

# Safeguarding Children and Young People Policy

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## Policy history

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## Safeguarding Children and Young People Policy

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## 1. Policy Statement of Intent

This policy gives guidance to all staff and volunteers across all Directorates of the MND Association, on the safeguarding and promotion of the welfare of children and young people.

In England and Wales, this includes Children in Need and children suffering or likely to suffer significant harm as outlined in Sections 17 and 47 of The Children Act 1989<sup>1</sup>. In Northern Ireland, these principles are included in The Children Order (Northern Ireland) 1995, in which Article 17 refers to 'children in need' and Article 50 refers to 'significant harm' or 'a child in need of protection'.

Whilst we are not a statutory childcare organisation<sup>2</sup> **all staff and volunteers, from whichever Directorate, have an obligation and responsibility to be aware of and report concerns related to protection, safeguarding and promotion of the welfare of children and young people.** Everyone who comes into contact with children and families, directly or indirectly, have a role to play and as such, we are in a unique position to be able to identify children and families who would benefit from an Early Help Assessment and the provision of effective Early Support services.

It is essential therefore that the working environment and culture within the Association promote that aim. This policy gives guidance on what to do if you have identified concerns about a child/young person who, may be in need of support, or is at risk of significant harm. The policy reflects current legislation, accepted best practice and complies with government guidance from '[Working Together to Safeguard Children \(2018\)](#)' in England and Wales, and Co-operating to Safeguard Children and Young People in Northern Ireland 2017. A version of the Working Together guidance is available for [young people](#) and [younger children](#) for practitioners to share.

Within the Working Together guidance, safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.

The Association recognises differences in legislation for children and adults at risk across England, Wales and Northern Ireland but adopt the equal principle that all individuals at risk should be protected from harm.

This policy is separate from the Association's policy for *Safeguarding Adults at Risk of Harm* and has been developed to reflect the Association's move towards 'whole family' working as an approach. Please refer to the '**Safeguarding Adults at Risk of Harm Policy**' for guidance and support relating to working with and protecting adults at risk.

*This policy will be reviewed and revised as and when it becomes necessary and at least every two years.*

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<sup>1</sup> As of April 2016, Part 3 of the Children Act (which references support for children and families provided by LA's) has been replaced by Part 6 of the Social Services and Well-Being (Wales) Act 2014 – but the principles are the same for all Three Nations.

<sup>2</sup> Those responsible for investigating and coordinating all incidents of suspected abuse are: Police, Local Authority Children's Social Care and/or the NSPCC in England and Wales; and the Police Service Northern Ireland (PSNI) and/or Health and Social Care Trust (HSCT) Gateway Service (in relevant local area) in Northern Ireland. Advice can also be sought from the NSPCC helpline in Northern Ireland.

## Principles

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**The MND Association's safeguarding arrangements are underpinned by the following key principles:**

- 2.1** Safeguarding is everyone's responsibility; for those children we work with (or we come into contact with) to be safe and for our services to be effective, each employee and volunteer must play their full part in safeguarding children and young people.
- 2.2** The needs and views of children and young people are paramount. The Association will adopt a coordinated and child centred approach to safeguarding, ensuring all staff and volunteers who come into contact with families with children, listen to concerns from a child or their family and take these seriously; and work within the Association's policy guidance when deciding how to support their needs.
- 2.3** It is better to help children as early as possible, before issues escalate and become more serious.
- 2.4** Staff and volunteers should not allow the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If referral to children's social care is necessary, it should be viewed as the beginning of a process of inquiry, not an accusation.
- 2.5** Procedures are in place to ensure safeguarding concerns are dealt with promptly and appropriately.
- 2.6** Recruitment & selection policies and procedures for staff and volunteers will take account of the need to safeguard and promote the welfare of children and young people. This will include the introduction and adoption of Safer Recruitment tools and techniques.
- 2.7** Induction training for all new staff and volunteers will include safeguarding policies and procedures. Regular safeguarding training will be delivered at different levels, dependent on staff/volunteer's level of responsibility and their likely direct or indirect contact with children at risk. All staff and volunteers will be required to complete MND Association specific E-learning module as part of their induction. Staff and volunteers will also have access to appropriate guidance and support when required and as appropriate.
- 2.8** All staff and volunteers will have access to an Association Designated Safeguarding Manager (DSM) and details of the appropriate local agencies to which safeguarding concerns can be reported. The DSM will be the relevant Head of Regional Care

Partnerships (HoRCP) in the first instance or a member of the Care Directorate Leadership team (CLT)<sup>3</sup> where an HoRCP is unavailable.

- 2.9** The Director of Care Improvement is the Association’s Safeguarding Lead and is responsible for maintaining a strategic overview of all safeguarding matters within the MND Association<sup>4</sup> – this is not the same role as Designated Safeguarding Manager. A Safeguarding Board meets quarterly to advise the Executive on safeguarding matters, as they relate to the work undertaken at the MND Association.
- 2.10** The policy reflects the differences in health and social care structures and legislation for safeguarding adults at risk across England, Wales, and Northern Ireland. However, the Association adopts the same safeguarding principles across all three Nations.
- 2.11** All Staff who have direct contact with families and children online, by telephone or face to face should be encouraged to access additional training and information that may enhance their role and confidence in identifying risks and concerns about children and young people. This may be training provided by Local Safeguarding Children’s Boards and other suitable local external providers, *as appropriate*.
- 2.12** As part of the Association’s managing and escalating safeguarding incidents, staff are required to complete a ‘Safeguarding After Action Review’ (AAR) process as appropriate. [Please refer to Appendix 14 for AAR template.](#)

**It is the responsibility of all managers in The MND Association to be conversant with this policy and its practice implications and to ensure that all staff and volunteers for whom they are responsible understand the policy, are aware of their responsibilities within it and are sufficiently trained and supported to deliver the procedures set down in this policy.**

### 3. Definitions

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#### 3.1 Child/Young Person

This policy adopts the definition of a child as being anyone under the age of 18 years.

The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

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<sup>3</sup> CLT membership consists of Director of Care Improvement, Deputy Director of Care, Head of Regional Care Partnerships (x 4), Head of Education & Information, Head of National Care

<sup>4</sup> The Director of Care Improvement chairs the Association’s Safeguarding Board

### 3.2 Young Carer

A young carer is a person under 18 who provides or intends to provide care or support for another person, including to a family member of a friend with an illness or disability, mental health condition or an addiction (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work).

### 3.3 Young Adult Carer

A young person aged 16–25 who provides unpaid care or support to a family member or friend with an illness or disability, mental health condition or an addiction.

### 3.4 Parent Carer

A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

### 3.5 Child in Need

- A child defined by section 17 (10) of the Children Act 1989 or by Article 17 of The Children (NI) Order 1995, is entitled to the provision of services to promote their **health and development** and is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision for her/him of services by a local authority Children's Services Department;
- Her/his health or development is likely to be significantly impaired without the provision for her/him of such services.
- She/he is disabled.

If, as a result of a referral, there are indications that the child is a *Child in Need* or a *Child in Need of Protection*, which may include concerns of *significant harm*, Children Social Care Services will conduct an **Assessment**. An Assessment determines whether the child is *in need* or *in need of Protection*, the nature of any services required and whether a more detailed assessment should be undertaken, including where necessary a Section 47 Enquiry (The Children Act 1989) or Article 66 enquiry (The Children Order Northern Ireland 1995).

### 3.6 What do we mean by Child Protection?

Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

### 3.7 What do we mean by Child 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 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 abuse by an adult or adults, or another child or children.

Note that children and young people can also be abusers – and this includes any abusive behaviour including sexually abusive behaviour, committed by a child or young person towards any other person, whether child or adult. It should also be recognised that young people who abuse, whilst they present a risk of Significant Harm to others, they are likely to have considerable needs themselves, and are more often than not 'Children in Need' and some will be at risk of, or suffering Significant Harm.

The following categories of child abuse are taken from '[Working Together to Safeguard Children \(2018\)](#)' Please refer to [Appendix 5](#) for detailed definitions of each of these categories.

- Physical Abuse or Harm.
- Emotional Abuse.
- Sexual Abuse.
- Neglect.
- Child Sexual Exploitation (CSE)<sup>5</sup>.

In addition, organised or multiple abuse, past/historical abuse, domestic abuse<sup>6</sup> and E-Safety Incidents all come under the term 'child abuse'.

Child abuse, including grooming, can take place *online* and can lead to a breach in The Sexual Offences Act (2003). As Technology develops, the internet and its range of services can be accessed through various devices including tablets, mobile phones, and cameras as well as games consoles and computers. As a consequence, web-based technology has become a significant tool in enabling cyber bullying to take place as well as offensive and inappropriate images/messages being shared and/or used inappropriately, either accidentally or deliberately.

Staff and volunteers should note that where an E-Safety incident occurs, in addition to making a referral to Social Care, a referral should also take place to CEOP (Child Exploitation Online Protection Centre) Link Here: <http://www.ceop.police.uk/safety-centre>.

### 3.8 What are the signs?

Some of the following signs might be indicators of abuse or neglect:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn, or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes which are ill-fitting and/or dirty.
- Children with consistently poor hygiene.
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- Children who don't want to change clothes in front of others or participate in physical activities.
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.

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<sup>5</sup> CSE is a type of sexual abuse. Children in exploitative situations and relationships receive something such as gifts, money, or affection, as a result of performing sexual activities or others performing sexual activities on them. Young people are often tricked into believing they're in a loving, consensual relationship. They may be invited to parties and given drugs and alcohol. They may be groomed and exploited online, or trafficked into or within the UK for purposes of sexual exploitation.

<sup>6</sup> It should be noted that where the police are called to a scene of domestic abuse, and a child is present, the police should inform Children's Social Care of their attendance at such an incident

- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Children who are regularly missing from school or education.
- Children who are reluctant to go home after school.
- Children with poor school attendance and punctuality, or who are consistently late being picked up.
- Parents who are dismissive and non-responsive to practitioners' concerns.
- Parents who collect their children from school when drunk, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

This is not an exhaustive list but gives a guide to some of the most common signs of abuse and neglect.

In addition, the **Association's online Forums** moderators may be alerted by the following signs:

- Posting of inappropriate photos, images, or videos.
- Suicide notes or good-bye letters.
- Discussion of intentions to undertake risky activities, e.g. self-harm, or injury.
- Discussion of illegal activities, e.g. substance misuse.
- Sharing of personal information or pressurising others to share personal information, e.g. email addresses, phone numbers, instant messaging.
- Change in the tone of messages.
- Direct reference to safeguarding concerns, e.g. disclosure of abuse.

### 3.9 What is meant by the term 'Appropriate Agency'?

These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. This would fall within the jurisdiction of the agency closest to where the child/young person at risk is residing.

Where there is an indication that a criminal offence has been committed the appropriate agency is **ALWAYS** the police.

### 3.10 Designated Safeguarding Manager (DSM)



This is the manager designated within the Association to whom any safeguarding concerns should be escalated/reported.

Staff and volunteers should report any safeguarding concerns to their immediate line manager in the first instance. The line manager will report those concerns, in turn, to the Designated Safeguarding Manager who will be the Head of Regional Care Partnerships (HoRCP) for the geographical area in which the concern has been raised. If an HoRCP is unavailable, staff can speak to a member of the Care Directorate Leadership team. If concerns are raised outside of office hours, staff and volunteers should contact the manager on call ([see section 5.7 below](#)).

## 4. Legal and Policy Context

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**4.1** There are a number of **key pieces of legislation**, which set out the framework for all agencies working with children and young people. In summary these are:

- The Children Act 1989 (England and Wales).
- The Children Act 2004.
- The Children Order 1995 (Northern Ireland).
- Cooperating to Safeguard Children & Young People in Northern Ireland 2017<sup>7</sup> (replaces the guidance issued in 2003).
- Understanding the Needs of Children in NI (UNOCINI) Guidance 2011 (under review).
- Social Services and Well-being (Wales) Act 2014 (in force from April 2016)<sup>8</sup>.
- The Sexual Offences Act 2003.
- The Children and Young Person's Act 2008.
- Working Together to Safeguard Children 2018<sup>9</sup>.
- Safeguarding Disabled Children: practice guide 2009.

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<sup>7</sup> Provides the overarching policy framework for safeguarding CYP in the statutory, private, independent, community, voluntary and faith sectors in NI. Refreshed in April 2017 to include an updated definition of child sexual exploitation (CSE)

<sup>8</sup> Builds on the policy set out in *Sustainable Social Services for Wales: A Framework for Action*. Covers adults, children, and carers.

<sup>9</sup> *Working Together to Safeguard Children* 2015 Guidance was updated on 4<sup>th</sup> July 2018; setting out **new legal requirements** for the 3 main safeguarding partners (Police, Local Authorities and CCGs), to make joint safeguarding decisions to meet the needs of local children and families. See appendices for further information of changes

- The Common Assessment Framework (CAF) 2004.
- The Children and Family Act 2014.
- The Care Act 2014.
- Education Acts 1996 and 2001.
- Childcare Act 2006.
- Housing Act 1996.
- Crime and Disorder Act 1998.
- Police Reforms and Social Responsibility Act 2011.
- Female Genital Mutilation Act 2003.
- What to do if you are worried a child is being abused 2015.
- <https://ceop.police.uk/safety-centre/>
- General Data Protection Regulations (May 2018).

Please refer to **Appendix 2 (Legal & Policy Context)** for detail relating to each piece of key legislation.

## 5. Reporting Safeguarding Concerns and Making a Safeguarding Referral: Procedure for Staff and Volunteers in all Directorates

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Please refer to flowchart diagram at the end of this policy document – ‘Making a Safeguarding Referral for Children & Young People at Risk of Harm’ – **Appendix 1**

- 5.1 Your first priority should always be to ensure the safety and protection of the child or young person at risk.** To this end, if any person in the MND Association reasonably suspects or is told that a child/young person at risk is being, has been, or is likely to be abused they must take immediate action as set out in this policy and pass on their concerns to their immediate line manager.
- 5.2** It is important to emphasise to anyone seeking assistance from the MND Association that we are **NOT** an agency with statutory powers to investigate allegations of abuse or neglect. Neither can we remove children from abusive situations. **But you need to stress that you will have to share your concerns with a manager within the MND Association and possibly make a referral to a statutory agency, as we have a responsibility to pass on such information where there is a child in need or a child suffering or likely to suffer significant harm.** These statutory agencies are:

In England and Wales

- Local Authority Children’s Social Care.
- The Police.
- The NSPCC.

In Northern Ireland:

- Health and Social Care Trust (HSCT) Gateway Service in the relevant/local HSCT.
- Police Service Northern Ireland (PSNI).
- Advice via NSPCC helpline<sup>10</sup>.

If a referral needs to be made urgently outside of normal office hours, the appropriate agency:

- Children's Social Care Emergency Duty Team (EDT) in England and Wales.
- Regional Emergency Social Work Service (REWS) in Northern Ireland.

**If the person disclosing information to you is at risk of immediate physical harm or danger, ask them to call 999 and ask for the police, or alternatively make the call yourself. Contact Children's Social Care services at the same time, to ensure that the safeguarding element is reported and followed up. A note must be placed on MrC under 'Safeguarding Notes'**

**5.3** If a child/young person discloses a safeguarding concern, staff and volunteers should:

- **Listen carefully to the child.** Avoid expressing your own views on the matter. A reaction of shock or disbelief could cause the child to 'shut down', retract or stop talking.
- **Let them know they've done the right thing.** Reassurance can make a big impact to the child who may have been keeping the abuse secret.
- **Tell them it's not their fault.** Abuse is never the child's fault and they need to know this.
- **Say you believe them.** A child could keep abuse secret in fear they won't be believed. They've told you because they want help and trust you'll be the person to believe them and help them.
- **Don't talk to the alleged abuser.** Confronting the alleged abuser about what the child's told you could make the situation a lot worse for the child.
- **Explain what you'll do next.** If age appropriate, explain to the child you'll need to report the abuse to someone who will be able to help.
- **Don't delay reporting the abuse.** The sooner the abuse is reported after the child discloses the better. Report as soon as possible so details are fresh in your mind and action can be taken quickly.
- **Consult with your immediate line manager who in turn will discuss with the Association's Designated Safeguarding Manager (DSM).**

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<sup>10</sup> The NSPCC has authorised status in Northern Ireland, under the Children Order 1995, giving it power to apply for an Emergency Protection Order (EPO), a child assessment order, and to bring a Care Order or Supervision Order application (in partnership with the HSCTs and PSNI)

**5.4 If a concern or allegation is made about a staff member or volunteer within the Association;** do not inform the person in question as this might prejudice any police investigation. Contact your line manager immediately, who in turn will contact the Designated Safeguarding Manager and the Head of HR. If it is outside of office hours, contact the manager on call.

**5.5 If the concerns or allegations are raised by a third party, e.g. a member of the public or another professional:** the staff member/volunteer receiving the allegation must make notes of the information and contact their line manager who in turn will contact the Designated Safeguarding Manager, who must consult with them immediately about what action to take.

## **5.6 Out-of-Hours Emergency Response Service**

1. An out-of-hours Emergency Response Service will be provided by the MND Association Care Directorate for the Safeguarding of adults and children/young people. (Note: this is an internal Association resource and not a statutory service)

1. The out-of-hours service will operate at the following times:

**Monday-Friday 5:00pm - 11:00pm**  
**Weekends & Bank Holidays 10:00am-10:30pm**

2. Outside of office hours staff and volunteers should telephone:

**03453 751855** for the **Designated Safeguarding Manager**.

3. Please leave a voicemail if initially no-one picks up - the Designated Manager will respond to the initial telephone call **within 2 hours** by telephoning back the staff member or volunteer on the number that they have given.

4. The Designated Manager will provide advice on the situation and support the staff member or volunteer in respect of any immediate action that needs to be taken.

5. The Designated Manager will ensure that a Director of Care is informed of any implementation of the Safeguarding Policy.

6. It is not expected that the Designated Manager will be necessarily responsible for taking further action nor will they always have access to any computer or paper-based information such as details of local statutory service providers.

7. The Designated Manager will log the call and follow-up the staff member or volunteer the next day to ensure that the call has been made and support given as necessary.

8. A record of the situation and actions taken will be recorded on MrC under 'safeguarding notes'. Heads of Regional Care Partnerships (HoRCP) and Area Support Coordinators (ASCs) must also enter the details onto the Association's Safeguarding Log.

9. **Staff outside of the Care Directorate**, should alert the ASC and/or HoRCP responsible for the geographical area in which the safeguarding concern has taken place, to ask them to place a safeguarding note on both the individual's MrC record and onto the Safeguarding Log.
- 5.7 Staff and volunteers should never feel inhibited to seek advice and guidance about any concern for the safety and well-being of a child or young person.
- 5.8 All concerns regardless of whether they lead to a referral should be discussed with a line manager as soon as possible. A decision should then be made about whether a referral is appropriate. This is the same for all Directorates.
- 5.9 For **volunteers** the immediate line manager is defined as follows:
- For all **Support Volunteers, including Association Visitors**, it is the MND Connect helpline, their Area Support Coordinator (ASC) or the emergency out-of-hours response service, who in turn, will report to the Designated Safeguarding Manager.
  - For **Branch and Group volunteers and supporters** it is MND Connect helpline, who in turn would report to the Designated Safeguarding Manager.
  - For **Trustees**, it is the Director of Care Improvement.
- 5.10 A telephone call to the relevant Children's Social Care service, Police or NSPCC should be the first action when initiating a referral during office hours; outside of office hours the referral will be made to the Social Care Emergency Duty Team or the Police.<sup>11</sup> The Designated Safeguarding Manager (DSM) will make the referral on behalf of staff, as appropriate. In general Care Directorate staff will make the referral directly, with support as appropriate, whilst for all other Directorates, the DSM will make the referral, on their behalf.
- 5.11 It is the responsibility of the duty social worker to assess the risk to the child/young person. All referrals should be followed up with a written referral. Note: staff/volunteers should provide as much detail as they have. It can be helpful to make accurate notes on what the child/young person said to you.

**It's worth remembering that in most cases the child and family of concern need support. Services will work with the family, not against them. Unless the level of risk requires the courts to get involved immediately, care proceedings will only start after extensive efforts are made to keep the child with their family by working with them to address any risks.**

- 5.12 The person making the referral should, in turn, be given details from Children's Social Care, the Emergency Duty Team or Police Officer receiving the referral. A record of the conversation with the statutory agency, including the worker's name, contact details, time

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<sup>11</sup> The Police only need to be contacted if a child is in need of *protection or immediate risk of harm*. If it is a *child in need* of early intervention, then contact Children's Social Care or EDT only.

and outcomes should be logged in MrC under 'Safeguarding Notes'. You may find the Safeguarding Guidance in [Appendix 3](#) helpful.

- 5.13** The written referral form to Children's Social Care should be completed by the person initiating the referral immediately following the telephone referral. Please click on the link below. *Note: if Social Care request that their own referral form is used, then please use their form (in this case, staff do not need to complete the MND Association referral form).*

[Safeguarding Children Referral Form](#)

- 5.14** The immediate line manager, in consultation with the Designated Safeguarding Manager, will be available for advice and guidance throughout. Additional assistance to complete the referral form will be available to all Care Directorate staff as appropriate. For those staff from other Directorates, the Designated Safeguarding Manager will complete the form and send to the appropriate social care agency. Volunteers will not be expected to complete a referral form.
- 5.15** The referral should be followed up with the statutory agency in question a month later, and any outcome recorded in the Association's Safeguarding Log. In the majority of cases, you will be told that 'no further action' has been taken. If, however, you are not satisfied with this response, escalate to your line manager who will liaise with the DSM, to challenge Social Care's decision.

## Confidentiality

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- 5.16** Disclosure by a child of abuse, ill treatment or neglect, and the consequences of such a disclosure is not easy. It is likely to have profound effects on the child/young person and other family members. It may be difficult for them to agree to a referral to statutory services.
- 5.17** All children and young people receiving support or services from the MND Association must be made aware that complete confidentiality is not possible where there is risk of significant harm or abuse to them or another individual. **Please refer to the [Association's Confidentiality and Data Protection Policies for details.](#)**
- 5.18** Where a child or young person has not consented to sharing information for a referral, the reasons for the referral need to be clearly explained to them so that any ongoing/future supportive relationship can be maintained as far as is possible.
- 5.19** Any decision to breach or not to breach confidentiality, together with those reasons for doing so, must be recorded in the safeguarding notes on MrC.
- 5.20** **Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised.** This may result in important evidence being lost or further risk to the child in question. Formal investigations will be carried out by the appropriate statutory agency.
- 5.21** It is good practice to inform a child/young person in need or at risk from abuse that a safeguarding referral is being made where appropriate, taking into account their age and

understanding. It should be made clear that this will be to another adult who will make a decision about what help and support they need to stay safe.

- 5.22** All requests for information about a child or family by an external organisation, in connection with an assessment of the *need for protection under Section 47* or a *child in need under Section 17* of The Children Act (1989), should be discussed with the line manager.
- 5.23** Any decision not to pass on information relating to a child under Section 17 or Section 47 of The Children Act to the Police or Children’s Social Care is a serious matter. A Care Director must agree a course of action and the decision with supporting reasons should be recorded in MrC. An ongoing risk assessment will be required in consultation with the Head of Regional Care Partnerships (HoRCP) responsible for that area of work.
- 5.24** In certain circumstances, when a child/young person continues to be a Child In Need and/or a child suffering or likely to suffer significant harm, and the ‘Working Together’ arrangements are failing to safeguard that child, MND Association senior managers may request a ‘Strategy Discussion’ (as set down in Working Together, Chapter 1: Flowchart 4, ‘Outcome of Section 47 Enquiries’). Such a request, if made in conflict with Children’s Social Care must be sanctioned by a Care Director. [See Appendix 14 Participation in Meetings as Professional Practice Representatives of the MND Association.](#)

## **5.25 Safeguarding and General Data protection Regulations (GDPR)**

Any safeguarding concerns you have should always take precedence.

- Don’t avoid sharing a safeguarding concern with your manager because you are worried about contravening GDPR.
- If we have to breach a child/young person’s confidentiality, then the onus is on us to explain why we have done that, under GDPR.
- Always seek guidance and advice from your line manager in such circumstances – and refer to the Association’s relevant policies and procedures.
- Unless there’s a statutory duty or court order to share information, you will need to use your professional judgement based on the facts of the case to decide whether to share and what should be shared. When making such a decision the safety and welfare of the child or young person must be your key consideration.
- Share information early on, when you see signs of emerging problems – this means support can be put in place at the time it’s most likely to help.
- Always ask for consent to share confidential information, unless asking for consent may increase the risk of significant harm to the child, or a delay in sharing information may increase the risk of harm
- If a child doesn’t have the capacity to understand and make their own decision, seek advice from your line manager and DSM. Remember the perpetrator could be a parent/guardian with Parental Responsibility
- You must have a clear and legitimate purpose for sharing information. There are a number of circumstances in which we might decide to share information with other agencies, without explicit consent:
  - to protect children from significant harm
  - promote the welfare of children

- others may be at risk of harm,
- a serious crime has been committed/could be committed,
- staff are implicated,
- there is a court order.

Where we choose to breach confidentiality and share information without consent, we must record our reasons for this on the safeguarding written referral form and in the 'Safeguarding Notes' on MrC.

## Informing your Manager of the Referral

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- 5.26** On completion of the written referral form it should be sent to the Designated Safeguarding Manager (DSM). The DSM should check that the referral form contains all relevant information about the concern discussed, including contact information for Children's social care should they need further contact with the Association. Where necessary the DSM will provide support to Care Directorate staff to complete the referral form. Additional assistance will be provided to all volunteers, who will not be expected to make a safeguarding referral.
- 5.27** The referral should be sent by the DSM as a PDF document, via secure email, to Children's Social Care.
- 5.28** All safeguarding referrals should be recorded within the Association's central Safeguarding Log.

## Recording Guidance

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- 5.29** Whenever concerns are raised about a Child in Need or at risk, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record – see [Appendix 5 General Principles for Recording](#). Line managers must use the staff and volunteer supervision structures to address safeguarding practice issues and concerns.
- 5.30** The following guidance should be followed:
- Whenever possible and practical, take notes during any conversation.
  - Ask for consent to do this and explain the importance of recording information.
  - Explain that the person giving you the information can have access to any information about them.
  - Where it is not possible or appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day.



- Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and all persons present when the information was given.
- Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate.
- Include the context and background leading to the disclosure or concern.
- Include full details of referrals to Children's Social Care and the Police.

## Allegations against staff or volunteers

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- 5.31 Allegations about staff or volunteers abuse of a child or young person** must be raised immediately with the Director of Care Improvement who will alert the appropriate agency. The Director in consultation with HR will make a decision to suspend or remove the employee or volunteer from active service pending the outcome of an investigation.
- 5.32** If a Director of Care is suspected of abuse, this should be reported to the Chief Executive.
- 5.33** If a Trustee or Chief Executive is suspected of abuse this should be reported to the Chair of Trustees, supported by the Director of Care Improvement. If a Chair of Trustees is suspected of abuse this should be reported to the Charity Commission.
- 5.34** Personal information may be disclosed without the individual's consent if there are reasonable grounds to believe that an individual is at risk of harm ([see Confidentiality and Data protection Policies](#)).

**The procedure for managing allegations of abuse about staff or volunteers abusing or harming a child/young person** are set out in [Appendix 4](#) 'Allegations against MND Association staff and volunteers'. See also '[Flowchart: procedure for allegations against staff/volunteers](#)'.

## 6. Supporting individuals who may be at risk of suicide

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Please refer to separate guidance for MND Association staff and volunteers.

## 7. Supporting Policies

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Recruitment and Training Policy.

Confidentiality Policy.

Recruitment of Offenders Policy.

Grievance & Disciplinary Policy.

Disclosure Policy and DBS Vetting or identified posts.

Whistle Blowing Policy.

Equality & Diversity Policy.

Complaints Procedure.

Volunteering Policies.

Data Protection Policy.

Photography Policy.

Lone Working Policy.

Suicide Guidance for Staff and Volunteers.

## **8. Risk Assessment**

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The risks of not observing this Children and Young People's Safeguarding policy, include:

- Abuse or harm to a child or young person at risk of harm.
- Potential damage to the reputation of the Association.
- Potential risk of legal action.
- Loss of confidence and trust in the Association.

# Making a Safeguarding Referral– Child/Young Person

Appendix One

When deciding whether to make a referral, the safety and welfare of the child/young person must be your key consideration

Is someone at risk of **immediate** danger?

If YES

1. Call 999 and inform the Police.
2. Inform your Line Manager, who will inform the Designated Safeguarding Manager (DSM). DSM will be the relevant Head of Regional Care Partnerships (HoRCP) for your area, or a member of Care Leadership Team (CLT) in their absence.

For Line Managers/Area Support Coordinators (ASCs)  
Inform the Designated Safeguarding Manager (DSM) who will decide if a safeguarding referral is appropriate.

If NO

1. Inform the individual that you will need to pass on your concerns to a manager, taking into account their age and understanding.
2. Always ask for consent to share confidential information e.g. in writing or (verbally is fine) unless doing so increases the risk of significant harm to the child.
3. If a child does not have capacity to understand and make their own decision, ask a person with Parental Responsibility (unless they are alleged abuser).
4. If informed consent cannot be obtained, note reasons why we have breached confidentiality and explain reasons for referral.
5. Contact your Line Manager for further guidance and support: if you are a volunteer, contact MND Connect or your ASC. If you are a noncare directorate member of staff, contact the ASC for the geographical area relating to the concern.
6. If outside of normal office hours, telephone the MND Association's Emergency Response Service on 03453 751855. leave a voicemail if the DSM does not pick up straight away

For DSM

Is a safeguarding referral required?

If YES

1. DSM or ASC contact relevant Children's Social Care Service to make referral, and inform the Association's Assistant Director of Care and Director of Care Improvement.
2. DSM or ASC send written referral (please see link at s.5.13 on pg. 14) – if ASC making referral; send a copy of form to DSM. If statutory agency insists on using their own referral form, use this instead of a MND referral form.
3. Record any action taken in MrC (under Safeguarding Notes) and in Association's Safeguarding Log via the ASC or DSM/ HoRCP.
4. ASC contact relevant statutory agency to follow up the referral as appropriate.

If NO

1. DSM record the reasons for not referring (Defensible Decision) on MrC (under Safeguarding Notes) and in Association's Safeguarding Log.
2. If you are a non-care directorate member of staff, ask the ASC for the geographical area relating to the concern, to record on MrC and the Safeguarding Log for you.