Safeguarding Children
SMA UK Policy Statement and Guidance

SMA UK's response to the requirements of organisations working with children and families as set out in:

- Children Act 1989
- Children Act 2004
- Children and Families (England) Act 2014
- Children and Social Work (England) Act 2017
- Social Services and Well-being (Wales) Act 2014
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Children (Northern Ireland) Order 1995
- Working Together to Safeguard Children – March 2026

The Children and Families Act 2014 gives specific protection to more vulnerable children, such as those in foster care, those being adopted and children with special educational needs and disabilities (SEND).

Our commitment to Safeguarding means that we will:

- Take all reasonable measures to ensure that the risk of harm to children's welfare is minimised.
- Take all appropriate action to address any concerns we have about a child's welfare by working in full partnership with other agencies.

To this end we will:

- Always follow the national guidance issued by the Secretary of State (as above) and the guidance and procedures of the local authority responsible for where the child of concern lives.
- Always have an appropriately trained and experienced member of our Support Team as our Designated Safeguarding Lead (DSL).
- Have robust procedures in place.
- Ensure all staff and volunteers are clear what is required of them if they have any concerns or suspicions that a child has suffered, or is likely to suffer, significant harm (procedures and guidelines available on request).
- Ensure all who use our services are aware that safeguarding always overrides confidentiality (see Privacy Notice: smauk.org.uk/privacy).

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- Always ensure parental consent unless to do so places the individual at a greater risk.
- Maintain our Community Networks Safety procedures.
- Maintain our Safer Recruitment Policy.
- Monitor and review this policy on a regular basis and address any weaknesses that are identified.

Last Reviewed November 2026

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1. Background Information

1.1 Significant Harm:

The **Children Act 1989 and 2004** introduced and defined the concept of **Significant Harm** as:

'Ill-treatment or impairment of health and development. Ill-treatment includes sexual abuse and forms of ill-treatment which are not physical, including emotional abuse. Physical abuse itself is not explicitly included, but this is taken as read. "Health" includes both physical and mental health; development, includes physical health, Intellectual, emotional, social, and behavioral development'.

Significant Harm also includes:
'Impairment suffered from seeing or hearing the ill-treatment of another."

It is the threshold that gives local authorities **a duty** to make enquiries to decide whether they should act to safeguard or promote the welfare of a child. They may undertake what is called a **Core Assessment** which incorporates a **Section 47** enquiry (Child Protection enquiry in England and Wales).

To assess whether health or development is being significantly impaired, the Act tells us to compare the health or development of the child in question with that which could reasonably be expected of a similar child.

1.2. Safeguarding:

Safeguarding is a term which is broader than "child protection" and relates to the action taken to promote the welfare of children and protect them from harm.

Safeguarding is everyone's responsibility.

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Children may be vulnerable to neglect, and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives. **Contextual safeguarding** acknowledges the importance of considering the different environments and relationships beyond the family that influence a child's safety and wellbeing. Recognising that children can experience harm in places like school, community, peer groups and online. These threats can take a variety of different forms, including:

- Sexual, physical, and emotional abuse.
- Neglect.
- Exploitation by criminal gangs and organised crime groups.
- Trafficking.
- Online abuse.
- Sexual exploitation and the influences of extremism leading to radicalisation.
- Cuckooing – also known as 'home invasion' is where criminals target vulnerable young people to take over their home for criminal activities.

1.3. Whistleblowing:

Whistleblowing is the reporting of suspected wrongdoing. In the context of safeguarding, this is what someone should do whenever they have a concern that anyone in a caring or support role, such as a staff member, volunteer or personal assistant is in some way abusing their position. It is a more general concern rather than a concern around a specific child.

1.4. Children with disabilities:

Children with disabilities are more vulnerable to abuse. Some of the reasons for this include:

- A child's experience of intimate care might mean that they are less clear about appropriate boundaries and may not realise what is not appropriate behavior.
- A child might have a number of different carers involved in their intimate care.
- A child may not be physically able to remove themselves from a situation that is unsafe or inappropriate.
- If a child is non-verbal (due to age or their disability), or has any other communication or learning disability, it may be more difficult for them to report what is happening to them.

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Whatever the form of abuse or neglect, staff and volunteers should put the needs of children first when determining what action to take**.**

2. Organisation Leads

Designated Safeguarding Leads: Adults (DSL's): Michele Phillips and Becci Howell

Whistleblowing leads are as follows:

- **About staff** – DSL, CEO or Chair of the Board (see employee handbook)
- **Community Connections Volunteers** – the DSL
- **Fundraising Volunteers** – DSL and CEO
- **Other people in Caring / Support roles** - the DSL

3. What we expect from all our staff

3.1. Commitment and Conduct:

The organisation has robust safer recruitment practices for staff vacancies.

New staff are given copies of this policy and guidelines and sign that they have read and understood what is expected of them. If there are any gaps in their understanding these are addressed.

All staff are:

- Expected to attend the organisation's Safeguarding awareness sessions. These include discussions of what observations about a child would be a cause for concern and what safeguarding actions would be needed.

- Made aware of the expectations the organisation has of their behaviour towards all children and that any incident that falls below our expected standards will be dealt with appropriately (see employee handbook).

- Should take care not to place themselves in a vulnerable position with a child i.e., don't spend time alone with a child or in a place where others cannot always see you with them.

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3.2. Whistleblowing:

Children cannot be expected to raise concerns in an environment where staff fail to do so. All staff are expected to report any concerns they have about the attitude or actions of colleagues or volunteers (whistleblowing – see 1.3).

If you have a Whistleblowing concern, complete and submit our:
Whistleblowing Concern Report Form: Whistleblowing Concern Report Form - SMAUK

If at any time you feel that the appropriate action has not been taken following your report or you feel unable to raise your concern through these procedures, you can raise your concerns and get advice from the Charity Commission's free whistleblowing helpline, 0800 055 7214.

3.3. Dealing with disclosures and observations:

All children who have contact with SMA UK must be able to place their trust and confidence in any adult with whom they interact. They must feel sure that they can speak about any worries or concerns they may have and that they will be listened to, taken seriously and responded to appropriately. Staff must listen to what the child is saying without interruption and without asking any leading questions.

The possibility of abuse can come to light in various ways, for example:

- An active disclosure of abuse by the child.
- A passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse.
- A growing awareness that 'something is not right'.
- An allegation of abuse by a third party.
- A complaint or concern raised by a child, or third party, who doesn't perceive that it is abuse.

It's often difficult to believe that abuse or neglect can occur. Remember, it may have taken a great amount of courage for the child to tell you that something has happened. They may fear the abuse could get worse if they tell. Fear of not being believed can also cause children not to tell. Accept what the child is saying – reassure them that you take what they have said seriously.

Don't 'interview' the child; just listen calmly to what they are saying. If the child wants to give you lots of information, let them. Try to remember what the child is saying in their own words so that you can record it later.

In all cases:

- We are not there to investigate.

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- Our role is to observe and report.
- If concerned, pass the information on.

If a child makes a disclosure:

- Respect their right to privacy but make sure not to agree to any request "not to tell anyone'.
- Explain that to keep him/her safe from harm, the information that has been shared must be passed on.
- Reassure them that they have done the right thing in telling, and that when the information is passed on it will be done carefully and sensitively.

3.4. Only read what you need to know:

Safeguarding records are kept separately on our database. This takes sensitive information one step away from more open access. It also serves to pull together all safeguarding information so that we can obtain an overview of safeguarding concerns.

Only read these records if you 'need to know.'

3.5. Serious case reviews:

If any staff member hears that someone we support has been involved in incidents of domestic violence, domestic homicide, or serious injury as well as death, they must report this to the DSL and the CEO.

Fundraising and Administration Staff and Managers – now follow the advice in Section 4
Support Staff – now follow the advice in Section 5
Network Moderators/ Volunteers – follow the advice in Section 6

4. What we expect from our Fundraising and Administration Staff and Managers

4.1. No concerns for immediate safety:

If you have heard or observed anything that concerns you, at the earliest opportunity, talk to the DSL. They may ask you to complete and submit our:
Safeguarding Concerns Report Form: Safeguarding Concern Report Form - SMAUK

Give as much relevant accurate information as you can. In the case of a disclosure, use the child's exact words.

The DSL will follow up with appropriate action.

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4.2. SMA UK event:

A risk assessment is completed beforehand. This includes ensuring all staff and volunteers are aware of their responsibilities; that any childcare providers are suitably qualified and have robust safeguarding policies and practices in place; that any other external providers who provide entertainment are DBS checked. You will have contact details for any local emergency services. If they are needed, follow any advice they give. You should also:

- Contact SMA UK staff members.
- At the earliest possible time let the DSL know what has occurred so that they can work with you to ensure there is appropriate follow up action and recording.

4.3. In the event of having immediate safety concerns for a child and no DSL are available:

If someone tells you information that makes you extremely concerned for a child's welfare, or the welfare of other children this is what you do:

- **Take the person's contact details.**
- Tell them you have concerns, that you are going to contact their Local Authority (you will ask for their address if they are not known to us already) to gain support for them.
- Ask the person if they would like someone to be with them.
- **Inform the DSL of any concerns and action taken as soon as one of them is available.**

Local Authorities (LAs) can be located by searching for the named authority in a search engine or using this link:

For England: https://www.gov.uk/find-local-council
For Wales: NHS 111 Wales - Search Results
For Scotland: Find your local council in Scotland - mygov.scot
For Northern Ireland: Local councils in Northern Ireland | nidirect

Some LAs may accept a referral over the phone. Some may only accept a written referral and the related information that needs to be passed on only by secure email; with a password sent separately. In other LAs there may be a web page referral system. It's important to find out what you need to do and follow the guidance given. See also **Appendix 1** as a guide for what to include if possible.

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Once you have spoken to the appropriate Local Authority, contact the person again and reassure them that you have passed the concern on.

If you're unable to contact the person's Local Authority and remain concerned about the child's welfare or the welfare of other children in their care:

- Contact the police by calling 101, Request contact details or to be put through to the police, in the area the person lives, as you have concerns for a child's safety and have been unable to make contact the Local Authority in that area.
- Follow the guidance offered by the police.

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Immediate Safety Concerns

1. If you see/ hear/ observe something that is an **immediate safety concern**

2 (a). If the Designated Safeguarding Lead is available inform them as soon as possible and follow the guidance given

2 (b). If there is **no** Designated Safeguarding Lead available

3. Tell those involved you have concerns and that you will be contacting their Local Authority/ Safeguarding Team (see pg.8 for Local Authority contacts)

Afterwards reassure the person you've passed their concern on

4. If you are unable to contact the Local Authority and/or you cannot or should not talk to the child's parent/ caregiver – contact the police calling 101. Request to be put through to the police in the area the child lives – follow guidance offered

5. Complete a 'Safeguarding Concerns Report' Form/ record your actions on the database as soon as possible

6. Contact the Designated Safeguarding Lead as soon as they're available – explain concerns and action(s) taken

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Non-immediate Safety Concerns

1. If you see/ hear/ observe something that gives you cause for concern

2. Discreetly gather further information from the parent/ carer

3. **Remember!**

We are not there to investigate

Our role is to observe and report

4. If a child makes a disclosure…

Don't promise not to tell anyone

Explain that to keep them safe the information they've shared must be passed on

Reassure them that they've done the right thing telling you

5. Is the Designated Safeguarding Lead available?

6 (a). If YES:

Contact them as soon as possible – they will support with appropriate actions and follow up

6 (b). If NO:

Contact Social Services Children's Duty Worker (for area) – see pg.8 for Local Authority contacts

Give as much accurate information as possible – if a disclosure, use child's exact words

7. Contact the Designated Safeguarding Lead as soon as possible

Complete a Safeguarding Concerns Form

Record your actions on the database

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5. What we expect from our Support Team

5.1. General Practice:

To offer emotional support, practical advice, and guidance, whether at diagnosis or beyond.

Our contact with families where children have SMA is mostly with the parents or carers. During any involvement with a child, staff are responsible for being aware and watching for any signs of abuse, neglect or exploitation.

So that each family can provide the best possible environment for the safety and welfare of their child, Community Support's role is to:

- Listen to the questions and concerns of the family.
- Give information about SMA and the support and services that are available.
- Link the family with both local and specialist services that will help the family to manage their child's condition and to provide their child with the care and support that will ensure their child's best interests are maintained.

Initial contact may be short term and very focused, it may not be face to face. It isn't always appropriate or possible to explore the many issues that may impact on the safety and welfare of a child. However, staff should always do their best to note key factors such as:

- Who is in the household.
- Who else the parents / carers care for.
- What family or other support they have.
- Their housing and financial situation.
- Their emotional and mental health.
- Any evidence of alcohol or drug misuse in the household.

These observations are made in the context that:

- It's not unusual for parents with a child newly diagnosed with this condition to experience multiple and complex emotions.
- It's not uncommon for two parents to react very differently, which can create some relationship tensions and difficulties.
- Families often find it difficult to manage the many appointments and professionals who will now enter their lives and the extra costs and demands of managing a disability.

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To be aware that parent's and carer's religious, cultural, and personal beliefs may impact on:

- Their attitudes to their child.
- The care, treatment and support they are willing to consider and accept.
- How they might manage any future pregnancies.

Throughout contact, we have a responsibility to:

- Be alert for and identify any emerging problems.
- Share them with other professionals to support early identification and assessment of any families who would benefit from further help.

Such an assessment, if needed, requires a general referral to, and is carried out by, a Local Authority social worker under Section 17 'Children in Need' of the Children Act 1989.

5.2. Immediate safety concerns:

If you are alerted to an urgent child safeguarding concern:

- Inform the Local Authority Children and Families Safeguarding Team for the area where the family live.

- If for any reason, you are unable to contact the Local Authority and the concern is urgent, contact the police via 999.

- Contact the DSL.

5.3. Concerns that don't pose an immediate safety concern:

- At the earliest possible opportunity, write down your observations and, if the concern is the result of a disclosure by a child or parent / carer, the exact words that have been used. Use **Appendix 1** as your guide.

- Work with the DSL to follow up, record and report appropriately.

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Immediate safety needs if on a home visit

1. Visit will mostly be with the child's parent/ care giver – child may not be there

2. If alerted to an **urgent** child safeguarding concern

3 (a). Inform the Local Authority/ Safeguarding Team

3 (b). If unable to contact them, ring the police via 999

3 (c). Contact the DSL for support and further guidance

Record your actions on the database in the safeguarding summary.

4 (a). If concerns **do not** pose an immediate safety concern

4 (b). Write down observations / details of disclosure in exact words as soon as possible

4 (c). Work with the DSL to record, report and follow up as needed

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5.4. How to record all reports, discussions, and actions on the database:

Safeguarding:

Any report, discussions, actions, and outcomes should be recorded clearly and in full (see **Appendix 2)** on the database. This should be under the constituent record **'Summary Safeguarding'**.

The **summary box (above the notes)** is the name of the person subject to the safeguarding concern.

Record in NXT on the individual's family record, on the appropriate Household 1 pc **and** the child's record. In the notepad of the action, please write: "**See Summary Safeguarding NXT record".** No other information is entered in these records.

An alert notice should be set up on NXT so that whenever anyone opens this family's record a notice flashes on the screen saying **'Alert all" - talk to DSL**

Whistleblowing:

Any report, discussions, actions, and outcomes for any volunteer or Personal Assistant should be recorded clearly and in full (see **Appendix 2)** on the database. This should be under the constituent record **'Whistleblowing'**.

The **action descriptor** is the name of the person who is the subject of the whistleblowing concern. The descriptor **whistleblowing** - with the date of action is recorded on the person's record. In the notepad of the action, please write: **See Whistleblowing RE record.** No other information is entered in this record.

An alert notice should be set up on NXT so that whenever anyone opens this person's record a notice flashes on the screen saying **'Alert all" - talk to whoever / whichever team is leading this**.

6. What we expect from our volunteers

Moderators and volunteers are given guidelines which include safeguarding and whistleblowing, and what they should do if they have any concerns: Our policies - SMAUK.

Any volunteers will need to complete an enhanced DBS check.

7. What we expect from our Designated Safeguarding Lead (DSL)

When the DSL receives a report directly of safeguarding concerns, it is their responsibility to:

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- Ensure the person who made the observation or heard the child's allegation/disclosure makes as accurate and clear a record as possible, including if applicable, the child's actual words.

- Decide whether to make a referral to the appropriate Local Authority Children's SafeguardingTeam related to the home address of the child. If the report has come from a colleague they will take part in this decision with The DSL and / or as required the CEO.

- Make a full written record of the information that they have received detailing the reasons for this decision.

- Pass this information onto the CEO and board of trustees. The board members hold responsibility for all safeguarding within the charity, both with staff and the community. (see **Appendix 3**).

- If there is one, establish with the families Community Support Practitioner if anything can be put in place to support them, or if joint working with the Local Authority would be appropriate.

- Make a referral to the appropriate Local Authority Children's Safeguarding Team including the recording of the incident. Ensuring the family concerned is aware of this action.

If the DSL or referrer thinks talking to the family about the referral could place the child in danger (for example, the perpetrator is always with the person, so it would not be possible to let them know without placing them at further potential risk), SMA UK will not inform the family of this action. They will make sure to advise the Safeguarding Team that the parent(s)/ carer(s) are not aware of the referral, along with the reason.

- The DSL is responsible for ensuring that all recording, information and action about an incident or concern has been added to the database correctly and in full.

- If at any time the DSL does not receive a satisfactory response from a Local Authority Children's Safeguarding Team, the DSL will raise their concern with the manager of this team and, if the matter remains unresolved, the Chair of the appropriate local Independent Safeguarding Board.

- The DSL is responsible for advising the CEO of any changes in legislation or practice and any learnings from our involvement with safeguarding issues.

- The DSL is also responsible for ensuring suitable safeguarding training is delivered to all

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staff, volunteers and trustees.

8. If we receive a whistleblowing report with safeguarding implications

If the report suggests that the alleged perpetrator has:

- Behaved in a way that has harmed a child.
- May have harmed a child.
- Has possibly committed a criminal offence against or related to a child.
- Has behaved towards a child in a way that indicates they are unsuitable to work with children.

There must be immediate contact with the appropriate Local Authority Safeguarding Team.

Reports about a staff member:
These go to the CEO and/or the chair of the board, if the CEO, they will discuss the report with the chair of the board and, if they raise sufficient concerns, contact will be made with Warwickshire Social Services Children and Families Safeguarding Team.

Reports about a volunteer:
These go to either the CEO OR DSL. If they raise sufficient concerns, with the appropriate LA Safeguarding Team.

Reports about other people in caring or support roles:
These go to the DSL who should discuss them with the CEO and, if they raise sufficient concerns, with the appropriate LA Safeguarding Team.

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See also:

- **Safer Recruitment Policy**
- **Community Networks Safety Policy**
- **Consent Guidelines/ forms**
- **Volunteer Guidelines**
- **Adult Safeguarding**

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APPENDIX 1 - Information to include in a referral

- When seeking advice or referring information onto a Local Authority Families and Children's Safeguarding Team/department. Always consider the following points:
- Whether the child and /or parents are aware/ have given consent for the referral.
- Why you are seeking advice or referring information, and why you think the child/young person is being abused or at risk.
- Whether the child is currently safe, and their current whereabouts.
- The child's name, date of birth, address, ethnicity, religion, spoken language and disability.
- Details of any siblings, and whether they're thought to be safe.
- Parents/carers names, date of birth, addresses, and whereabouts if known.
- All available information about the concern.
- Any information about the child's general circumstances, including any aspects about their care and development.
- Any information about the parent/carer general circumstances, including any concerns that may be pertinent.
- Whether there are likely to be any communication issues/ need for an interpreter.
- Any details of family GP or other professionals working with the family.
- Any details for any other members of the family or community that may be significant to the child.
- Any details of any other person known to be living in or having regular contact/visits to the household.
- Details of any previous incidents or causes for concern.
- Your name, contact details, and reason for involvement.

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APPENDIX 2 - Information to include in database records

- Always record contact details for the person involved, and parent's consent, if appropriate, is evidenced.
- Add the date and the time of the incident/concern (if known).
- Details of the incident and brief statement of concern.
- Record any immediate action taken/ needed.
- Record who you passed the information of the incident/concern on to.

If a referral is made to a Local Authority Safeguarding Team, always consider recording the following points:

- The name and phone number/email of the Local Authority the referral was sent to and if referral by phone, the name of the person who took the referral.
- The date and time of referral.
- A record of any written information emailed.

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APPENDIX 3 – Responsibility of the board of trustees and Lead Trustee for Safeguarding

Charity trustees in the UK are required to take steps to protect everyone who comes into contact with their organisation from harm (Charity Commission for England and Wales, 2019; Charity Commission for Northern Ireland, 2019; Scottish Charity Regulator, 2018).

This includes:

- ensuring safeguarding policies, procedures and measures are fit for purpose and up to date.
- making sure everyone in the organisation is aware of their safeguarding responsibilities and knows how to respond to concerns.
- having a lead trustee for safeguarding.
- challenging any decisions which adversely affect anyone's wellbeing.
- managing allegations of abuse against someone involved in the organisation.
- reporting serious incidents as necessary.

Lead trustee for safeguarding:

The lead trustee for safeguarding is a volunteer from within the board who has skills, experience and confidence in safeguarding. It is good practice to ensure that the role and responsibilities of the lead trustee is agreed by the Board and reviewed regularly. There should be a distinction between the strategic, advisory and governance role of a lead trustee and the day-to-day operational designated safeguarding lead.

The Charity Commission states that safeguarding is the responsibility of all trustees. If you appoint a lead trustee, it should be clear that they are not to be the only person among the trustees who understands safeguarding.

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What we expect from our Lead Trustee for safeguarding:

- The lead trustee for safeguarding usually takes on these duties related to safeguarding in addition to their wider responsibilities as a trustee.

1. Consider the organisation's strategic plans and make sure they reflect safeguarding legislation, regulations specific to activities, statutory guidance, and the safeguarding expectations of the Charities Commission.

2. Work with the CEO and designated safeguarding leads regularly to review whether the policies the organisation has put in place are creating a safer culture and keeping people safe.

3. Make sure there is space on the agenda for safeguarding reports and help trustees understand and challenge those reports.

4. Make sure there is an annual review of safeguarding policies and procedures and that this is reported to trustees.

5. Attend relevant safeguarding training events and conferences.

6. Support the trustees in developing their individual and collective understanding of safeguarding.

7. Attend meetings, activities, projects to engage with staff, volunteers and beneficiaries to understand safeguarding on the ground.

8. Work with the chair, CEO and designated safeguarding leads in order to manage all serious safeguarding cases.

9. The chair of the board should make sure that the lead trustee for safeguarding has the required knowledge, skills, and experience or is supported to develop these.

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