

Make-A-Wish

UNITED KINGDOM

Safeguarding and Child Protection Policy and Procedures

2020

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1. Safeguarding and Child Protection Policy

1.1 Purpose

Make-A-Wish UK creates life changing wishes for children with critical illnesses. In so doing it is our aim to provide children with wonderful memories, build happiness and confidence, as well as providing respite from the challenges that come with critical illness. The safety and well-being of all children is at the heart of everything we do at Make-A-Wish UK. Therefore, our Safeguarding and Child Protection Policy, Procedures and Code of Conduct are an essential foundation to all the work we do with children and families in wish granting. We recognise that children who are critically ill or disabled may be particularly vulnerable and so we must ensure everything possible is done to ensure that they are protected from harm during their engagement with our organisation and in wish fulfilment.

Child and adult abuse can have serious consequences including injury, disability, threats to survival or even death. It can affect a person's development, mental health, ability to form relationships including parenting ability, self-confidence or achievements. It can have huge personal and economic consequences for the individual, their family, community and society.

Make-A-Wish UK has a duty of care for its employees and volunteers as well as for our beneficiaries. We recognise our staff and volunteers need protection from bullying, harassment and sexual harassment too. Our Safeguarding and Child Protection Policy, Procedures and Code of Conduct, alongside other related policies and procedures that promote a safe and trusted work environment, will serve to protect all as well as preserve the reputation of our organisation and brand. This document focuses on the protection of children but we have other policies and procedures to safeguard our employees and volunteers.

It is the responsibility of employees, volunteers and suppliers to report if there is a cause for concern about a child or the behaviour of another person towards a child but it is not their responsibility to determine if abuse has occurred or what protective action is required. Responsibility for deciding whether to escalate a concern to the appropriate authority lies with those employees and volunteers who have specific safeguarding responsibilities within Make-A-Wish UK.

1.2 Definition

Child: Legally, a child includes babies, children and young people from pre-birth up to 18 years. The fact that a young person has reached the age of 16, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody does not change their entitlement to protection. There is no legal definition for the age of a 'young person' rather those aged 16 and 17 years old are still children in legal terms for the purpose of safeguarding.

The exception to this is in Scotland where a child legally becomes an adult when they turn 16, but statutory guidance which supports the Children and Young People (Scotland) Act 2014 includes all children and young people up to the age of 18. Where concerns are raised about a 16 or 17 year old, agencies may need to refer to the Adult Support and Protection (Scotland) Act 2007, depending on the situation of the young person at risk.

See Appendix 1 for further definitions of key safeguarding terms

1.3 Principles

Make-A-Wish UK believes that:

- All children have an equal right to protection from abuse and neglect, regardless of their age, ability, gender, disability, nationality, racial heritage, faith, sexual orientation, identity or any other additional vulnerability
- The best interests of the child are paramount by law and therefore in all considerations about their welfare and protection, including when to maintain confidentiality and when to share information about them
- All employees, volunteers and our partners, affiliates and suppliers have a role to play in safeguarding children
- Concerns or allegations that any employees or volunteers have abused or neglected a child will be managed sensitively and fairly in accordance with this Safeguarding Policy, relevant legislation and local safeguarding procedures
- Working together with relevant authorities and organisations is essential in promoting welfare and ensuring the protection and welfare of children
- As part of working together, Make-A-Wish UK expects the relevant authorities and organisations to act on our concerns. If ever we have concern that this has not been done satisfactorily, we will escalate the matter further.

1.4 Responsibilities

Whilst the Board of Trustees holds ultimate responsibility for safeguarding, we have identified specific employees and volunteers to embed and operationalise the Safeguarding Policy on a day to day basis. Their role and responsibilities are set out in **Appendix 2**.

1.5 Our approach

We will create a culture and working practices that endeavour to prevent and deter any actions or omissions, whether deliberate or inadvertent, that place children at risk of harm. Therefore, we will:

- Value, listen to and respect children in all aspects of our wish granting work
- Provide a Safeguarding Code of Conduct for employees and volunteers
- Provide safeguarding reporting procedures
- Use appropriate recruitment and selection processes for employees and volunteers who are engaging with children and their families
- Establish a safeguarding governance structure with assigned roles and responsibilities
- Provide effective management through induction, supervision, appraisal and support which all integrate safeguarding
- Promote a work culture that supports the reporting and resolution of allegations, suspicions or concerns about abuse of any kind or inappropriate behaviour
- Have a clear approach within our organisation to prevent abuse of trust and power including bullying, harassment, sexual harassment discrimination or victimisation.
- Provide employees and volunteers with training appropriate to their safeguarding responsibilities
- Take appropriate action, including disciplinary, legal or other action in response to any breaches of our Safeguarding and Child Protection Policy, Safeguarding Procedures and the Code of Conduct
- Inform our partners, affiliates and suppliers about our Safeguarding and Child Protection Policy and Procedures and Code of Conduct and have proportionate safeguarding expectations of them
- Ensure safeguarding requirements are built into our fundraising activities as necessary
- Ensure that we take, use and store images used for promotional purposes in a way that is consistent with safeguarding and data protection principles

- Quality assure our safeguarding practice to draw out any lessons learnt or implications for improvements to our Safeguarding Policy and Procedures
- Establish a safeguarding working group to implement our safeguarding implementation plan
- Review our Safeguarding and Child Protection Policy and Procedures and Code of Conduct on an annual basis or sooner if required due to legal changes and/or any learning from incidents

1.6 Related policies and procedures

Safeguarding and promoting the welfare of children is a broad concept. There are other Make-A-Wish UK policies and procedures which contribute to safeguarding and to providing a safe and trusted environment and these must be followed by those to whom they apply or when the circumstances require it:

Equal Opportunities Policy
Wish Visitor Handbook 2018
Volunteers’ Guide to Data Protection
Data Protection and Confidentiality Policy
Problem Solving Process for Volunteers
Whistleblowing Policy
Disciplinary Policy
Recruitment and Selection Policy
Lone Working Policy and personal safety Guidance
IT, Email and Internet Policy
Complaints Policy
Criminal Records
Use of Images – film and photography policy

1.7 Law and guidance

Our Safeguarding Policy and Procedures are underpinned by UK legislation and statutory guidance. The key legislation is highlighted in **Appendix 3**.

2. Safeguarding Code of Conduct

2.1 Safeguarding

The Safeguarding Code of Conduct clarifies the behaviour that is expected of everyone within the Make -A- Wish UK which includes all employees and volunteers. The Code will serve to protect children from harm. It will help everyone from Make-A-Wish UK to maintain appropriate standards of behaviour, reduce the possibility of false allegations of abuse being made against them and preserve our reputation.

Please note there are additional good practice requirements to undertake wish capture safely and appropriately - see the Wish Visitor Handbook for further details.

2.2 The Code

DO

- ✓ Always put the welfare of a child first - that is anyone up to the age of 18 years.
- ✓ Report on all suspicions, concerns, allegations or disclosures of abuse made by a child or any

inappropriate behaviour by a colleague, including any allegations made against you. Follow our Safeguarding Procedures for this purpose.

- ✓ Demonstrate commitment to ensure safety in all areas of organisation life, acting to safeguard and reduce risk to children.
- ✓ Treat everyone with dignity and respect. All children have a right to equal protection regardless of their race, culture, age, gender, disability, religion, sexuality, sexual orientation or political persuasion.
- ✓ Be friendly and approachable but professional in your interactions.
- ✓ Work openly, avoiding private or unobserved situations and working in isolation. Ensure that you are not the only adult present when working with a child. Leave the door open if you find yourself in a room alone with a child.
- ✓ Physical contact with children can be potentially subject to misinterpretation and therefore avoid physical contact unless it is initiated by a child, in an emergency or it is pre-planned and a necessary part of the work because of the communication needs of the child or young person.
- ✓ Ensure your behaviour and appearance is appropriate to the work or activity that you are undertaking.
- ✓ Allow children to change their clothes with levels of respect and privacy appropriate to their age, gender, culture and circumstances if ever the situation arises during wish granting or fulfilment.
- ✓ Ensure consent is gained for all photographs or films of children - see further guidance in the Use of Images - Film and Photography Policy.
- ✓ Respect the right to personal privacy but never agree to keep any information relating to the harm of a child confidential.
- ✓ Wish visitors should only share their personal contact details with parents and not children. Wish visitors should not take the personal contact details of a child.
- ✓ Employees should only share their work, not personal, contact details with parents.

DO NOT

- ✗ Employees should not share their personal contact details (personal phone or mobile number, email, home address or social networking links) with the family or child. Where staff also act in a volunteering role they should use their work phone and contact details.
- ✗ Befriend children that you meet through your work or volunteering either face to face or on social networking sites such as Facebook and Twitter.
- ✗ Establish on-line networking, group or blog forums which are not regulated with controls relating to Make-A-Wish governance and scrutiny.
- ✗ Engage in sexually provocative behaviour, use inappropriate or sexually suggestive language or gestures either in person, verbally or via texting/emails.
- ✗ Use any form of physical punishment as a means of discipline.
- ✗ Conduct a sexual relationship with a child or take part in any form of sexual contact with a child regardless of the age of consent. Although a young person can legally consent to a sexual relationship from aged 16, it would be abuse of power if this relationship involved an employee or volunteer with a wish child met through work or volunteering activity
- ✗ Swear or make sarcastic, insensitive, derogatory or discriminatory comments or gestures to or in front of children or young people.
- ✗ Transport a child or young person with whom you are working in your own vehicle unless accompanied by another adult.
- ✗ Rely on your reputation, position or the organisation to protect you.
- ✗ Work under the influence of alcohol or non-prescribed drugs.
- ✗ Smoke or vape in front of children and families.

- ✘ Discuss your own personal/ sexual relationships with children or young people.
- ✘ Give or receive gifts, such as alcohol, cigarettes, drugs or money, from or to a child's family for the purpose of influence or bribery. However, wish visitors may leave a small gift for the child or young person where this has been part of the wish capture activity and may receive small gifts or letters of thanks from the family.
- ✘ Broadcast or share any audio and/or visual material (CDs, DVDs, videos, photos, films, computer, blogs or games etc.) during work hours that has inappropriate or obscene content.
- ✘ Invite, or allow, a child or young person whom you have met through your work or volunteering into your home
- ✘ Arrange to meet a child or young person outside of your work/volunteering role where the purpose is one of friendship or an intimate relationship.
- ✘ Provide any child or young person with support, such as personal care, unless this is a specified part of your job or volunteering role.

2.3 What to do if the Code is breached?

If anyone is concerned that an employee or volunteer has breached the Code of Conduct they should consider first if they feel able to raise the matter with the person concerned but only if this is safe and appropriate to do so and this will depend on the nature of the concern and their role and responsibilities. Otherwise alert the line manager in the first instance. If the concern is about their line manager then inform the second line manager.

The line manager will need to consider the nature of the breach and the most appropriate action to take. If it's about poor practice then the line manager should consider using relevant internal procedures such as disciplinary or capability or problem-solving process for volunteers. However, if the breach constitutes a safeguarding allegation then the procedure in section 6 should be followed.

- If the breach concerns a member of the board of trustees then inform the chair of the board of trustees.
- If the breach concerns the CEO then inform the chair of the trustees.

Advice can be sought from the Designated Safeguarding Manager (DSM) or Designated Safeguarding Officers (DSOs) or the People and Culture Team.

3. Recognition of child abuse and neglect

3.1 Introduction

The Safeguarding Procedures are a key element of how Make-A-Wish UK seeks to safeguard and protect all those with whom we engage as well as our employees, volunteers, partners, suppliers and affiliates. If you have any comments or concerns about these Procedures please notify the DSM or DSOs [see **Appendix 10** for contact details].

3.2 Principles of the procedures

The '5Rs' underpin these reporting procedures as follows:

- **Recognise** concerns that a child/young person is being harmed or might be at risk of harm
- **Respond appropriately** to a child/young person who is telling you what is happening to them

- **Refer** the concerns on to your DSO or straight to the emergency services (if the incident warrants this)
- **Record** the concerns appropriately and any subsequent action taken
- **Resolution** and escalation are the responsibility of the DSOs or DSM to follow up referrals made to the authorities and if necessary, escalate concerns if identified risks remain.

3.3 Recognition of abuse

There are different types of abuse and more than one type of abuse may be occurring simultaneously or sequentially. You are not expected to know if abuse has occurred, rather you need to be alert to possible indicators and share any concerns as outlined in these safeguarding procedures.

See Appendices 4 - 6 for further information on **recognition of abuse**:

- Appendix 4: Defining child abuse and neglect
- Appendix 5: Types and indicators of child abuse and neglect
- Appendix 6: Grooming behaviour
- Appendix 7: Children abused in specific circumstances

3.4 A concern about the safety of a child might arise because:

- A child says that s/he is being abused or is telling you about something that has happened to them that you think would be harmful
- You see possible signs of abuse or neglect
- Somebody says that a child is being harmed or is at risk of harm
- The behaviour of an adult towards a child or a child towards an adult give cause for concern
- A child shares their experience of abuse in their past - this may be referred to as 'historical or non-recent abuse'.

3.5 Historical or non-recent allegations of abuse

Historical or non-recent allegations of abuse are any concerns that relate to abuse that happened more than a year ago, whether involving anyone working for Make-A-Wish UK or outside of it. Such allegations of abuse must be taken seriously and acted upon in line with these procedures even if the victim is no longer being harmed now. Often victims of abuse take many years to come forward due to shame and a fear of being disbelieved however the alleged perpetrator may remain a risk to others. Make-A-Wish UK should report such cases and concerns to the local authority and/or the police following the procedures laid out in Sections 4 - 6.

3.6 Additional vulnerabilities including safeguarding disabled children

Some groups of children are more vulnerable to abuse or neglect due to a disability and/or life experiences. For example, research shows that children with disabilities are more likely to be a target for abuse. Equally children who are in the looked after system or those that have already experienced harm may be more vulnerable.

3.7 Fairness, inclusion and equality

Everyone must guard against not sharing their concerns in the belief that they are protecting a person's cultural or religious beliefs or through fear that their action might be interpreted as being prejudiced. Everyone is entitled to equal protection.

4. What to do if you have a safeguarding concern about a child or young person

Note all necessary contact details are in **Appendix 10**.

4.1 Responding to a safeguarding concern about a child¹

If you identify a safeguarding concern which is **not** immediately life-threatening or presents a high risk of serious harm, you must:

Step 1 Contact a designated safeguarding officer (DSO) to discuss your concern. This should be done on the same day that you identify the concern. Notify your line manager about this too.

Step 2 A record of what was seen, said and done needs to be made on the Safeguarding Concern Form (Appendix 8). If you have this form to hand then complete it otherwise the DSO will complete it when you speak with them.

Step 3 The DSO will determine what action is necessary. The options for the DSO are:

- no action is required as it does not constitute a safeguarding concern
- monitor the situation and arrange to speak with the person concerned again
- seek advice from one or more of the following: children's social care services (or equivalent in other nations²), police, NSPCC helpline or the designated safeguarding manager (DSM)
- make a formal child protection referral to the children social care services (or equivalent in other nations) and also to the police if it's thought a crime has been committed.

Step 4 The DSO must record whatever decision is taken on the Safeguarding Concern Form (Appendix 8) with a rationale even if no further action is to be taken. A decision to take no further action or monitor a situation is as serious as a decision to make a referral out.

Step 5 The DSO must consider if consent is required from the parents/carers of the child in order to share the concern with the local authority and/or police. The DSO may not be in a position to gain consent to share information but this should be considered and the decision recorded – see para 4.6 for further guidance.

Step 6a If the DSO decides to make a referral to children's social care services or police (unless it is an emergency or the DSO considers it better for the person with the concern to make the referral and report back) then the DSO must:

- put the referral in writing within 48 hours. Each local authority has a process for receiving referrals and so the DSO must use the relevant process in the area which will be found on their website
- seek feedback after three working days of having made the referral to check it's been received and action taken

Or

¹ Note that this procedure applies to any child that you meet through your work or volunteering for MAWUK and not just the Wish child.

² Scotland: Local authority children's social work team

Northern Ireland: Gateway Services Team for the relevant Health and Social Care Trust

Wales: Local authority child protection services

Step 6b If the child being visited by Make-A-Wish UK is being cared for by another organisation (e.g. school or hospital) then the DSO must alert the designated safeguarding officer in the other organisation for them to act. In such cases the DSO must also:

- put the information in writing, marking it 'personal and confidential' within 24 hours of speaking with the other organisation about the concern
- seek feedback after 3 working days to check the information has been received and is being acted upon appropriately by the other organisation

Step 7 The DSO must keep a record of all the actions taken, decisions made and any outcomes in accordance with good practice on recording and information storage and retention (see Section 7).

Step 8 The DSO must consider if the person who first raised the concern needs any support and who can provide it.

See **Appendix 11: Flowchart - What to do if you have a Safeguarding Concern**

4.2 Safeguarding overseas children from affiliates/chapters that come to the UK for wish fulfilment

If there are safeguarding concerns about a child in these circumstances then you must follow the procedures as in 4.1. However, the difference is that the DSO must liaise with the affiliate about the concern and agree together what action will be taken in the UK or in the affiliate/chapter country. The exception to this would be where there is a situation in the UK that requires immediate proactive action for the child. In this instance, the procedure in 4.4 must be followed and then the DSO will also need to inform the affiliate/chapter of such action having been taken and together plan what further action is required once the immediate emergency has been resolved.

4.3 Responding to a direct disclosure of abuse

Sometimes a child will tell someone about their experience of abuse or the way they are being treated by someone else. You should respond in the following ways and then follow the procedures in paragraph 4.1:

Do

- Show you care, help them open up: give your full attention to the child and keep your body language open and encouraging. Be compassionate, be understanding and reassure them their feelings are important. Phrases such as 'you've shown such courage today' help.
- Take your time, slow down: respect pauses and don't interrupt the child – let them go at their own pace. Recognise and respond to their body language.
- Show you understand, reflect back: make it clear you're interested in what the child is telling you. Reflect back what they've said to check your understanding – and use their language to show it's their experience.
- Reassure them that they've done the right thing in telling you. Make sure they know that abuse is never their fault.
- Explain what will happen next in terms of the process within Make -A-Wish UK

Do not:

- React strongly – for instance saying, 'that's terrible'
- Jump to conclusions especially about the abuser
- Tell them you will keep this a secret

- Ask leading questions
- Make promises you cannot keep
- Stop them from speaking freely
- Tell them to stop talking so that you can fetch a DSO

4.4 Responding to a child protection emergency

In an emergency where a child/young person has been seriously hurt or is in imminent danger of being harmed you should:

- Ring 999 and ask for the emergency service required - police and/or ambulance;
- Inform the DSO and the designated safeguarding officer in the premises of another organisation where this role is in place
- If the DSO is not available then inform another DSO or DSM
- The procedures in 4.1 must then be followed by the DSO
- Alert the child's family if they are not present and aware of what's happened.

4.5 Child is worried but not willing to speak

If a child indicates they may be worried about abuse or other issues that are upsetting them but they are hesitant to share them, give them the contact details for NSPCC Childline where they can talk in confidence 24 hours a day. Tell the DSO what you have done so that they can make a record of it on the Safeguarding Concern Form (Appendix 8).

4.6 Information sharing and confidentiality

Organisations working with children and young people have a duty to share information with other agencies to safeguard children/young people at risk. Information may be shared without parental/carer consent if Make-A-Wish UK believes there is good reason to do so, and that the sharing of information will enhance the protection of a child/young person in a timely manner. Information should be shared on a need to know basis only, as judged by the DSO and/or DSM. Employees and volunteers must be aware that they cannot promise any child/young person that they will keep information confidential when it's about safeguarding concerns or allegations.

4.7 Consent

The following principles apply:

- Ideally information should be shared where there is consent for so doing
- Data protection law and regulations are not a barrier to sharing information about safeguarding
- Be open and honest about what you will do with the information
- Always consider the safety of the child (for instance would telling a child's parents put that child at further risk?)
- Ensure what is shared is it necessary, proportionate, relevant, accurate, timely and secure.
- Don't assume that someone else will pass on information that they think may be critical to keeping a child/young person safe.
- Keep a record of what information has been shared and the reason for seeking consent or not using the Safeguarding Concern Form (Appendix 8) or Safeguarding Action Log (Appendix 9)

4.8 The need for support services

Where you think that a child or family needs support services for their welfare rather than a need for protection, then you should speak to your line manager about what to do. No referral can be made to any support service without the consent of the parent/carer therefore a discussion with them would be necessary. Use the Safeguarding Concerns Form (Appendix 8) to jot down what action, if any, has been taken and send it to the DSO.

4.9 What to do if you have safeguarding concerns outside your employment or volunteering for Make-A-Wish UK

4.9.1 When Make-A-Wish UK employees or volunteers are outside of their employment or volunteering role for us or outside of work as a member of the public, they may identify child safeguarding concerns. For example, in their own family or networks, community, neighbourhood or through other activities in which they participate.

Make-A-Wish expects its employees and volunteers, to act on any safeguarding concerns by taking advice and/or reporting them.

4.9.2 If the concerns arise in the course of working, or volunteering for another organisation.

- Follow the safeguarding procedures of that organisation if they are in place. Advice may always be sought from the NSPCC helpline
- If the organisation has no safeguarding procedures of its own, then the concerns should be shared with the NSPCC helpline **within one working day**, or with local children's social care services (or equivalent) or the appropriate emergency service(s) by calling **999** if a child is at immediate risk of harm or if they need urgent medical attention

4.9.3 If Make-A-Wish employees or volunteers identify safeguarding/child protection concerns outside of a work or volunteering role, then:

- if the child is at immediate risk of harm - call emergency services on 999 *or*
- if the child is not at risk of immediate - call the NSPCC helpline or the local children's social care services.

5. Safeguarding in the Online Environment

5.1 Children

Children can be subject to abuse online as well as offline. Abusive images of children/young people are distributed via the internet. Such images are permanent records of children being sexually exploited and as such should be referred to as 'child sexual abuse images'. Sexual communication with a child under the age of 16 is an offence as too is sexting which is the exchange of sexual messages or self-generated sexual images or videos through mobile phones or the internet.

5.2 Exposure to child sexual abuse images

If an employee or volunteer is inadvertently exposed to child sexual abuse images whilst using the internet:

- The URLs (webpage addresses) which contain the suspect images should be reported to the Internet Watch Foundation via www.iwf.org.uk. You should refer to the DSO who will carry out the report. Make-A-Wish UK must not send copies of the images to the IWF
- Any copies that exist of the image, for example in emails, should be deleted.

5.3 Abusive Images

If abusive images of children are found on Make-A-Wish UK devices but it's not clear who was responsible for uploading them:

- You must report what you have seen to your DSO within 24 hours and if unavailable contact another DSO
- The URLs (webpage addresses) which contain the suspect images should be reported to the Internet Watch Foundation via www.iwf.org.uk by your DSO. You must not send copies of the images to the Internet Watch Foundation.
- The police should be informed and the Safeguarding Concern Form (Appendix 8) completed.
- If any copies of images need to be stored at the request of the police, then they should be stored securely where no one else has access to them.
- All other copies must be deleted.
- DSO to discuss with the DSM and police what further investigative action might be necessary.

5.4 Make-A-Wish UK Devices

If an employee or volunteer is found in possession of child sexual abuse images on any electronic device provided by Make-A-Wish UK:

- You must inform your DSO and if unavailable contact another DSO
- The DSO to contact the police regarding the images. If there is a doubt about whether the images are criminal, then a discussion will take place with the police regarding the best way for them to receive copies to determine whether they are criminal or not.
- DSO to agree with the police what to do about the device that the images are on.
- Quarantine the device in question and discuss with the police about checking for any other images on that device or any others.
- Instigate the management of allegations procedure (see Section 6).

5.5 Personal devices

Where employees, volunteers or freelancers use their own device for work please refer to Bring Your Own IT policy and Volunteers guide to data protection.

5.6 If a child /young person discloses that they are being groomed/abused/bullied online:

- Follow the procedures as outlined in Section 4. The DSO should contact the police. Advice and a report can also be made to CEOP which is a specialist police command dealing with inappropriate online behavior (see Appendix 10 for the contact details).
- If the adult committing grooming is an employee, volunteer or freelancer then the DSO should also follow the safeguarding allegations procedures too (Section 6).

6. What to do if there is a safeguarding allegation against an employee or volunteer or an employee of a partner or supplier

6.1 Definition of a safeguarding allegation

This is where a person has:

- a) Behaved in a way that has harmed a child/young person, may have harmed a child/young person or might lead to a child/young person being harmed;
- b) Possibly committed or is planning to commit a criminal offence against a child/young person or related to a child/young person or;
- c) Behaved towards a child/young person in a way that indicates s/he is or would be unsuitable to work with children/young people.

The allegation may:

- Involve a child/ren, or adults(s) or both
- Not directly have a 'known child' victim as such. For example, if someone is looking at abusive images of children online or using the internet to groom children with the intent to harm in future;
- Be about any type of abuse;
- Concern a breach of the Make-A-Wish UK Safeguarding Code of Conduct;
- Relate to a person who no longer works or volunteers for Make-A-Wish UK (known as a 'historical non-recent allegation')
- Concern the child of an employee or volunteer

A safeguarding allegation may arise when:

- A child, or parent/carer makes an allegation against an employee, volunteer, partner or supplier
- Harmful behaviour is observed
- Make-A-Wish UK receives a safeguarding allegation from any individual during another internal procedure, for example in respect of a misconduct enquiry or complaint
- Make-A-Wish UK is informed by the police or local authority or an individual that they are the subject of a child protection and/or criminal investigation
- New information is contained in a Disclosure and Barring Service (DBS) renewal check.

6.2 Consideration

There may be up to four strands in the consideration of any safeguarding allegation:

- Enquiries and assessment by children's social care services about whether a child needs protection and/or support services
- A police investigation if a criminal offence may have been committed
- Consideration by an employer of disciplinary action in respect of the individual or volunteer resolution in respect of a volunteer
- Referral for 'consideration to bar' a person from working with children (i.e. referral to the Disclosure and Barring Service) and/or referral to a professional registration body for professional misconduct.

6.3 Confidentiality

If any employee/volunteer is concerned about the behaviour of another employee/volunteer then they should not worry about the confidentiality of this information. Even if it turns out to be mistaken, it is better to discuss it and enable a proper investigation and assessment to happen than not report it at all. Do not:

- Ignore concerns
- Confront the person
- Discuss the matter with anyone else apart from those identified in this procedure.

6.4 What to do when there is a safeguarding allegation against an employee or supplier

Step 1 The person should speak to their line manager/volunteer manager unless the concern is about them in which case go to the next manager or the Designated Safeguarding Manager (DSM). This should be done within this same working day of the allegation coming to light.

Step 2 If the line manager/Volunteer manager thinks this incident does constitute a safeguarding allegation then they should contact the DSO and complete the Safeguarding Concern Form (Appendix 8).

Step 3 If it is considered that a child is subject to an immediate risk of serious harm, or needs emergency medical attention, then the emergency services must be contacted straightaway and the parents/carers of the child told that immediate steps are being taken to get help. The procedures in Section 4 should also be followed.

Step 4 The DSO must inform the DSM within 24 hours about the safeguarding allegation and in turn they will consult with the HR Manager to consider if the allegation is a safeguarding one. If the DSM is on leave or not available then the DSO will contact the HR Manager. The DSM will oversee the management of all allegations together with the HR Manager.

Step 5 The DSM and HR Manager are responsible for agreeing an initial plan of how to proceed with managing the allegation. The safeguarding allegation may be in respect of the person's employment or volunteering or behaviour towards any other children including their own.

Step 6 If, after the initial consideration, the DSM and HR Manager do not consider the matter constitutes a safeguarding allegation (as defined in 6.1) then they must decide if an internal investigation is required to determine if the behaviour/incident was related to poor practice or misconduct and then follow the appropriate procedure to address this. All decisions and the reasons for them, including there being no need to take safeguarding action, must be recorded and kept separate from the individual's file but with a cross reference to it.

Step 7 If confirmed as a safeguarding allegation, the DSM and HR Manager must agree an initial plan within one working day. They should consider:

- the immediate safety of any relevant child/ren involved, for example those that are the subject of the safeguarding allegation or other children that the individual has contact with through work or family
- what information to share with the individual who is the subject of the safeguarding allegation
- whether any immediate decision should be taken about suspension of the individual subject to allegation, pending further enquiries and/or investigation;
- delegation of tasks to the DSO
- if any records need to be secured or 'locked down', or any equipment removed from the individual who is the subject of the allegation
- whether the criteria are met for referral to the local authority and/or the police;

- whether the criteria are met for a serious incident report/notification to be made to the Charity Commission for England and Wales or Charity Commission for Northern Ireland or Office of the Scottish Charity Regulator³
- if further information is required for clarification
- identifying who else is aware of the safeguarding allegation and who has been spoken to
- whether advice should be sought from the local authority designated officer (LADO)⁴ or NSPCC helpline
- any arrangements to support the person who is the subject of the safeguarding allegation, the person who raised the allegation and the alleged victim

In addition, there may need to be a plan around the management of information including:

- who needs to know and what information can be shared within Make-A-Wish UK
- how to manage speculation, leaks and gossip
- what, if any, information can reasonably be given to reduce speculation
- how to manage press interest if, and when, it might arise.

If a safeguarding allegation is made against:

DSO - the DSM and HR Manager will manage the allegation process

DSM - the HR Manager and CEO will manage the allegation

HR Manager – the DSM and a nominated member of SMT

CEO – a board member and HR Manager

Step 8 If it is agreed that the safeguarding allegation meets one or more of the criteria in Section 6.1 then the DSM or HR Manager must make a referral within one working day to:

- the Designated Officer for the Local Authority (usually referred to as the LADO) where the child resides (i.e. there is an identifiable victim)
- the LADO (or equivalent) where the employee, volunteer, freelancer resides if the allegation is about adult behaviour but with no identifiable victim⁵.

The LADO will:

- discuss the allegation and obtain further details of the allegation and the circumstances in which it was made;

³ Trustees should make a report to the Charity Commission if any of the following occur:

- beneficiaries of MAWUK) have been, or alleged to have been, abused or mistreated while under the care of MAWUK, or by someone connected with it, for example a trustee, employee or volunteer
- there has been an incident where someone has been abused or mistreated (alleged or actual) and this relates to the activities of MAWUK
- there has been a breach of procedures or policies at MAWUK which has put beneficiaries at risk, including failure to carry out checks which would have identified that a person is disqualified in law, under safeguarding legislation, from working with children or adults

Source: <https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity> [accessed 20/6/19]

⁴ LADO role exists in England only. Sometimes it's also shortened to DOLA instead in England. Thi role does not exist in other nations so instead refer to the following:

Scotland: local authority children's social work team

Northern Ireland: Gateway Services Team for the relevant Health and Social Care Trust

Wales: local authority child protection services

⁵ An example of this would be where someone has been watching obscene images of children online

- discuss whether there is evidence/information that establishes the allegation is false or unfounded
- discuss whether any other employer needs to be informed if its known the person works elsewhere with children

Step 9 If the allegation is referred out to the local authority, then any child protection investigation and/or police investigation must take priority over any internal Make-A-Wish UK HR processes.

Step 10 The DSM and HR Director will need to determine if the allegation warrants Make-A-Wish UK to suspend the employee who is the subject of the allegation or cease to deploy a volunteer. The act of suspension does not indicate a person's guilt. An individual must not be suspended automatically when there has been an allegation without careful thought. Suspension should be considered in any case where:

- there is cause to suspect a child is at risk of significant harm
- or, the allegation warrants investigation by the police
- or, is so serious that it might be grounds for dismissal
- or, there are concerns that the person about whom the allegations are made may put pressure on or interfere with potential witnesses.

The power to suspend the accused employee or dispense with the services of a volunteer is vested in the employer alone. However, in making these decisions the DSM in consultation with the HR Director will need to take into consideration the views of the police and the local authority.

6.5 Action following the conclusion of the investigative process

6.5.1 At the conclusion of any external investigations, the DSM in conjunction with the HR Manager and the LADO will formally review the outcome and determine if any further action is required. The range of options open will depend on the circumstances of the case and will need to consider the result of any police investigation or trial, any investigations in respect of the child/young person, as well as the different standard of proof required in disciplinary and criminal proceedings. Options include:

- reintegration of the employee or volunteer
- instigate the disciplinary process in respect of employees or the volunteer resolution process in respect of volunteers
- alerting other known employers of the individual concerned (which is a responsibility of the LADO to do if necessary)
- making a referral to the DBS (or equivalent body in the other UK nations⁶) for consideration to bar the person from working with children if they were working in 'regulated activity'. The referral process is outlined on the DBS website and they can be contacted for advice. The DSM or HR Director are responsible for making such a referral.
- alert the relevant Charity Commission of the outcome as per their serious incident reporting requirements.

6.5.2 The following definitions should be used when recording the outcome of allegation:

- **Substantiated:** there is sufficient evidence to prove the allegation
- **False:** there is sufficient evidence to disprove the allegation.
- **Malicious:** there is sufficient evidence to disprove the allegation and that there has been a deliberate act to deceive
- **Unsubstantiated:** there is insufficient evidence to either prove or disprove the allegation.

Every effort should be made to reach a conclusion in all cases even if:

⁶ DBS covers England and Wales. In Scotland refer to Disclosure Scotland. In Northern Ireland refer to AccessNI

- the individual refuses to cooperate, although they should be given a full opportunity to answer the allegation and make representations
- it is difficult to reach a conclusion
- the employee has resigned or the freelancer or volunteer withdraws their services
- the person is deceased.

6.5.3 Make-A-Wish UK never agrees to the use of a 'settlement agreement' or non-disclosure agreement with any person. This is where the person subject to the allegation agrees to resign, the employer agrees not to pursue disciplinary action, and both parties agree a form of words to be used in future references. Nor can it be used to override Make-A-Wish UK duty to make a referral to the DBS where they meet the criteria for consideration to bar them from working with children.

6.5.4 The DSM and HR Manager must determine who needs feedback following the conclusion of any investigations and ensure feedback is given in accordance with the principles of data protection and confidentiality.

6.5.5 If an allegation is determined to be false or malicious, the DSM with the HR Manager must consider if any further action is required which includes:

- if the safeguarding allegation was deliberately invented or malicious then this should be discussed with the police and advice sought
- whether disciplinary action is required (in respect of employees) or volunteer issue resolution (in respect of volunteers)
- the support needs of the person that was the subject of the safeguarding allegation or the person that was harmed.

6.5.6 At the end of the process of managing an allegation and its conclusions, the DSM and HR Manager are responsible for the identification of any lessons learned. This learning may need to feed into policy and procedural revisions and/or safeguarding training.

6.5.7 The DSM must provide in writing feedback to the person who has been subject to the investigation, clarifying the outcome and any implications for their employment. This must be provided within five working days of the conclusion of the investigation.

6.6 Poor Practice

There may be circumstances where allegations are about poor practice rather than abuse, for example the employee or volunteer has not adhered to an aspect of the Code of Conduct but this was minor and did not result in any harm. Where there is any doubt, the line manager should consult with the DSO/DSM. If enquiries indicate that the allegation is about poor practice then Make-A-Wish will determine how best to address this. A pattern of low level concerns should be taken seriously and addressed through employment policies and procedures.

6.7 DSM & HR Director

The DSM and HR Manager are responsible for ensuring that the person who is the subject of the allegation is:

- informed of the allegation against them (once agreed by the local authority/police), notified of the processes that will follow and signposted to support should they require it
- kept up to date about any progress in relation to their case
- advised to contact their union or professional association at the outset if applicable

- kept up to date about what is happening in the workplace in cases where the person is suspended or ceased to use their services. This is to enable their reintegration should they return to work/volunteering
- sent correspondence confirming all of the above including the arrangements for support.

6.8 References

Cases in which an allegation was proven to be false, unsubstantiated or malicious should not be included in employer references.

6.9 What to do when there is a safeguarding allegation against an employee of a partner or supplier

If an employee or volunteer identifies a safeguarding allegation (see para 6.1 for definition) because of the behaviour of an employee of a partner or supplier towards a child then:

Step 1 Speak to your line manager/volunteer manager. This should be done within this same working day of the allegation coming to light.

Step 2 If the line manager/volunteer manager thinks this incident does constitute a safeguarding allegation then they should contact the DSO and complete the Safeguarding Concern Form (Appendix 8).

Step 3 If it is considered that a child is subject to an immediate risk of serious harm, or needs emergency medical attention, then the emergency services must be contacted straight away and the parents/carers of the child told that immediate steps are being taken to get help. The procedures in Section 4 should be followed.

Step 4 The DSO must inform the DSM within 24 hours about the safeguarding allegation. If the DSM is on leave or not available then the DSO will contact the HR Manager to oversee the management of the allegation.

Step 5 The DSM should share details of the allegation with the partner or supplier organisation so that the organisation can address the matter. If the DSM considers a crime may have been committed they should report this to the police unless the organisation intends to do this. The DSM may wish to consult with either the police, NSPCC helpline, or children's social care for advice.

Step 6 the DSM should follow up with the organisation to ascertain that they have acted and note this. If the DSM is concerned that no appropriate action has been taken they will have to consider whether to take independent action.

Step 7 The DSM should keep records of all actions, decisions and outcomes.

Step 8 Make-A-Wish UK will need to determine whether the partner or supplier can continue to be used in future depending on the nature of the allegation, its management and any identified risks.

7. Resolution and escalation

7.1 If, after reporting on a concern or allegation, it is evident that the local authority or police have not taken appropriate action in relation to the safeguarding concern or allegation, then the DSO must discuss this with the DSM to determine if the matter needs escalating with the local authority. There are specific procedures to be followed in such instances as defined by each local children's safeguarding board/partnerships on their website.

7.2 Similarly, if the safeguarding lead in a partner/affiliate organisation has not taken appropriate action then the DSO should discuss this with the DSM to determine whether to make a referral out to the local authority or police or if advice needs to be sought about the matter from an external body.

7.3 A record of any decisions and outcomes must be kept by the DSO or DSM using the Safeguarding Action Log (Appendix 9).

7.4 If any employee or volunteer considers that the safeguarding concern or allegation that they have raised has not been taken seriously by Make-A-Wish UK they can raise the matter via the organisation's whistle blowing policy.

7.5 If Make-A-Wish UK fails to deal with your concerns appropriately or you continue to suspect serious wrongdoing, you can report this to the Charity Commission (England and Wales) or equivalent in other countries⁷ – including anonymously if you wish to do so.

7.6 NSPCC also has a specialist helpline for anyone who has raised a concern through their whistleblowing policy and not had a satisfactory resolution. See Appendix 10 for contact details.

8. Recording, records retention and destruction

8.1 Recording

It is essential that Make-A-Wish UK keeps clear and comprehensive records of any concern or allegation including details of how they were followed up and resolved, and details of the decisions reached and any action taken. The purpose of the record is to:

- enable accurate information to be given in response to any request for a reference
- provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made but did not result in a prosecution or a conviction
- prevent unnecessary re-investigation should an allegation resurface after time
- provide evidence and information if a decision is made to refer the person for consideration to be barred from working with children
- enable Make-A-Wish UK to review and improve policies, procedures and practice

8.2 Creation and Maintaining

The DSO and DSM are responsible for creating and maintaining the record while managing a safe guarding concern or allegation.

8.3 Additional Records

Additional records e.g. email, electronic documents etc. must also be retained. Summaries of the content of these will be recorded on the Safeguarding Action Log (Appendix 9). At the end of the case the DSOs or DSM will create a file of all emails including scanned copies of all hard copy documents. The file must be linked to the Safeguarding Concern Form (Appendix 8). All original hard copy documents should be immediately destroyed (post scanning) using the shredder/secure paper collection.

⁷ Charity Commission Northern Ireland or Office of the Scottish Charity Regulator

8.4 Retention period for records of safeguarding allegations

Records of safeguarding allegations and any subsequent processes against employees or volunteers must be retained, including for people who leave the organisation, at least until the person reaches 65 years, or for 10 years if that is longer. The records must be stored securely in a password protected folder in a shared drive and with restricted access by the DSO and DSM and anyone else authorised by them. Details of allegations that are found to be malicious should be removed from personnel records.

8.5 Retention period for records of safeguarding concerns

All the information relating to a safeguarding concern about a child and subsequent action taken must be recorded using the Safeguarding Concern Form (Appendix 8) and the Safeguarding Action Log (Appendix 9). These records must be stored securely in a password protected folder in a shared drive and with restricted access by the DSO and DSM and anyone else authorised by them. These records should be retained for a period of 15 years] or the period specified by your insurance or records retention policy if its longer]. The period of retention may need to be longer if there has been a complaint in respect of the case or legal proceedings. The reason for keeping a record for longer than 15 years must be documented to be in line with the principles of the data protection requirements.

8.6 Retention

Once the requisite retention period has been reached all records should be destroyed using shredding and confidential waste or be electronically purged.

9. Safeguarding arrangements in wish granting

9.1 Safeguarding within contractual arrangements (suppliers)

Make-A-Wish UK captures, identifies and arranges wishes for children and in so doing works with a range of others to deliver those wishes. This can involve established partners; tried and tested suppliers; third parties; gifts in kind from another organisation or person, and local suppliers. We want to ensure that no child is put at risk of abuse or harm to their health and safety when they are having their wish fulfilled. Therefore, we will develop the following measures:

- Explicit safeguarding requirements we expect to be in place from all those individuals or organisations that fulfil wishes as part of contractual arrangements. This will be tiered and dependent on risk;
- Provide guidance for those who are choosing suppliers;
- Ensure that those who are fulfilling wishes are aware of our safeguarding policy and procedures and code of conduct;
- Ensure that parents are informed about our safeguarding and child protection policy and procedures and understand that they are accountable for their child safety

9.2 Safeguarding during the wish realisation

In granting wishes, the wish team must consider if the child will be exposed to any risks during the wish. This could be regarding the actual activity (eg bungee jump), the location (eg abroad or online), the transport to reach the activity or the activity itself (eg ride in a sports car) or the adults involved (eg travelling abroad with one parent only).

To mitigate for such risks, we will:

- Provide generic risk assessments for our most popular types of wishes;
- Provide a process for doing bespoke risk assessments for high risk activities. (To be defined.) Such high-risk activities will need additional sign off by a line manager;
- Ask for a copy of any risk assessments undertaken by suppliers for activities that are high risk and for which they are liable.

9.3 Sponsors of a wish

Sometimes donors sponsor a wish. They are often keen to meet or reach out to the child which is very understandable. However, donors must not be put in direct contact with the child and their family. Rather any correspondence with the child and family should be made via the Make-A-Wish UK office and this should be made clear to donors at the outset. If feedback from the family is received it will be communicated via Make-a-Wish. The Uses of Images Policy provides additional guidance relating to this area.

9.4 Meeting celebrities

For some children, their greatest wish is to meet a celebrity such as a popstar, sporting hero, actor, presenter, online vlogger or You Tuber. Whilst this is very exciting for the child and family, the safeguarding risks can sometimes be overlooked because of being 'star struck'. For this reason, we will expect that the agency/celebrity is informed about:

- Make -A- Wish UK's code of conduct
- The ongoing relationship statement that is put in itineraries which explicitly advises parents that there should be no on-going relation after meeting with the celebrity
- Ensure that parents are informed about our safeguarding and child protection policy and procedures.

9.5 Travelling abroad for wish realisation (Wish Assist)

Some wishes are fulfilled abroad and can be overseen by a counterpart in an affiliate/chapter. Normally we would always want two adults to be travelling with the child. If this is not possible or the child specifically wants to go with one adult only then there must be a crisis plan in place in case of anything unexpectedly happening whilst abroad and help being required from Make -A-Wish UK/ International/ America or other family members.

Appendix 1 : Safeguarding Terminology

For the purposes of the Safeguarding Children Policy and Procedures, the following terms and definitions apply:

Child abuse⁸: 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. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. There are four main types of harm: Physical abuse, sexual abuse and exploitation, neglect and emotional abuse.

Child at risk: This term is defined in Welsh legislation⁹ and refers to a child who; -

- a) is experiencing or is at risk of experiencing abuse, neglect or other kinds of harm; and
- b) has needs for care and support (whether or not the authority is meeting any of those needs).

Safeguarding and promoting the welfare of children¹⁰: This means protecting children from maltreatment; preventing harm to children's health or development; ensuring children grow up with the provision of safe and effective care; and taking action to enable children to have the best outcomes.

Child protection: This is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm. Different types of abuse (e.g. physical, emotional, sexual or neglect) may constitute significant harm. More details about these forms of abuse are outlined in the accompanying procedures for this policy.

Safeguarding allegation: This is where a person has:

- a) Behaved in a way that has harmed a child, may have harmed a child or might lead to a child being harmed;
- b) Possibly committed or is planning to commit a criminal offence against a child or related to a child or;
- c) Behaved towards a child in a way that indicates s/he is or would be unsuitable to work with children.

⁸ HM Government (2018) *Working Together to Safeguard Children*

⁹ *Social Services and Well-being (Wales) Act 2014, sec 130(4)*

¹⁰ HM Government (2018) *Working Together to Safeguard Children*

Appendix 2 : Safeguarding Roles and Responsibilities

Board of Trustees

- Hold ultimate responsibility for safeguarding
- Appoint a lead trustee for safeguarding
- Ensure the Safeguarding Policy, Procedures and a Code of Conduct are in place and understood
- Ensure the necessary checks are done on employees and volunteers
- Set out risks and their management of in a risk register which is regularly reviewed
- Promote a culture and environment whereby employees and volunteers are empowered to raise concerns and feel supported in their safeguarding role
- Carry out proper due diligence when Make-A-Wish UK works with other bodies to achieve its aims
- Comply with the Charity Commission serious incident notification requirements which reporting relevant safeguarding incidents
- Receive and review regular feedback on safeguarding activity, issues and remedial action from the SMT

Chief Executive and Extended Senior Management Team (ExSMT)

- Take overall responsibility for ensuring that robust Safeguarding Policy and Procedures and a Code of Conduct are in place
- Monitor effectiveness and compliance with the Policy and Procedures
- Take account of safeguarding risks in any new business ventures and activities

Director of Organisational Capability

- Ensure that safer recruitment and vetting policies and procedures are in place for relevant employees and volunteers
- Assist in the management of safeguarding allegations and disciplinarys involving safeguarding matters
- Ensure internal procedures such as disciplinary, complaints and whistleblowing link to the Safeguarding Policy and Procedures and Code of Conduct
- Ensure that there is provision for safeguarding training for employees and volunteers appropriate to their roles and responsibilities

Head of Marketing & Digital Strategy

- Ensure that any activities done to promote the charity or fundraise in all form of media are conducted in a way to safeguard any children involved which includes the taking and use of images
- Provide public relations and communications on the back of any safeguarding incident that might have implications for the organisation

Designated Safeguarding Manager (DSM)

- Take responsibility for the overall implementation of the Safeguarding Policy and Procedures and Code of Conduct and their review
- Provide support and advice to the designated safeguarding officers
- Oversee the management of safeguarding allegations against employees and volunteers
- Brief the board of trustees on safeguarding activity and issues on a regular basis and produces an annual report on safeguarding activity and learning from it
- Chair the safeguarding working group
- Keep abreast of changes in safeguarding law and best practice

This role will be undertaken by Jenny Cook, Director of Wishgranting & Strategy

Designated Safeguarding Officers (DSOs)

- Provide advice and support on safeguarding matters for employees and volunteers
- Make referrals to police and/or children's social care services when necessary
- Ensure that all partnership arrangements/contracts/projects have the necessary safeguarding requirements and arrangements in place
- Alert the Learning and Development Manager to safeguarding training needs
- Keeps abreast of changes in safeguarding law and best practice
- Undertakes duties delegated by the designated safeguarding manager

The DSO role exists in all our key functions and will be undertaken by the following people:

Wishgranting Team: Daniel O'Reilly, Holli Lawless, Katrina Friend

Income & Engagement: Shirley Bird

Volunteer Leads: Shane Coleman, Cathy Brain

Safeguarding Working Group

The purpose of this working group will be to:

- provide support for DSOs
- identify training needs
- embed the new safeguarding policies and procedures through implementing a safeguarding action plan
- identify thematic issues in respect of safeguarding
- review the safeguarding policy on at least an annual basis

Appendix 3 : Key Safeguarding Legislation and Guidance in the UK

Children Act 1989 and 2004
UN Convention on the Rights of the Child 1991
Sexual Offences Act 2003
Female Genital Mutilation Act 2003
Safeguarding Vulnerable Groups Act 2006
Protection of Freedoms Act 2012
Counter Terrorism and Security Act 2015
Serious Crime Act 2015
Modern Slavery Act 2015
Data Protection Act 2018 and the GDPR 2018
HM Government (2018) Working Together to Safeguard Children

Social Services and Well-being (Wales) Act 2014,
Working Together to Safeguard People, Volume 1
Wales Accord on the Sharing of Personal Information (WASPI) 2013
All Wales Child Protection Procedures 2008 and All Wales Safeguarding Protocols
Well-being of Future Generations (Wales) Act 2015

Children and Young People (Scotland) Act 2014
National Guidance for Child Protection in Scotland (Scottish Government 2014)
Getting It Right For Every Child (Scottish Government 2015)

The Children (Northern Ireland) order 1995
Co-operating to Safeguard Children and Young People in Northern Ireland 2017
Safeguarding Board Northern Ireland Core Policy and Procedures 2018
Criminal Law Act 1967

Appendix 4 : Defining Child Abuse and Neglect

There are four categories of harm¹¹ although often children may suffer more than one type of harm.

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 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 and unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include:

- not giving the child opportunities to express their views;
- deliberately silencing them, 'making fun' of what they say or how they communicate;
- 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;
- seeing or hearing the ill-treatment of another;
- 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 and exploitation 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.
- 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 can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation is a form of child sexual abuse. It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.

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 because 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 harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

Neglect can also include neglect of, or unresponsiveness to, a child's basic emotional needs.

¹¹ HM Government (2018) Working Together to Safeguard Children

Appendix 5 : Types and indicators of child abuse and neglect

<p>Physical abuse</p> <p>Possible indicators are children who have:</p> <ul style="list-style-type: none"> • frequent injuries • unexplained or unusual fractures or broken bones • unexplained: bruises, cuts, burns, scalds, bite marks. • pre-mobile babies 	<p>Sexual Abuse and Exploitation</p> <p>Possible indicators of sexual abuse are children who:</p> <ul style="list-style-type: none"> • display knowledge or interest in sexual acts inappropriate to their age • use sexual language or have sexual knowledge beyond their years • ask others to behave sexually or play sexual games • have problems with physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections or underage pregnancy. <p>Possible indicators of child sexual exploitation are children who:</p> <ul style="list-style-type: none"> • appear with unexplained gifts or new possessions • associate with other young people involved in exploitation • have older boyfriends or girlfriends • suffer from sexually transmitted infections or become pregnant • suffer from changes in emotional well-being • misuse drugs and alcohol • go missing for periods of time or regularly come home late • regularly miss school or education
<p>Emotional abuse</p> <p>Possible indicators are:</p> <ul style="list-style-type: none"> • Children who are excessively withdrawn, fearful, or anxious about doing something wrong • Parents or carers who withdraw their attention from their child, giving the child the 'cold shoulder' • Parents or carers always blaming their problems on their child • Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons. 	<p>Neglect</p> <p>Possible indicators are:</p> <ul style="list-style-type: none"> • Children who are living in a home that is persistently dirty or unsafe • Children who are frequently left hungry or dirty • Children who are left without adequate clothing for the weather conditions • Children who are living in dangerous conditions, i.e. around drugs, alcohol or violence • Children who are often angry, aggressive or self-harm • Children who fail to receive basic health care • Parents who fail to seek medical treatment when their children are ill or are injured • Children who are left alone when they are young or left in the care of unsuitable adults or dangerous adults.

Appendix 6 : Grooming Behaviour

Grooming is when someone builds an emotional connection with a child and sometimes their family too in order to gain their trust for the purposes of sexual abuse, sexual exploitation or trafficking.

Children and young people can be groomed online or face-to-face, by a stranger or by someone they know - for example a family member, friend or professional. Groomers may be male or female. They could be any age.

Many children and young people don't understand that they have been groomed or that what has happened is abuse. 'Grooming' is the process through which a person attempts to befriend a child with the intention of later developing a sexual relationship with them. It involves making the child feel comfortable through a variety of methods thus developing trust, before initiating physical contact and abusing that trust. Some argue that the term *entrapment* or *control* better describes this process.

An offender is likely to look to groom the adults as well as the child to gain their trust. This process can happen within any setting. Those who sexually abuse children are often experts at gaining confidence, and can look for situations where they can have unsupervised access to children. Signs that an individual may be grooming a child include:

- Being dressed inappropriately around the child
- Spends most of his/her spare time with children and has little interest in spending time with someone of his/her own age
- Giving special attention to a child
- Isolating a child or young person from other people
- Hugging, touching, kissing, tickling, wrestling with or holding a child
- Giving gifts (including cigarettes/alcohol/drugs) or money for no apparent reason
- Treating a child as a peer or like a spouse
- Finding ways to be alone with a child when other adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, etc.
- Not respecting the privacy of a child
- Discussing their own sex life or asking a child to discuss sexual experiences or feelings;
- Viewing indecent images of children
- Abusing alcohol or drugs and/or encourages children to use them.
- Allowing children to consistently 'get away' with inappropriate behaviors
- Encouraging silence or secrets
- Makes fun of a child's body parts – uses sexualised names for the child or young person
- Not adhering to the rules, authority or code of practice in the particular setting, organisation or within an activity

Appendix 7 : Children abused in specific circumstances

Abuse by peers/sexually harmful behaviour Young people, particularly those living away from home, are vulnerable to physical, sexual and emotional bullying and abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It is subject to the same safeguarding children procedures as apply in respect of any young person who is suffering or at risk of suffering significant harm from an adverse source.

Adolescence The nature of abuse and neglect for teenagers is different from that of younger children. They may face a wider range of risks due to the relationships they have, social media that they use, lifestyles that they lead and with their increasing independence. Risk taking and experimentation is a normal part of growing up but also can place young people in harm's way.

Child trafficking Child trafficking is child abuse. This is where children are recruited, moved or transported and then exploited e.g. for sexual exploitation or domestic servitude. They are often subject to multiple forms of abuse. Children may be trafficked into the UK from abroad but can also be trafficked from one part of the UK to another. Advice can be sought from the Child Trafficking Advice Centre (CTAC) on : 0808 800 5000.

Child criminal exploitation It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for financial advantage or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur using technology.

County Lines This term is used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Disabled children with a disability or additional health needs are a particularly vulnerable group as signs of abuse and neglect may be masked or misinterpreted as being due to underlying impairments. Disabled young people are three times more likely than non-disabled children to experience abuse as:

- they have fewer outside contacts than other young people;
- may receive personal care, possibly from several carers;
- have limited capacity to resist or avoid abuse;
- have communication difficulties that may make it difficult to tell others what is happening
- be inhibited about complaining because of a fear of losing services;
- be especially vulnerable to bullying and intimidation and /or, abuse by their peers.

Domestic violence Children living in families where they are exposed to domestic violence have been shown to be at risk of behavioural, emotional, physical and long term developmental problems. Everyone interacting with children and families should be alert to the frequent inter-relationship between domestic violence and the abuse of children.

Female genital mutilation (FGM) FGM has significant physical and mental health consequences both in the short and long term and, therefore, must not be excused, condoned or accepted. FGM cannot be left to personal preference or cultural custom as it is an extremely harmful practice that violates basic human rights. Girls can be at risk of FGM during school summer holidays. This is the time when families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. FGM is illegal in the UK and where it is suspected it must be referred onto children's social care.

Forced marriage A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor. It is an entirely different from an arranged marriage. In an arranged or assisted marriage, the families take a role in choosing and introducing the marriage partners but the marriage is entered freely by both people, without pressure. In a forced marriage, this consent does not exist. If this form of harm is suspected, advice should be sought from the Forced Marriage Unit prior to any discussion with the young person or family on 0207 008 0151 or out of office hours contact: 0207 008 1500 (ask for Global Response Centre).

Online abuse This is abuse that is facilitated using internet-connected technology. It may take place through social media, online games, or other channels of digital communication. Technology can be used to facilitate illegal abusive behaviours including, but not limited to: harassment; bullying; stalking; threatening behaviour; creating or sharing child sexual abuse material; inciting a child to sexual activity; sexual exploitation; grooming; sexual communication with a child; and causing a child to view images or watch films of a sexual act. Children can also be victimised if evidence of their abuse is recorded or uploaded online. Both online abuse and exposure to unsuitable content or behaviour can have a long-lasting impact on the well-being of children and young people. For further information on this topic see NSPCC Learning, CEOP, Internet Watch Foundation and the UK Safer Internet Centre websites.

Parental adversity Parental drug misuse can cause harm from conception to adulthood, including physical and emotional abuse and neglect. Where drug misuse co exists with domestic violence and mental illness the risk of harm to a child is even greater.

Race and racism Young people from black and minority ethnic groups may have experienced harassment, racial discrimination and institutional racism. The experience of racism is likely to affect the responses of the young person and parents/carers to other intervention in their lives. There is also a danger that professionals working with children and young people may not intervene soon enough for fear of being racist and in so doing, offer the child less protection.

Unaccompanied asylum-seeking children (UASC) A UASC is an asylum-seeking child under the age of 18 who is not living with their parent, relative or guardian in the UK. They can be more vulnerable to abuse and exploitation because they lack the necessary support networks, protection and communication skills.

Young people and gang activity Overall, young people can be particularly vulnerable to suffering harm in the gang context are those who are:

- not involved in gangs, but living in an area where gangs are active
- not involved in gangs, but at risk of becoming victims of gangs;
- not involved in gangs but at risk of becoming drawn in, for example, siblings or children of known gang members; *or*
- gang-involved and at risk of harm through their gang-related activities e.g. drug supply, weapon use, sexual exploitation and risk of attack from own or rival gang members.

Young carers A young carer is a person under 18 who provides or intends to provide care for another person (of any age apart from where that care is provided for payment or as voluntary work). Young carers may require support services either for them or for the person they care for to ensure that their health and welfare does not suffer. In some instances, young carers may need protection due to the adverse circumstances they may be experiencing or where the behaviour of the person that they are caring for is abusive.

Radicalisation and violent extremism This refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Children may become susceptible to radicalisation through a range of social, personal and environmental factors. Indicators of radicalisation and violent extremism include:

- attempts to impose extremist views on others

- contact with extremist recruiters;
- justifying the use of violence to solve societal issues;
- joining or seeking to join extremist organisations;
- glorifying violence, especially to other faiths or cultures
- possessing illegal or extremist literature
- out of character changes in dress, behaviour, peer relationships, secretive
- online searches or sharing extremist messages or social profiles
- intolerance of difference, including faith, culture, gender, race or sexuality
- graffiti, art work or writing that displays extremist themes
- verbalising anti-Western or anti-British views

Children who are showing signs of radicalisation and violent extremism will need to be considered as at risk of harm to themselves or others and therefore such concerns should be acted upon by following the safeguarding procedures.

Appendix 8 : Safeguarding Concern Form

Complete as much detail as you are able. Don't delay making a referral if there is information missing.

Part 1 Details of the Child/children		
Name of Child/ren		
Gender:	Age:	Date of Birth:
Religion	Ethnicity	Any additional needs (e.g. disability, language spoken, interpreter required)
Parent's/Carer's name(s):		
Home address of child/ren		
Place/time/date where the allegation was identified		
Part 2 Details of a safeguarding allegation against employees/volunteers/freelancers/partners/third parties		
Name and role of person who is the subject of the allegation		
Age and/or Date of Birth		
Home address		
Place/time/date where the concern was identified		

Part 3 Your Details:

Your Name:	Your Position:	Your contact details
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Part 4 Report:

Are you reporting your own concerns or responding to concerns raised by someone else?

<input type="checkbox"/> Responding to my own concerns	If responding to concerns raised by someone else, please provide their name, role and contact details (if known):
<input type="checkbox"/> Responding to concerns raised by someone else	

Please provide details of the safeguarding concern or allegation including times, dates or other relevant information. Make it clear whether you are giving a fact, expressing your opinion or expressing the opinion of someone else.

The child or adult's account of what happened (e.g. of any incident, injury, disclosure, behaviour) if known

Please provide details of the person alleged to have caused the incident/injury if known (e.g. names(s) /address/ incident address /relationship to child or adults

Please provide details (name, role contact details if known) of any witnesses to the incident/concerns:

Part 5: Actions Taken	
State any risk of immediate harm	
Identify any action taken already e.g. contact with police, manager, children’s services, NSPCC helpline etc.	
Is the child and parents/carers or accused person aware that a report has been made	
Any known previous history of safeguarding concerns or allegations	
Any further information or comments or actions to be taken	

Date and time of report being submitted and to whom.....

Part 6: Immediate action and decisions by DSO

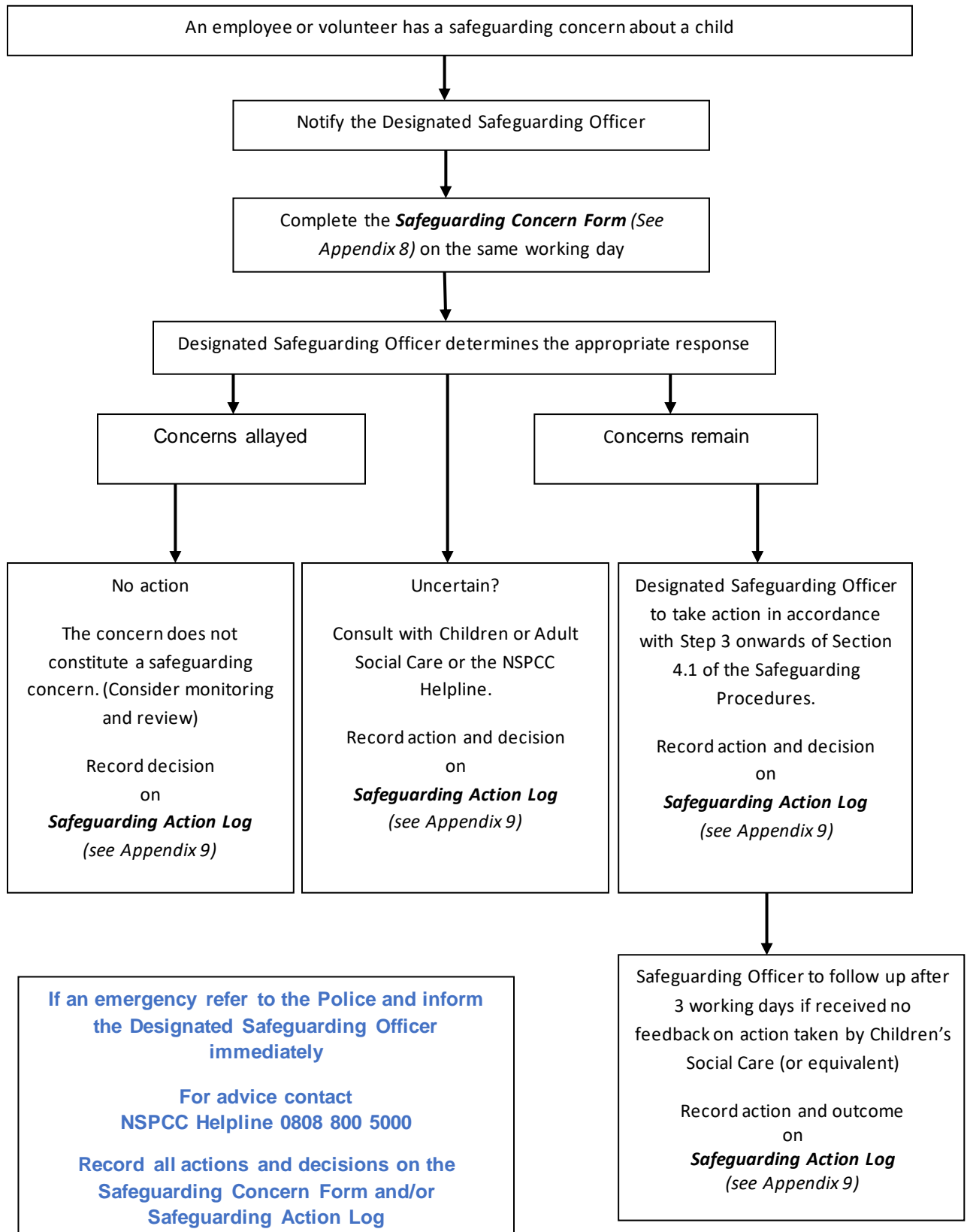
Appendix 9 : Safeguarding Action Log

Date & time	Name	Notes	Action	By Whom

Appendix 10 : Contacts for Safeguarding

Name and job title	Safeguarding Role	Contact details
Jenny Cook Director of Wishgranting & Strategy	Designated Safeguarding Manager	m: 07599 556 130
Wishgranting	<u>Designated Safeguarding Officers</u> Daniel O'Reilly Holli Lawless	0118 304 2714 0118 304 2721
Income & Engagement	Shirley Bird	0118 304 2761
Volunteer Leaders	Shane Coleman Cathy Brain	07547 287088 07971 579930
NSPCC Helpline	24-hour helpline for advice on child protection matters for professionals and adults	0808 800 5000
Childline	24-hour helpline for children and young people	0800 1111
Whistle blowing advice line (external)	Advice can be sought from NSPCC if using the HCT whistleblowing procedure has not resolved a concern satisfactorily	0800 028 0285
The UK Safer Internet Centre	Provides advice for professionals and responds to reports about sexual abuse images of children online	0844 381 4772
Child Exploitation and Online Protection Centre(CEOP)	Investigates inappropriate online behavior such as grooming online or sexual exploitation	0870 000 3344
Internet Watch Foundation	Remove images of child sexual abuse content and criminally obscene content online	01223 203030
Disclosure and Barring Service (DBS)	Advice line for criminal records checks and barring people from working with children or adults at risk	03000 200 190
Local authority Children's Social Care (England)	Use the following website to find out the details: https://www.gov.uk/report-child-abuse-to-local-council	

Appendix 11 : FLOWCHART - What to do if you have safeguarding concerns about a child or adult at risk (Non-Emergency)



Appendix 12 : FLOWCHART – What to do if there are concerns or allegations made about a MAWUK employee, volunteer or adult from a partner affiliate

