

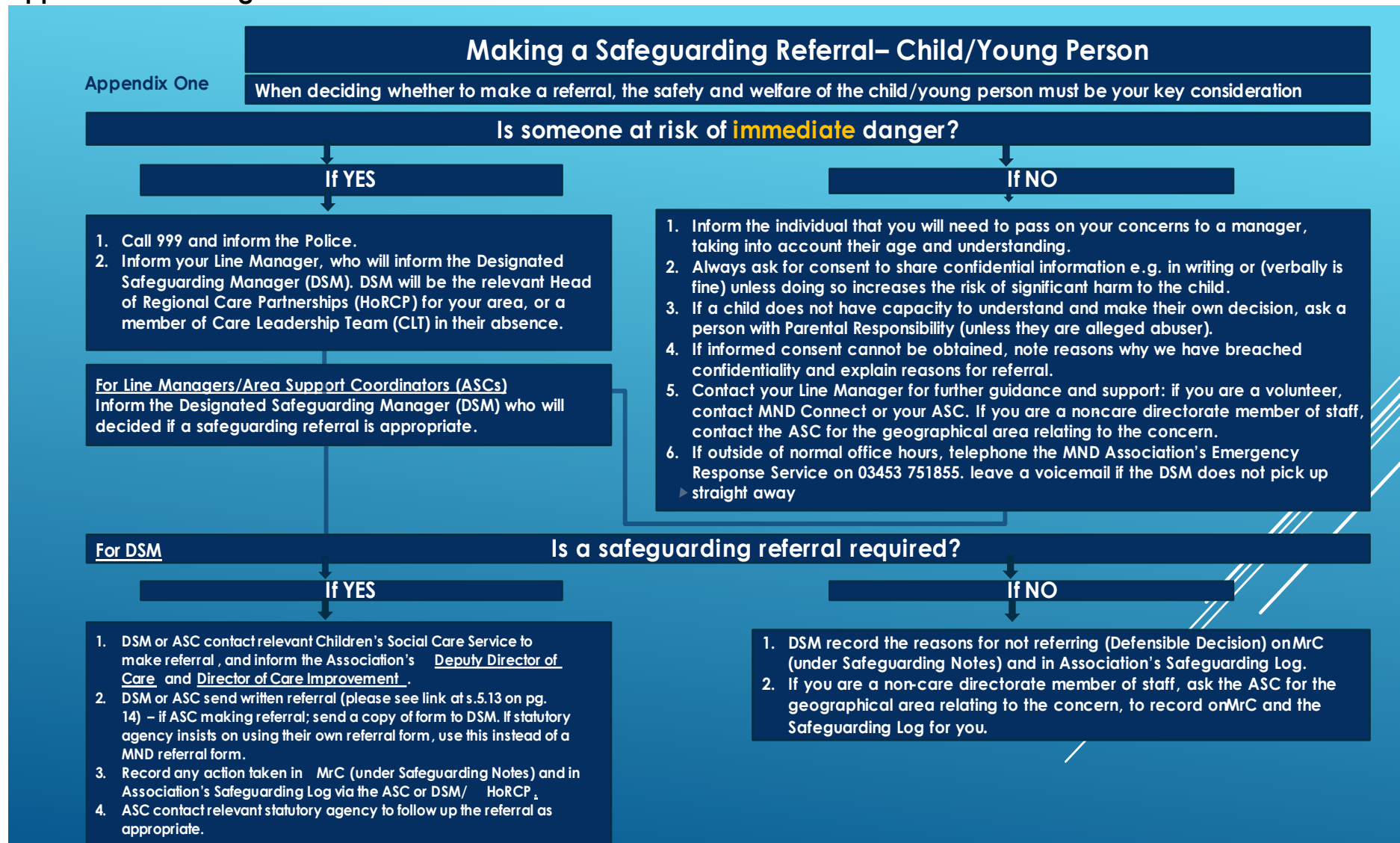
# *Appendices and Glossary*

## *Safeguarding Children & Young People Policy*

## Contents

- **Appendix 1** Making A Safeguarding Referral Flowchart
- **Appendix 2** Legal and Policy Context
- **Appendix 3** Definitions and Glossary of Terms
- **Appendix 4** Guidance for managing allegations against staff and volunteers who work / or provide a service for adults or children at risk of harm in the MND Association
- **Appendix 5** Recording Guidance for Children/Young People at Risk of Harm and Recording: General Principles
- **Appendix 6** Guide to the General Principles of Safe Practice within the MND Association
- **Appendix 7** Data Protection
- **Appendix 8** Media consent
- **Appendix 9** Acceptable Use Policy for Mobile Phones, Cameras, Tablets and other Digital Portable Devices
- **Appendix 10** Duty of Care to all MND Association Staff & Volunteers
- **Appendix 11** Child Safeguarding Practice Reviews (previously known as Serious Case Reviews)
- **Appendix 12** Domestic Homicide Reviews
- **Appendix 13** Participation in meetings as Professional Practice Representatives of the MND Association, e.g. Strategy Discussions or Child Protection Conferences
- **Appendix 14** – Safeguarding After Action Review (AAR)

## Appendix 1 – Making a Referral Flowchart



## Appendix 2

### Legal and Policy Context

There are several **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**

Most of the Children Act 1989 applies to both **England and Wales**. As of April 2016, Part 3 of the Act (which refers to support for children and families provided by local authorities) has been replaced by Part 6 of the Social Services and Well-Being (**Wales**) Act 2014.

The Children Act is the foundation on which the protection of children is based. Of paramount importance throughout is the 'welfare of the child'. This means that if we become aware that a child, with whom we come into contact with through the course of our work, is at risk of abuse, the need to protect that child comes before everything else and this principle needs to be at the forefront of all of our work. This may at times cause problems and raise questions for staff and volunteers. However, the principle remains that the protection of children from abuse overrides all other considerations (including confidentiality). The salient points of the Act, which staff and volunteers need to be familiar with, are:

**Section 17:** It shall be the general duty of every local authority:

- To safeguard and promote the welfare of children within their area who are **in need**; and
- So far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

**Section 20:** Every local authority shall **provide accommodation** for any child in need within their area who appears to them to require accommodation as a result of:

1. There being no person who has parental responsibility for;
2. Their being lost or having been abandoned;
3. The person who has been caring for them being prevented (whether or not permanently, and for whatever reason) from providing them with suitable accommodation or care.

**Section 47:** Where a local authority:

1. Is informed that a child who lives, or is found, in their area is the subject of an emergency protection order, or is in police protection; **or**
2. Has a reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is **likely to suffer significant harm**, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

**Section 31 (9):**

- **'Harm'** means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another.
- **'Development'** means physical, intellectual, emotional, social or behavioural development.
- **'Health'** means physical or mental health, and
- **'Ill-treatment'** includes sexual abuse and forms of ill-treatment that are not physical.

In **Northern Ireland, The Children (Northern Ireland) Order 1995**; makes reference to Children In Need within Article 17 of The Children Order and Article 50 talks about 'significant harm' or 'a child in need of protection'  
The Children Act 1989 can be viewed in full [here](#).

Local Safeguarding Children Boards (LSCBs) were established under this legislation.

**The Children Act 2004**

The Children Act, 2004 (England and Wales) was a direct result of the findings by Lord Laming into the death of Victoria Climbié. The salient points of the Act, which staff and volunteers need to know, are:

**Section 10** of the Act embodies:

- The need for co-operation between local authorities and **all** agencies working with children, to improve their well-being;
- The duty of local authorities to take account of the views, wishes and feelings of children and young people involved in child protection investigations and when providing services to children in need.

**Section 11** of the Act states that:

- Each person and body to whom this section applies (this includes Local Authorities, the NHS and the police) must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children; and
- Any services provided by another person pursuant to arrangements made by the person or body in the discharge of their functions are provided having regard to that need (this would include **voluntary agencies** such as the MND Association).

The Children Act 2004 can be viewed [here](#).

Local Safeguarding Children Boards (LSCBs) were established under this legislation.

A number of the sections in The Children Act 2004 have been amended, repealed or replaced by the **Social, Services and Wellbeing (Wales) Act 2014** and the Well-Being of Future Generations (Wales) Act 2015 contents, including the requirements for the establishment of local safeguarding children boards in Wales

MND Association – Appendices for Safeguarding Children & Young People Policy – updated in Feb 2023  
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### **The Children Order 1995 (Northern Ireland)**

This is the principle statute governing the care, upbringing and protection of children and young people in NI. The Order sets out parental responsibilities and rights and the duties and powers public authorities have to support children. The creation of the regional Safeguarding Board for NI (SBNI) was set out in law in the Safeguarding Board Act (NI) 2011. This also established five Safeguarding Panels to support the SBNI's work at a Health and Social Care Trust level (HSCT). **The Children's Services Co-operation (NI) Act 2015** requires public authorities to cooperate in contributing to the wellbeing of children and young people in the areas of:

- Physical and mental health
- Enjoyment of play and leisure
- Learning and achievement
- Living conditions, rights and economic wellbeing

Under Section 5 of **the Criminal Law Act (NI) 1967** it is an offence not to report a 'relevant offence' to the police. This includes offences against children

### **Cooperating to Safeguard Children & Young People in Northern Ireland 2017 (replaces the guidance issued in 2003)**

This provides an overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. It replaces guidance published in 2003

### **Social Services and Well-being (Wales) Act 2014 (in force from April 2016)<sup>2</sup>**

This Act came into force in Wales in April 2016 and is a new law for improving the well-being of people who need care and support, and carers that need support. The Act changes the way in which people's needs are assessed and the way services are delivered – people will have more say in the care and support they receive. It also promotes a range of help available within the community to reduce the needs for formal, planned support. This includes stronger powers to keep people safe from abuse and neglect. The Act builds on the policy set out in Sustainable Social Services for Wales: A Framework for Action.

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<sup>1</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>2</sup> Builds on the policy set out in *Sustainable Social Services for Wales: A Framework for Action*. Covers adults, children and carers.

### **The Sexual Offences Act 2003**

The Sexual Offences Act came into force on 1 May 2004. The Act is split into two parts, the first devoted to sexual offences, creating new offences and widening the scope of existing ones, and the second covering offenders, with an emphasis on the protection of vulnerable individuals.

The Act makes changes to the following:

- Rape and Consent;
- Child Sex Abuse;
- Prosecutions of persons under 18;
- How the law affects those who advise children;
- Abusive parents and carers;
- Sexual Offences involving the Internet and 'grooming';
- Monitoring convicted sex offenders.

There are a series of new offences and protection under the Act that include: trafficking persons for the purposes of sexual exploitation; the prevention of children being abused through prostitution and pornography; the protection of adults at risk from abuse with a mental disorder from sexual abuse and a new offence of voyeurism.

### **Children and Young Persons Act 2008**

The purpose of the Act is to extend the statutory framework for children in care **in England and Wales** and to ensure that they receive high quality care and services which are focused on and tailored to their needs. It will be for the Secretary of State for Children, in conjunction with other relevant ministers, to decide how and when the provisions are enacted.

### **Working Together to Safeguard Children 2015**

Working Together sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. It is important that all those working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated guidance.

Procedural advice and guidance contained in '*Working Together To Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*' sets out the expectations of those working with children to ensure their safety. **It should be seen as the day-to-day working statutory guidance document for managers and staff in the Care Directorate, who should follow it so that they can respond to individual children's needs as appropriate.**

### **Working Together to safeguard people guidance (Welsh Government 2017)**

replaces the previous guidance 'Safeguarding Children: working together under The Children Act (Welsh Government) 2016, and includes: Volume 1 – introduction and Overview; Volume 2 – Child Practice Reviews and Volume 3 – Handling individual cases to protect children at risk.

**NEW\* 'Working Together to Safeguard Children'** guidance recently set out new requirements for improved partnerships to protect children. Strengthened guidance published on 4th July 2018 sets new legal requirements for the three safeguarding partners (Senior police, council and health leaders), who will be required to make joint safeguarding decisions to meet the needs of local children and families.

These three agencies will jointly be responsible for setting out local plans to keep children safe and will be accountable for how well agencies work together to protect children from abuse and neglect.

The new advice is aimed at all professionals who come in to contact with children and families and includes guidance on current threats to child protection, such as sexual and criminal exploitation, gangs and radicalisation.

The Government has also announced 17 areas of the country as 'early adopters', which will work with the National Children's Bureau (NCB) to implement the new local safeguarding arrangements before they are established across the rest of the country. The 17 areas include 39 local authorities and will develop new and innovative approaches to set up multi-agency safeguarding processes and produce clear learning which can be shared across other areas, which will have up to a year to publish local arrangements. In response to the consultation, the requirements on all those working in sports and faith-based organisations have been strengthened, requiring them to co-operate with the local police, council and health partners where requested. This is in line with the important role these groups play in promoting children's welfare.

The new safeguarding arrangements will replace existing Local Safeguarding Children Boards, taking into account, recommendations made in a 2016 review by Sir Alan Wood.

The changes include:

- equal duties placed on the police, CCGs and local authorities to work together on safeguarding decisions and to promote children's welfare;
- placing greater accountability on senior leaders for each agency: the council Chief Executive, the accounting officer of a CCG and the Chief Officer of Police;
- strengthening expectations on schools and other educational settings that they must co-operate with the multi-agency safeguarding arrangements;
- extending safeguarding responsibilities to sports clubs and religious organisations in recognition of their important role in working with and protecting children and young people;
- new duties on CCGs and councils to carry out reviews of child deaths, instead of children's services, in line with evidence that only a small number of these incidents relate to safeguarding concerns; and better reviews of complex or nationally-important cases, and
- improving identification of the lessons learnt from these, led by the new Child Safeguarding Practice Review Panel chaired by Edward Timpson and replacing Serious Case Reviews. (Click here for a link to [Working Together 2015](#))



### **Safeguarding Disabled Children: a practice guide 2009**

This document sits alongside Working Together and offers guidance to Local Safeguarding Children's Boards and practitioners from all disciplines working with disabled children. (Click here to link to [Safeguarding Disabled Children](#))

### **Common Assessment Framework (CAF) 2004**

Some local authority areas continue to implement the Common Assessment Framework (CAF).

#### **What is the CAF?**

Under the **Help Children Achieve More** initiative, the Common Assessment Framework for children and young people presents a key part of the strategy to shift the focus from dealing with the consequences of difficulties in children's lives to preventing them from happening by engaging in assessments and services at an early stage. The Department for Education (DfE) website states:

*"The CAF has been developed for use by practitioners in all agencies so that they can communicate and work more effectively together. Information will follow the child and build up a picture over time. The CAF will encourage greater sharing of information between practitioners, where consent is given."*

Once a child is seen to be in need of a CAF, a **Lead Professional**, who has responsibility for co-ordinating the functioning of the CAF, will be appointed. Staff in the Care Directorate may be called upon to undertake CAF 'Lead Professional' roles; however, these should not be accepted without prior agreement between the staff member and their Line Manager. (For '**A Quick Guide to CAF**' [click here](#))

### **Children and Family Act 2014**

The Children and Families Act 2014 – was given royal assent in March 2014. Much of the content of the bill relates to **England**, with some provisions relating also to **Wales**<sup>3</sup>. This Act will mean that there will be changes to the law to give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities and should provide help for parents to balance work and family life.

The Act ensures there will be changes to the adoption system. The reforms for children in care can now be implemented, including giving children the choice to stay with their foster families until their 21st birthday. Click here for more details [Children and Family Act 2014](#).

### **Education Acts 1996 and 2002**

Section 175 of the Education Act 2002 places a duty on:

a) Local authorities in relation to their education functions; and

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<sup>3</sup> E.g. family justice, flexible working and rights to leave and pay

b) The governing bodies of maintained schools and the governing bodies of further education institutions (which include sixth-form colleges) in relation to their functions relating to the conduct of the school or the institution.

To make arrangements for ensuring that such functions are exercised with a view to safeguarding and promoting the welfare of children (in the case of the school or institution, being those children who are either pupils at the school or who are students under 18 years of age attending the further education institution).

A similar duty applies to proprietors of independent schools (which include academies/free schools) by virtue of regulations made under sections 94(1) and (2) of the Education and Skills Act 2008.

Regulations made under Section 342 of the Education Act 1996, set out the requirements for a non-maintained special school to be approved and continue to be approved by the Secretary of State. It is a condition of approval and continuing approval that arrangements must be in place for safeguarding and promoting the health, safety and welfare of pupils and when making such arrangements, the proprietor of the school must have regard to any relevant guidance published by the Secretary of State.

### **Childcare Act 2006**

Section 40 requires early years providers registered on the Early Years Register and schools providing early years childcare to comply with the welfare requirements of the Early Years Foundation Stage.

### **Housing Act 1996**

Section 213A requires housing authorities to refer to adult social care services persons with whom children normally reside or might reasonably be expected to reside, who they have reason to believe may be ineligible for assistance, or who may be homeless and may have become so intentionally or who may be threatened with homelessness intentionally, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decide the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable advice and assistance in this, and the housing authority must give reasonable advice and assistance.

### **Crime and Disorder Act 1998**

Section 38 requires local authorities, acting in cooperation with certain persons (including every Chief Police Officer or local policing body whose area lies within that of the local authority, clinical commissioning groups and providers of probation services), to such extent as is appropriate for their area, to secure that youth justice services are available in their area, such services to include the provision of persons to act as appropriate adults to safeguard the interests of children and young persons detained or questioned by police officers.

### **Police and Reforms Social Responsibility Act 2011**

Section 1 (8)(h) requires the police and crime commissioner for a police area to hold the relevant chief constable to account for the exercise of the latter's duties in relation to safeguarding children and promoting their welfare under sections 10 and 11 of the Children Act 2004.

### **Understanding the Needs of Children in NI (UNOCINI) Guidance 2011 (under review)**

This guide is aimed at practitioners who provide services to children, young people and families, across all sectors, who undertake or contribute to assessments under the UNOCINI Assessment Framework. Guidance is also provided relating to when and how to refer a child to children's social services when it has been assessed that their needs warrant this

## **Appendix 3**

### **Definitions & Glossary of Terms**

#### **Working Together to Safeguard Children 2015, definitions:**

Abuse and neglect are forms 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 a stranger, for example via the Internet. They may be abused by an adult or adults, or another child or children.

#### **Physical Abuse:**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

#### **Emotional Abuse:**

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development:

- It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- It may include not giving children opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate;
- It may feature age - or developmentally - inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social

interaction;

- It may involve seeing or hearing the ill treatment of another;
- It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

### **Sexual Abuse:**

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of 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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **Neglect:**

Neglect is 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 occur during pregnancy as a result of maternal substance abuse. Once a child is born, 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 care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional need.

### **Organised or Multiple Abuse:**

Organised or multiple abuse involves:

- Abuse involving one or more abusers and a number of related or unrelated abused children and young people;
- In some cases the abusers concerned are acting in concert to abuse children, sometimes acting in isolation, or they may be using an institutional framework or position of authority to recruit children for abuse;

- Organised and multiple abuse occur both as part of a network of abuse across family or community and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time-consuming and demanding work requiring specialist skills from both police and social work staff.

## Glossary – Children & Young People

### Local Safeguarding Children Boards (LSCBs)

In **England**, the statutory body in each local authority responsible for bringing key agency representatives together for the planning, monitoring and implementing of safeguarding procedures in their area.

In **Northern Ireland**, the creation of the regional Safeguarding Board for NI (SBNi) was set out in law in the Safeguarding Board Act (NI) 2011. This also established five Safeguarding Panels to support the SBNi's work at a Health and Social Care Trust level (HSCT)

In **Wales**, under the Social Services and Wellbeing (Wales) Act 2014, section 135 establishes the National Independent Safeguarding Board whose duties are to provide support and advice to Safeguarding Boards to ensure they are effective. They also report on the adequacy and effectiveness of arrangements to safeguard children and adults in Wales and make recommendations to Welsh Ministers as to how those arrangements could be improved. Section 134 sets out requirements for Safeguarding Boards to be set up in areas across Wales.

### Child in Need of Protection

A child shall be taken to be in need of protection if:

- She/he is suffering or likely to suffer from significant harm;
- Concerns about maltreatment may be the reason for referral to the Children's Services Department or concern may arise during the course of providing services to a family. In such circumstances, the Children's Services Department is obliged to consider initiating enquiries to find out what is happening to a child and whether action is taken to protect a child. This obligation is set out in Part V s47 of the Children Act 1989 (Protection of Children) – applicable to **England and Wales**.

In **Northern Ireland**, Article 50 within The Children (Northern Ireland) Order 1995; refers to 'significant harm' or 'a child in need of protection'

### Child in Need

- A child defined by S17 (10) of the Children Act 1989 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.

In **Northern Ireland**, Article 17 within The Children (Northern Ireland) Order 1995, refers to Children In Need

### **Assessment**

If as a result of a Referral, there are indications that the child is a Child in Need/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/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 in England and Wales, or an enquiry under Article 50 in NI

### **Strategy Discussion**

If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, Children's Services should convene a strategy discussion. Depending on the nature of the child's needs and the urgency of the situation, this might take the form of an actual meeting or be a series of telephone conversations. The purpose of the strategy discussion is to agree whether to initiate s47 enquiries and, as a consequence to commence or complete a core assessment. It is also to identify the relevant tasks and timescales for each involved professional and agency and agree what further help or support may be necessary.

### **Child Protection Conference**

An interagency forum for gathering information about a child, making an assessment of current risk and planning what action is required to ensure their continued protection, including a Child Protection Plan.

### **Child Protection Plan**

The agreed plan of action arising from a Child Protection Conference and carried out by the named key worker and the core group.

### **Core Group**

A small interagency group responsible to the Child Protection Case Conference for carrying out in practice the agreed Child Protection Plan. It will always involve the named key worker.

### **Development**

A child's development is defined by S17 Children Act 1989 as including their physical, intellectual, emotional, social and behavioural development. This is intended to promote a holistic view of children and is relevant to whether the child is a child in need.

### **Fraser Competence (previously referred to as Gillick Competent)**

This describes factors that can be used to help judge if a child is able to understand a question, the implications of what is being asked and is able to express an opinion or consent. Each child and young person is an individual and their "Fraser competence" would depend on factors including their age, development and capacity to demonstrate an understanding of the issue under discussion.

### **Fraser Guidelines**

The Fraser guidelines give specific guidance on providing advice and treatment to young people under 16 years of age. Refer to the NSPCC website [www.nspcc.org.uk](http://www.nspcc.org.uk) or the CQC website [www.cqc.org.uk](http://www.cqc.org.uk)

### **Harm**

Includes physical harm and mental harm to a child's health and development.

### **Health**

A child's health is defined by S17 Children Act (1989) as including their physical and mental health. It is intended to cover a wide definition and is relevant to deciding whether the child is a child in need.

### **Paramount Principle**

The principle inherent in the Children Act 1989 that the child's welfare is the 'paramount consideration' in any court proceedings relating to the child.

### **Parent**

Includes those with parental responsibility and any other adult with whom the child is living. Though the term is sometimes used to refer only to 'birth' parents, in law it has a much more general meaning. The key issue arising from the Children Act is that not all 'parents' carry the same degree of legal responsibility and authority.

### **Risk Assessment / Analysis**

A formalised process for determining whether or not a particular child is at risk of significant harm. There are various models in use which measure both current and likely future risk as being a key issue.

### **Risk to Children [formerly known as 'Schedule 1 Offender']**

A person convicted of an offence against a child under Schedule 1 Children and Young Persons Act 1933. This includes murder, manslaughter, infanticide, incest, assault, sexual assault, neglect and cruelty.

### **Significant Harm**

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Under S31(10) of the Act it states, “whether harm is significant depends on how the child’s health and development compares with that which could reasonably be expected of a ‘similar child’.”

This is intended to convey a sense of realism and to avoid comparison only with ‘perfect’ situations, which could not realistically be compared with a particular child’s circumstances.

### **MAPPA**

Stands for: Multi Agency Public Protection Arrangements and provides a national framework in England and Wales for the assessment and management of risk posed by serious and violent offenders. This includes individuals who are considered to pose a risk, or potential risk, of harm to children. The arrangements impose statutory requirements on the police and probation services to make these arrangements under the Criminal Justice and Court Services Act of 2000, the Criminal Justice Act 2003. (For further information and guidance on MAPPA click [here](#))

### **MASH**

A Multi Agency Safeguarding Hub co-locates a whole range of agencies, including police, local authority children’s social care, education, probation and health staff, to share information and spot emerging problems early, potentially saving lives.

### **MARAC**

Multi Agency Risk Assessment Conference are regular local meetings where information about high risk domestic violence victims (those at risk of murder or serious harm) is shared between local agencies. A risk focused, co-ordinated safety plan is drawn up to support the victim(s)

### **Safeguarding Practice Reviews**

A review which is carried out when a child has died or has been significantly harmed, and where there is cause for concern as to the way in which the Authority, their board partners or other relevant persons worked together to safeguard children. The review establishes lessons learned from the case, how those lessons will be acted on by professionals and statutory and voluntary agencies with the aim of improving inter-agency working and safeguarding. Each UK Nation has its own terminology for carrying out and sharing the learning from reviews. Reviews are known as - Safeguarding Practice Review in England (previously Serious Case reviews); Case Management Reviews in NI and Child practice Reviews in Wales



## Appendix 4

### **Guidance for managing allegations against staff and volunteers who work / or provide a service for adults or children at risk of harm in the MND Association**

- 1.1 **N.B.** Staff/Volunteers should be aware that contact outside of their working arrangements between staff and adults and/or children at risk, is considered inappropriate ([See appendix 8 – A Guide to the General Principles of Safe Practice](#))
- 1.2 If you become aware of a member of staff/volunteer, who works for The MND Association, and have concerns that they have:
- Behaved in a way that has harmed an adult/child/young person at risk, or may have harmed an adult, child/young person;
  - Possibly committed a criminal offence against or related to an adult/child/young person at risk; or
  - Behaved towards an adult/child/young person at risk in a way that indicates s/he may be unsuitable to work with groups at risk of harm.

Such concerns should be referred to a Line Manager within the MND Association promptly. If a Director/Deputy Director is suspected of abuse, this should be reported to the Chief Executive. If a Trustee or the CEO is suspected of abuse this should be reported to the Chair of Trustees, supported by a Director of Care Improvement. If the Chair of Trustees is suspected of abuse this should be reported to the Charity Commission. The Line Manager should discuss their concerns with the **Local Authority Designated Officer for allegations (LADO)** or **Designated Adult Protection Officer (DAPO)** in NI

The behaviours described above fall into the category of significant harm, (physical, sexual, emotional abuse and neglect. A Line Manager must take care to ensure the correct criteria have been met. Where there is no evidence of actual or possible significant harm, The MND Association should discuss possible disciplinary action of the staff member with the appropriate manager within their directorate.

- 1.3 All such allegations that reach the category of significant harm should be referred to the **Local Authority Designated Officer for allegations** who provides advice and guidance to employers and voluntary organisations,

liaises with the police and other agencies and monitors the progress of cases to ensure that they are dealt with as quickly as possible. The Designated Officer for allegations will offer advice on the management of the process and will arrange for a Strategy Discussion to be held, if required.

- 1.4 The Designated Officer for allegations is not the investigating officer. The Designated Officer for allegations should be approached prior to a decision on suspension of the staff member. If there is the possibility of a criminal investigation then the police, external commissioner (where appropriate), must be consulted before the person who is the subject of the allegation is informed. It is important to consider any previous allegations. Those undertaking any investigations need to be alert to any patterns, which may suggest abuse could be widespread.

#### 1.5 **Internal Reporting Requirements**

Allegations must be reported to a Care Director and appropriate HR Business Partner. The Director must make a referral to the Local Authority Designated Officer for allegations who is contactable through Adult/Children's Services, and notify Head of HR and the appropriate Senior Manager (Director of Care Improvement). The Head of HR should inform the Insurance Manager. Such information should then be confirmed in writing.

For more information see the '[A Guide to the General Principles of Safe Practice](#)' in Appendix 8

- 1.6 If Social Care and/or the Police decide to carry out an investigation, it may be possible that they will advise the Association to suspend the member of staff, whilst enquiries are carried out. The MND Association could also invoke its disciplinary procedure.

The MND Association will not carry out an investigation unless Social Care and the Police decide it is appropriate for them to do so.

#### 1.7 **Less Serious Allegations**

In some instances, allegations may be made against a member of staff, which do not immediately fall into the category of significant harm but are nevertheless a cause for concern. Where this occurs, the appropriate Line Manager and HR Business Partner must be informed and the procedures outlined below must be followed. If following allegations against The MND Association staff a subsequent adult safeguarding or child protection investigation by Social Care/ Police results in no further action, the MND Association may nevertheless still need to process the matter through internal Disciplinary or Capability procedures.

#### 1.8 **Primary Consideration must be given to:**

MND Association –Appendices for Safeguarding Children & Young People Policy – updated in Feb 2023  
AMENDED FOR 4POLICIES previously V6.0

- Supporting the adult/child or young person at risk, the person making the allegation and the member of staff/volunteer involved;
- Reaching a decision about suspension without prejudice of the member of staff involved ([see the Association's Disciplinary procedure](#))

If the member of staff has contact with adults and/or children at risk of harm, as part of their work with the MND Association all contact should stop and their suspension should be considered. Suspension should be seen as a neutral act which is designed both to protect adults/children at risk and the staff member concerned.

Allegations against employees/volunteers may also be raised through the [Grievance procedures, Complaints Procedures and/or Managing Concerns about Volunteers Policy](#). They may also arise in Disciplinary Proceedings. If this is the case Adult Safeguarding and/or Child Protection Procedures must take precedence and other procedures will be suspended whilst the safeguarding investigation takes place. Staff raising concerns will be supported in line with the [Whistle-Blowing Policy](#).

## 1.9 **Decision Making**

Once a referral has been made to the Designated Officer for allegations the Local Safeguarding Adults/Children Board procedures for 'Allegations against staff, volunteers and carers' will be followed. In general, the following process will be taking place, if the allegation appears to have some foundation, and there is reason to believe that an adult/child at risk is suffering or is likely to suffer significant harm. A Strategy Discussion will be arranged by The Local Authority Designated Officer:

- If the allegation is such that it is clear to the Designated Officer for allegations that investigations by police and/or enquiries by Adult/Children's Social Care are not necessary The Designated Officer for allegations will discuss the next course of action with appropriate manager within The MND Association;
- Where there is disagreement about the course of action to be followed The Designated Officer for allegations should make the final decision, which will be guided by what is in the best interests of the adult/child/young person at risk;
- The Designated Officer for allegations must keep and maintain appropriate records which ensure there is a chronology of discussions, decisions and actions taken.

## 1.10 **Strategy Discussion**

A Strategy meeting should be organised by The Local Authority Designated Officer for allegations when the outcome of the referral and assessment indicates that there is cause to suspect that an adult/child at risk has suffered, or is likely to suffer significant harm.

The Strategy Discussion should take as its focus the suspected/actual risk posed by the adult about whom there are concerns/allegations. In addition, records relating to adults/children and young people at risk associated with investigations should note details of the nature of the enquiries/investigation and its outcome.

The adult/child/young person at risk should receive support. Staff members and, volunteers should receive support through the mechanisms within The MND Association. However, the police, and other relevant agencies must be consulted before informing a person who is the subject of allegations, which may possibly require a criminal investigation.

### 1.11 **Substantiated Allegations**

Where concerns are confirmed, relevant information must be passed by the MND Association Care Director to the [Disclosure and Barring Service](#) (DBS) and the appropriate regulatory and professional bodies.

### 1.12 **Procedures**

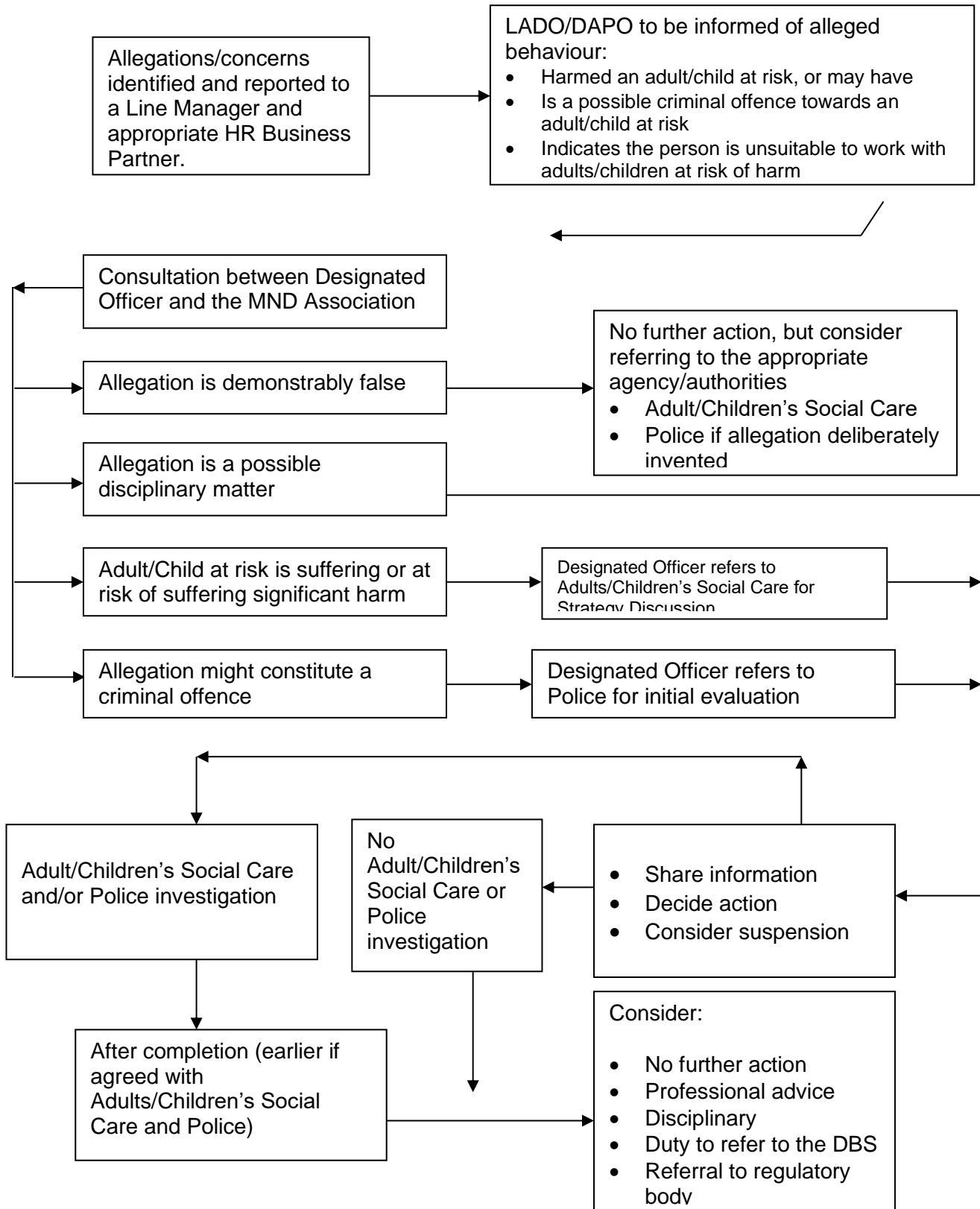
Where a member of staff resigns prior to the conclusion of an adult safeguarding or child protection investigation or disciplinary action relating to a safeguarding issue, or is dismissed as a result of a safeguarding investigation or disciplinary action, the investigation must be completed and the findings recorded on their personnel file as well as referred to the DBS.

The flow chart below summarises the Designated Officer for allegations arrangements for each Local Authority. Further details of allegations management procedures are available within the Local Safeguarding Adult/Children Board Procedures.

Please see flowchart diagram below: 'Allegations against Adults Working with or Providing a Service for adults, children and young people at risk of harm'

### 6.13 Flowchart: Allegations against Adults Working with or Providing a Service for adults, children and young people at risk of harm

Local Authority Designated Officer for Allegations (LADO)/ Designated Adult Protection Officer (DAPO) in NI



## **Appendix 5**

### **Recording Guidance for Children/Young People at Risk of Harm**

All records pertaining to adult and children's safeguarding must be recorded in the Association CRM system – known as MrC, as well as in the Association's Safeguarding Log. Obviously, much of the information we will record is of a sensitive nature and so permissions to enter or view information in the 'safeguarding note' on MrC are restricted to those that have access to this area of MrC and the Log. Those with permissions include Area Support Coordinators (ASCs), MND Connect and Care Leadership Team (CLT).

A safeguarding note needs an accurate chronology.

The times of the phone calls we receive or when we were otherwise made aware of a potential safeguarding concern and the calls and actions that we subsequently make or do, are crucial in providing an audit trail to show that we dealt with a safeguarding or potential safeguarding alert in a timely fashion.

#### **Recording: General Principles**

The following are general principles to be followed to ensure accurate, detailed and clear record keeping:

- All concerns about an adult, child or young person at risk of harm must be fully recorded on the case file under 'safeguarding note' within MrC within 5 working days.
- Case files should only contain information relevant to a particular child/young person or adult at risk from harm and their family. The record should clearly state whether the information recorded is fact, third party information or professional opinion.
- Those supervising staff and volunteers who are involved in safeguarding adults, children and/or young people at risk must document their discussion about that individual or family in their one to one supervision and this must be recorded on the case file in MrC. The file must be kept up to date.
- All information relating to an adult/child/family at risk must be held securely in one place.
- All records should conform to the requirements of GDPR and the Human Rights Act (1998). Information shared within The MND Association must be

“on a need to know” basis. Information disclosed to another agency must be in the public interest, and is divided into two categories:

- 1) Information about children/young people in need of protection and:
  - 2) Information about life-threatening harm to an adult.
- Remember any file may be accessed by a Court of Law in Care and/or Criminal proceedings. Staff and volunteers may be called upon to give evidence in court and the importance of clear, accurate but detailed case notes cannot be overemphasised.
  - The [Case Recording Policy](#) must be adhered to at all times.

## **Appendix 6**

### **Guide to the General Principles of Safe Practice within the MND Association**

- Keeping children/young people and adults at risk safe from harm is fundamental to our work and overrides all other considerations, including GDPR. See section 5.21 in the safeguarding policy for details about when to breach confidentiality and informed consent
- All staff and volunteers must understand their role in safeguarding children/young people and adults at risk from harm.
- Concerns expressed by children, young people and adults at risk from harm about their safety and well-being must be listened to and taken seriously by all staff and volunteers. Such concerns must be discussed with and passed on to Line Managers.
- **All staff and volunteers must be aware that it is not their role or responsibility to investigate allegations of abuse or neglect.**
- **All concerns about the possible abuse, neglect or care of children, young people and adults at risk from harm should be reported to the appropriate authorities/agency or, in situations of emergency, to the police.**
- All staff and volunteers must understand that keeping children/young people and adults at risk safe from harm requires professionals and others to share information and concerns (as set out in ‘Working Together to Safeguard Children 2015, the Protection of Freedoms Act 2012 and the Vulnerable Groups Act 2006).

- **Any concerns about children, young people or adults at risk from harm must be fully and appropriately recorded. See *Recording – General principles*.**
- Contacts outside of normal working hours between staff/volunteers and children/young people or adults at risk are considered inappropriate (unless it is part of a piece of planned and agreed work with children/young people and/or adults at risk) and can only take place with the prior agreement of the appropriate Line Manager. In addition, written parental consent (where applicable) of the child concerned will be required. Overnight stays by children/young people and adults at risk in the homes of staff and volunteers are inappropriate under any circumstances.
- Allegations that a MND Association member of staff or volunteer has caused harm to a child or adult at risk from harm must be immediately reported to the Line Manager
- Allegations of past historical abuse must be referred to the Director of Care Improvement and Head of HR.
- Through its [Safer Recruitment and Selection policy and procedures](#), the MND Association endeavours to ensure that people unsuitable to work with adults, children and young people at risk of harm are not employed.
- All staff and volunteers who have direct contact with adults, children and young people, at risk, will require a [Disclosure and Barring Service](#) check.
- Managers in every work setting in the MND Association should take all steps necessary to promote safer environments for adults at risk, children in need and children suffering or likely to suffer significant harm. Staff and volunteers must feel able to raise concerns with their line managers. If a Line Manager fails to respond to an employee or volunteers concerns regarding adult/child safeguarding, the employee or volunteer must feel free to contact the next manager up the line without prejudice. Adults, children and young people at risk of harm should feel safe enough to share their fears and problems with those they are working with and be made aware of the MND Association's Complaints Procedures. [Please refer to the Association's Whistle Blowing Policy](#).
- Staff and volunteers may be on their own with adults, children and young people at risk. Where lone working is unavoidable, staff should agree working protocols with colleagues and Line Managers, and develop appropriate risk assessments to maximise safe practice. This should be regularly reviewed ([See Lone Working Policy](#)).



## **Appendix 7** **Data Protection**

Compliance with the General Data Protection Regulations 2018 is a pre-requisite to all our work. The GDPR is a regulation that came into force in May 2018 and standardises data protection law across all 28 EU countries and imposes strict new rules on controlling and processing personally identifiable information – it replaces the 1995 EU Data Protection Directive. Like its predecessor, the Data protection Act 1998, it provides clear guidance as to the exemption status of information concerning the protection and safeguarding of both adults and children at risk of harm. Please refer to our [Data Protection Policies](#) in full.

## **Appendix 8** **Media Consent**

Please refer to the Association's guidelines on consent participating in media such as photography and video recording

## **Appendix 9** **Acceptable Use Policy for Mobile Phones, Cameras, Tablets and other Digital Portable Devices**

The MND Association recognises that staff may need to have access to mobile phones whilst working with adults, children and young people at risk. However, there have been a number of concerns raised by Local Authorities and nationally through Serious Case Reviews regarding the use of mobile phones and other digital devices.

Such concerns are mainly based around:

- Staff being distracted from their work with service users;
- The use of mobile phones and other digital devices around adults, children and/or young people;
- The inappropriate use of mobile phones.

Please see our [policy on acceptable use of mobile phones and cameras](#) for more information.

## **Appendix 10**

### **Duty of Care to All MND Association Staff and Volunteers**

Dealing with issues concerning the protection and safeguarding of adults and children/young people at risk of harm can be difficult and distressing. All staff and volunteers have access to regular and structured one to one staff supervision or volunteer support groups. In addition, staff also have access to a free personal counselling helpline. If you need to contact the helpline the details are: 0808 802 6262.

## **Appendix 11**

### **Child Safeguarding Practice Reviews (previously known as Serious Case Reviews)**

Each UK nation has its own terminology for carrying out and sharing the learning from reviews. Reviews are known as:

- **In England:** Child Safeguarding Practice Reviews
- **In Wales:** Child Practice Reviews (CPR) Wales
- **In Northern Ireland:** Case Management reviews

The Chief Executive can be required to conduct an Individual Management Review, or contribute in a specified manner requested by the Local Safeguarding Adults Board, as a result of the death of or serious injury to an adult at risk, who is/was a service user of the MND Association.

The Chief Executive may delegate the responsibility of co-ordinating the Review to the Head of HR and/or the Director for Care Improvement.

#### **Purpose of the Review**

The specific objectives of the management review will be to establish the following:

- Whether the MND Association Safeguarding Adults at Risk of Harm procedures were followed;
- Whether the Local Safeguarding Adults Board, for the specific area, interagency procedures were followed;
- Whether the case suggests that there is an urgent need to review those procedures in the light of lessons learnt;
- Whether any other action is needed;
- Any practice learning, which needs to be disseminated throughout The MND Association.

This will require that the following main tasks be carried out:

- Identification and reading of file material;
- Interviews of key practitioners and managers
- Establishment of factual chronology;
- Assessment of whether decisions and actions taken in the case were in line with the organisation's policies and procedures;
- Determination of what services were provided following the decisions and actions in the case;
- Recommendations for action in the light of the Review findings.

### **Who will conduct the review?**

A senior manager with relevant knowledge and experience, who has had no involvement with the adult at risk or the family, and who has no management responsibility for the case, will conduct the Review.

The Review will be conducted separately from any disciplinary or criminal proceedings related to the case. Those conducting the review will have access to all relevant records.

All relevant staff will be interviewed. Staff involved will be given the opportunity to comment on the factual accuracy of the Review report before it is shared outside of the MND Association.

The result of the Management Review, or any other specified contribution will be submitted to the SCR Panel of the LSAB that requested a Review Report from the Chief Executive.

### **What can be learnt from the review?**

Are there lessons from the review for the way in which the MND Association works to safeguard adults at risk and to promote their welfare? Is there good practice to highlight as well as ways in which practice can be improved? Are there implications for ways of working, training, management and supervision, working in partnership with other agencies, resources?

### **Recommendations for action**

What action is to be taken and by whom? What outcomes should these actions be about, and how will management review whether they have been achieved?

- Responsibility for co-ordinating the Individual Management Review Report, for ensuring that it is written to an appropriate standardised format and adheres to necessary timescales as set down by the SCR panel rests with the Head of Safeguarding;

- A report concerning any involvement of The MND Association in a SCR will need to be made to the Standards Committee;
- The Director for Care Improvement has responsibility for presenting the report to the Standards Committee;
- Any outcomes arising from the Review Report concerning practice learning and their implementation will be the responsibility of the person with a lead for safeguarding in the organisation (Director of Care Improvement).

## **Appendix 12**

### **Domestic Homicide Reviews**

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

It often involves controlling and coercive behaviour and issues such as forced marriage may affect young people.

**The definition has recently been changed to encompass young people in the age group 16 – 17.**

When someone has been killed as a result of domestic violence (domestic homicide) a review should be carried out. Professionals need to understand what happened in each homicide and to identify what needs to change to reduce the risk for future tragedies. A similar process to Serious Case Reviews (see 14 above) will take place and the same MND Association procedure applies.

## **Appendix 13**

### **Participation in meetings as Professional Practice Representatives of the MND Association, e.g. Strategy Discussions or Child Protection Conferences**

- 14.1 Depending on the nature of the concerns referred and who makes the referral there are a number of different ways in which The MND Association may continue to be involved. This practice is supported by the principles that underpin the guidance in *Working Together 2015 for Assessment*. (Chapter 1: Working Together 2015)
- 14.2 Staff and volunteers may be required to participate in Strategy Discussions or meetings with Children's Social Care in order to plan further child protection inquiries under Section 47 of the Children Act, 1989, where this is appropriate/relevant. This is most likely where staff or volunteers are working *directly* with a child or young person.
- 14.3 Participation could involve the following:
- Attending informal meetings and discussions in order to plan how best to meet a child's or young person's needs;
  - Attendance at Strategy Discussions and any subsequent Child Protection Conferences by staff/volunteers or by a representative of the MND Association if they have relevant information about the child or their family.
- 14.4 A decision about whether a member of staff should attend a meeting/conference alone needs to be based in the first instance on their competence, confidence and whether they feel sufficiently comfortable to go unaccompanied. It should be noted that the full significance of particular knowledge will only become apparent through the process of sharing information at a meeting, thus information relating to the child's development, family functioning or wider environment should be shared.
- 14.5 Volunteers are not expected to attend such meetings.
- 14.6 Written reports for Strategy Discussions/Conferences should be prepared and sent to the Independent Child Protection Conference Chair in advance. These should contain relevant known information about the child and family. The report should be countersigned by the appropriate manager and shared with the child/family before the meeting (unless to do so would put the young person at further risk of harm or jeopardise any investigation, and it may be appropriate to check with the chair of the meeting before doing so). If there is any doubt about whether to include a piece of information in a report, the advice of the Director for Care Improvement/Data Protection Manager should be sought prior to the report being shared with external agencies.
- 14.7 If the child/young person or another family member disagrees with something in the report, and a difference of opinion remains after further discussion, this should be brought to the attention of the conference, either verbally or in writing to the Chair.

- 14.8 Remember that the child/young person could/would be present for all or part of the Conference, as could their parent(s) or guardian(s). Reports should thus be clear as to the evidence on which details and opinions are based. This should not, however, detract staff or volunteers from giving a full and accurate account to the Conference.
- 14.9 Where it is not possible for a representative to attend a Meeting/Conference, a written report should be sent.

## **Roles and Responsibilities that may arise from involvement in Child Protection Conferences**

- 14.10 Staff may agree to be designated members of the Core Group, (convened following a Child Protection Conference) in which case they share responsibility for the implementation of the Child Protection Plan. **However, they must not accept key worker responsibility for a case.**
- 14.11 Staff who are already working alongside other child welfare professionals to assess or implement a child protection plan will need to share information with those colleagues on a regular, agreed basis and this should be made explicit to the child/young person (age appropriate) and their family.
- 14.12 The MND Association employees and volunteers should always consult (unless to do so would endanger the child) with children and young people involved in the child protection process, helping to ensure that they understand this process and are enabled to contribute according to their age and understanding.

It is important to ensure that the children/young people with whom we work are helped to understand how the child protection process works and the contribution they can make to decisions being made.

## Appendix 14

### Safeguarding After Action Review (AAR) – MND Association internal template

#### Safeguarding incident After Action Review (AAR)

#### Action Plan

**Objective - Recognising, responding to and recording safeguarding incidents.**

5.1

Plan created: January 2023

Plan updated:

Plan Owner:  
Nick Goldup

Date/RAG	Action	Action and updates	Who	When	Note
	<b>Enhancing our capability</b>				
	Ensure staff are aware/reminded of the safeguarding telephone number and the out of hours service times.				
	Ensure staff on the rota of the safeguarding out of hours service (Designated Safeguarding Manager) are aware of their responsibilities and actions required if they receive a safeguarding incident related call.				
	Ensure key staff are aware/reminded of our safeguarding policy, where to find it and their role in a safeguarding incident.				

	Ensure volunteers are also equipped with the knowledge and skills to recognise, respond, and record a safeguarding incident.				
	<b>Improving our record keeping</b>				
	Produce case studies on the expected quality of case note completion.				
	Produce guidance for making information available for the police, and other public bodies, to include what documents are part of a likely audit trail.				
	Configure the safeguarding section of MrC to allow viewing and sign off by the Designated Safeguarding Manager of records created, edited, and added to by Area Support Colleagues or others.				
	<b>Raising awareness of our policies</b>				
	Locate an accessible and visible central location for the keeping of our safeguarding and suicide policies. Test solution with key target audiences (e.g ASC colleagues and Support Volunteers) to confirm ease of access and how intuitive they are to find and understand.				
	Review the currently available Safeguarding flow chart and where it best sits within our policy documents, considering whether it should be a standalone document.				
	<b>Extending our response</b>				



	Consider alternative contact methods for those were using the telephone may not be possible or is difficult.				
	Review our process related to escalation of incidents in all circumstances – such as a colleague is not available or can't be reached and so on. To include guidance on the ratification of decisions.				
	Ensure we are clear about what support we can provide to the person with MND and those close to them following an incident, either directly or through signposting to other services. Ensure the audit trail shows if, when and who carried this out.				
	Move beyond responding to and recording safeguarding incidents (postvention) to a greater focus on preventing and early recognition of potential incidents.				
	<b>Expanding our continuous learning/continuous improvement approach</b>				
	If and/or when appropriate, seek the views of those involved (person with MND and those close to them) about our response to the incident.				
	Ensure there is dedicated time at the Safeguarding Board, or a separate meeting, to learn from each response to a safeguarding incident using the After-Action Review process.				
	To compile evidence and make it easily available to those who need to see it, of any learning and/or ideas for improvement. To go beyond learning				

	from each individual incident to more general learning.				
	Produce more generic case studies highlighting good practice in recognising, responding to and reporting safeguarding incidents.				
	Provide workshops, and other methods of learning, for staff and volunteers on dealing with a safeguarding incident.				
	Monitor the take up of suicide prevention training, whilst also recognising the generic nature of the content, and offer further opportunities to develop understanding of the issues of relevance to people with MND.				
	Whilst acknowledging we are not a statutory body, make available more information for people with MND, and those close to them, on their expected quality of care, legal rights and best practice.				