



Magic for Smiles Safeguarding Framework

1. STATEMENT

Magic for Smiles (MFS) is committed to safeguarding the health, wellbeing and protection of children, and will provide a safe and trusted environment for anyone who comes into contact with MFS work.

This means an environment free from:

Harm and abuse- including physical, sexual (including sexual harassment) and emotional (including power/trust and any form of coercion); physical and sexual exploitation, neglect, discrimination, human trafficking.

Any form of abuse towards children or vulnerable adults by MFS representatives or other parties will not be tolerated. MFS will be a working environment free from discrimination, intimidation and harassment where everyone is treated with dignity and respect.

At MFS we will ensure that all staff, trustees and other representatives of MFS are aware of the standards and expectations that we have set ourselves

- Provide a clear system of how to report concerns as soon as they are identified or suspected
- Guidance on how MFS will respond rapidly to any concerns and carry out investigations diligently
- Provide staff with appropriate training and support
- Comply with external legislation and regulation

2. ROLES AND RESPONSIBILITIES

The safeguarding framework places a number of responsibilities on various groups of people involved in MFS's work. These are as follows:

Organisation:

- strive to build a culture of openness to enable issues and concerns about safeguarding to be raised and discussed
- build a sense of accountability between staff so that potential poor or abusive behavior can be challenged
- maintain a reputation of robust standards and high standards of working
- be alert to potential indicators of abuse or neglect;
- be alert to the risks which individual abusers, or potential abusers, may pose to children;
- share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- contribute to whatever actions are needed to safeguard and promote the child's welfare;

Individuals: Safeguarding is everyone's responsibility and MFS recognises that often employees will be the first to know when there is cause for concern. All employees, interns, volunteers, consultants and contractors have a responsibility to act with due care and attention to safeguard the wellbeing of every person, specifically those who are vulnerable. All individuals should remain vigilant, be prepared to take action and understand what to do in the event there is a concern to raise. Therefore, all MFS representatives should understand and

abide by the standards set out within the policies that uphold this framework and will this will be included in any induction process and regular reminders for those external agencies we work with.

External organisation: Anyone who witnesses anything inappropriate from another organisation should report this to their own organisation and follow their safeguarding policy.

MFS Board of Trustees:

MFS Board of Trustees have a duty of care to ensure that appropriate policies and procedures are in place to prevent abuse from taking place and to appropriately manage any concerns. They also have a responsibility to ensure that all appropriate issues are reported in line with best practice.

This will involve reporting to the Charity Commission and any other relevant regulatory body in the UK or other relevant location.

- Issues should be reported as soon as a concern is raised or a suspicion is identified. Regulatory action may be taken against MFS and its Board for failure to report issues in line with the Charity Commission's expectations.
As well as reporting to the Commission, depending on the incident, there may also be a requirement to notify the police, local authority and the relevant regulator or statutory agency including institutional and/or private donor.

3. PROCEDURES:

What to do if you have concerns about a child

You may have concerns about a child because of something you have seen or heard, or a child may choose to disclose something to you. If a child discloses information to you, you should:

- Not promise confidentiality, you have a duty to share this information.
- Listen to what is being said, without displaying shock or disbelief.
- Accept what is said.
- Reassure the child, but only as far as is honest, don't make promises you may not be able to keep eg: *'Everything will be alright now', 'You'll never have to see that person again'*.
- Do reassure and alleviate guilt, if the child refers to it. For example, you could say, *'You're not to blame'*.
- Do not interrogate the child; it is not your responsibility to investigate.
- Do not ask leading questions (eg: Did he touch your private parts?), ask open questions such as *'Anything else to tell me?'*
- Do not ask the child to repeat the information for another member of staff.
- Explain what you have to do next and who you have to talk to.
- Take notes if possible or write up your conversation as soon as possible afterwards.
- Record the date, time, place any non-verbal behaviour and the words used by the child (do not paraphrase).
- Record statements and observable things rather than interpretations or assumptions.

Who to refer to?

If you have any concerns or allegations about the conduct of a MFS staff member or representative, including partner staff, please contact the trustees directly: trustees@magicforsmiles.com

We would like to be notified about any harm and abuse- including physical, sexual (including sexual harassment) and emotional (including power/trust and any form of coercion); physical and sexual exploitation, neglect, discrimination, human trafficking.

What information will you need when making a referral? :

You will be asked to provide as much information as possible. Such as the child's full name, date of birth, address, school, doctor, languages spoken, any disabilities the child may have, details of the parents. Do not be concerned if you do not have all these details, you should still make the call. You should follow up the verbal referral in writing, within 48hrs

Allegations Involving a Members of Staff / Volunteer/Trustee

All allegations of abuse of children by those who work with children or care for them must be taken seriously. All reports of allegations must be submitted within one working day to the board of trustees. Whether you are a member of staff or a partner organisation, a beneficiary, or a member of the public, the following guidance will help you report any concerns you may have about the behaviour of a staff for Magic for smiles or a representative.

The following procedure should be applied in all situations where it is alleged that a person who works with children has:

- Behaved in a way which 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 which indicates that he/she is unsuitable to work with children i.e touched them inappropriately

The allegations may relate to the persons behaviour at work, at home or in another setting.

The Trustees will discuss the matter to determine what steps should be taken and where necessary obtain further details of the allegation and the circumstances in which it was made. The discussion should also consider whether there is evidence/information that establishes that the allegation is false or unfounded is required and/or whether disciplinary action is appropriate.

If the allegation is not patently false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the Trustees will immediately decide which correct authorities should be informed e.g. DBS, local police, local authorities, social services.

Some allegations may be less serious and at first sight might not seem to warrant consideration of a police investigation or enquiries by the Chair of trustees. However, it is important to ensure that even apparently less serious allegations are followed up and examined objectively. Consequently the Trustees should be informed of all allegations that come to the employer's attention and appear to come within the scope of this procedure so that they can consult police and social care colleagues as appropriate.

Where such allegations are made, consideration must be given to the following three strands:

- The police investigation of a possible criminal offence;
- Enquiries as to whether the child is in need of protection or in need of services;
- Consideration by an employer of disciplinary action in respect of the individual.

Where necessary it may be reported to social services and in some cases send a serious incident report to the Charity Commission. If an offence occurred or potentially occurred abroad, involving a British national or a person with a claim to UK residence, the National Crime Agency should be notified after the local police within the area the potential abuse occurred.

Monitoring and Review

In order to ensure the standards within each policy remain relevant and appropriate, each policy will be reviewed every 12 months. The board of trustees will ensure that all policies are appropriately implemented throughout.

Approval and Dates

This policy was approved by the Board of Trustees. This policy comes into effect on 9 August 2019 and will be reviewed in 12 months' time by 8 August 2020.

Annex: Definitions of abuse and neglect:

Abuse and neglect are forms 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 a stranger. They may be abused by an adult or adults or another child or children.

Physical abuse

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

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 or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature 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. It may involve seeing or hearing the ill-treatment of another. It may involve serious 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

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (eg: rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect

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 as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.