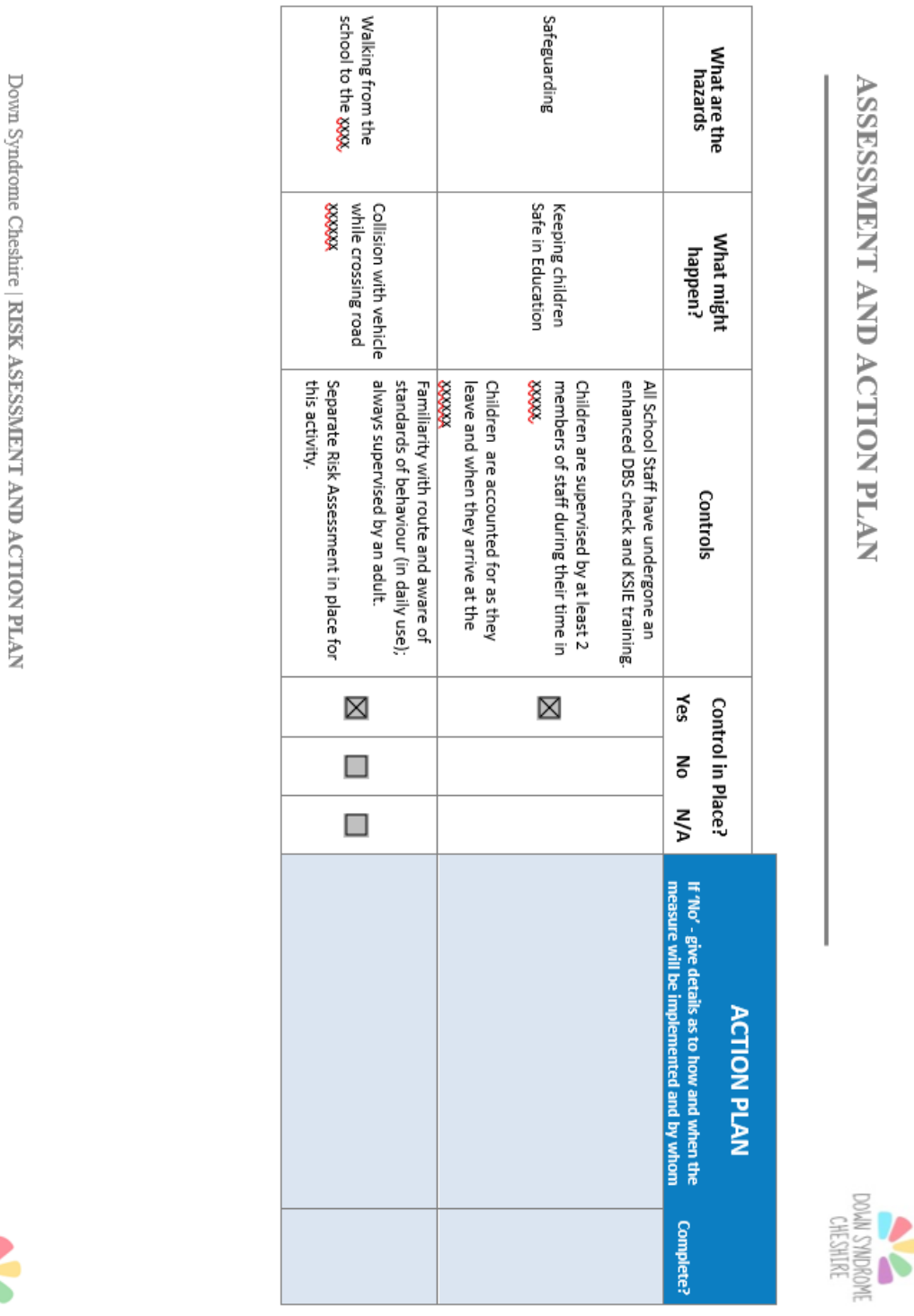
Down Syndrome Cheshire | RISK ASESSMENT AND ACTION PLAN

Safeguarding Children and Young People Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments

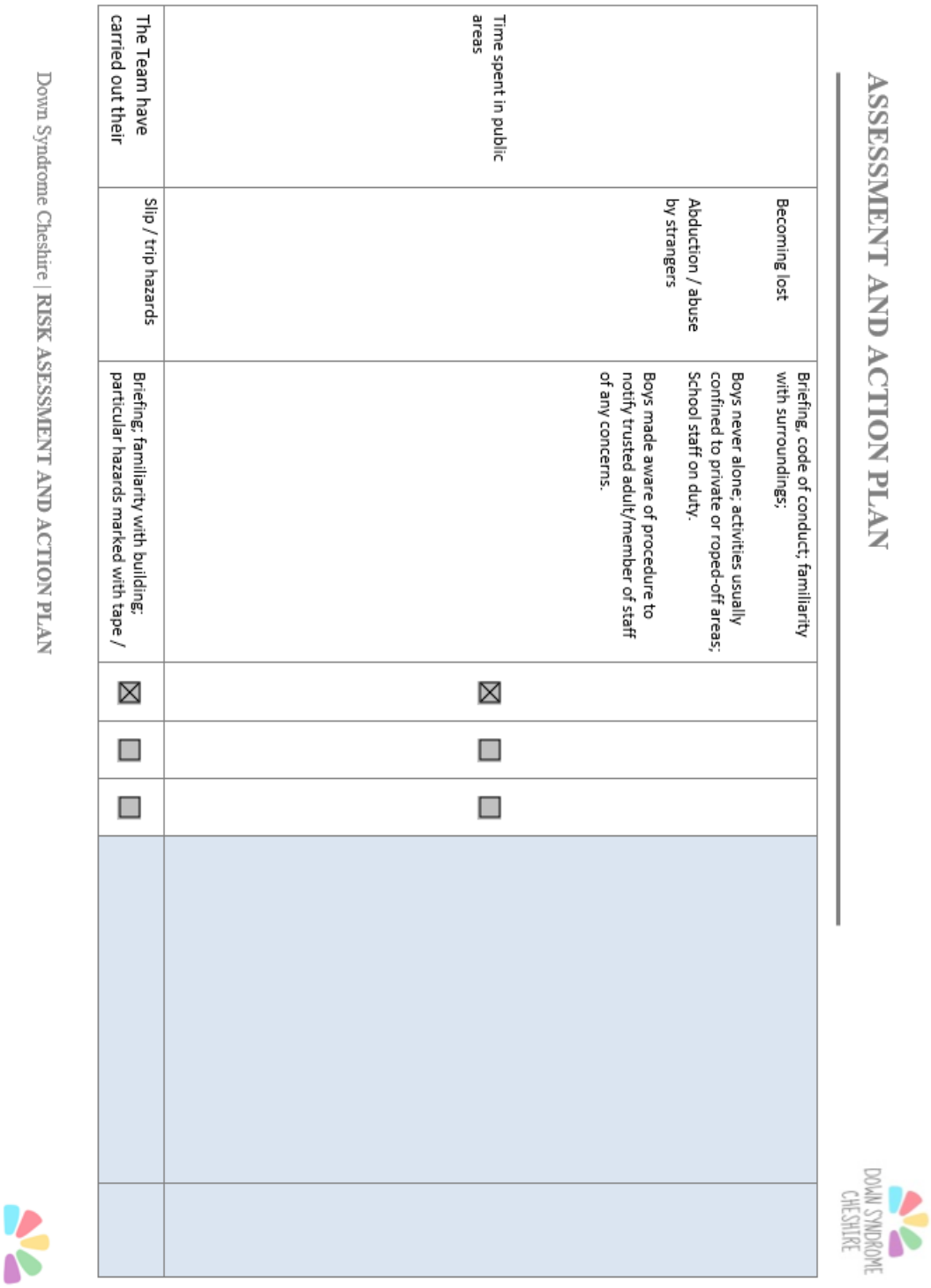


Safeguarding Children and Young People Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments



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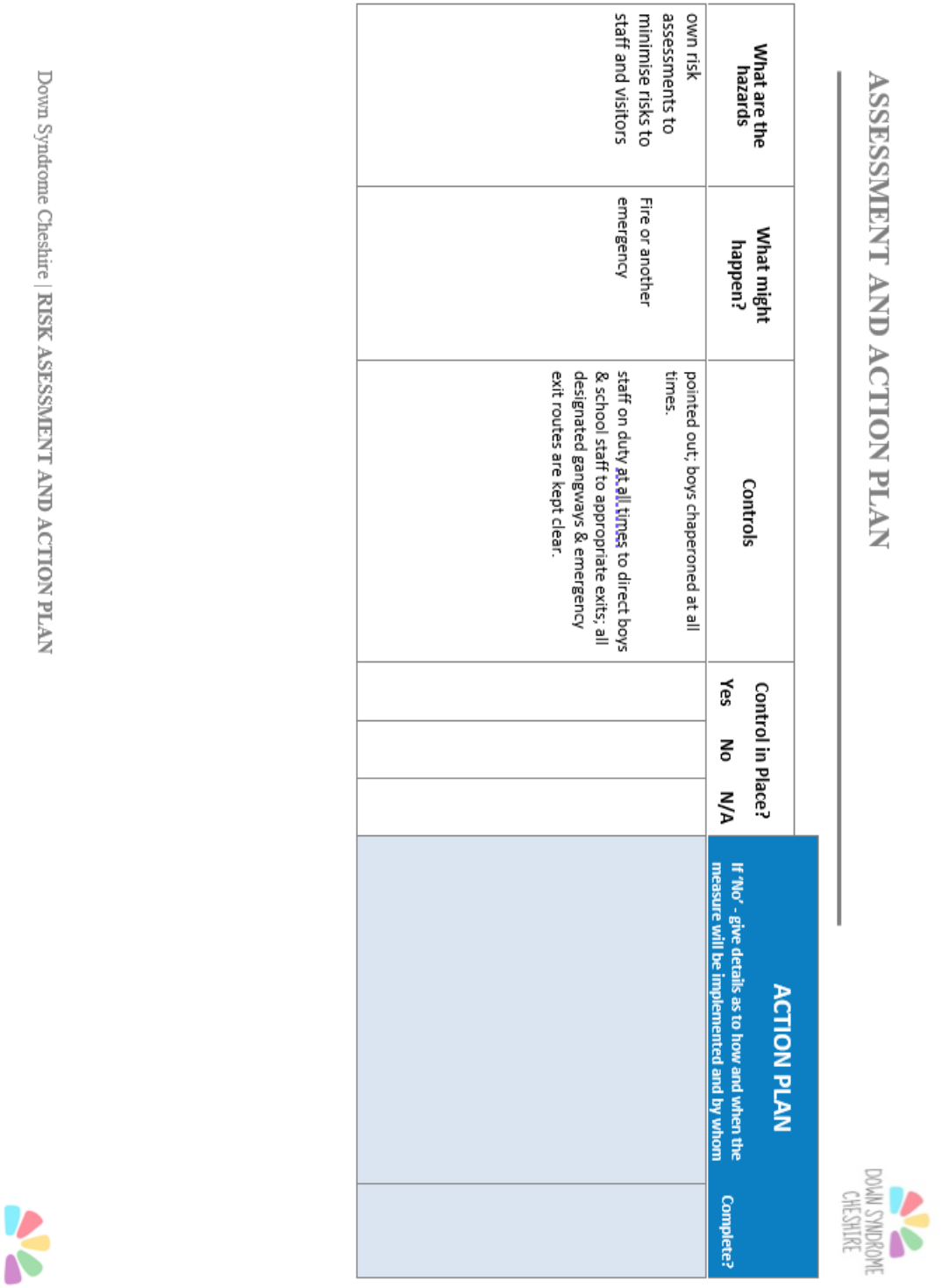
Appendix 7

Health and Safety Reporting

Risk Assessments



Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN

ASSESSMENT AND ACTION PLAN

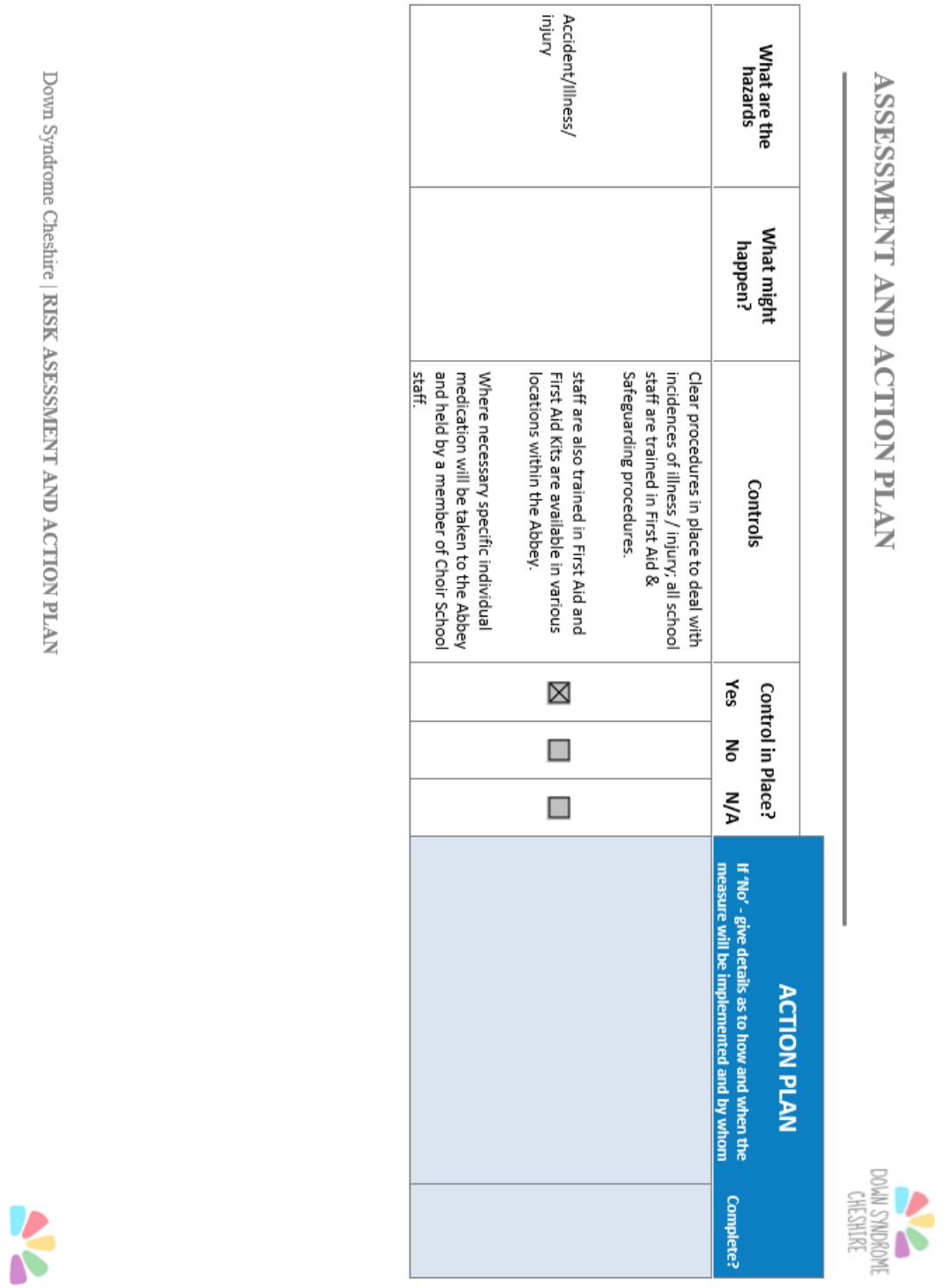
What are the hazards	What might happen?	Controls	Control in Place? Yes	No	N/A	ACTION PLAN If 'No' - give details as to how and when the measure will be implemented and by whom	Complete?
own risk assessments to minimise risks to staff and visitors	Fire or another emergency	pointed out; boys chaperoned at all times. staff on duty at all times to direct boys & school staff to appropriate exits; all designated gangways & emergency exit routes are kept clear.					

Safeguarding Children and Young People Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments



ASSESSMENT AND ACTION PLAN

What are the hazards	What might happen?	Controls	Control in Place? Yes	No	N/A	ACTION PLAN If 'No' - give details as to how and when the measure will be implemented and by whom	Complete?
Accident/Illness/ injury		Clear procedures in place to deal with incidences of illness / injury; all school staff are trained in First Aid & Safeguarding procedures.					
		staff are also trained in First Aid and First Aid Kits are available in various locations within the Abbey.	☒	☐	☐		
		Where necessary specific individual medication will be taken to the Abbey and held by a member of Choir School staff.					

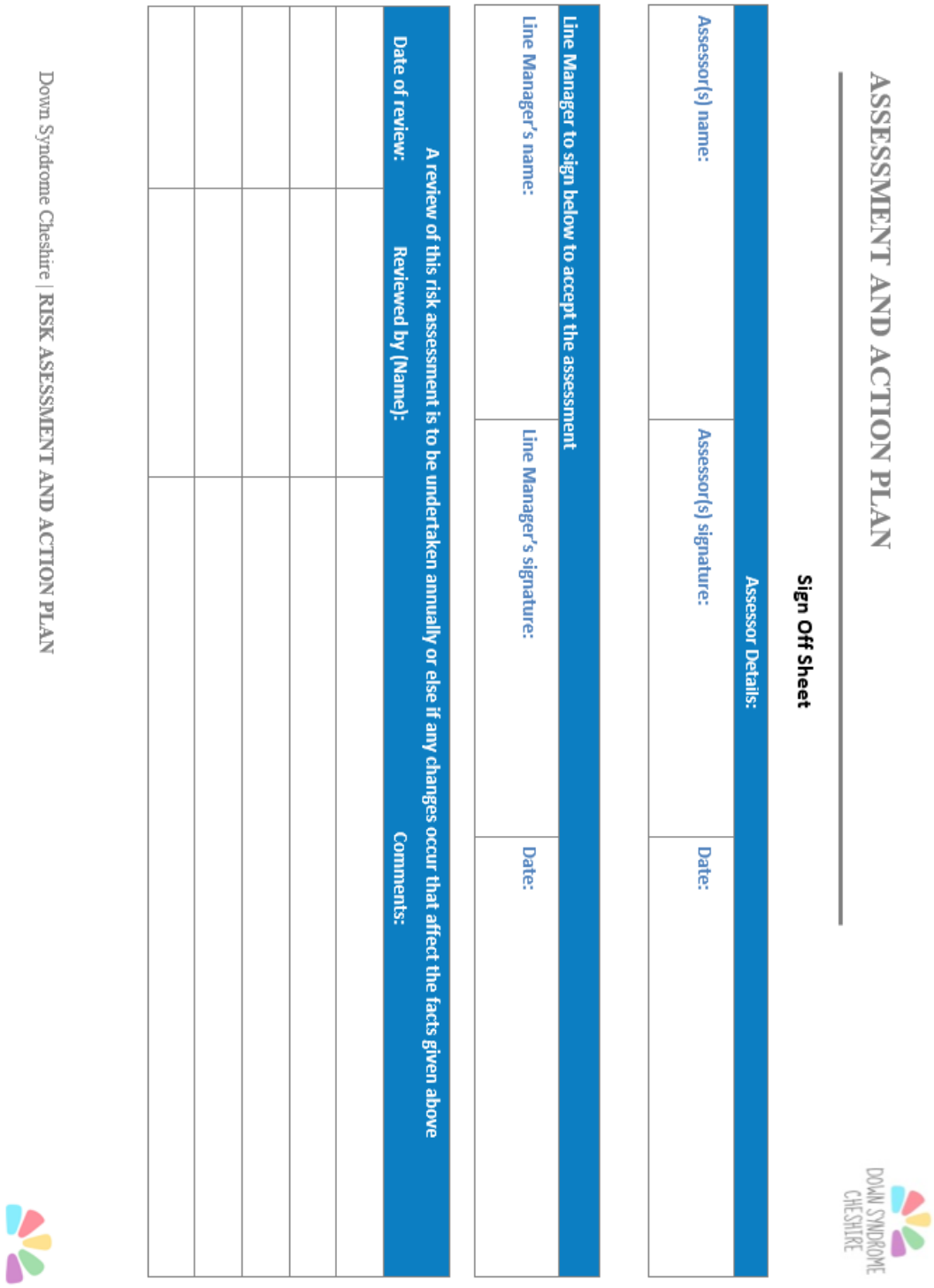
Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN

Safeguarding Children and Young People Policy & Procedures

Appendix 7

Health and Safety Reporting

Risk Assessments



ASSESSMENT AND ACTION PLAN

Sign Off Sheet

Assessor Details:		
Assessor(s) name:	Assessor(s) signature:	Date:

Line Manager to sign below to accept the assessment		
Line Manager's name:	Line Manager's signature:	Date:

A review of this risk assessment is to be undertaken annually or else if any changes occur that affect the facts given above					
Date of review:	Reviewed by (Name):	Comments:			

Down Syndrome Cheshire | RISK ASSESSMENT AND ACTION PLAN

Safeguarding Children and Young People Policy & Procedures

Appendix 7

Health and Safety Reporting

Accident Report Forms

Accident Report Form

About the person who had the accident

Name

Address

Postcode

Mobile Phone Number

Email Address

Reason for being at Down Syndrome Cheshire service/activity

About the person who is filling in the accident report form

Name

Address

Postcode

Mobile Phone Number

Email Address

Relationship with Down Syndrome Cheshire

About the accident

Date

Venue

Where did it happen (room/surroundings)

What happened

What was the injury

Who else was involved

Did anyone need first aid treatment (who and what)

Did anyone need to go to hospital (who and what for)

Declaration

Person who had the accident

Parent / Guardian Name

Relationship to person who had the accident

Mobile Phone Number

Email Address

Signature

Date

Person completing the accident report form

Parent / Guardian Name

Relationship to person who had the accident

Mobile Phone Number

Email Address

Signature

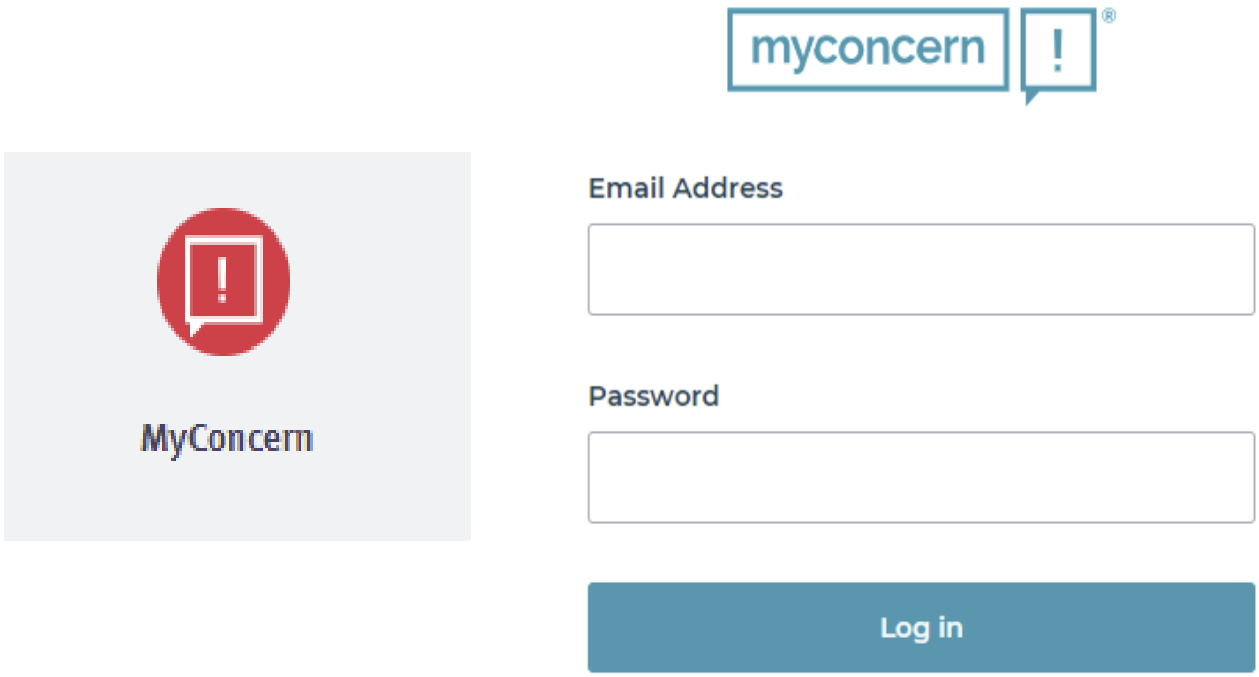
Date

Safeguarding Children and Young People Policy & Procedures

Appendix 8

Safeguarding Reporting – MyConcern

Link to log into MyConcern to file a Safeguarding Concern



Link to access the Down Syndrome Cheshire's Safeguarding Concern Form for staff members without access to MyConcern

Safeguarding Children and Young People Policy & Procedures

Appendix 8 (continued)

Safeguarding Reporting – Safeguarding Concern Form

Link to access the Down Syndrome Cheshire's **Safeguarding Concern Form** for staff members without access to MyConcern

Name of Child:		Date of Birth:	
SEN status:		Name of sibling/s:	
Name of person completing this form:	Role:	Date of Concern:	Time of concern:
Nature of concern:		Place of disclosure:	

Detail of concerns: *What you saw, what you heard, in the child's words. Include brief, accurate details and who else was present. Was it 1st or 2nd hand information? Distinguish between fact and opinion.*
Continue on a separate piece of paper and attach as required

For Completion by Designated Safeguarding Lead:

Concern shared with:	Signature of referrer:	Date of record: Time of record:

Agreed actions with basis for decision	By whom	By when

Signature of Designated Lead:	Date of when actions are to be reviewed:

Safeguarding Children and Young People Policy & Procedures

Appendix 8 (continued)

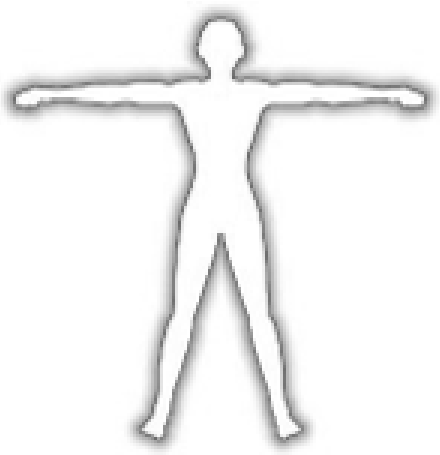
Safeguarding Reporting – Safeguarding Concern Form

Link to access the Down Syndrome Cheshire's **Safeguarding Concern Form** for staff members without access to MyConcern

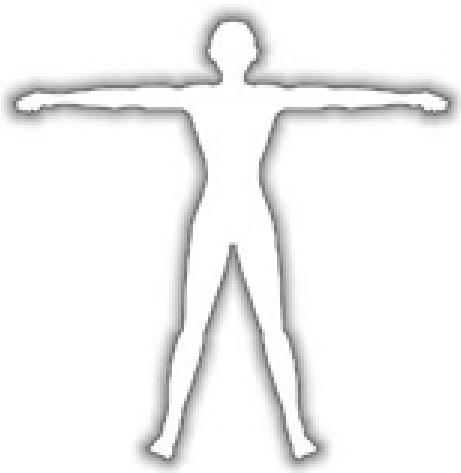
Remember when completing the body map to give an approx. sizes/dimensions of mark/injury

Sites of Injury

FRONT



BACK



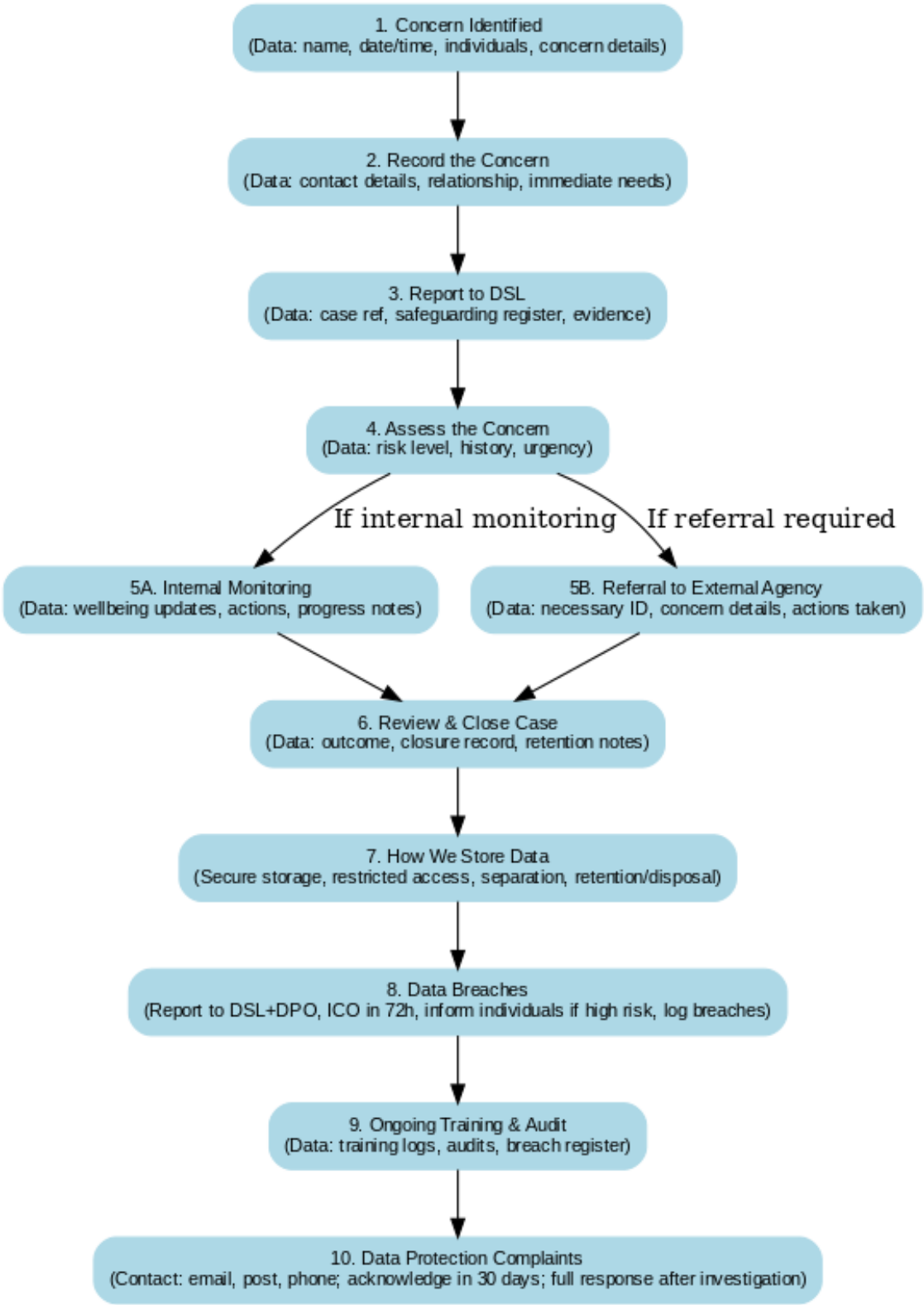
Parent/Carer Informed – Yes	and if not the reason for not doing so:	❑	Date:
Entry on Chronology	❑	By:	

Outcome of Concerns for Completion by Designated Safeguarding Lead:

Safeguarding Children and Young People Policy & Procedures

Appendix 8 (continued)

Safeguarding Reporting – Safeguarding Flowchart



Safeguarding Children and Young People Policy & Procedures

Appendix 9

Key Safeguarding Contacts

Down Syndrome Cheshire

Designated Safeguarding Lead
Rebecca Goodier
rebecca@dscheshire.org.uk
07518 590 300

Deputy Designated Safeguarding Lead
Vicky Irwin
vicky@dscheshire.org.uk
01606 330884

Safeguarding Trustee
Sarah Hollis
sarahh@dscheshire.org.uk

Chair of Trustees
Julie Duff
julie@dscheshire.org.uk

The Police
Emergencies: **999**
Non-Emergencies: **101**
Cheshire Police: **0845 458 0000**
Cheshire Constabulary Anti-Terrorism: 0800 789 321

Other Agencies
NSPCC Helpline: 0808 800 5000
Childline: 0800 1111
National Association for Children: 0800 085 3330
Abused in Childhood (NAPAC): www.napac.org.uk
Safer Internet Centre: 0844 381 4772

Cheshire East
Cheshire East Consultation Services (ChECS):

8.30am – 5pm: 0300 123 5012 (option 3)

Out of hours: 0300 123 5022

Allegations against an adult working with Children (LADO): 01606 288931

Family Information Service: 0300 123 5033

Cheshire West and Chester
Concerns about a child: www.cheshirewestscp.co.uk/report/

Integrated access and Referral Team

Monday – Thursday 8.30am-5pm and Friday 8.30am-4.30pm:

0300 123 7047

Emergency Duty Team

Monday – Thursday 4.30pm-8.30am and Friday from 4pm, 24 hours weekends and bank holidays: 01244 977 277

Safeguarding Children Partnership*: 0151 35 66835*

Local Authority Designed Officer - Allegations Management*:* *Allegations Management (LADO) - Cheshire West and Chester Safeguarding Children Partnership (cheshirewestscp.co.uk)*

Please submit the referral to the secure LADO

Halton
Children's Social Care

Monday – Thursday 9am–5pm and Friday 9am–4.30pm:

0151 907 8305

Out of Hours: 0345 050 0148

Allegations against an adult working with children (LADO): 0151 511 7229

Warrington
Children Safeguarding Social Work Team (MASH): 01925 443322

Out of hours: 01925 444400

Allegations against an adult working with children (LADO): 01925 442079

Safeguarding Children and Young People Policy & Procedures

Appendix 10

Designated Safeguarding Lead Role Description

The Board of Trustees should ensure an appropriate senior member of staff, from the charity leadership team, is appointed to the role of Designated Safeguarding Lead.

The Designated Safeguarding Lead should take lead responsibility for all Down Syndrome Cheshire Safeguarding and Welfare. This should be explicit in the role holder's job description. This person should have the appropriate status and authority within the charity to carry out the duties of the post. They should be given the time, funding, training, resources and support to provide advice and support to other staff on child and welfare and child and protection matters, to take part in strategy discussions and inter-agency meetings, and/or to support other staff to do so, and to contribute to the assessment of children.

Any deputies should be trained to the same standard as the Designated Safeguarding Lead and the role should be explicit in their job description. Whilst the activities of the designated safeguarding lead can be delegated to appropriately trained deputies, the ultimate lead responsibility for child protection, as set out above, remains with the Designated Safeguarding Lead, this lead responsibility should not be delegated.

Manage referrals

The Designated Safeguarding Lead is expected to:

- Refer cases of suspected abuse to the local authority social care as required
- Support Down Syndrome Cheshire staff who make referrals to local authority social care
- Refer cases to the Channel programme (for radicalisation) where there is a radicalisation concern as required
- Support Down Syndrome Cheshire staff who make referrals to the Channel programme
- Refer cases where a person is dismissed or left due to risk/harm to a child's to the Disclosure and Barring Service as requiredd
- Refer cases where a crime may have been committed to the Police as required.

The Designated Safeguarding Lead will also check to see if there are any historical abuse or incidents linked with the case and add these to the referral for full transparency.

Work with others

The Designated Safeguarding Lead is expected to:

- Act as a point of contact with the three safeguarding partners; the local authority, the police and the integrated care system.
- Liaise with the Chair of Trustees and the Safeguarding Trustee to inform them of issues, especially ongoing enquiries under section 47 of the Children Act 1989 and police investigations.
- As required, liaise with the "Case Manager" (as per part four) and the designated officer(s) at the local authority for child protection concerns in cases which concern a Down Syndrome Cheshire staff member.
- Liaise with Down Syndrome Cheshire staff on matters of safety and safeguarding (including online and digital safety) and when deciding whether to make a referral by liaising with relevant agencies.
- Act as a source of support, advice and expertise for all staff.

Training

The Designated Safeguarding Lead and Deputy Designated Safeguarding Lead should undergo training to provide them with the knowledge and skills required to carry out the role. This training should be updated at least every two years. The Designated Safeguarding Lead should undertake Prevent awareness training.

In addition to the formal training set out above, their knowledge and skills should be refreshed (this might be via e-bulletins, meeting other designated safeguarding leads, or simply taking time to read and digest safeguarding developments) at regular intervals, as required, and at least annually, to allow them to understand and keep up with any developments relevant to their role so they:

- Understand the assessment process for providing early help and statutory intervention, including local criteria for action and local authority social care referral arrangements.
- Have a working knowledge of how local authorities conduct a child protection case conference and a child protection review conference and be able to attend and contribute to these effectively when required to do so
- Ensure each member of staff has access to, and understands, the charities safeguarding policy and procedures, especially new and part time staff

Safeguarding Children and Young People Policy & Procedures

Appendix 10 (continued)

Designated Safeguarding Lead Role Description

- Are alert to the specific needs of children in need, those with special educational needs and young carers
- Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the General Data Protection Regulation.
- Understand the importance of information sharing, both within the charity, and with the three safeguarding partners, other agencies, organisations and practitioners.
- Are able to keep detailed, accurate, secure written records of concerns and referrals
- Understand and support the charity with regards to the requirements of the Prevent (for radicalisation) duty and are able to provide advice and support to Down Syndrome Cheshire staff on protecting children/young people from the risk of radicalisation
- Are able to understand the unique risks associated with online safety and be confident that they have the appropriate knowledge, filters and monitoring systems and up to date capability required to keep children/young people safe whilst they are online at school or college
- Can recognise the additional risks that children and adults with Special Educational Needs and disabilities (SEND) face online, for example, from online bullying, grooming and radicalisation and are confident they have the capability to support SEND children to stay safe online
- Obtain access to resources and attend any relevant or refresher training courses; and
- Encourage a culture of listening to children and adults and taking account of their wishes and feelings, among all staff, in any measures the charity may put in place to protect them

Raise Awareness

The Designated Safeguarding Lead, Deputy Designated Safeguarding Lead and the Safeguarding Trustee should:

- Ensure the charity's Safeguarding Policy are known, understood and used appropriately
- Ensure the charity's Safeguarding Policy is reviewed annually (as a minimum) by the CEO and Trustees and the procedures and implementation are updated and reviewed regularly, and work with Trustees regarding this
- Ensure the child protection policy is available publicly and parents/guardians are aware of the fact that referrals about suspected abuse or neglect may be made and the role of the charity this
- Link with the safeguarding partner arrangements to make sure Down Syndrome Cheshire staff are aware of any training opportunities and the latest local policies on local safeguarding arrangements.

Child Protection Records

The designated safeguarding lead is responsible for ensuring that safeguarding files are kept up to date. Information should be kept confidential and stored securely. It is good practice to keep concerns and referrals in a separate safeguarding file for each child. If the incident involves two or more members then a copy is kept in each members file.

Records should include:

- A clear and comprehensive summary of the concern
- Details of how the concern was followed up and resolved;
- A note of any action taken, decisions reached and the outcome.

Availability

The Designated Safeguarding Lead or Deputy Designated Safeguarding Lead should always be available for Down Syndrome Cheshire staff to discuss any safeguarding concerns. Whilst generally speaking the Designated Safeguarding Lead and Deputy Designated Safeguarding Lead would be expected to be available in person, it is a matter for individual places, working with the Designated Safeguarding Lead, to define what "available" means and whether in exceptional circumstances availability via phone and or Teams/Zoom or other such communication channels is acceptable.

In the unlikely event neither the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead are available, then any safeguarding concerns can be addressed to the Safeguarding Trustee.