



SAFEGUARDING POLICY STATEMENT

Purpose

- To protect children and adults who receive Impact Initiatives services from harm. This includes the children of adults who use our services. (*Where we mention child / children we are referring to children and young people throughout.*)
- To provide staff and volunteers, as well as children and their families, with the overarching principles that guide our approach to child and adult protection.

This policy applies to anyone working on behalf of Impact Initiatives, including senior managers and the board of trustees, staff, volunteers, sessional workers, agency staff and students.

Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children and adults in England:

- Children Act 1989
- United Nations Declaration on the Rights of the Child 1989
- The Human Rights Act 2000
- Sexual Offences Act 2003
- Children Act 2004
- Care Act 2014
- Care and Support Statutory Guidance 2014
- Children and Social Work Act 2017
- General Data Protection Regulations 2018
- Working Together to Safeguard Children DFE 2018
- Domestic Abuse Act 2021
- Keeping Children Safe in Education 2024
- Early years foundation stage (EYFS) statutory framework
- Ofsted

Supporting Documents

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

- Role descriptions for the Designated Safeguarding Lead (DSL)
- Dealing with disclosures and concerns about a child or adult (Appendix 1)
- Managing allegations against staff and volunteers
- Recording concerns and information sharing

- Records retention and storage
- Disciplinary Policy and Procedure
- Code of conduct for staff and volunteers
- Photography and sharing images guidance
- Safer recruitment
- Online safety
- Anti-bullying
- Managing complaints
- Whistleblowing
- Health and safety
- Induction, training, supervision and support
- Adult to client supervision ratios
- Service specific guidance

We believe that:

- Children and adults should never experience abuse of any kind.
- We have a responsibility to promote the welfare of all children and adults, to keep them safe and to practice in a way that protects them.

We recognise that:

- The welfare of children and adults is paramount in all the work we do and in all the decisions we take
- Working in partnership with children, their parents, carers and other agencies is essential in promoting children and adult welfare
- All children and adults, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- Some children and adults are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- Extra safeguards may be needed to keep children and adults who are additionally vulnerable safe from abuse.

We will seek to keep children and adults safe by:

- Valuing, listening to and respecting them.
- Appointing a trustee safeguarding lead (TSL), designated safeguarding lead (DSL), and three designated safeguarding officers (DSO)
- Adopting DSL best practice through our policies procedures and code of conduct for staff and volunteers.
- Developing and implementing an effective online safety policy and related procedures.
- Providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently.

- Recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made.
- Recording, storing and using information professionally and securely, in line with data protection legislation and guidance.
- Sharing information about safeguarding and good practice with children and adults and their families via leaflets, posters, group work and one-to-one discussions.
- Making sure that children and adults and their families know where to go for help if they have a concern.
- Using our DSL procedures to share concerns and relevant information with agencies who need to know, and involving children, parents, families and carers appropriately.
- Using our procedures to manage any allegations against staff and volunteers appropriately.
- Creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise.
- Ensuring that we have effective complaints and whistleblowing measures in place.
- Ensuring that we provide a safe physical environment for our children and adults, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance.
- Building a safeguarding culture where staff and volunteers, children, adults and their families or carers, treat each other with respect and are comfortable about sharing concerns.

Training:

Impact Initiatives acknowledges its responsibility to ensure that all staff and volunteers, including trustees, have a basic understanding of safeguarding policies and procedures. This will be confirmed via the following training programme:

TSL, DSL and DSO

- The Designated Safeguarding Lead, the Trustee Safeguarding Lead and the Designated Safeguarding Officers will undertake safeguarding lead training every 2 years
- The DSL completed training in December 2023

Staff

- Undertake the basic safeguarding course via WorkNest within 2 weeks of commencement of employment
- Undertake webinar refresher for both child and adult safeguarding annually
- Where appropriate, additional safeguarding training may be undertaken

Approved Prior Learning

- Impact Initiatives will accept prior learning within the previous 3 months where proof of learning can be provided

Key Safeguarding Contact Details – Impact Initiatives

If a child or adult is in immediate danger, phone 999

Impact Initiatives Safeguarding Team

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| Designated Safeguarding Lead Stevie Graves 07896 147748 stevie.graves@impact-initiatives.org.uk | Designated Safeguarding Officers 1. Jennifer Tulloch - Children & Young People 07554 432692 jennifer.tulloch@impact-initiatives.org.uk 2. Tina O'Connell – Stopover 07590 639495 tina.oconnell@impact-initiatives.org.uk 3. Maxine Thomas – Adults & Older People 07786 759180 maxine.thomas@impact-initiatives.org.uk | Trustee Safeguarding Lead Neil Moscrop 07768 774100 neil.moscrop@impact-initiatives.org.uk |
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Children's Social Care

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| BRIGHTON & HOVE Front Door for Families FrontDoorForFamilies@brighton-hove.gov.uk 01273 290400 out of hours (Emergency Duty Service 01273 335905) | EAST SUSSEX Single Point of Advice Team (SPOA) SPOA@eastsussex.gov.uk 01323 464222 | WEST SUSSEX Multi Agency Safeguarding Hub (MASH) MASH@westsussex.gov.uk 01403 229900 |
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Adult Social Care

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| BRIGHTON & HOVE Contact Health and Adult Social Care (HASC) Contact Telephone: 01273 295555 accesspoint@brighton-hove.gov.uk | EAST SUSSEX Contact Health and Social Care Connect Telephone: 0345 6080191 https://www.eastsussex.gov.uk/social-care/worried/report | WEST SUSSEX Contact Adult's Care Point Request for Support (westsussex.gov.uk) |
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Reporting can be completed on-line by accessing the local authority website and the subsequent children's safeguarding page. If you have any difficulty accessing the correct forms, please contact the Safeguarding Lead.

Local Authority Designated Officer

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| BRIGHTON & HOVE LADO Complete referral form: https://www.bhscp.org.uk/wp-content/uploads/sites/3/2022/04/LADO-Referral-Consultation-Form.docx Email: ladoenquiries@brighton-hove.gov.uk | EAST SUSSEX LADO Complete referral form: Allegations about adults who work with children - the LADO East Sussex County Council 01323 464222 Email: webspoa@eastsussex.gov.uk | WEST SUSSEX LADO Complete referral form LADO-referral-form-2020-December-2020.docx (live.com) Miriam Williams and Donna Tomlinson 01403 229900 Email: LADO@WestSussex.gov.uk |
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Additional sources of advice and information:

- [Child protection \(brighton-hove.gov.uk\)](#)
- www.bhscp.org.uk
- [Welcome to your Pan Sussex Child Protection and Safeguarding Procedures Manual | Sussex Child Protection and Safeguarding Procedures Manual](#)
- [NSPCC Learning homepage - safeguarding training and resources](#)
- [Childline | Childline](#)
- <https://sussexsafeguardingadults.procedures.org.uk/>

Record of Concern

[RECORD OF CONCERN ADULT SERVICES](#)



[RECORD OF CONCERN CHILDREN AND YOUNG PEOPLE SERVICES](#)



[RECORD OF CONCERN STOPOVER SERVICES](#)



[RECORD OF CONCERN OFFLINE FORM](#)

Monitoring

We are committed to reviewing our policy and good practice annually or in the following circumstances; changes in legislation and/or government guidance, by the Pan Sussex safeguarding partnership or as a result of any other significant change or event.

Appendix 1: Dealing with Disclosure

Child Protection - Dealing with Disclosures

Children experiencing distress or abuse may seek to 'tell' in school, often because this is the place where they feel most safe, secure and listened to. It is not unusual for them to choose members of staff seen to be on the periphery of the staff team such

as midday supervisors, caretakers or classroom support staff because they may be perceived as having less authority and less intimidating. It is important to make sure therefore that ALL staff know how to respond to a disclosure from a child.

If a child discloses harm to any staff member it must be remembered that your role is to **recognise and refer abuse**, not to investigate. This is to avoid contamination of evidence gained in any subsequent investigation undertaken by Police and / or Social Services and to ensure that the child is not placed in the stressful position of having to repeat their story over and over again.

'Not investigating' does not mean that the staff member receiving the concern cannot ask any questions. However, careful thought needs to be given to how and what questions are asked, avoiding anything that can be interpreted as 'leading' the child. The basic rule of thumb is that staff should **ONLY** ask enough questions of the child to clarify whether there is a child protection concern. Once the child has clarified that they are being harmed or are at risk (or the staff member is reassured that the child is safe), no further questions are required.

If a child presents with an injury accompanied by a clear disclosure that they have been harmed, or makes a clear sexual disclosure it should not be necessary to question the child other than perhaps to clarify who was involved and when an incident took place. The child should be listened to actively and their story carefully recorded. In this situation the staff member should ensure **immediate** information sharing with the Designated Safeguarding Lead (or relevant member of the Safeguarding Team). It is likely that such a scenario will require **immediate** consultation about action to be taken and an urgent referral to the relevant social care team.

In other situations where the child appears to be making a possible disclosure or has a suspicious injury, it is reasonable to ask open, non-leading questions in order to establish the child's story. Examples of questions are:

- That's a nasty bruise, how did it happen?
- Tell me about what happened?
- You seem a bit upset and I'm worried about you, is anything troubling you?
- Can you tell me more about that?

You may wish to use the acronym 'TED' as a reminder that the child can be encouraged to '**Tell**', '**Explain**' and '**Describe**' the concern. If it is necessary to seek further clarification, staff should keep open to questions such as **What? When? Who? How? Where?** It is important to remember that questions should only be asked to help clarify whether the child is at risk of harm. Once clarification is achieved, no further questions should be asked.

Sometimes children choose to disclose concerns through a third party such as a friend 'telling' on their behalf, or indirectly e.g. sounding out information and reaction by asking 'what if my friend.....?' If such concerns arise they should be taken equally seriously and be followed up with the DSL in the same manner as a direct disclosure.

Children may also seek to disclose and share their experiences through drawings, writing and play. If concerns arise, it is appropriate to talk further with the child to allow wider discussion and clarification. This might involve inviting the child to 'tell me more about what is happening in your picture' / story / game"

If a child discloses abuse:

1. **In school** - This information requires immediate sharing with the school's DSL
2. **During an Impact Activity / Session** – This requires immediate sharing with Impact's DSL

Basic guidelines for dealing with disclosures

1. Remember that the child's welfare and interests **must** be the paramount consideration at all times.
2. **Listen** carefully and actively to the child. At this stage there is no necessity to ask questions. Let the child guide the pace.
3. **Do not show shock** at what you are hearing. This may discourage the child from continuing their disclosure as they will feel that the adult receiving the information is unable to cope with what they are hearing and may be thinking badly of the child.
4. **Do not investigate.** If you need to clarify what is being said and whether the child is at risk, ask open questions (TED, what, when, who, how, where, do you want to tell me anything else? etc.) but only to the point of clarification being achieved. Avoid the question 'why?' as this can imply guilt / responsibility on the child.
5. Stay calm and **reassure** the child that they have done the right thing in talking to you.
6. **Never promise to keep a secret or confidentiality.** You have a duty to ensure the information is passed on to DCPC and possibly other agencies in order to keep the child safe. If a child requests confidentiality, use a 'prepared' response, such as 'I'm really concerned about what you have told me and I have a responsibility to help ensure that you are safe. To help make sure you are safe, I have to tell someone (name person) who will know how to help us to do this'. **Make sure the child understands what will happen next with their information.**
7. **Record** factually what the child has told you or what you have observed as soon as possible. Ensure records include the date, time, place of disclosure, behaviour and words used **by the child**. Failure to accurately record information or writing down your 'interpretation' of the child's account may lead to inadmissible evidence.
8. If you have seen bruising or an injury, use a **body map** to record details. Ensure that the map is dated and attached to information relating to the child's comments about the injury.
9. **Tell your DSL as soon as possible but do not ask the child to repeat what they have told you** to another staff member. This is stressful for the child. The more times a child is asked to tell their story the greater the chance of the facts becoming lost and any subsequent investigation being compromised.
10. **Do not gossip** to other staff about what you have heard. The information should remain confidential to those who 'need to know'.

11. **Maintain contact** with the child. They have trusted you enough to 'tell', will need to know that they are not rejected as a result and may need continued support.

12. Ensure that you have **support for yourself** in managing the information you have received.

NOTE: Disclosures relating to allegations against colleagues and members of staff should be treated in the same way. This information must be passed immediately to the Head Teacher or DSL who will contact the LADO and ensure the appropriate procedures are followed.

When a child discloses abuse:

1. Stay calm and listen
2. Go slowly
3. Reassure them that they have not done anything wrong
4. Be supportive
5. Gather essential facts
6. Tell what will happen next
7. Report
8. Make notes

1. Stay calm

- An abused or neglected child or young person needs to know that you are available to help them.
- Reactions of shock, outrage, or fear might make them feel more anxious or ashamed.
- A calm response reassures that what has happened is not so bad and can be worked through.

2. Go slowly

- It is normal to feel inadequate or unsure about what to do or say when a child or young person tells you about their abuse.
- Proceed slowly.
- Gentle and open-ended questions such as: "Can you tell me more about what happened?" are helpful.
- Avoid questions that begin with "why".

3. Be reassuring

- Reassure the child or young person that they have not done anything wrong.
- Avoid questions that are usually associated with getting into trouble. Avoid using "why" questions.

4. Be supportive Let the child or young person know:

- they are not in trouble
- they are safe with you
- you are glad that they have chosen to tell you about this
- they have done the right thing telling about this
- you are sorry that they have been hurt or that this has happened to them
- you will do everything you can to make sure they are not hurt again
- you know others who can be trusted to help solve this problem

5. Get only the essential facts

- Be brief.
- Limit your discussion to finding out generally what took place.
- When you have sufficient information and reason to believe that abuse and/or neglect has occurred, gently stop gathering facts and be supportive.

6. Tell what will happen next

- Don't make promises to the child about what may or may not happen next.
- Provide only reassurance that is realistic and achievable.
- Discuss with the child what you think will happen next and who will be involved.

7. Report to the Designated Safeguarding Lead (DSL)

- Report disclosures of abuse or neglect immediately using the flowchart.
- Express your willingness to help the child through the steps which will follow, if appropriate.

8. Make notes

- Make notes of all comments. Use the child's or young person's exact words where possible.
- Save all drawings and artwork. This information may need to be shared with Children's Social Services and the police.

NOTE: Disclosures relating to allegations against colleagues and members of staff should be treated in the same way. This information must be passed immediately to the DSL who will ensure the appropriate procedures are followed.