



**Huntington's  
Disease  
Association**

# **Safeguarding children policy**

Issue date:	June 2025
Version number:	6
Review date:	June 2026
Status:	Approved

## Introduction

The Huntington's Disease Association believe that every child and young person has the right to be safe and we believe it is always unacceptable for a child or young person to experience abuse or neglect of any kind. The Huntington's Disease Association takes our responsibility to safeguard and promote the wellbeing of the children we work with very seriously. We aim to minimise the risk of abuse and neglect and work together with other agencies to ensure rigorous arrangements are in place within the Huntington's Disease Association to protect and respond to children and young people who may be, experiencing, or have experienced abuse or neglect and/or whose families may need support and early help.

## Purpose and scope

This policy applies to all people working or volunteering for the Huntington's Disease Association or on behalf of the Huntington's Disease Association in any capacity, including employees, trustees, agency workers, seconded workers, volunteers, contractors and suppliers.

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

The purpose of this policy is:

- to protect children and young people who receive the charity's services from harm. This includes the children of adults who use our services.
- to provide all people working for the Huntington's Disease Association or on our behalf of the Huntington's Disease Association in any capacity, with the overarching principles that guide our approach to child protection.

## Legal framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England and Wales. A summary of the key legislation and guidance is available from [learning.nspcc.org.uk/child-protection-system](https://learning.nspcc.org.uk/child-protection-system).

The duties of charities and voluntary sector organisations towards children and families is set out in Working Together Guidance [www.gov.uk/government/publications/working-together-to-safeguard-children-2](https://www.gov.uk/government/publications/working-together-to-safeguard-children-2). This document should be read in conjunction with an understanding of these England and Wales wide safeguarding arrangements.

Local authorities will each also have their own local arrangements as set out on their Local Safeguarding Children Partnership websites.

## Our commitment

Safeguarding is a fundamental part of the work of the Huntington's Disease Association and we are committed to carrying out the following key objectives:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare
- All staff, and volunteers, who have contact with children, are aware of their responsibilities with respect to safeguarding
- Staff, and volunteers who have contact with children, are properly trained in recognising and reporting safeguarding issues
- The responsibilities set out in this policy apply (as appropriate) to all members of the Executive Council, staff and volunteers. It is fully incorporated into the Huntington's Disease Association's ethos and is underpinned throughout staff meetings, client meetings and the environment in which we work.
- Ensuring that the charity complies with existing legislation. In carrying out these statutory duties/responsibilities, account must be taken of The Department for Education England wide legal framework 'Working Together to Safeguard Children; Statutory framework: legislation relevant to safeguarding and promoting the welfare of children' [www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2) alongside :
  - Safeguarding Children Partnership and Safeguarding Adult Board safeguarding procedures of the relevant authority in which we work
  - Children Act (1989) and Children Act (2004)
  - Working Together to Safeguard Children (2018)
  - The Governance Handbook
  - Human Rights Act (1998)
  - United Nations Conventions on the Rights of the Child (1991)
  - Data Protection Act (2018)
  - Safeguarding Vulnerable Groups Act (2006)
  - Equality Act (2010)
  - Information Sharing: Advice for practitioners providing safeguarding to children, young people, parents and carers (2015)
  - Safeguarding Disabled Children: Practice Guidance (2009)
  - Section 5B (11) of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015. Alongside the Statutory guidance on female genital mutilation
  - Rehabilitation of Offenders Act 1974
  - Statutory Guidance on the Prevent duty, which explains organisations duties under the Counterterrorism and Security Act 2015

- Domestic Abuse Act 2021

## Definitions

A child is anyone under the age of 18 years.

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

See Working Together to Safeguard Children (2018),

[www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

## Types of abuse and neglect

### Types of child abuse

There are four main types of abuse, physical abuse, emotional abuse, sexual abuse and exploitation and neglect. There are several factors increasing children's risk including, being a young carer, being in the care system, problems with drugs and alcohol, mental health factors, or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering physical abuse.

### Physical abuse

This is when someone hurts a child on purpose and with the intent to cause harm. This can include hitting, shaking, throwing, poisoning, burning, drowning, or suffocating. If it causes them physical harm, such as cuts, bruises, broken bones or other injuries, it is physical abuse.

Anyone can hurt a child - a relative, friend or stranger. It can also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

### Signs of physical abuse

- Children with frequent injuries
- Children with unexplained or unusual fractures or broken bones
- Children with unexplained:
  - bruises or cuts
  - burns or scalds
  - bite marks
- Children with an injury where the explanation does not match the injury

## Emotional abuse

Emotional abuse is when a child's feelings and emotions are manipulated or shamed on purpose. This can take different forms, for example:

- when a child is unfairly blamed for everything
- told they are stupid, worthless or ugly
- ignored or never shown any emotion in interactions

Emotional abuse is the severe and persistent ill-treatment of a child. It can have long-lasting and devastating effects on a child's emotional health and development.

### Signs of emotional abuse

- The child is 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 blaming their problems on their child
- Parents or carers who humiliate their child, for example, by name-calling or making negative comparisons.

Emotional abuse may be the only form of abuse suffered by a child, or it might be part of a wider pattern of abuse.

## Sexual abuse and exploitation

Sexual abuse is any sexual activity with a child, or inducing a child to act in sexually inappropriate ways.

Many children and young people do not recognise themselves as victims. A child may not understand what is happening and may not even understand that it is wrong.

The sexual abuse of children is more than just physical sexual contact. It includes:

- sexual touching, masturbation, kissing, rubbing - clothed or unclothed
- all penetrative sex
- intentionally engaging in sexual activity in front of a child
- making, showing, or distributing indecent images of children or themselves.
- grooming children for future abuse - in person or online

### Signs of sexual abuse

- displaying knowledge or interest in sexual acts inappropriate to their age
- using sexual language or have sexual knowledge that you wouldn't expect them to have
- asking others to behave sexually or play sexual games

- exhibiting physical sexual health problems, including soreness in the genital and anal areas, sexually transmitted infections
- underage pregnancy

Sexual abuse is not only perpetrated by adult males. Women can commit acts of sexual abuse, as can other children. For example, if a child shares a nude picture of another child.

### **Child sexual exploitation**

Child sexual exploitation is a form of sexual abuse. This is when an individual or group takes advantage of a child (anyone under 18) to coerce, manipulate or deceive them into sexual activity. This is done:

- in exchange for something the victim needs or wants
- for the financial advantage or increased status of the perpetrator or facilitator.

Even if the activity appears consensual, the victim still may have been sexually manipulated. Child sexual exploitation does not always involve physical contact, and can also occur online or through social media.

### **Signs of child sexual exploitation**

- appearing regularly with unexplained gifts or new possessions
- associating with other young people involved in exploitation
- having older boyfriends or girlfriends
- suffering from sexually transmitted infections or pregnancies
- changes in emotional well-being e.g. becoming withdrawn or changes in friendships
- misuse of drugs and alcohol
- going missing for periods of time or regularly coming home late
- regularly missing school or not taking part in education

### **Neglect**

Neglect is where a child is not looked after. It is the persistent failure to meet a child's basic and essential needs. This can include:

- not providing adequate food, water, clothing, and shelter
- leaving a child alone in dangerous situations
- leaving a child unsupervised at a young age
- failure to provide medical care
- failure to meet the child's emotional needs

### **Warning signs of neglect**

- living in a home that is indisputably dirty or unsafe

- persistent hunger and signs of malnutrition
- lack of hygiene - dirty clothes, strong, unpleasant body odour and poor dental hygiene
- lack of adequate clothing for the time of year - such as not having a winter coat
- living in dangerous conditions, i.e. around drugs, alcohol or abuse
- often acting angry, aggressive or self-harming
- failing to receive basic health care
- parents who fail to seek medical treatment when their children are ill or injured

If a child does not have a safe and stable home, this is neglect.

## **Domestic abuse**

Our safeguarding approach is compliant with the Domestic Abuse Act 2021, which recognises that children who see, hear, or experience the effects of domestic abuse are victims in their own right.

We understand that domestic abuse can have a significant and long-term impact on a child's emotional, physical and psychological wellbeing.

In line with the Act:

- We recognise children as victims of domestic abuse, not just witnesses, when they are exposed to abuse between individuals who are personally connected
- We respond to concerns about domestic abuse as child safeguarding matters and follow our child protection procedures accordingly
- Where appropriate we share concerns with local safeguarding partners and may contribute to multi-agency risk assessments
- Our staff are trained to recognise signs of domestic abuse in families and respond sensitively and effectively.

We are committed to ensuring that children affected by domestic abuse are listened to, supported, and protected.

## **Equality statement**

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs or disabilities
- Are young carers
- Children who are Looked After/ Care Leavers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of female genital mutilation, sexual exploitation, forced marriage or radicalisation
- Are an asylum seeker
- Are showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Are frequently missing/goes missing from care or from home
- Are at risk of modern slavery, trafficking or exploitation
- Are at risk of being radicalised or exploited
- Are misusing drugs or alcohol
- Has returned home to their family from care
- Are a privately fostered child
- Has a parent/carer in custody

## Safeguarding procedure

### Roles and responsibilities

Safeguarding and child protection is everyone's responsibility. This policy applies to staff, volunteers, and the Executive Council. Our policy and procedures also apply to all those who are involved in running or working at official events organised by the Huntington's Disease Association.

### All staff

- All staff will read and understand this policy and procedure (Safeguarding Children's Policy) and the Staff Code of Conduct annually.
- All staff will access safeguarding training as part of their induction and will access refresher training at least every three years. Managers will ensure that the training is provided appropriately.
- All staff will be aware of:



- Our systems that support safeguarding, the Staff Code of Conduct and the role of the Designated Safeguarding Lead.
  - The signs of different types of abuse and neglect.
  - Specific safeguarding issues, such as child sexual exploitation, female genital mutilation and radicalisation.
  - How to handle disclosures (Appendix 1 provides guidance to staff on how to handle disclosures).
  - How, when and who to report concerns to within the Huntington's Disease Association.
  - What to do if they are uncertain about a situation. We do not wish a desire for certainty to prevent people coming forward with patterns of lower level issues, and these should all be discussed with a manager.
  - How to record any safeguarding concerns, referrals or activities and passing information on to the Designated Safeguarding Lead in accordance with our recording systems. See appendix 2.
- Advisory staff and youth workers will
    - Access regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
    - Make referrals (with the support of the Designated Safeguarding Lead where appropriate) and, if necessary, refer suspected cases, as appropriate, to the relevant body (children's social care duty, Channel programme (where a child is identified as vulnerable to being drawn into terrorism), and/or police)
    - Keep appropriate records of safeguarding concerns, discussions, referrals and communication in respect of children and young people.
    - Signpost to support services where there is a need for help but no actual concerns are noted

### Designated Safeguarding Lead for children and young people

The Designated Safeguarding Lead for children takes lead responsibility for child protection and wider children's safeguarding within the Huntington's Disease Association.

The Designated Safeguarding Lead (DSL) for children will be available during their normal working hours for staff to raise any safeguarding concerns. All safeguarding staff listed in this policy are also available during their own working hours. Outside of these times, including evenings, weekends, and periods of annual leave, availability of any safeguarding staff cannot be guaranteed unless a prior arrangement has been made. In urgent situations, staff should contact Local Authority Children's Social Care (details available via the relevant safeguarding app), the NSPCC, or the Police directly.

When the Designated Safeguarding Lead for children is absent then the Deputy Safeguarding Leads will act as cover.

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

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

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

### Executive Council

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

### Chief Executive

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

- Ensuring that staff (including temporary staff) and volunteers are informed of this policy as part of their induction.

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

### Volunteers (who have contact with families):

- Volunteers will read the safeguarding summary when beginning their volunteering. When reviewed by our organisation we will promptly communicate the new version, and highlight the updated sections, for the volunteers to read
- Volunteers will access safeguarding training as part of their induction and will access refresher training at least every three years.
- Volunteers will be aware of the signs of abuse and how to deal with disclosure.
- Volunteers will know how, when and who to report concerns to.

### Supervision

We recognise that supervision is a key part of safeguarding practice, providing staff with regular opportunities to reflect on their work, raise concerns, and seek guidance.

All staff have access to regular supervision, which includes space to discuss any safeguarding issues. A dedicated prompt within the supervision form encourages discussion around any safeguarding matters.

However, we are clear that that staff are expected to raise any safeguarding concerns as they arise, and not wait for scheduled supervision.

In addition, our advisers and youth workers have the opportunity to attend peer led reflective sessions where they can share celebrations and explore complex or challenging safeguarding cases in a supportive environment.

These mechanisms promote a culture of openness, learning, and shared responsibility around safeguarding.

### Multi-agency working

As a charity covering England and Wales, we work across multiple areas, each with its own safeguarding procedures and contacts.

We are committed to working in line with local multi-agency safeguarding arrangements wherever we deliver services. This includes referring concerns to the relevant local authority and engaging with local safeguarding partners such as social care, health

service, and the police.

When a safeguarding concern arises, we will identify and follow the appropriate local safeguarding procedures, including any referral pathways, escalation processes, and information-sharing protocols.

## **Confidentiality and Information sharing**

### **Confidentiality**

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

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

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

### **Information sharing**

Timely information sharing is essential for effective safeguarding. The Huntington's Disease Association will share safeguarding information as appropriate in keeping with the principles outlined in the government guidance document: Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE 2018):

[assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1062969/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf)

This guidance has been produced to support practitioners in the decisions they take to share information, which reduces the risk of harm to children and young people and promotes their well-being.

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

All concerns about the welfare or safety of a child or young person must be raised immediately. Non-advisory or youth worker staff and volunteers must raise their concern with the Designated Safeguarding Lead or a nominated member of staff. The Designated Safeguarding Lead will seek to clarify the nature of the concern, ensure that the child or young person is safe and support to take any immediate steps to ensure safety. Advisory and youth service staff may make a referral directly or seek the advice of the Designated Safeguarding Lead.

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

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

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

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

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

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

### **A safer working culture**

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

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

### **Safer recruitment, selection and pre-employment vetting**

The Huntington's Disease Association pays full regard and commitment to following the safer recruitment, selection and pre-employment vetting procedures.

### **Concerns relating to a member of staff or volunteer**

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

Staff must report, any safeguarding concerns relating to staff or volunteers to their line manager. Volunteers and workers who aren't employed directly by the Huntington's Disease Association (e.g. contractors and suppliers) must report to the Designated Safeguarding Lead or nominated member of staff. If the allegation involves a manager then the Chief Executive must be informed. If the allegation involves the Chief Executive then it must be raised with the Executive Council.

The case manager should gather as much information about the alleged incident as necessary in order to establish whether there is substance to the allegation.

An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

The case manager notifies the local authority designated officer (LADO) (each authority has a reporting form that you can download from their website) in order to assess the level of concern. As part of this initial consideration, the case manager should consult with the HR Manager. The completed LADO notification form must be sent to the local authority's LADO within one working day of the allegation being made. This will assist the case manager and HR in consultation with the LADO to decide on the most appropriate course of action. Each Local Authority will have a process to view for LADO involvement.

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

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

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

Any staff or volunteers who are dismissed by the Huntington's Disease Association for gross misconduct or cumulative misconduct relating to safeguarding of children/young people will be referred to the DBS for consideration of barring. Similarly, where the Huntington's Disease Association has a reasonable belief that the member of

staff/volunteer would have been dismissed by their previous employer had they been employed at the time of the conclusion of investigations, they will be referred to the DBS. The Huntington's Disease Association will keep written records of all of the above.

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

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

## Key contacts

Designated Safeguarding Lead for children and young people	James O'Connor  Phone: 07718 424 905 Email: <a href="mailto:James.o'connor@hda.org.uk">James.o'connor@hda.org.uk</a>
Deputy Safeguarding Lead for children and young people	Ruth Sands  Phone: 07809340238 Email: <a href="mailto:ruth.sands@hda.org.uk">ruth.sands@hda.org.uk</a>
Deputy Safeguarding Lead for children and young people	Helen Santini  Phone: 01279 507656 Email: <a href="mailto:helen.santini@hda.org.uk">helen.santini@hda.org.uk</a>
Deputy Safeguarding Lead for children and young people	Anne Filson  Phone: 01535 281358 Email: <a href="mailto:anne.filson@hda.org.uk">anne.filson@hda.org.uk</a>
Nominated Safeguarding Executive Council member	Sian Barker
NSPCC	Phone: 0808 800 5000 (helpline) Phone: 0800 028 0285 (Whistleblowing helpline) Email: <a href="mailto:help@nspcc.org.uk">help@nspcc.org.uk</a>

## Appendix 1: Dealing with a disclosure of abuse

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

- Stay calm.
- Do not express shock, anger or embarrassment.
- Reassure the child they have done the right thing in telling you. Never enter into a pact of secrecy with the child. Assure them that you will try to help, but let the child know that you will have to tell other people in order to do this. State who this will be and why.
- Tell them that you believe them. Children very rarely lie about abuse; but they may have tried to tell others and not been heard or believed.
- Tell the child that it is not their fault.
- Encourage the child to talk but do not ask "leading questions" or press for information. Try not to interrupt when they are speaking and allow them to speak freely.
- Listen and remember.
- Check that you have understood correctly what the child is trying to tell you.
- Praise the child for telling you. Communicate that they have a right to be safe and protected.
- Do not tell the child that what they experienced is dirty, naughty or bad.
- It is inappropriate to make any comments about the alleged offender.
- Be aware that the child may retract what they have told you. It is essential to record all you have heard.
- At the end of the conversation, tell the child again whom you are going to tell and why that person or those people need to know.
- As soon as you can afterwards, make a detailed record of the conversation, using the child's own language. Quote them verbatim where possible. Include any questions you may have asked. Do not add any opinions or interpretations.

It is not a staff member or volunteer's role to seek disclosures. It is their responsibility to observe if something may be wrong, ask about it, listen, be available and try to make time to talk. Immediately afterwards all disclosures of abuse must be reported to the Designated Safeguarding Lead.



## Appendix 2: Recording a Safeguarding Concern and/or Safeguarding Referral

Please do not interpret what is seen or heard. Simply record the facts.

Advisory and youth worker staff must make a record within 24 hours of all safeguarding concerns on FileMaker. Non-advisory or youth worker staff or volunteers should make a detailed record of the conversation and give this to the Designated Safeguarding leads to ensure that this is stored securely and destroyed in line with data protection policies.

### Child safeguarding referral

A 'safeguarding referral – child' should be recorded in the 'new note' category when you make a referral to Children's Social Services and report what you have witnessed or been told. This should only be done once during the Huntington's Disease Association's involvement unless the previous case has been closed and you must make a new referral.

The screenshot shows the 'New Note' form in FileMaker. At the top, it says 'Note For: Ruth Abuzaid'. Below this are fields for 'Date' (26/3/20), 'Abandoned' (checkbox), 'Time Start' (10:35), and 'Time End' (10:35). There are also 'Show in Reminders' and 'Show in Calendar' buttons. The 'Contact Focus' dropdown is set to 'Safeguarding Referral - child'. The 'Intervention' dropdown is set to 'Referral'. The 'Outcome' dropdown is set to 'Reduced risk in future'. The 'Note Type' dropdown is set to 'Safeguarding Referral - Child' and is circled in red. Below this is a large text area for the note. To the right is an 'Attached File' section with a 'View As' dropdown and a plus icon. At the bottom, there are four buttons: 'Family Attendance', 'Professional Attendance', 'Phone calls taken', and 'Emails taken'.

### Child safeguarding activity

'Safeguarding activity – child' should be recorded when you do any work regarding an ongoing safeguarding case. It would include making contact with or being contacted by any other outside agency in relation to safeguarding. This could include Children's Social Services but it would be as part of an ongoing case and not an initial referral. In the 'contact focus' drop down you should always select 'safeguarding concern' as well as any other reasons for the piece of work. If you have taken any actions, they should be recorded in the same note. If the other agency takes any other actions that should also be recorded in the same note. Outcomes will vary depending on the family wishes.

New Note

Note For **Ruth Abuzaid** Show in Reminders Show in Calendar ✕

Date: 26/3/20 Abandoned ☐ Time Start: 10:35 Time End: 10:35 ✕ Clear

Contact Focus: Safeguarding concern Intervention: Discussed with HDA Safeguarding lead / Outcome: Appropriate service advised

Note Type: Safeguarding Activity - Child

Private Note

Attached File

View As: + 🔍

i

Family Attendance Professional Attendance Phone calls taken Emails taken

## Safeguarding concern

'Safeguarding concern' should be recorded if you have a concern that you have discussed with another Huntington's Disease Association professional, such as the Designated Safeguarding Lead or your line manager. This is something that would not necessarily require any follow up actions but you should follow the advice of the Designated Safeguarding Lead or your line manager.

New Note

Note For **Ruth Abuzaid** Show in Reminders Show in Calendar ✕

Date: 26/3/20 Abandoned ☐ Time Start: 10:35 Time End: 10:35 ✕ Clear

Contact Focus: Safeguarding concern Intervention: Discussed with HDA Safeguarding lead / Outcome: Appropriate service advised

Note Type: Phone - Professional

Private Note

Attached File

View As: + 🔍

i

Family Attendance Professional Attendance Phone calls taken Emails taken

1

## Flowchart of key questions for information sharing

