SOLIHULL
DOWN SYNDROME
SUPPORT GROUP

Registered Charity Number: 1110239

Safeguarding Policy

Principles

Solihull Down Syndrome Support Group (SDSSG) is committed to the safeguarding of all children, young people and adults at risk with whom it has contact.

Everyone involved in the care of children, young people, and adults at risk have a responsibility for the protection of those individuals from harm. It is also essential that we honor the trust of those who allow us to care for their children, young people, and adults at risk.

There is a duty placed on public agencies under the Human Rights Act (1998) to intervene to protect the rights of citizens. Also the Children Act (1989) makes it clear that the welfare of the child is paramount and that everyone involved in the care of children has a responsibility to protect those children from harm.

In order to protect everyone from potential and actual abuse, it is necessary for all staff and volunteers to have an understanding of the issues involved and that appropriate procedures are in place that is shared and understood by all concerned.

Solihull Down Syndrome Support Group's safeguarding policy arises from the following principles:

- The welfare of the child, young person, or adult at risk is paramount;
- Everyone, regardless of age, gender, disability, or ethnic origin has a right to be protected from all forms of harm, abuse, neglect, and exploitation;
- It is not the responsibility of any employee, volunteer, or member members of Solihull Down Syndrome Support Group to decide whether or not abuse is occurring, but there is a responsibility to act on any such concerns and do something about them.

Objectives

The key objectives of this policy are:

- To explain the responsibilities SDSSG and its staff, volunteers, management committee members, and trustees have in respect of safeguarding children and adults at risk.
- To provide staff, volunteers, management committee members, and trustees with an overview of child and adult safeguarding.
- To provide a clear procedure that will be implemented where a child or adult at-risk safeguarding issue arises.

Definitions

A child is a child before their birth (i.e. during pregnancy) and until their 18th birthday.

An adult at risk is any adult who needs community care services because of mental or other disability, age or illness and who are, or may be, unable to take care of themselves against harm or exploitation. The term replaces "vulnerable adult" and "alleged victim".

Identifying abuse and what to do if abuse is suspected

The term 'abuse' is used to describe various ways that someone can be harmed or mistreated.

Abuse can happen anywhere and at any time, but research indicates that the perpetrators of abuse are likely to be known and trusted by the child or young person. For adults at risk evidence suggests that the perpetrators of abuse are often professional carers or other adults at risk.

Child abuse is split into four categories - physical, neglect, sexual and emotional. Abuse of adults at risk is split into seven categories, it includes the four used for children but includes three further categories; financial, institutional and discriminatory. The definitions of these different types of abuse are as follows:

Physical abuse

This may involve hitting, kicking, shaking, throwing, squeezing, suffocating, drowning, burning or biting the child or adult at risk. Giving a child alcohol is also a form of physical abuse. Giving a child or adult at risk (against their free and informed consent) drugs, poison or overmedicated using prescribed medications are also forms of physical abuse. Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces, illness in a child.

Neglect

Neglect is the persistent failure to meet a child's or an adult at risk's basic physical and psychological needs. This may include the failure to meet basic needs, like food, shelter, warm clothing or medical attention.

Neglect of children may occur before their birth (i.e. during pregnancy) as a result of substance misuse and is also the failure to provide adequate supervision (including leaving children with inappropriate carers).

Sexual abuse

Sexual abuse involves forcing or enticing a child or adult at risk to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. Activities may involve penetrative and non-penetrative acts or non-contact activities such as forcing a child or adult at risk to look at, or take part in the production of pornographic materials.

For children it can also include encouraging them to behave in sexually inappropriate ways. Sexual abuse includes grooming a child in preparation for abuse, for example, via the internet.

Emotional abuse

For children, emotional abuse is the persistent emotional ill-treatment of a child, such as causing severe adverse effects on that child's emotional development. This may involve a lack of love and affection, telling a child they are worthless, serious bullying or being constantly shouted at. Emotional abuse also occurs when the child is valued only insofar as they meet the needs of another person, when the child is overprotected and unable to explore and learn on their own, or when they witness the ill-treatment or abuse of another (including domestic violence, or animal cruelty). Other examples are serious bullying, including cyberbullying, making fun of what the child says or how they communicate.

For adults at risk emotional, sometimes called psychological, abuse can include the threats of harm or abandonment, blaming or controlling behavior or enforced isolation.

Financial abuse

This type of abuse is used for abuse of adults at risk only, however, if you think that a child is being abused financially you should report this in the usual way.

Financial abuse is when an adult at risk is exploited for financial gain. This can include theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Institutional abuse

Again this type of abuse is used for abuse of adults at risk only, however, if you think that a child is experiencing this type of abuse you should report this in the usual way and also consider contacting the Local Authority Designated Officer (see the section on managing allegations).

Institutional abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice which affects the whole setting and denies, restricts or curtails the dignity, privacy, choice, independence or fulfillment of adults at risk. Decisions will be taken because they are in the best interests of the staff or institution not in the best interests of the adult at risk.

Discriminatory abuse

Discriminatory abuse is behavior that makes or sees a distinction between people as a basis for prejudice or unfair treatment. This can include racism, sexism, homophobia, disablism and not respecting individuals' right to worship.

Possible signs of abuse include:

- Unexplained or suspicious injuries such as bruising, cuts, or burns, particularly if situated on a part of the body not normally prone to such injuries, or the explanation of the cause of the injury is ill-fitting.
- A disclosure of abuse, or description of what appears to be an abusive act by a child or adult at risk.
- Someone else (child or adult) expresses concern about the welfare of another child or adult at risk.
- Unexplained change in behavior, such as withdrawal or sudden outbursts of temper.
- Inappropriate sexual awareness or sexually explicit behavior.
- Distrust of a particular individual, particularly those with whom a close relationship would normally be expected.
- Difficulty in making friends.
- Eating disorders, depression, self-harm or suicide attempts.
- Deterioration in health or appearance including loss of weight.
- Unexplained loss of money or material goods (financial abuse)
- Unexplained possession of money or goods such as mobile phones (child sexual exploitation)
- Fear or anxiety

This is not an exhaustive list of possible indicators of abuse.

What to do if abuse is suspected

If any member of SDSSG suspects abuse is taking place they should immediately inform the designated safeguarding champion Tracey Hill on 0780 324 9063, who will decide whether or not to take the matter further. A log of the concern must be kept.

If it is felt that further investigation is required in order to keep a **child** safe then the matter must be referred to Solihull Children Social Work Services. The duty social worker may be contacted at any time for advice and consultation. In the event of a referral, all relevant information must be shared, including copies of correspondence, log of previous concerns and notes of any conversations with the child, their family or other staff.

If it is felt that further investigation is required in order to keep an **adult** at risk safe then the matter must be referred to Solihull Adults Safeguarding Board. The duty social worker may be contacted at any time for advice and consultation. In the event of a referral, all relevant information must be shared, including copies of correspondence, log of previous concerns and notes of any conversations with the adult at risk, their family or other staff.

The Data Protection Act is not a barrier to information sharing where doing so is necessary to safeguard children or an adult at risk.

In the event that the designated safeguarding champion is not available or contactable, this should not delay action being taken to protect a child or adult at risk.

You can report your concerns to Solihull Children Social work Services by calling 0121 788 4333. Alternatively, you can call the NSPCC on 0800 800 5000. If you need to report concerns out of office hours you can call the Emergency Duty Team (EDT) on 0121 605 6060. If you think a child is in immediate danger then call 999.

Allegations against staff

Any suspicion that a child, or an adult at risk, has been abused by a member of staff or a volunteer must be reported to the designated safeguarding champion otherwise known as the Alerting Manager, who will take such steps as considered necessary to ensure the safety of the child or adult at risk in question and any other child who may be at risk.

The designated safeguarding officer will refer the allegation to Lucy Cotton, who may involve the police, or will refer directly to the police if out-of-hours.

For abuse (or allegations of abuse) of children, Tracey Hill will liaise with the Local Authority Designated Officer (LADO) whose responsibility it is to:

- Provide advice and guidance;
- Liaise with the police and other agencies;

- Provide assistance in discussions regarding suspension and referral to the Disclosure and Barring Service.

The LADO in Solihull MBC is Simon Stubbs who can be contacted on 0121 788 4310 or by email at lado@solihull.gov.uk

The parents or carers of the child or adult at risk will be contacted as soon as possible following advice from Tracey Hill.

If the designated safeguarding officer is the subject of the suspicion/allegation, the concern must be made directly to Lucy Cotton.

Where there is a complaint against a member of staff or volunteer there may be three types of investigation:

- A criminal investigation
- A child protection/safeguarding adult investigation
- A disciplinary or misconduct investigation

Tracey Hill will make an immediate decision about whether any individual suspected of abuse should be temporarily suspended pending further enquiries.

Where an individual is suspended it is advised that other employees/volunteers should have no contact with them until enquiries have concluded.

Irrespective of the findings of external enquiries SDSSG will assess all individual cases to decide whether a member of staff or volunteer can be reinstated. The welfare of the child or adult at risk should remain of paramount importance throughout.

Record Keeping

Any records kept in relation to safeguarding concerns for a child or an adult at risk must be kept securely and confidentially in an agreed place. Records must be factual, accurate and clearly written in black ink or typed, with a legible date, time and signature.

Adoption and Review

This policy has been formally agreed and adopted by the management committee of Solihull Down Syndrome Support Group at a meeting on 28/04/2021.This policy will be reviewed annually by the management committee which is also responsible for the implementation of this policy.