



Children Safeguarding Policy and Procedures

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Introduction

The Neurological Alliance believes that every child and young person has the right to be safe and we believe it is always unacceptable for a child or young person to experience harm, abuse or neglect of any kind. Parents and guardians should be supported early, so to avoid additional stress.

The Neurological Alliance takes our responsibility to safeguard and promote the wellbeing of the children we work with very seriously and our first priority. We aim to minimise the risk of abuse and neglect and work together with other agencies to ensure rigorous arrangements are in place within The Neurological Alliance to protect and respond to children and young people who may be or are experiencing abuse or neglect, and offer support to families as appropriate.

Scope

This policy applies to all people working for the Neurological Alliance or on our behalf of the Neurological Alliance in any capacity, including employees, trustees, agency workers, seconded workers, volunteers, contractors and suppliers.

All staff and volunteers who have contact with vulnerable adults and children have a duty to act if they have any concern that an adult or child is being abused, neglected or exploited.

The policy and procedures will be provided to all contractors working on behalf of the Neurological Alliance when appropriate. Failure to comply with the policy and procedures will be addressed without delay and may result in the contract with the contractor being terminated immediately.

Our commitment

Safeguarding is a fundamental part of the work of The Neurological Alliance and we are committed to carrying out the following key objectives:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff and volunteers are aware of their responsibilities with respect to safeguarding
- Staff and volunteers are properly trained in recognising and reporting safeguarding issues
- The responsibilities set out in this policy apply (as appropriate) to all members of the Executive Council, staff and volunteers. It is fully incorporated into The Neurological Alliance's ethos and is underpinned throughout staff meetings, client meetings and the environment in which we work.
- Ensuring that the charity complies with existing legislation. In carrying out these statutory duties/responsibilities, account must be taken of:
 - Children Act (1989) and Children Act (2004)
 - Working Together to Safeguard Children (2018)
 - The Governance Handbook.
 - Human Rights Act (1998)
 - United Nations Conventions on the Rights of the Child (1991)
 - Data Protection Act (2018)
 - Safeguarding Vulnerable Groups Act (2006)
 - Equality Act (2010)
 - Information Sharing: Advice for practitioners providing safeguarding to children, young people, parents and carers (2015)
 - Safeguarding Disabled Children: Practice Guidance (2009)
 - Safeguarding Children Partnership and Safeguarding Adult Board safeguarding procedures of the relevant authority in which we work.

- Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015. Alongside the Statutory guidance on female genital mutilation.
- Rehabilitation of Offenders Act 1974
- Statutory Guidance on the Prevent duty, which explains organisations duties under the Counterterrorism and Security Act 2015.
- 'Working Together to Safeguard Children; Statutory framework: legislation relevant to safeguarding and promoting the welfare of children' (available [here](#)).

Definitions

A child is anyone under the age of 18 years.

Safeguarding and promoting the welfare of children means:

- 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
- Taking action to enable all children to have the best outcomes

See Working Together to Safeguard Children (2018,) for definition of the types of abuse and neglect. This is available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

Equality statement

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and

recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child
- has a parent/carer in custody

Review

The policy will be reviewed every year.

Procedures

Safeguarding lead	Georgina Carr, Chief Executive Georgina.carr@neural.org.uk 07507938559
Trustee Safeguarding Lead	Lucy Taylor

Roles and responsibilities

Safeguarding and child protection is everyone's responsibility. This policy applies to all staff, volunteers, and the Board. Our policy and procedures also apply to all official events organised by the Neurological Alliance.

All staff

All staff will read and understand this policy and procedure (Safeguarding Children's Policy) and the Staff Code of Conduct annually.

All staff will access safeguarding training as part of their induction and will access refresher training at least every three years.

All staff will be aware of:

- Our systems that support safeguarding, the Staff Code of Conduct and the role of the Designated Safeguarding Lead.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation, female genital mutilation and radicalisation.
- How, when and who to report concerns to within the Neurological Alliance.
- How to record any safeguarding concerns, referrals or activities and passing information on to the Designated Safeguarding Lead in accordance with our recording systems.

Designated Safeguarding Lead for children and young people

The Designated Safeguarding takes lead responsibility for child protection and wider children's safeguarding within the Neurological Alliance.

The Designated Safeguarding Lead for children will be available during their working hours for staff to discuss any safeguarding concerns. Out of working hours, during weekends and periods of annual leave, staff can contact the Trustee Safeguarding Lead or can contact Local Authority Children's Social Care, NSPCC or the Police directly.

The Designated Safeguarding Lead will undertake Prevent Awareness Training (e.g. Workshop to Raise Awareness of Prevent [WRAP]) to enable them to provide advice and support to other members of staff on protecting children from the risk of radicalisation. The Lead must have attended the Designated Safeguarding Officer (two day) course provided by the NSPCC. They will attend refresher training at least every two years.

The Designated Safeguarding Lead will be given the time, training, resources and support to:

- Provide advice and support to other staff and volunteers on child welfare and child protection matters
- Take part in strategy discussions and inter-agency meetings and/or support other staff to do so. This include the preparation of any require reports or information sharing as is appropriate.
- Make referrals and, if necessary, refer suspected cases, as appropriate, to the relevant body (children's social care duty, Channel programme, and/or police).
- Keep appropriate records of safeguarding concerns, discussions, referrals and communication in respect of children and young people.
- Ensure that all staff involved in direct case work of vulnerable children, where there are child protection concerns/issues, have access to regular safeguarding supervision and support.
- The Designated Safeguarding Lead will also keep the relevant staff informed of any issues and liaise with local authority officers and relevant professionals for child protection concerns as appropriate.
- Recognising areas and staff for development in relation to safeguarding.

The Board

- The Board will review this policy and hold the Chief Executive to account for its implementation.
- The Board will appoint a lead trustee to monitor the effectiveness of this policy in conjunction with the full governing board.
- The Board, including the nominated member, will attend specific training for their role, updated at least once every three years.
- In the event that an allegation of abuse is made against the Chief Executive, the Board member responsible for safeguarding will act as the 'case manager'.

The Chief Executive

The Chief Executive is responsible for the implementation of this policy, including:

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction.
- Ensuring that the Designated Safeguarding Lead has appropriate time, training and resources, and that there is always adequate cover if the Designated Safeguarding Lead is absent.
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly.
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteer, where appropriate.
- The Chief Executive will attend appropriate safeguarding training at least once every three years.

Confidentiality and Information sharing

Confidentiality

Confidentiality is an issue that needs to be understood by all those working or volunteering with children or families in which there are children, particularly in the context of safeguarding. Safeguarding always takes precedence over GDPR and confidentiality.

The Neurological Alliance recognises that the only purpose of confidentiality in this respect is to benefit the child. Staff and volunteers should never promise a child that they will not tell anyone about an allegation/disclosure and must pass any safeguarding concerns immediately to the Designated Safeguarding Lead.

Confidentiality is addressed throughout this policy with respect to record-keeping, dealing with disclosure, allegations of abuse against staff, information sharing and working with parents.

Information sharing

Timely information sharing is essential for effective safeguarding. The Neurological Alliance will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance document: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2018). This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.

What to do if you are worried about a child or young person

All concerns about the welfare or safety of a child or young person must be raised immediately with the Designated Safeguarding Lead. The Designated Safeguarding Lead will seek to clarify the nature of the concern, ensure that the child or young person is safe and support to take any immediate steps to ensure safety.

It is not staff member or volunteers role to seek disclosures. Their role is to recognise that something may be wrong or identify risk and report this to the Designated Safeguarding Lead for advice.

If there is a risk of immediate harm or in need of urgent medical attention, the staff member or volunteer should contact the emergency services on 999.

If a child or young person discloses abuse or neglect to you, there is guidance in Appendix 1 for how to deal with this. The important points are to listen and reassure the child or young person.

It is best practice to seek the child or young person's consent to pass on the concerns and tell them to whom you will be passing the concerns onto. Although this is not needed and can still be done if they decline. Remember to tell them what you are doing and whom you are telling (i.e. the safeguarding lead).

Advisory staff must make a record within 24 hours of all safeguarding concerns on our Children Safeguarding log. Non-advisory staff or volunteers should make a detailed record of the conversation and ensure that this is stored securely and destroyed in line with data protection policies.

The decision to refer the safeguarding concern to the Local Authority, police, Local Authority Designated Officer (LADO) or other agencies will be made by the Designated Safeguarding Lead or Advisory member of staff.

A Safer Working Culture

The Board have agreed and ratified the following policies, which must be read in conjunction with this policy and be provided to all staff and volunteers as part of their induction procedures:

- Whistle Blowing/Confidential Reporting Policies (guidance to staff and volunteers on how they can raise concerns and receive appropriate feedback on action taken when staff have concerns about any adult's behaviour)
- Staff Handbook

Safer Recruitment, selection and pre-employment vetting

The Neurological Alliance pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures.

Concerns relating to a member of staff or volunteer

Concerns raised in respect of staff or volunteers are taken very seriously and will be responded to with immediacy and respect for everyone involved.

Any safeguarding concerns relating to staff or volunteers must be reported to your line manager. If the complaint involves a manager then the Chief Executive must be informed. If the complaint involves the Chief Executive then it must be raised with the Trustee Safeguarding Lead

The case manager should gather as much information about the alleged incident as necessary in order to establish whether there is substance to the allegation. The case manager notifies the local authority designated officer (LADO) (each authority has a reporting form that you can download from their website) in order to assess the level of concern. The completed LADO notification form must be sent to the local authority's LADO within one working day of the allegation being made. This will assist the case manager in consultation with the LADO to decide on the most appropriate course of action. Each Local Authority will have a process to view for LADO involvement.

The case manager should not carry out an investigation or directly interview an individual about whom there is a concern until the above process has been duly completed and relevant partners have been consulted.

In many cases, it may be appropriate to provide further training and support to staff/volunteers and ensure that they are clear about the expectations for their conduct.

In more serious cases, allegations may be investigated under formal disciplinary procedures and, where allegations are upheld, formal warnings will be issued as well as specific training and support. In cases where children and young people may be at further risk and/or evidence or witnesses may be compromised and/or the allegations are so serious that they may, if upheld, constitute gross misconduct, suspension or dismissal of the member of staff or volunteer may be appropriate. This should be considered in line with the Neurological Alliance's employee contract.

Any staff or volunteers who are dismissed by the Neurological Alliance for gross misconduct or cumulative misconduct relating to safeguarding of children/young people will be referred to the DBS for consideration of barring. Similarly, where the Neurological Alliance has a reasonable belief that the member of staff/volunteer would have been dismissed by their previous employer had they been employed at the time of the conclusion of investigations, they will be referred to the DBS. The Neurological Alliance will keep written records of all of the above.

Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, staff should follow the Whistleblowing policy. To raise a whistle blowing concern please read and follow the guidance in the Whistleblowing Policy.

The NSPCC whistleblowing helpline is available for staff who do not feel able to raise concerns regarding child protection failures internally. Staff can call 0800 028 0285, available from 8.00am to 8.00pm, Monday to Friday and / or email help@nspcc.org.uk.

Appendix 1: Dealing with a disclosure of abuse

When a child tells you about abuse s/he has suffered, try to remember these things:

- Stay calm
- Do not express shock, anger or embarrassment.
- Reassure the child. Tell them you are pleased that they are speaking to you.
- Never enter into a pact of secrecy with the child. Assure them that you will try to help, but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell them that you believe them. Children very rarely lie about abuse; but they may have tried to tell others and not been heard or believed.
- Tell the child that it is not their fault.
- Encourage the child to talk but do not ask "leading questions" or press for information. Try not to interrupt when they are speaking and allow them to speak freely.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that they have a right to be safe and protected.

- Do not tell the child that what they experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what they have told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again whom you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation, using the child's own language. Quote them verbatim where possible. Include any questions you may have asked. Do not add any opinions or interpretations.

It is not a staff member or volunteer's role to seek disclosures. It is the responsibility to observe if something may be wrong, ask about it, listen, be available and try to make time to talk.

Immediately afterwards all disclosures of abuse must be reported to the designated safeguarding lead.

Flowchart of key questions for information sharing

