

Safeguarding Children and Young People Policy

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Lead Director:	Jo Mountney- Director of PCI
Lead Manager:	Tracey Hamer – Safeguarding Manager

Policy history

Version	Author	Date	Change
2.0		15/01/2015	Version 1.0: Update to <section ref> change made
3.0	Tracey Thompson	23/12/2016	Updated
4.0	Tracey Thompson	20/10/2018	Updated
5.0	Tracey Thompson	29/01/2019	Shortening of previous version 4.0
6.0	Tracey Thompson	16/12/2019	Update in line with regional restructure (Responsive)
7.0	Tracey Thompson	12/02/2021	Update - new guidance on suicide.
8.0	Tracey Thompson	03/03/2023	Two-year policy review

Version	Author	Date	Change
9.0	Tracey Hamer	25/02/2025	Updated and Shortening of previous version 8.0

Safeguarding Adults Policy

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1. Policy Statement of Intent

1.1 Introduction

“The Motor Neurone Disease Association plays a vital role in supporting people with MND and their wider networks. As the Director of People, Culture and Inclusion and Safeguarding Lead for the Association, it is a privilege to lead on ensuring that our day-to-day activities are carried out in a way that keeps the safety of our community at its core. In striving for our vision of a world free from MND, we are committed to using this policy to safeguard everyone who comes into contact with our organisation”. (Jo Mountney, Director of People, Culture and Inclusion)

The Motor Neurone Disease Association is committed to promoting the welfare of those who use our services, our staff and volunteers and safeguarding adults in line with national legislation.

The Motor Neurone Disease Association is committed to best safeguarding practice and recognise our 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. The MND Association's Safeguarding Policy is supported by a comprehensive Safeguarding Procedures document.

1.2 Policy Statement

The Motor Neurone Disease Association believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

The Motor Neurone Disease Association is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

The Motor Neurone Disease Association acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all children involved.

The Motor Neurone Disease Association recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives. We also recognise that, by the very nature of providing support to adults, we directly or indirectly also encounter children and their needs and strive to ensure we take a 'whole family' approach to managing risk.

This policy is separate from the Association's policy for Safeguarding Adults. Please refer to the *Safeguarding Adults Policy* for guidance and support relating to working with and protecting adults at risk.

1.3 Purpose and Scope

This policy applies to all Motor Neurone Disease Association (MND Association) employees, volunteers, contractors and others who come into contact with our organisation.

The aim of this policy is to demonstrate the commitment of the MND Association to safeguarding children and ensure that the MND Association acts appropriately when it becomes aware that a child is at risk of harm. It also provides a framework which ensures that those involved in concerns about children have the appropriate information and support to enable them to take the necessary steps to stop the neglect/abuse happening. Furthermore, the MND Association must have appropriate mechanisms in place to prevent neglect or abuse by any employee, supporter, volunteer, or associate of the organisation.

This policy is designed to inform and offer guidance to staff and volunteers in all Directorates across the MND Association, in the management of issues relating to protecting, safeguarding, and promoting the welfare of children. Whilst we are not a statutory social care organisation, 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.

Failure to adhere to this policy could result in a child being placed at increased risk of harm and not receiving necessary support in a timely manner. Failure to adhere to the policy can also cause potential damage to the reputation of the MND Association and loss of confidence and trust in the MND Association.

This policy will be reviewed and revised as and when it becomes necessary, after any Serious Incident and at least every two years. For the purposes of this policy, a Serious Incident is an event of significant risk that triggers an internal investigation to take place.

Commented [PM1]: Do we need to add anything about contractors, in addition to 'others' eg not necessarily those who come to FCH but people like Richard Cave who have contact with pwMND.

Commented [AH2]: This is a very minor point but elsewhere we refer to Motor Neurone Disease Association in full

Commented [JM3R2]: Agreed, I think we should ensure consistency. Motor Neurone Disease Association (MND Association, the Association) at the beginning would help

Commented [PM4]: It could also put adults at greater risk of harm so does this need to be emphasized?

Commented [TH5R4]: @Pauline Matheson-Marks great point thank you.

1.4 Principles

Principles

At the MND Association we recognise the 6 safeguarding principles that underpin adult safeguarding and how these are also useful to understand in the context of safeguarding children. These principles include **Empowerment, Protection, Prevention, Proportionality, Partnerships** and **Accountability**.

We also recognise that every child has a right to protection from harm and that following the principle of setting up and following good safeguarding policies and procedures means children are more likely to be kept safe from people who may pose a risk.

Ensuring children are kept at the centre of any safeguarding concerns means that their rights and voice will be heard in any referrals that may need to be made to external partners.

1.5 Safeguarding Governance

There is a strong Safeguarding Governance Framework at The MND Association. This includes a quarterly Safeguarding Board with cross-directorate representation, safeguarding represented through quarterly People, Culture and Inclusion (PCI) Committee and set roles:

1. Safeguarding Trustee – Safeguarding representative on the Board, fulfils the role of 'critical friend' and forms part of the flow of accountability to Board level.
2. Executive Leadership Team (ELT) Lead for Safeguarding – Safeguarding lead for the MND Association with accountability for organisation-wide safeguarding strategy.
3. Safeguarding Manager and Safeguarding Officer- Safeguarding team to implement and embed safeguarding strategy and ensure concerns are managed in an appropriate and timely manner.
4. Designated Safeguarding Managers (DSM) - Managers designated within the MND Association to whom any safeguarding concerns should be escalated/reported. There are 10 DSMs at the MND Association across a range of Directorates. DSMs have enhanced training upon starting and on an annual basis to fulfil this role.

Commented [AH6]: Should we say People, Culture and Inclusion (PCI) Committee in the first instance?

Commented [JM7R6]: Agreed

Commented [JM8]: These are the managers?

In addition to the formalised channels, the MND Association also promotes:

Safeguarding Working Group - This a group of regional staff who feed into safeguarding work before discussion at Safeguarding Board and PCI Committee.

All staff and volunteers - All staff and volunteers have a responsibility to report if they have a concern about an adult to their Designated Safeguarding Manager or Volunteer Manager.

1.6 Commitments

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

- 1.6.1. 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.
- 1.6.2. The needs and views of children and young people are paramount. The MND 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 MND Association's policy guidance when deciding how to support their needs.
- 1.6.3. The acknowledgement that it is better to help children as early as possible, before issues escalate and become more serious
- 1.6.4. Procedures are in place to ensure concerns of abuse or neglect are dealt with appropriately and that action is taken promptly.
- 1.6.5. Recruitment and 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.
- 1.6.6. Induction training for all new staff and volunteers will include safeguarding policies and procedures. All staff, regardless of role, undertake safeguarding e-learning training within their first two weeks of employment. All staff also undertake safeguarding refresher training every two years, supported by our Learning and Development team. Volunteers undertake safeguarding training as part of their induction, and this is refreshed through e-learning every two years. The e-learning training is supported by regular information sessions to ensure that the MND Association is creating a strong culture of support around safeguarding for staff

and volunteers. Staff and volunteers will also have access to appropriate guidance and support when required and as appropriate.

- 1.6.7. All staff and volunteers will have access to a MND Association Designated Safeguarding Manager (DSM) and details of the appropriate local agencies to which safeguarding concerns can be reported. All DSMs have specific training in order to fulfil the enhanced safeguarding role.
- 1.6.8. The Director of People, Culture and Inclusion is the Association's Safeguarding Lead and is responsible for maintaining a strategic overview of all safeguarding matters within the MND Association; 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.
- 1.6.9. 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 MND Association adopts the same safeguarding principles across all three Nations.
- 1.6.10. All Staff who have direct contact with adults, children and/or families at risk of harm - online, by telephone or face to face have access to additional training and information to enhance their role and confidence in identifying safeguarding risks and concerns. This may be training provided by Local Safeguarding Boards and other suitable local external providers, as appropriate. A log of training is kept internally.
- 1.6.11. As part of the MND Association's managing and escalating safeguarding incidents, the Safeguarding Manager will work in conjunction with DSMs and the Director of PCI to conduct, where appropriate, Safeguarding Internal Investigations and identify lessons learned. Consideration of lessons learned must occur for any safeguarding concerns identified as high risk.

2. Legal and Policy Context

2.1 Child Protection in the UK

The UK's four nations each have their own framework of child protection legislation and guidance. The MND Association works across England, Wales and Northern Ireland, adhering to the legislation across these three nations. Although the legislation varies across the three, it is based on similar principles and the MND Association will follow consistent internal escalation procedures to ensure child protection concerns are raised regardless of location.

2.2 Legislation

There are a number of key pieces of legislation which set out the framework for all agencies working with children and young people. The practices within this policy are based on the relevant legislation and government guidance. Some of these include:

- The Children Act 1989 (England and Wales), strengthened by The Children Act 2004 and Children and Social Work Act 2017
- Working Together to Safeguard Children 2023
- The Children Order 1995 (Northern Ireland).
- Understanding the Needs of Children in NI (UNOCINI) Guidance 2011
- Cooperating to Safeguard Children & Young People in Northern Ireland 2017
- Social Services and Well-being (Wales) Act 2014
- The Children and Young Person's Act 2008
- Safeguarding Disabled Children: practice guide 2009
- The Children and Family Act 2014
- Female Genital Mutilation Act 2003, amended by the Serious Crime Act 2015

3. Definitions

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.

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 Child Protection

Child Protection is a key 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 Child Abuse

Child Abuse is 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 abused 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 main categories of child abuse include:

- Physical Abuse
- Emotional Abuse.
- Sexual Abuse.
- Neglect.
- Child Sexual Exploitation (CSE)

In addition, organised or multiple abuse, past/historical abuse, domestic abuse 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](#).

3.8 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 relevant statutory agency closest to where the adult at risk is residing. The relevant statutory agency may be the local authority, health services or the police.

Where there is an indication that a criminal offence has been committed, consideration will be given as to whether the police need to be informed.

3.9 Designated Safeguarding Manager (DSM)

These are the managers designated within the MND Association to whom any safeguarding concerns should be escalated/reported.

Commented [JM9]: Either these are the managers, or this role is designated to managers within the Association. Should we have anything in here about ensuring adequate training is given to such managers?

4. Record Keeping and Information Sharing

All organisations must comply with the Data Protection Act and the General Data Protection Regulation when recording and sharing information.

Records relating to safeguarding concerns must be accurate, relevant and be stored confidentially with access only to those with a need to know. The MND Association uses MyConcern for securely recording safeguarding concerns.

Data protection legislation allows information sharing within an organisation. Therefore, anyone who has a concern about harm can share this information with a Designated Safeguarding Manager, a member of the Safeguarding Team or any other appropriate member of staff within the MND Association without consent.

There are also many situations in which the MND Association will have a legal duty to share information about child safeguarding concerns outside of the organisation. The MND Association endeavours to work with parents, carers and family members to gain consent for sharing information about a child unless there are over-riding reasons for sharing information without consent. These reasons include:

- it is not safe to contact the associated adult to gain their consent – i.e. it might put the child at further risk.
- you believe the adult is being coerced or is under duress and there is risk to the child
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.



- the adult does not have mental capacity to consent to information being shared about the associated child.
- the concerns are about a child at risk living in Wales or Northern Ireland (where there is a duty to report to the Local Authority).

Please refer to the MND Association's Confidentiality and Data Protection Policies for further details.

5. Supporting Policies

Recruitment and Training Policy
Confidentiality Policy
Recruitment of Offenders Policy
Grievance & Disciplinary Policy
Disclosure Policy and DBS Vetting of identified posts.
Whistle Blowing Policy
Equality & Diversity Policy
Complaints Procedure
Volunteering Policy
Data Protection Policies
Lone Working Policy
Suicide Guidance for Staff and Volunteers
Digital Safeguarding Policy
Safeguarding Adults Policy and Procedure

