



Wheelchair Alliance

Community Interest Company

'Strengthening your voice'

Safeguarding Children and Young People at Risk of Harm Policy

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1. Policy statement of intent

This policy gives guidance to all staff and volunteers supporting the Wheelchair Alliance (the Alliance) on the safeguarding and promotion of the welfare of children and young people.

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

Whilst we are not a statutory childcare organisation all staff and volunteers have an obligation and responsibility to be aware of and report concerns related to protection, safeguarding and promotion of the welfare of children and young people. Everyone who comes into contact with children and families, directly or indirectly, has a role to play.

This policy gives guidance on what to do if you have identified concerns about a child/young person who may be in need of support, or is at risk of significant harm. The policy reflects current legislation, accepted best practice and complies with government guidance from 'Working Together to Safeguard Children (2018)' in England and Wales, and Co-operating to Safeguard Children and Young People in Northern Ireland 2017. Within the Working Together guidance, safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment.
- Preventing impairment of children's health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes. The Alliance recognises differences in legislation for children and adults at risk across England, Wales and Northern Ireland but adopt the equal principle that all individuals at risk should be protected from harm.

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

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

2. Principles

The Wheelchair Alliance's safeguarding arrangements are underpinned by the following key principles:

2.1 Safeguarding is everyone's responsibility; for those children we come into contact with to be safe, each employee and volunteer must play their full part in safeguarding children and young people.

2.2 The needs and views of children and young people are paramount. The Alliance 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 Alliance's policy guidance when deciding how to support their needs.

2.3 It is better to help children as early as possible, before issues escalate and become more serious.

2.4 Staff and volunteers should not allow the fear of damaging relationships with adults, get in the way of protecting children from abuse and neglect. If referral to children's social care is necessary, it should be viewed as the beginning of a process of inquiry, not an accusation.

2.5 Procedures are in place to ensure safeguarding concerns are dealt with promptly and appropriately.

2.6 Induction training for all new staff and volunteers will include safeguarding policies and procedures. Useful information can be found within the Intercollegiate Documents for Safeguarding: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff: fourth edition (2019) [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](#) and also the document for looked after children [Looked After Children: Roles and Competencies of Healthcare Staff | Royal College of Nursing \(rcn.org.uk\)](#)

2.7 The Company Secretary is the Alliance's Safeguarding Lead (and therefore the Designated Safeguarding Manager, DSM) and is responsible for maintaining a strategic overview of all safeguarding matters within the Alliance.

2.8 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 Alliance adopts the same safeguarding principles across all three Nations.

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 What do we mean by Child Protection?

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

3.7 What do we mean by Child Abuse?

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be 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 following categories of child abuse are taken from 'Working Together to Safeguard Children (2018)'

- Physical Abuse or Harm.
- 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) <http://www.ceop.police.uk/safety-centre>

3.8 What are the signs?

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

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn, or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes which are ill-fitting and/or dirty.
- Children with consistently poor hygiene.

- Children who make strong efforts to avoid specific family members or friends, without an obvious reason.
- Children who don't want to change clothes in front of others or participate in physical activities.
- Children who are having problems at school, for example, a sudden lack of concentration and learning or they appear to be tired and hungry.
- Children who talk about being left home alone, with inappropriate carers or with strangers.
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason.
- Children who are regularly missing from school or education.
- Children who are reluctant to go home after school.
- Children with poor school attendance and punctuality, or who are consistently late being picked up.
- Parents who are dismissive and non-responsive to practitioners' concerns.
- Parents who collect their children from school when drunk, or under the influence of drugs.
- Children who drink alcohol regularly from an early age.
- Children who are concerned for younger siblings without explaining why.
- Children who talk about running away; and
- Children who shy away from being touched or flinch at sudden movements.

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

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

These agencies are responsible for the investigation and coordination of all incidents of suspected abuse. This would fall within the jurisdiction of the agency closest to where the child/young person at risk is residing. Where there is an indication that a criminal offence has been committed the appropriate agency is ALWAYS the police.

3.10 Designated Safeguarding Manager (DSM)

This is the Company Secretary to whom any safeguarding concerns should be reported.

4. Legal and policy context

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

- The Children Act 1989 (England and Wales).
- The Children Act 2004.
- The Children Order 1995 (Northern Ireland)
- Cooperating to Safeguard Children & Young People in Northern Ireland 2017 (replaces the guidance issued in 2003).
- Understanding the Needs of Children in NI (UNOCINI) Guidance 2011 (under review).
- Social Services and Well-being (Wales) Act 2014 (in force from April 2016) .
- The Sexual Offences Act 2003.
- The Children and Young Person's Act 2008. • Working Together to Safeguard Children 2018.
- Safeguarding Disabled Children: practice guide 2009.
- The Common Assessment Framework (CAF) 2004. • The Children and Family Act 2014.
- The Care Act 2014.
- Education Acts 1996 and 2001.
- Childcare Act 2006.
- Housing Act 1996.
- Crime and Disorder Act 1998.
- Police Reforms and Social Responsibility Act 2011.
- Female Genital Mutilation Act 2003.
- What to do if you are worried a child is being abused 2015.
- <https://ceop.police.uk/safety-centre/>
- General Data Protection Regulations (May 2018).

5. Reporting safeguarding concerns and making a safeguarding referral

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

5.1 Your first priority should always be to ensure the safety and protection of the child or young person at risk. To this end, if any person in the Alliance reasonably suspects or is told that a child/young person at risk is being, has been, or is likely to be abused they must take immediate action as set out in this policy and pass on their concerns to the DSM.

5.2 It is important to emphasise to anyone seeking assistance from the Alliance that we are NOT an agency with statutory powers to investigate allegations of abuse or neglect. Neither can we remove children from abusive situations. But you need to stress that you will have to share your concerns with the DSM within the Alliance and possibly make a referral to a statutory agency, as the Alliance has a responsibility to pass on such information where there is a child in need or a child suffering or likely to suffer significant harm.

These statutory agencies are:

In England and Wales

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

In Northern Ireland:

- Health and Social Care Trust (HSCT) Gateway Service in the relevant/local HSCT.
- Police Service Northern Ireland (PSNI).
- Advice via NSPCC helpline10

If you have an urgent concern for a child call 999 or 101. In some areas across the country professionals can refer to the Multi-Agency Safeguarding Hub (MASH) which enables the sharing of information between services so risks to children can be identified at an early stage. It is a link between schools, GPs, the police, ambulance service and social care.

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

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

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

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

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

5.4 If a concern or allegation is made about a staff member or volunteer within the Alliance; do not inform the person in question as this might prejudice any police investigation. Contact the Alliance's DSM or Chair .

5.5 If the concerns or allegations are raised by a third party, e.g. a member of the public or another professional: the staff member/volunteer receiving the allegation must make notes of the information and contact the DSM, who must consult with them as soon as possible about what action to take. If a person is deemed to be in immediate danger the police/social services must be contacted in the first instance

The contact number for the DSM is provided to all staff/volunteers separately

5.7 Staff and volunteers should never feel inhibited to seek advice and guidance about any concern for the safety and well-being of a child or young person.

5.8 All concerns regardless of whether they lead to a referral should be discussed the DSM as soon as possible. A decision should then be made about whether a referral is appropriate.

5.9 For volunteers the immediate line manager is defined as follows:

- Board members will report issues to the Designated Safeguarding Manager.

5.10 A telephone call to the relevant Children's Social Care service, Police or NSPCC should be the first action when initiating a referral during office hours; outside of office hours the referral will be made to the Social Care Emergency Duty Team or the Police.

5.11 It is the responsibility of the duty social worker to assess the risk to the child/young person. Note: staff/volunteers should provide as much detail as they have. It can be helpful to make accurate notes on what the child/young person said to you. It's worth remembering that in most cases the child and family of concern need support. Services will work with the family, not against them. Unless the level of risk requires the courts to get involved immediately, care proceedings will only start after extensive efforts are made to keep the child with their family by working with them to address any risks.

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

6. Confidentiality

The Wheelchair Alliance is not a statutory body and therefore does not need to have a person designated as a Caldicott Guardian. However the Alliance will work to the Caldicott principles which are:

- Principle One: Justify the purpose(s) of using confidential information
- Principle Two: Use confidential information only when it is necessary
- Principle Three: Use the minimum necessary confidential information
- Principle Four: Access to confidential information should be on a strict need-to-know basis
- Principle Five: Everyone with access to confidential information should be aware of their responsibilities
- Principle Six: Comply with the law
- Principle Seven: The duty to share information for individual care is as important as the duty to protect patient/client confidentiality
- Principle Eight: Inform patients and service users about how their confidential information is to be used

6.1 Disclosure by a child of abuse, ill treatment or neglect, and the consequences of such a disclosure is not easy. It is likely to have profound effects on the child/young person and other family members. It may be difficult for them to agree to a referral to statutory services.

6.2 All children and young people reaching out to the Alliance must be made aware that complete confidentiality is not possible where there is risk of significant harm or abuse to them or another individual.

6.3 Where a child or young person has not consented to sharing information for a referral, the reasons for the referral need to be clearly explained to them so that any ongoing/future relationship can be maintained as far as is possible.

6.4 Any decision to breach or not to breach confidentiality, together with those reasons for doing so, must be recorded in the safeguarding notes on Sharepoint.

6.5 Under no circumstances should an alleged abuser be alerted, directly or indirectly, that concerns have been raised. This may result in important evidence being lost or further risk to the child in question. Formal investigations will be carried out by the appropriate statutory agency.

6.6 It is good practice to inform a child/young person in need or at risk from abuse that a safeguarding referral is being made where appropriate, taking into account their age and understanding. It should be made clear that this will be to another adult who will make a decision about what help and support they need to stay safe.

6.7 All requests for information about a child or family by an external organisation, in connection with an assessment of the need for protection under Section 47 or a child in need under Section 17 of The Children Act (1989), should be discussed with the DSM.

6.8 Any decision not to pass on information relating to a child under Section 17 or Section 47 of The Children Act to the Police or Children's Social Care is a serious matter. The DSM must agree a course of action and the decision, with supporting reasons, should be recorded in Sharepoint.

7. Safeguarding and General Data protection Regulations (GDPR)

Any safeguarding concerns you have should always take precedence.

- Don't avoid sharing a safeguarding concern with the DSM because you are worried about contravening GDPR.
- If we have to breach a child/young person's confidentiality, then the onus is on us to explain why we have done that, under GDPR.
- Always seek guidance and advice from the DSM in such circumstances.
- Unless there's a statutory duty or court order to share information, you will need to use your judgement based on the facts of the case to decide whether to share and what should be shared. When making such a decision the safety and welfare of the child or young person must be your key consideration.

- Share information early on, when you see signs of emerging problems – this means support can be put in place at the time it's most likely to help.
- Always ask for consent to share confidential information, unless asking for consent may increase the risk of significant harm to the child, or a delay in sharing information may increase the risk of harm
- If a child doesn't have the capacity to understand and make their own decision, seek advice from the DSM. Remember the perpetrator could be a parent/guardian with Parental Responsibility
- You must have a clear and legitimate purpose for sharing information. There are a number of circumstances in which we might decide to share information with other agencies, without explicit consent:
 - to protect children from significant harm - promote the welfare of children
 - others may be at risk of harm,
 - a serious crime has been committed/could be committed,
 - staff are implicated, - there is a court order.

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

8. Informing the Designated Safeguarding Manager of the Referral

8.1 On completion any required written referral form, it should be sent to the Designated Safeguarding Manager (DSM). The DSM should check that the referral form contains all relevant information about the concern discussed, including contact information for Children's social care should they need further contact with the Alliance.

8.2 The referral should be sent by the DSM as a PDF document, via secure email, to Children's Social Care.

8.3 All safeguarding referrals should be recorded within the Alliance's central Safeguarding Log.

9. Recording Guidance:

9.1 Whenever concerns are raised about a Child in Need or at risk, whether through an allegation or the observation of a set of circumstances, it is crucial to make and keep an accurate record.

9.2 The following guidance should be followed:

- Whenever possible and practical, take notes during any conversation.

- Ask for consent to do this and explain the importance of recording information.
- Explain that the person giving you the information can have access to any information about them.
- Where it is not possible or appropriate to take notes at the time, make a written record as soon as possible afterwards and always before the end of the day.
- Record the time, date, location, format of information (e.g. letter, telephone call, direct contact) and all persons present when the information was given.
- Include as much information as possible but be clear about which information is fact, hearsay, opinion and do not make assumptions or speculate.
- Include the context and background leading to the disclosure or concern.
- Include full details of referrals to Children’s Social Care and the Police.

10. Allegations against staff or volunteers

10.1 Allegations about staff or volunteers abuse of a child or young person must be raised immediately with the Alliance Chair who will alert the appropriate agency. The Chair in consultation will make a decision to suspend or remove the employee or volunteer from active service pending the outcome of an investigation.

10.1 If the Chair is suspected of abuse, this should be reported to the DSM (Comonay Secretary)

10.2 Personal information may be disclosed without the individual’s consent if there are reasonable grounds to believe that an individual is at risk of harm (see Confidentiality and Data protection Policies).

11. Risk Assessment

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

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

Policy Review

The Company Secretary will review this policy on an annual basis in conjunction with the directors, and will make any changes necessary

All Board members are required to familiarise themselves with this policy upon their appointment to the Board.

Appendix A: Types and indicators of abuse in children

Signs and indicators of abuse can be difficult to detect. This appendix aims to help people who come into contact with people who may have care and support needs to identify abuse and recognise possible indicators. Many forms of abuse are criminal offences and should be treated that way.

1. Physical abuse

Abusive injuries tend to involve softer tissue and be in areas that are harder to damage through slips, trips, falls and other accidents. Indicators may include injuries to:

- upper arm
- forearm (defensive injuries)
- chest and abdomen
- thighs or genitals
- facial injuries (cheeks, black eyes, mouth)
- ears, side of face or neck and top of shoulders ('triangle of safety')
- back and side of trunk.

Abusive injuries may be seen on both sides of the body and match other patterns of activity. They may not match the explanation given by the child or parent/carer and there may also be signs that injuries are being untreated, or at least a delay in seeking treatment.

2. Sexual abuse

Sexual abuse may take place either in person or online or offline. It may be perpetrated by family or non-family members, males or females, older adults or by other young people.

Indicators of abuse may include the following:

- Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck
- Bleeding, pain or itching in the genital area
- Difficulty in walking or sitting
- Sudden change in behaviour or school performance
- Displays of affection that are sexual or not age-appropriate
- Use of sexually explicit language that is not age-appropriate
- Alluding to having a secret that cannot be revealed
- Bedwetting or incontinence
- Reluctance to undress around others (e.g. for PE lessons)
- Infections, unexplained genital discharge, or sexually transmitted diseases
- Unexplained gifts or money
- Self-harming

- Poor concentration, withdrawal, sleep disturbance
- Reluctance to be alone with a particular person

3. Psychological or emotional abuse

Some level of emotional abuse is present in all types of abuse or neglect, though it may also appear alone. It is the persistent mistreatment of a child that has a severe and negative impact on their emotional development. Emotional abuse may also be perpetrated by other young people through serious bullying and cyber-bullying.

Indicators may include:

- Concerning interactions between parents or carers and the child (e.g. overly critical or lack of affection)
- Lack of self-confidence or self-esteem
- Sudden speech disorders
- Self-harm or eating disorders
- Lack of empathy shown to others (including cruelty to animals)
- Drug, alcohol or other substance misuse
- Change of appetite, weight loss/gain
- Signs of distress: tearfulness, anger

4. Neglect

Neglect is found to be a factor in 60 per cent of child deaths that are investigated through Serious Case Reviews. However, even though it is often suspected by those who work with children, it is under-reported. Neglect is a persistent failure to meet basic needs (physical or emotional) and it leads to serious harm to the health or development of a child.

Indicators may include:

- Excessive hunger
- Inadequate or insufficient clothing
- Poor personal or dental hygiene
- Untreated medical issues
- Changes in weight or being excessively under or overweight
- Low self-esteem, attachment issues, depression or self-harm
- Poor relationships with peers
- Self-soothing behaviours that may not be age-appropriate (e.g. rocking, hair-twisting, thumb-sucking)
- Changes to school performance or attendance

