

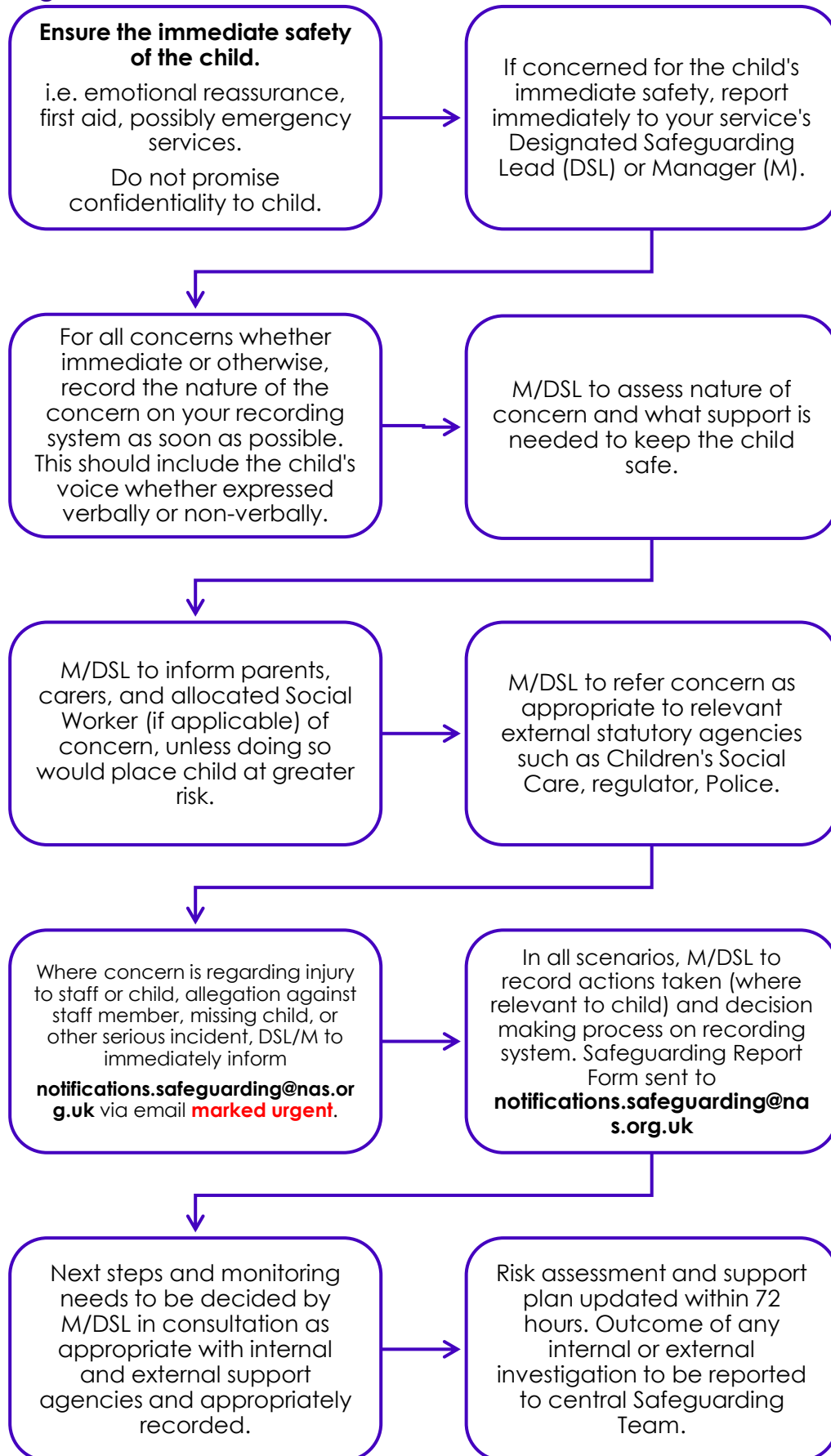
# NAS Safeguarding Children and Young People (Child Protection) in Children's Services Policy – SO-0188

**Please note this policy is only for use in National Autistic Society Children and Young People's Services that are not schools. For safeguarding policies relating to National Autistic Society schools, please refer to Sharepoint.**

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**“Our goal is to help transform lives, change attitudes and create a society that works for autistic people.” The National Autistic Society**

## Safeguarding Flowchart



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### 1. Purpose of This Document

Our aim at the National Autistic Society (NAS) is to ensure that the welfare of children and young people is paramount in line law and statutory guidance. Children and young people should never experience abuse of any kind. NAS has a responsibility to promote the welfare of all children and young people, to keep them safe and to practise in a way that protects them. All children, regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity have the right to equal protection from all types of harm or abuse. NAS will work in collaboration with children, young people, their parents, carers, Local Authorities and other agencies and stakeholders to promote the welfare of children and young people.

Our aim is to ensure that everyone in NAS knows and understands that safeguarding is their responsibility and concerns and incidents must be reported in accordance with policy and procedure.

This policy has been developed in context with the overall regulatory requirements to ensure that NAS has implemented appropriate measures to reduce the potential for abuse and/or neglect occurring, and take positive action when it is suspected or identified.

This policy provides guidance for staff in the prevention, reporting, investigation and action with regard to suspected abuse or neglect against children. The procedures for reporting concerns and protecting children must be applied in accordance with the local authority safeguarding policy and procedures where the child is located.

This policy outlines the framework for the children's service to meet its safeguarding duties and obligations, demonstrate best practice in relation to safeguarding and do everything it can to keep our children and young people safe.

**The policy is to be followed by:**

- NAS Children's Short Breaks Services
- After School Clubs / Children's Clubs or activities
- Children's Outreach Services
- National Programme Services/ Activities involving children, including but not limited to, helplines, branches and fundraising.
- Any other Children's Service managed by NAS which does not have access to CPOMS and which is not subject to Keeping Children Safe in Education (KCSIE) statutory guidance.

**This policy applies to:**

- This policy applies to anyone working on behalf of the National Autistic Society including senior managers and the board of trustees, paid staff, volunteers, sessional workers, agency staff and students.

## 2. Scope

This policy is overarching and together with the Safeguarding Adults at Risk Policy and Safeguarding Children in Education over-rides all other company policies and procedures.

This policy applies to all children up to the age of 18 years whether living with their families, in state care, or living independently.

This policy reflects the United Nations Convention on the Rights of the Child (UNCRC). The convention makes provision for the prevention of harm for children. The rights set out in the UNCRC apply to every child whatever their race, colour, gender, language, religion, ethnicity, disability or any other status.

Safeguarding children and young people and promoting their welfare means:

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

Child protection is defined as being part of safeguarding and promoting welfare. It is the work done to protect specific children who are suffering, or are likely to suffer, significant harm.

The Working Together to Safeguard Children 2018 guidance states that: “children are best protected when professionals are clear about what is required of them individually, and how they need to work together.” In addition, the guidance states that “effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.”

Child protection is about the protection of children from violence, exploitation, abuse, neglect and radicalisation. The concerns are relevant to every child in our services and in particular those who may be currently receiving support from statutory services.

### 3. Introduction

There are four main categories of child abuse which are: physical abuse; sexual abuse; emotional abuse; and neglect. Further types of abuse are now commonly identified and these include, but are not limited to: physical abuse, emotional abuse, neglect, sexual abuse, domestic abuse, grooming, online / cyber bullying, child sexual exploitation, radicalisation, female genital mutilation, child trafficking, hate crime.

The NSPCC recognises that addressing child abuse is not easy. It is not NAS's responsibility to decide whether or not child abuse has taken place, or if a child is at significant risk of harm from someone. NAS does, however, have both a responsibility and duty to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

Under Section 26 of the Counter-Terrorism and Security Act 2015, there is a responsibility to ensure that NAS complies with the Prevent Statutory Duty. The Duty stated that there is a need to demonstrate “due regard to the need to prevent people from being drawn into terrorism”. To ensure that NAS complies with this Duty, all staff must ensure vulnerable children are safeguarded from terrorism. Radicalisation is a psychological process where vulnerable individuals are groomed to engage into criminal and/or terrorist activity. In order to ensure compliance, all staff are trained to report concerns of radicalisation in the same manner as any other safeguarding concerns.

### Child Protection System in England

The Department for Education (DfE) is responsible for child protection in England. It sets out policy, legislation and statutory guidance on how the child protection system should work.

Local safeguarding partners are responsible for child protection policy, procedure and guidance at a local level.

The local safeguarding arrangements are led by three statutory safeguarding partners:

- the local authority
- the integrated care board (ICB, previously clinical commissioning group or 'CCG')
- the police.

Working together with other relevant agencies, they must co-ordinate and ensure the effectiveness of work to protect and promote the welfare of children, including making arrangements to identify and support children at risk of harm.

### **Child Protection System in Wales**

The [Social Services and Well-being \(Wales\) Act 2014](#) came into force in April 2016. It provides the legal framework for social service provision in Wales.

At a local level regional safeguarding children boards co-ordinate and ensure the effectiveness of work to protect and promote the welfare of children. They are responsible for local child protection policy, procedure and guidance.

Each board includes any:

- local authority
- chief officer of police
- local health board
- NHS trust, and
- provider of probation services that falls within the safeguarding board area.

Although the child protection systems are different in each nation, they are all based on similar principles.

### **Child Protection System in Northern Ireland**

The Northern Ireland Executive, through the Department of Health (DoH), is responsible for child protection in Northern Ireland. They set out policy, legislation and statutory guidance on how the child protection system should work.

The Safeguarding Board for Northern Ireland (SBNI) co-ordinates and ensures the effectiveness of work to protect and promote the welfare of children.

The board includes representatives from health, social care, the police, the probation board, youth justice, education, district councils and the NSPCC. The SBNI is responsible for developing policies and procedures to improve how different agencies work together.

### **Child Protection System in Scotland**

The Scottish Government is responsible for child protection in Scotland. It sets out policy, legislation and statutory guidance on how the child protection system should work.

Child Protection Committees (CPCs) are responsible for multi-agency child protection policy, procedure, guidance and practice.

Within each local authority, CPCs work with local agencies, such as children's social work, health services and the police, to protect children.

Each local authority and its relevant health board are required to jointly prepare a Children's Services Plan for each three-year period. This relates to services which have a significant effect on the wellbeing of, or are of benefit to, children and young people. The Scottish Government has provided [statutory guidance on children's services planning](#) (Scottish Government, 2020).

The national approach to improving outcomes for children and young people in [Scotland is Getting it right for every child \(GIRFEC\)](#) (Scottish Government, 2021a). This provides a framework for those working with children and their families to provide the right support at the right time.

The key guidance for anyone working with children in Scotland is the [National guidance for child protection in Scotland](#) (Scottish Government, 2021b).

In Scotland, the definition of a child varies in different legal contexts, 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 a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each person's needs and circumstances. The [National guidance for child protection in Scotland](#) gives more detail about this and explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2021b).

Whilst local statutory authorities play a lead role, safeguarding children and protecting them from harm is paramount and everyone's responsibility. Everyone who comes into contact with children and families has a role to play. Effective safeguarding arrangements should be underpinned by two key principles:

- safeguarding is everyone's responsibility: for services to be effective, each professional and organisation should play their full part; and
- a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

We recognise that we at NAS form part of the wider safeguarding system for children. This responsibility also means that we are aware of the behaviour of staff/ volunteers in all services/ programmes supporting children; we maintain an attitude of **'it could happen here'** where safeguarding is concerned.

In all NAS services and programmes involving children we aim to seek to ensure that:

- All children, regardless of age, race, colour, gender, language, religion, ethnicity, disability or any other status, are treated equally and have equal rights to protection
- All staff/ volunteers act on concerns or disclosures that may suggest a child is at risk of harm
- Children and staff involved in Safeguarding issues receive appropriate support
- Staff/ volunteers adhere to a Code of Conduct and understand what to do in the event of any allegations against any adult working in the setting
- All staff/ volunteers are aware of Early Help and seek to ensure that relevant assessments and referrals take place
- All staff/ volunteers are aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label; they recognise that, in most cases, multiple issues will overlap with one another
- All staff/ volunteers understand that a child's needs and how they communicate those needs may be a sign they are suffering harm or that they have been traumatised by abuse.



This policy is available on our NAS website and printed copies of this document are available to parents/ carers upon request. We inform parents and carers about this policy when their children join our services/ programmes and through other communication from our services.

The policy is provided to all staff (including temporary staff and volunteers) at induction, alongside our Staff Code of Conduct.

No single person working with children can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

In order that organisations and practitioners collaborate effectively, it is vital that every individual working with children and families is aware of the role that they have to play and the role of other professionals. Any NAS Service with concerns about a child's welfare should make a referral to local authority children's social care. If services are not satisfied with the local authority children's social care response they should follow up their concerns and escalate as appropriate.

All staff and volunteers should be aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.

Autistic children share the right of all children to protection from abuse. We know that autistic children are potentially more vulnerable, because they may find it difficult to communicate with others, struggle with social interaction or have difficulties understanding people's motives, they may be less able to report abuse and thus be more vulnerable to it. This necessitates greater vigilance among professionals in recognising, reporting and investigating potential signs of abuse as well as ensuring that safeguarding issues remain on the agenda when working with autistic children and young people.

Identifying safeguarding issues for autistic children and knowing what should be investigated can be complex as many traits of autism can be confused with signs of abuse and neglect. Staff should be aware of this and always report concerns.

#### 4. Legal Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children in England/Northern Ireland/Scotland/Wales.

A summary of the key legislation and guidance for each nation is as follows:

##### England

The [Children Act 1989](#) provides the legislative framework for child protection in England. Key principles established by the Act include:

- the paramount nature of the child's welfare
- the expectations and requirements around duties of care to children.

This is strengthened by the [Children Act 2004](#), which encourages partnerships between agencies and creates more accountability, by:

- placing a duty on local authorities to appoint children's services members who are ultimately accountable for the delivery of services



- placing a duty on local authorities and their partners to co-operate in safeguarding and promoting the wellbeing of children and young people.

Both of these acts are amended by the [Children and Social Work Act 2017](#), which received Royal Assent on 27 April 2017. Key provisions include:

- the Child Safeguarding Practice Review Panel was established to review and report on serious child protection cases that are complex or of national importance (Sections 12 to 15).
- the previous model of Local Safeguarding Children's Boards (LSCBs) has been replaced by local safeguarding partners who will publish reports on local safeguarding practice reviews (Section 17).
- child death review partners are required to review each death of a child normally resident in their area and identify matters that are relevant to public health and safety and children locally (Section 24).
- local authorities must appoint personal advisers for care leavers up to the age of 25 (Section 3).
- Social Work England is created as a regulatory body for the social work profession in England (Section 36).
- relationships education will be provided to primary school children and relationships and sex education will be provided (instead of sex education) in secondary schools (Section 34).

Policy and guidance:

[Working together to safeguard children \(PDF\)](#) (Department for Education, 2018)

The Department for Education (DfE) published an updated version of the key statutory guidance for anyone working with children in England in July 2018. It sets out how organisations and individuals should work together and how practitioners should conduct the assessment of children.

This latest guidance updates the previous version published in 2015.

The main changes are:

- three safeguarding partners: chief officers of police, integrated care boards (ICBs, previously clinical commissioning groups or 'CCGs') and local authorities replace local safeguarding children boards (LSCBs), working together with relevant agencies to protect the welfare of children in their area (Chapter 3)
- child death review partners are required to make provisions to review child deaths, replacing the previous requirement on LSCBs (Chapter 5, Section 6)
- responsibility for overseeing lessons learned from serious child safeguarding incidents lies with the Child Safeguarding Practice Review Panel at a national level, and with the safeguarding partners at a local level (Chapter 4, Section 5)
- early years providers are required to have policies and procedures to safeguard children in place (Chapter 2, Section 14). This relates to children from birth up to 1st September following the date on which they turn 5-years-old.

Other amendments include:

- integrated care boards should employ or contract the expertise of designated health professionals for safeguarding children
- children's homes must follow the Guide to the Children's Homes Regulations, including the quality standards (Department for Education, 2015)
- multi-Agency Public Protection Arrangements (MAPPA), including governing bodies of maintained schools, police, prison and probation services, should work closely with other relevant agencies to manage the risks posed by violent and sexual offenders within the community.

## Wales

In Wales, the [Children Act 1989](#) outlines when to initiate care proceedings and the duty of local authorities to safeguard and promote children's welfare.

Much of the [Children Act 1989](#) applies to both England and Wales. As of April 2016, Part 3 of the Act (which refers to support for children and families provided by local authorities) has been replaced by Part 6 of the [Social Services and Well-being \(Wales\) Act 2014](#).

The [Children Act 2004](#) strengthens this by encouraging partnerships between agencies and creating more accountability. A number of sections have been amended, repealed or replaced by the [Social Services and Well-being \(Wales\) Act 2014](#) and the [Well-being of Future Generations \(Wales\) Act 2015](#) contents, including the requirements for the establishment of local safeguarding children boards in Wales.

The [Social Services and Well-being \(Wales\) Act 2014](#) provides Wales with its own framework for social services by:

- giving individuals a stronger voice and more control over the care and support they receive
- encouraging a renewed focus on prevention and early intervention.

Provisions in the Act include:

- Establishing a National Adoption Service.
- Strengthening powers for safeguarding children and vulnerable adults.
- Introducing a National Outcomes Framework for setting out what children and families can expect from social services.

The Welsh Government adopted the [United Nations Convention on the Rights of the Child](#) (UNCRC) as the basis for all policy relating to children and young people in 2004 (Welsh Government, 2019; Office of the United Nations High Commissioner for Human Rights (OHCHR), 1989).

The [Rights of Children and Young Persons \(Wales\) Measure 2011](#) requires the Welsh government to:

- have due regard to the UNCRC in all its functions, including when developing or reviewing legislation and guidance
- be responsible for making sure people in Wales know about the rights of children and young people as set out in the UNCRC.

(Welsh Government, 2019).

The Children's Commissioner for Wales has produced a [framework](#) to help children's services put children's rights at the centre of decision making (Children's Commissioner for Wales, 2021).

Policy and guidance:

[Safeguarding guidance](#) (Welsh Government, 2021)

Working together to safeguarding people (2021) is the statutory guidance in relation to Part 7 of the [Social Services and Well-being \(Wales\) Act 2014](#). The guidance covers the protection of adults and children. The volumes that cover safeguarding children are:

- Volume 1: Introduction and Overview
- Volume 2: Child Practice Reviews
- Volume 5: Handling individual cases to protect children at risk
- Volume 7: Safeguarding children from child sexual exploitation.

[Wales Safeguarding Procedures and Practice Guides](#) (Wales Safeguarding Procedures Project Board, 2019)

This guidance, first published in 2019, provides a common set of [child and adult protection procedures and practice guides](#) for every safeguarding board in Wales.

The Procedures relating to children and young people at risk of harm are divided into six sections, covering:

- safeguarding principles and effective practice (section 1)
- the duty to report a child at risk of abuse, neglect and/or harm (section 2)
- responding to a report of a child at risk of harm, abuse and/or neglect (section 3 part 1)
- decision making and initial child protection conferences (section 3 part 2)
- planning and intervention for children on the child protection register (section 4)
- safeguarding allegations/concerns about practitioners and those in positions of trust (section 5).

The procedures contain 'pointers for practice' which provide information on how to complete safeguarding tasks. They have been designed to enable frontline practitioners and their managers apply the legislative requirements and expectations of the [Social Services and Well-being \(Wales\) Act 2014 \(PDF\)](#).

The [All Wales Practice Guides on safeguarding children](#), which forms section 6 of the procedures, provides guidance on specific issues for practitioners working with children and young people:

- child criminal exploitation (CCE)
- abuse related to cultural or religious beliefs
- child trafficking
- domestic abuse
- neglect
- online abuse
- harmful sexual behaviour
- home education
- children who go missing from home or care
- child sexual exploitation (CSE)

(Wales Safeguarding Procedures Project Board, 2020).

## Northern Ireland

The legislative framework for Northern Ireland's child protection system is set out in [The Children \(Northern Ireland\) Order 1995](#). This sets out parental responsibilities and rights and the duties and powers public authorities have to support children.

The creation of the regional Safeguarding Board for Northern Ireland (SBNI) was set out in law in the [Safeguarding Board Act \(Northern Ireland\) 2011](#). This also established five Safeguarding Panels to support the SBNI's work at a Health and Social Care Trust (HSCT) level.

The [Children's Services Co-operation Act \(Northern Ireland\) 2015](#) requires public authorities to co-operate in contributing to the wellbeing of children and young people, in the areas of:

- physical and mental health
- enjoyment of play and leisure
- learning and achievement
- living conditions, rights, and economic wellbeing.

Under Section 5 of the [Criminal Law Act \(Northern Ireland\) 1967](#), it is an offence not to report a 'relevant offence' to the police. This includes offences against children.

Policy and guidance:

[Co-operating to Safeguard Children and young people in Northern Ireland \(Department of Health, 2017\)](#)

This provides the overarching policy framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors.

[Children and Young People's Strategy 2020-2030 \(Department of Education, 2021\)](#)

This sets out the strategic framework to improve the wellbeing of all children and young people in Northern Ireland. This states that children should:

- live in a society which respects their rights
- be healthy
- enjoy learning and achieving
- have safety and stability
- have economic and environmental wellbeing
- be contributing positively to the community and society.

[Regional core child protection policies and procedures for Northern Ireland \(Safeguarding Board for Northern Ireland, 2018\)](#)

This guidance, first published in 2018, explains the actions that must be taken when there are concerns about the welfare of a child/young person, including:

- core procedures
- individuals who pose a risk to children and young people
- learning and improvement to support and develop child protection
- the roles and responsibilities of the Safeguarding Board for Northern Ireland
- interagency guidance and protocols.

## Scotland

The Scottish Government is responsible for child protection in Scotland. It sets out policy, legislation and statutory guidance on how the child protection system should work.

Child Protection Committees (CPCs) are responsible for multi-agency child protection policy, procedure, guidance and practice.

Within each local authority, CPCs work with local agencies, such as children's social work, health services and the police, to protect children.

Each local authority and its relevant health board are required to jointly prepare a Children's Services Plan for each three-year period. This relates to services which have a significant effect on the wellbeing of, or are of benefit to, children and young people. The Scottish Government has provided [statutory guidance on children's services planning](#) (Scottish Government, 2020).

The national approach to improving outcomes for children and young people in [Scotland is Getting it right for every child \(GIRFEC\)](#) (Scottish Government, 2021a). This provides a framework for those working with children and their families to provide the right support at the right time.

The key guidance for anyone working with children in Scotland is the [National guidance for child protection in Scotland](#) (Scottish Government, 2021b).

In Scotland, the definition of a child varies in different legal contexts, 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 a young person between the age of 16 and 18 requires support and protection, services will need to consider which legal framework best fits each persons' needs and circumstances. The [National guidance for child protection in Scotland](#) gives more detail about this and explains how professionals should act to protect young people from harm in different circumstances (Scottish Government, 2021b).

## 5. Supporting Documents

This policy statement should be read alongside our organisational policies, procedures, guidance and other related documents:

- role description for the designated safeguarding officer/ lead
- dealing with disclosures and concerns about a child or young person - Safeguarding children procedures
- managing allegations against staff and volunteers - appendix XX to safeguarding children policy
- recording concerns and information sharing – safeguarding children procedure
- child protection records retention and storage
- code of conduct for staff and volunteers - [Code of Conduct.pdf](#) Conduct & Capability Policy HR-0040
- behaviour codes for children and young people - [Positive Behaviour Support Policy SO-0029](#)
- photography and sharing images guidance - [Mobile Phones \(Personal\) Procedures - SO-0001-001-0322](#) Acceptable use of ICT Policy ISP-09

- safer recruitment - [Safer Recruitment Guidance Sept 2022.pdf Recruitment and Selection Policy and Procedure.pdf](#)
- online safety - [NAS Online Safety Policy SO-0106](#) / Acceptable use of ICT Policy ISP-09
- anti-bullying - [NAS\(AT\) Anti bullying in schools and children and young peoples service policy](#)
- managing complaints - [Complaints Resolution Policy Schools QS-0010.pdf](#)
- whistleblowing - [NAS\(AT\) Whistleblowing Policy and Procedure](#)
- health and safety - [HS-0101 Health and Safety Policy.pdf](#)
- induction, training, supervision and support -
- adult to child supervision ratios.
- Safeguarding Adults Policy and Procedure SO-0194
- Data Protection IGP-02
- Staff code of conduct
- Missing Child Policy SO-0142
- Relationships and Sex Education Policy SO-0133
- Use of Restrictive Practice in Schools policy SO-0039
- Wellbeing and Mental Health in Schools Policy SO-0353
- Safeguarding Quality Assurance Framework
- Safeguarding Incident Investigation Tools

**We believe that:**

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practice in a way that protects them.

**We recognise that:**

- the welfare of children is paramount in all the work we do and in all the decisions we take
- working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse including children who come from Black, Asian and minoritised ethnic communities, d/Deaf and disabled children and young people, LGBTQ+ children and young people and children with special educational needs and disabilities (SEND).

**We will seek to keep children and young people safe by:**

- valuing, listening to and respecting them
- appointing a nominated child protection lead for children and young people, a safeguarding advisor for children and young people and a lead trustee/board member for safeguarding
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers



- developing and implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- recording and storing and using information professionally and securely, in line with data protection legislation and guidance [more information about this is available from the Information Commissioner's Office: [ico.org.uk/for organisations](https://ico.org.uk/for-organisations)]
- sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions
- making sure that children, young people and their families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing/ speaking up measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers, by applying health and safety measures in accordance with the law and regulatory guidance
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

## 6. Safeguarding Contacts

**Nominated Child Protection Lead Name:** Cassy Harrison

Email: [Cassy.harrison@nas.org.uk](mailto:Cassy.harrison@nas.org.uk)

**Safeguarding Advisor for Children and Young People Name:** Fenella Cannings-Jurd

Email: [Fenella.cannings-jurd@nas.org.uk](mailto:Fenella.cannings-jurd@nas.org.uk)

**Chair of the Independent Safeguarding Board Name:** John Goldup

Email: [John.Goldup@nas.org.uk](mailto:John.Goldup@nas.org.uk)

**Trustee for Safeguarding and Child Protection Name:** Dr Manpreet Pujara

Email: [Manpreet.Pujara@nas.org.uk](mailto:Manpreet.Pujara@nas.org.uk)

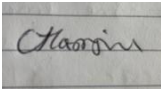
**NSPCC Helpline** - 0808 800 5000

We are committed to reviewing our policy and good practice annually.



This policy was last reviewed on:

Signed:



[this should be signed by the most senior person with responsibility for safeguarding in your organisation, for example the safeguarding lead on your board of trustees].

Date: 04/04/2023

## 7. Operational Delivery and Procedures

The NAS children's services will adhere to the following procedures in relation to child protection and child safeguarding. Any staff who have observed harm or abuse or who have concerns about a child should follow the reporting flowchart on page 2.

### **Recognise, Respond, Report and Record the concern.**

#### **DO NOT INVESTIGATE**

Speak to Safeguarding Advisor for Children and Young People when necessary or the NAS Nominated Individual / Safeguarding Lead

**Failure by a member of staff to report actual or reasonably suspected abuse of a child will be treated as a disciplinary offence.**

### 7.1 Reporting Concerns in England

In England, people working with children are expected to report concerns about a child's welfare to the relevant agencies.

#### Duty to protect children

The key statutory guidance is [Working Together to Safeguard Children](#) (Department for Education, 2018). This states:

- everyone who works with children has a responsibility for keeping them safe
- everyone who comes into contact with children and families has a role to play in sharing information and identifying concerns.

In addition, section 11 of the [Children Act 2004](#) places a statutory duty on certain agencies to co-operate to safeguard and promote the welfare of children. This includes:

- local authorities
- NHS services and trusts
- police
- probation services and young offenders' institutions.

People who work in these agencies and who do not report suspected cases of abuse or neglect may be subject to disciplinary proceedings but do not currently face criminal penalties.

### Mandatory reporting

It is mandatory for all regulated health and social care professionals and teachers in England to report 'known cases' of female genital mutilation (FGM) in under 18s to the police (Home Office, 2016).

### How to report concerns about a child's welfare

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- Follow your NAS safeguarding procedures which involves completing the steps below and the reporting flowchart on page 2.
- Contact your local child protection services. Their contact details can be found on the website for the local authority the child lives in.
- Contact the police.

Services will risk assess the situation and act to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority.

Working together to safeguard children states that local authority children's services should give feedback to anyone who has made a child protection referral to them on the decisions they have taken (Department for Education, 2018).

## 7.2 Reporting Concerns in Wales

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- Follow NAS safeguarding procedures which involves completing the steps below and the reporting flowchart on page 2.
- Contact your local child protection services. Their contact details can be found on the website for the local authority the child lives in.
- Contact the police.

Services will risk assess the situation and act to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority.

### Duty to report

Section 130 of the [Social Services and Well-being \(Wales\) Act 2014](#) requires "relevant partners" of a local authority to inform the local authority if they have reasonable cause to suspect a child is at risk of experiencing abuse, neglect or other types of harm. This includes people who work for the local authority such as teachers and social work practitioners, health practitioners, the police, probation services and others.

It is mandatory for all regulated health and social care professionals and teachers in Wales to report 'known cases' of [female genital mutilation \(FGM\)](#) in under 18s to the police (Home Office, 2016).

### 7.3 Reporting Concerns in Northern Ireland

Guidance on reporting safeguarding concerns in Northern Ireland can be found in [Cooperating to safeguard children and young people in Northern Ireland \(2017\)](#). (This is augmented by more detailed operation guidance contained in the [SBNI Core Policy and Procedures \(2018\)](#)).

Chapter six contains information on raising concerns and making referrals to the relevant agencies.

#### How to report a concern

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- Follow NAS safeguarding procedures which involves completing the steps below and the reporting flowchart at the start of section 6.
- Contact the relevant Health and Social Care Trust (HSCT) Gateway Services team. In circumstances that are not an emergency, the [HSCT gateway services team](#) is the first point of contact for all new referrals to children's social services.
- Contact the Police Service of Northern Ireland (PSNI). The police can make an emergency protective response if there is an immediate concern about the safety of a child.

Services will risk assess the situation and act to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority.

Not reporting a relevant offence to the police, including those against children, is an offence in Northern Ireland.

### 7.4 Reporting Concerns in Scotland

In Scotland, there is no legal requirement to report concerns about a child's welfare. However, section 2.1 of the National guidance for child protection states that all agencies have a responsibility to recognise and actively consider potential risks to a child, irrespective of whether the child is the main focus of their involvement (Scottish Government, 2021b).

#### **How to report a concern**

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- Follow NAS safeguarding procedures which involves completing the steps below and the reporting flowchart on page 2.
- Contact your local children's social work team. Their contact details can be found on the website for the local authority the child lives in.
- Contact the local Children's Reporter. Local, independent officials can decide if any legal interventions need to be made to protect a child. Children's Reporters offices can be found on the [Scottish Children's Reporter Administration website](#).
- Contact Police Scotland if you are concerned that a child is in immediate danger.

Services will risk assess the situation and act to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority.

**SHANARRI**

The SHANARRI indicators aim to help those working with children and young people assess how a child is doing at any point in time and identify what support is needed.

The indicators state that every child and young person should be:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

(Scottish Government, 2021a). Anyone who has concerns about a child's wellbeing should listen to the child and their family's views and consider the following key questions:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others? (Scottish Government, 2021a).

### 7.5 Multi agency working and Information sharing

NAS children's services will always work in partnership with Local Statutory Safeguarding services and will externalise safeguarding concerns in accordance with locally published procedures and Working Together to Safeguard Children 2018 guidance.

#### **Proportionality, Partnership, Consent and Sharing Information**

Actions taken to safeguard children at risk must be the least intrusive responsive appropriate to the risk presented.

The Data Protection Act 2018 and GDPR places importance on the rights of data subjects to consent to sharing of their information, including children. Yet, sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding. The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns. Therefore, when sharing people's information NAS recognises that:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent from the parent or legal guardian.
- Data protection regulations do not act as a barrier to sharing information where failure to do so would result in the child being placed at risk of harm.

Staff members will seek to ensure that fear of sharing information does not stand in the way of their responsibility to promote the welfare and safety of children and young people. If staff members are in doubt about sharing information, they will speak to the Safeguarding Advisor for

Children and young People, the Safeguarding and Concerns Manager, the Nominated Individual and Safeguarding Lead or the Data Protection Officer.

## 7.6 Understanding and Identifying Abuse

### Prevention and Signs of Abuse

Prevention is critical to the Care Act 2014 and also applies to Safeguarding.

Prevention and early intervention in safeguarding can be achieved by the following:

- A well-trained workforce operating in a culture of zero tolerance of abuse;
- A sound framework for confidentiality and information sharing across Agencies;
- Links with other strategic plans and forums to ensure a joined-up approach;
- A well-trained workforce that are aware of the signs of child 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.

All staff should consider the context within which such incidents and/or behaviours occur. This is known as contextual safeguarding, which simply means assessments of children should consider whether wider environmental factors are present in a child's life that are a threat to their safety and/or welfare. Children's social care assessments should consider such factors so it is important that NAS Children's Services provide as much information as possible as part of the referral process. This will allow any assessment to consider all the available evidence and the full context of any abuse.

Child welfare concerns may arise in many different contexts, and can vary greatly in terms of their nature and seriousness. Children may be abused in a family or in an institutional or community setting, by those known to them or by a stranger, including, via the internet. In the case of female genital mutilation, children may be taken out of the country to be abused. They may be abused by an adult or adults, or another child or children. An abused child will often experience more than one type of abuse, as well as other difficulties in their lives. Abuse and neglect can happen over a period of time, but can also be a one-off event. Child abuse and neglect can have major long-term impacts on all aspects of a child's health, development and well-being.

Abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another. The warning signs and symptoms of child abuse and neglect can vary from child to child. Autistic children may be especially vulnerable to abuse, including because they may have an impaired capacity to resist or avoid abuse. They may have speech, language and communication needs which may make it difficult to tell others what is happening. Children also develop and mature at different rates so what appears to be worrying for a younger child might be normal behaviour for an older child.

Parental behaviours may also indicate child abuse or neglect, so staff and volunteers should also be alert to parent-child interactions which are concerning and other parental behaviours. This could include parents who are under the influence of drugs or alcohol or if there is a sudden change in their mental health.

By understanding the warning signs, we can respond to problems as early as possible and seek to ensure that the right support and services are provided for the child and their family. It is important to recognise that a warning sign doesn't automatically mean a child is being abused.

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

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn or clingy, or they might have difficulty sleeping or start wetting the bed
- Children with clothes which are ill-fitting and/or dirty
- Children with consistently poor hygiene
- Children who make strong efforts to avoid specific family members or friends, without an obvious reason
- Children who don't want to change clothes in front of others or participate in physical activities;
- Children who are having problems at school or in services, for example, a sudden lack of concentration and learning or they appear to be tired and hungry
- Children who talk about being left home alone, with inappropriate carers or with strangers
- Children who reach developmental milestones, such as learning to speak or walk, late, with no medical reason
- Children who are regularly missing from school or education or the services that they would attend
- Children who are reluctant to go home from the service
- Children with poor service attendance and punctuality, or who are consistently late being picked up
- Parents who are dismissive and non-responsive to practitioners' concerns
- Parents who collect their children from services when drunk, or under the influence of drugs
- Children who drink alcohol regularly from an early age
- Children who are concerned for younger siblings without explaining why
- Children who talk about running away and
- Children who shy away from being touched or flinch at sudden movements.

There are several categories of abuse and neglect including: physical abuse, emotional abuse, sexual abuse and neglect. There are also specific safeguarding issues including child on child sexual abuse, Child Sexual Exploitation (CSE), Child Criminal Exploitation (CCE) and gangs, Bullying & Cyberbullying, on line abuse, Child Trafficking, Female Genital Mutilation (FGM) Domestic Abuse and Radicalisation. Each has its own specific warning indicators, which all those supporting children should be alert to (see appendices for more detail).

The following definitions show some of the ways in which abuse may be experienced by a child but are not exhaustive, as the individual circumstances of abuse will vary from child to child.

**Abuse** is defined as a form of maltreatment of a child which involves inflicting harm or failing to act to prevent harm. Children may be abused by family members, friends, people working in organisations or community settings, by people they know, by strangers. Abuse can take place in person, wholly online, or technology may be used to facilitate offline abuse. Children may be abused by one or multiple adults or one or multiple children.



**Physical abuse** is when a child or young person is deliberately hurt, causing physical harm. Physical abuse can involve hitting, kicking, shaking, throwing, poisoning, burning, scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after (fabricated or induced illness).

**Emotional abuse** involves:

- humiliating, putting down or regularly criticising a child • shouting at or threatening a child or calling them names
- mocking a child or making them perform degrading acts • constantly blaming or scapegoating a child for things which are not their fault
- trying to control a child's life and not recognising their individuality • not allowing a child to have friends or develop socially
- pushing a child too hard or not recognising their limitations
- manipulating a child
- exposing a child to distressing events or interactions
- persistently ignoring a child
- being cold and emotionally unavailable during interactions with a child
- not being positive or encouraging to a child or praising their achievements and successes.

Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

**Sexual abuse** is forcing or enticing a child to take part in sexual activities. It doesn't necessarily involve violence and the child may not be aware that what is happening is abuse. Child sexual abuse can involve contact abuse and non-contact abuse.

Contact abuse happens when the abuser makes physical contact with the child. It includes:

- sexual touching of any part of the body whether the child is wearing clothes or not
- rape or penetration by putting an object or body part inside a child's mouth, vagina or anus
- forcing or encouraging a child to take part in sexual activity
- making a child take their clothes off or touch someone else's genitals. Non-contact abuse involves non-touching activities.

It can happen online or in person and includes:

- encouraging or forcing a child to watch or hear sexual acts
- making a child masturbate while others watch
- not taking proper measures to prevent a child being exposed to sexual activities by others
- showing pornography to a child
- making, viewing or distributing child abuse images
- allowing someone else to make, view or distribute child abuse images.
- meeting a child following online sexual grooming with the intent of abusing them.

Online sexual abuse includes:

- persuading or forcing a child to send or post sexually explicit images of themselves, this is sometimes referred to as sexting



- persuading or forcing a child to take part in sexual activities via a webcam or smartphone
- having sexual conversations with a child by text or online.

Abusers may threaten to send sexually explicit images, video or copies of sexual conversations to the young person's friends and family unless they take part in other sexual activity. Images or videos may continue to be shared long after the abuse has stopped.

Abusers will often try to build an emotional connection with a child in order to gain their trust for the purposes of sexual abuse. This is known as grooming.

**Neglect** is not meeting a child's basic physical and/or psychological needs. This can result in serious damage to their health and development. Neglect may involve a parent or carer not:

- providing adequate food, clothing or shelter
- supervising a child or keeping them safe from harm or danger (including leaving them with unsuitable carers)
- making sure the child receives appropriate health and/or dental care
- making sure the child receives a suitable education
- meeting the child's basic emotional needs – this is known as emotional neglect.

Neglect is the most common type of child abuse. It often happens at the same time as other types of abuse.

Please refer to the appendices on further specific definitions of abuse.

## 7.7 Recognising child abuse

Recognising child abuse is not easy and it is not the responsibility of NAS staff and volunteers to decide whether or not child abuse has taken place or if a child is at risk of "significant harm". However, staff and volunteers do have a responsibility to act if they have a concern about a child's welfare or safety. Those responsibilities are summarised in Sections 6 - 9 of this policy.

All staff will be aware of the indicators of abuse and neglect. All staff will be aware that abuse, neglect and other safeguarding issues are rarely standalone events that can be given a specific label, and multiple issues often overlap one another; therefore, staff will be vigilant and always raise concerns with the Safeguarding Advisor for Children and Young People. All staff will be aware that safeguarding incidents and/or behaviours can be associated with factors outside of the service and/or can occur between children outside of these environments; this includes being aware that children can be at risk of abuse or exploitation in situations outside their families (extra-familial harms). All staff will be aware of the appropriate action to take following a child being identified as at potential risk of abuse and, in all cases, will speak to the Safeguarding Advisor for Children and Young People if they are unsure.

All staff will be aware that technology is a significant component in many safeguarding and wellbeing issues, including online abuse, cyberbullying, and the sharing of indecent images.

## 7.8 Response to concerns about child abuse and risk of harm

It is very important that there are procedures in place to seek to ensure a speedy and effective response for dealing with concerns about the abuse or neglect of children.

Under no circumstances should anyone within the NAS service undertake an investigation into concerns that a child has been abused, or is at risk of being abused. This is the role of the statutory services (Social Care/Police) and any concerns or worries that staff or volunteers may have should be passed to the Service Manager, Safeguarding Advisor for Children and Young People, Safeguarding and Concerns Manager or the Nominated Individual and Safeguarding Lead.

Once statutory services have completed their investigations, and depending on the incident and whether or not it has involved an act or omission from a NAS member of staff an internal NAS safeguarding root cause analysis investigation may also be required.

### 7.8 Disclosure

**Concerns of abuse** - Staff and volunteer concerns about a child being abused may arise through various factors. These include:

- a child may tell them
- someone else might report that a child has told them or that they strongly believe that a child has been or is being abused
- a child might show signs of physical injury or neglect for which there appears to be no satisfactory explanation
- a child's behaviour may indicate to them that it is likely that he/she is being/has been abused
- observing one child abusing another
- a child having contact with a person who may pose a risk to them

#### **Child who may have been harmed needs**

The child who may have been harmed needs to be believed and

- to talk or communicate at their own pace
- to be heard
- to be supported

When a child or young person discloses that he or she has been abused or is at risk of abuse, victims should be taken seriously, kept safe and never be made to feel like they are creating a problem for reporting abuse, sexual violence or sexual harassment. Staff must provide immediate support and comfort and to assist in protecting the child from further abuse:

- Find a place to talk where there are no physical barriers between you and the child.
- Be on the same eye level as the child.
- Don't interrogate or interview the child.
- Be tactful. Choose your words carefully, do not be judgmental about the child or the alleged abuser. Listen to the child. Do not project or assume anything. Let the child tell his/her own story.
- Find out what the child wants from you. A child may ask you to promise not to tell anyone. Be honest about what you are able to do for the child and that you cannot promise not to tell anyone if you suspect harm or abuse.
- Be calm; reactions of disgust, fear, anger, etc., may confuse or scare a child.

- Assess the urgency of the situation. Is the child in immediate danger? Safety needs may make a difference in your response.
- Confirm the child's feelings. Let them know that it is okay to be scared, confused, sad, or however he / she is feeling.
- Believe the child and be supportive.
- Assure the child that you care. Some children will think you may not like them anymore if they tell you what happened. Let them know that he/ she is not to blame.
- Tell the child it is not their fault. Many children will think that the abuse happened because of something they did or did not do. Do not over dramatise.
- Tell the child you are glad she/he told you.
- Tell the child you will try to get some help.
- Let the child know what you will do and give them some idea of the timeframes involved. This will help build a sense of trust, and she/he will not be surprised when she/he finds out that you told someone. It will also help to manage their expectations about how quickly things may happen.
- Tell the child you need to tell someone whose job it is to help with these kinds of problems

### 7.9 Recording events

It is important that an accurate record of all events surrounding the disclosure or suspected abuse is kept, stating the facts, times, explanations and action taken. It is vital that when a disclosure is made to a member of staff or volunteer the person:

- is non-judgmental.
- does not coach or ask leading questions
- makes notes of the conversation as soon as possible after the event.

All safeguarding records are stored securely in an appropriate locked cabinet if they are paper records or in a secure electronic recording system.

That the NAS internal processes for reporting and closing safeguarding cases must be followed, using the correct forms with all sections of the forms completed.

Records should include:

- a clear, factual and comprehensive summary of the concern.
- details of how the concern was followed up;
- details of any actions taken, decisions reached and the outcomes
- all records must include accurate times, dates, names of people and roles of people
- witness statements may be required for records, these should be taken as soon as possible following an incident or disclosure and should be signed and dated.
- body maps should be used to record any physical injuries. These should be signed and dated.

Child Safeguarding records must be kept securely and transferred in a safe and timely manner when a child moves service.

### 7.10 Support provided to the individual disclosing

In the event of disclosure of alleged abuse, the individual disclosing will be protected from any retaliation or unnecessary stress and will be supported through the process. Where appropriate

and as necessary, support can be accessed from outside agencies such as Childline / NSPCC and counselling services.

### 7.11 Confidentiality

Confidentiality cannot be assured, as depending on the disclosure and individual concerned, information may need to be shared internally, with the NAS Safeguarding Team and with other agencies. This could include the Police and Local Authority. However, information will only be shared on a need to know basis, and the person making the disclosure should be reassured that the information they have given will be treated within best practice codes of conduct for confidentiality.

### 7.12 Referral

Staff have a duty to share any concerns raised about a child with the relevant person within the Children's Social Services Team where the service is based. All information will be shared confidentially and in the appropriate format in line with the NAS Data Protection Policy (IGP-02) and the Local Safeguarding Children Partnership / Children's Social Services.

Staff should liaise with the appropriate safeguarding partners and work with other agencies. Staff should refer to the NSPCC guide "When to call the police," which should help them understand when they should consider calling the police and what to expect when they do. (Please see Appendix)

When a referral is made to the local authority, the staff member must complete the NAS Safeguarding notification form and return it to the safeguarding team along with a copy of the completed referral document to the Local Authority, or a screenshot of the form if it is an online portal.

The funding Child Placement Team should also be notified.

### 7.13 Data Protection

Concerns about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

We should aim to gain consent to share information, but need be mindful of situations where to do so would place a child at increased risk of harm. Information may be shared without consent if someone has reason to believe that there is good reason to do so, and that the sharing of information will enhance the safeguarding of a child in a timely manner. When decisions are made to share or withhold information, a record should be made regarding who has been given the information and why.

All NAS employees will have due regard to the relevant data protection principles which allow the sharing of personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

The Data Protection Act 2018 and the GDPR allows the storage and sharing of information for safeguarding purposes, including information which is sensitive and personal, which is to be treated as 'special category personal data'.

Where special category personal data is shared, the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows the sharing of information. This includes allowing the sharing of information without consent, if it is not possible

to gain consent, it cannot be reasonably expected that a person gains consent, or if to gain consent would place a child at risk.

#### 7.14 Allegations made against Staff or Volunteers (Including Agency / Supply Staff)

Any allegation that a member of NAS staff or a NAS volunteer has abused, harmed or neglected a child must be reported immediately to a senior manager within the organisation, the Safeguarding Team, the relevant statutory agencies and the relevant local authority.

Local authorities in the four nations deal with safeguarding allegations against staff in slightly different ways, but all can be reported through the local authority's child protection front door service. In England and Wales there is a specific officer called a Local Authority Designated Officer (LADO).

This report should be made within 24 hours of all allegations that come to an employer's attention or that are made directly to the Police if a member of staff or volunteer has or is alleged/suspected to have:

- 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

There are two aspects to consider when an allegation is made:

- **Looking after the welfare of the child** – Staff are responsible for ensuring that the child is not at risk and referring cases of suspected abuse to the local authority children's social care as described in Part one of this guidance.
- **Investigating and supporting the person subject to the allegation** – Staff should discuss with the local authority, the nature, content and context of the allegation, and agree a course of action.

When dealing with allegations children's services should:

- follow statutory guidance
- deal with allegations quickly, fairly and consistently;
- provide effective protection for the child and support the person subject to the allegation.

Services should seek to ensure they understand the local authority arrangements for managing allegations, including the contact details and what information the local authority will require when an allegation is made.

If there are concerns or an allegation against the service manager, this should be reported to the relevant Director for service area within the National Autistic Society.

**The possible suspension of the staff member or volunteer, without prejudice, should be discussed with HR without delay if there are concerns that a staff member has harmed a child or is at risk of harming a child.**

Staff members and volunteers (including supply and agency staff) against whom an allegation is made are owed a duty of care and should be treated fairly, honestly and without discrimination. They should be provided with support throughout the process.

The Police and other relevant agencies should always agree jointly when to inform the subject of allegations which may be subject to criminal procedures.

When managing allegations against staff, it is important to recognise the distinction between allegations that meet the harms threshold and allegations that do not, also known as "low-level concerns".

### **Low level concerns**

As part of their whole approach to safeguarding services should seek to ensure that they promote an open and transparent culture in which all concerns about all adults working in or on behalf of the service (including volunteers and contractors) are dealt with promptly and appropriately.

Creating a culture in which all concerns about adults (including allegations that do not meet the harms threshold) are shared responsibly and with the right person, recorded and dealt with appropriately, is critical. It should enable services to identify concerning, problematic or inappropriate behaviour early; minimise the risk of abuse; and seek to ensure that adults working in or on behalf of the service are clear about professional boundaries and act within these boundaries, and in accordance with the ethos and values of the institution.

A **low-level concern** is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the service may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work;
- does not meet the allegations threshold or is otherwise not considered serious enough to consider a referral to the local authority. (Examples of such behaviour could include, but is not limited to being over friendly with children; spending too much time with one child, having favourites)

It is crucial such concerns are reported so appropriate guidance, supervision, training and action can be taken.

#### Services should:

- ensure their staff are clear about what appropriate behaviour is, and are confident in distinguishing expected and appropriate behaviour from concerning, problematic or inappropriate behaviour, in themselves and others;
- empower staff to share any low-level safeguarding concerns with the Service Manager or Safeguarding Advisor for Children and Young People;
- address unprofessional behaviour and support the individual to correct it at an early stage;
- provide a responsive, sensitive and proportionate handling of such concerns when they are raised; and help identify any weakness in the services' safeguarding system.

### **7.15 Safer Recruitment and Selection of Staff**

The NAS has a written recruitment and selection policy statement and procedures linking explicitly to this policy.

The statement is included in all job advertisements, publicity material, recruitment websites, and candidate information packs.



The recruitment process is robust in seeking to establish the commitment of candidates to support the NAS's measures to safeguard children and to deter, identify, reject or identify people who might pose a risk of harm to children or are otherwise unsuited to work with them.

All staff in regulated activity within our services have been checked as to their suitability, including verification of their identity, qualifications, a satisfactory barred list check, a prohibition check and enhanced Criminal Records Check (DBS/ PVG/Access NI check) and a right to work in the UK. Services will conduct the appropriate pre-employment checks for all prospective employees, including internal candidates and candidates who have lived or worked outside the UK.

The appropriate suitability checks will be carried out for all volunteers, and contractors.

The NAS takes its responsibility to safeguard children very seriously and any staff member who is aware of anything that may affect their suitability to work with children must notify the service immediately. This will include notification of any convictions, cautions, court orders, reprimands or warnings they may receive during their course of their employment or volunteering.

Staff should not be working in regulated activity with children prior to verification by the NAS of their satisfactory DBS / PVG/ Access NI Certificate.

Volunteers who are not working in regulated activity, will be supervised at all times.

### **Staff suitability**

#### **Ongoing suitability**

Following appointment, consideration will be given to staff and volunteers' ongoing suitability – to prevent the opportunity for harm to children or placing children at risk.

#### **Referral to the DBS/ PVG/Access NI check**

The service will refer to the DBS/ PVG/Access NI check anyone who has harmed a child or poses a risk of harm to a child, or if there is reason to believe the member of staff has committed an offence and has been removed from working in regulated activity. The duty will also apply in circumstances where an individual is deployed to another area of work that is not in regulated activity or they are suspended.

### **7.16 Training**

All staff and volunteers will be recruited under the guidance of the Safer Recruitment Policy and will have a Criminal Records Check (DBS /PVG/ Access NI) that is deemed appropriate for the role – Please refer to current guidance.

All staff members should be aware of systems within their service which support safeguarding and these should be explained to them as part of staff induction. This should include:

- the Safeguarding Children Policy SO-0189;
- the staff code of conduct;
- Child-on-Child Abuse procedures.
- The Behavioural Policy SO-0029.
- Appropriate child protection and safeguarding training, including online safety training.
- Online Safety Policy
- Identifying types of abuse.



All staff and volunteers will receive safeguarding children training that is relevant to their role. The Board of Trustees will also receive training. For those working directly with children, safeguarding training will be refreshed at least annually basis (or when required) via the face to face Safeguarding People training developed by the NAS or via the on-line safeguarding and child protection training or from the relevant Local Authority / Local Safeguarding Partners or specialist organisation. In addition, all staff members / volunteers should receive safeguarding and child protection updates (for example, via email, e-bulletins and staff meetings), as required, but at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.

The training will cover child protection procedures including:

- prevention and recognition of abuse
- dealing with disclosures and suspicions of abuse
- information sharing
- whistleblowing
- maintaining confidentiality
- the process for making referrals to children's social care and for statutory assessments that may follow a referral, along with the role they might be expected to play in such assessments.
- The issues surrounding sexual violence and sexual harassment.
- Contextual safeguarding.
- How to keep Children in Care (Looked after Children) safe.
- CCE and the need to refer cases to the National Referral Mechanism.
- Online safety training
- PREVENT training
- Child on Child Sexual abuse awareness raising

Staff will receive opportunities to contribute towards and inform the safeguarding arrangements in the service.

Training that staff receive should be integrated, aligned and considered as part of the service safeguarding approach and wider staff training.' The CPD programme should be reviewed to seek to ensure that all the knowledge staff need is included and that this is effective in enabling them to follow procedures.

All staff in children's services will receive Prevent Training in-line with government guidance.

Those recruiting staff will receive Safer Recruitment Training.

**All staff and volunteers must read, understand and become knowledgeable about child protection procedures during induction and must undertake refresher training on an annual basis.**

### 7.17 Supporting Staff and Supervision of Staff

All staff working directly with children and vulnerable adults will have supervision with a suitably experienced person at least four times a year, during which safeguarding concerns and

processes will be discussed. Staff can request a reflective supervision at any time with their appropriate line manager.

We recognise that staff working in a service who have become involved with a child who has suffered harm, or appears to be likely to suffer harm, may find the situation stressful and upsetting.

We will support such staff by providing an opportunity to talk through their anxieties with their line manager and to seek further support such as counselling or regular supervision, as appropriate. Employees also have access to a confidential helpline - called Employee Assistance Programme (EAP).

In order to reduce the risk of allegations being made against staff, and seek to ensure that staff are competent, confident and safe to work with children, they will be made aware of safer working practice guidance and will be given opportunities in training to develop their understanding of what constitutes safe and unsafe behaviour.

### 7.18 Children, young people and carers

Children and young people and their parents and carers should be informed of NAS child protection and child safeguarding procedures, and what to expect, in their preferred communication and appropriate to their understanding.

The Mental Capacity Act 2005 in England and Wales, Mental Capacity (Northern Ireland) Act 2016 and Adults with Incapacity Act 2000 (Scotland) apply to anyone over the age of 16 years. Those children who are judged not to have capacity will need to have the full range of support from social care, advocacy services and perhaps the police to make sure they are protected. For those judged to have capacity, many would still benefit from an advocate to support them.

Children, young people and their carers will have access to the NAS Complaints Resolution Policy and made aware of how they can make a complaint if they are unhappy with the service they are receiving.

### 7.19 Use of Technology

As children's services increasingly work online it is essential that children are safeguarded from potentially harmful and inappropriate online material. As such, the NAS will seek to ensure appropriate filters and appropriate monitoring systems are in place being mindful that "over blocking" does not lead to unreasonable restrictions as to what children can be taught with regards to online teaching and safeguarding and children will need to be taught critical thinking skills which are appropriate to their age and ability.

#### **Personal electronic devices:**

Staff are not permitted to have their personal mobile phones / similar devices (such as smart watches) turned on during their shifts.

Mobile phones / devices with camera/video capability: **under no circumstances** are photographs or videos to be taken of the young people we support **on a personal device**. Staff are not permitted to show any images from their phone to the people we support.

#### **Cameras and Video Cameras:**

Personal Devices (mobile phones / smart watches etc.) should not be used in Children's Services to photograph / video the children or young people.

Photographs and videos of the people we support remain the property of the individual and cannot be used externally without the individual/parental permission in writing. NAS Photo Permission forms are available and should be completed by the individual we support or parent/carer (whichever relevant).

Photographs and videos of children will be carefully planned before any activity with particular regard to consent and adhering to the NAS Data Protection Policy and Photography Policy. The DPO will oversee the planning of any events where photographs and videos will be taken.

Where photographs and videos will involve children who are Children in Care (Looked After Children), fostered or adopted children, or children for whom there are security concerns, the Service Manager will liaise with the Safeguarding Advisor for Children and Young People to determine the steps involved to assess the needs and risks associated with the children.

Visitors may only photograph buildings, with consent of the service.

Fictional names must be used in respect of people we support, staff or parents by any member of staff or child giving talks or attending courses.

Under no circumstances should NAS employees take devices home / off site outside of working hours that contain images of the young people we support.

Staff will adhere to the Online Safety Policy at all times.

Where appropriate opportunities arise children in services will be made aware of online risks and taught how to stay safe online.

Through training, all staff members will be made aware of:

- Children's attitudes and behaviours which may indicate they are at risk of potential harm online.
- The procedure to follow when they have a concern regarding a child's online activity.

### **Reviewing online safety**

The services will carry out an annual review of its approach to online safety, supported by an annual risk assessment that considers and reflects the risks faced by children.

### **7.20 Children and Young People potentially at greater risk of harm**

Some groups of children and young people can face additional safeguarding challenges, and it is important staff understand that further barriers may exist when determining abuse and neglect in these groups of children. Additional considerations for managing safeguarding concerns and incidents amongst these groups are outline below.

### **Children and Young people in receipt of statutory children's services**

Some children and young people may need social workers due to safeguarding or welfare needs. These needs can leave children vulnerable to further harm and educational disadvantage.

As a matter of routine, the Service Manager should hold and use information about whether a child has a social worker in order to make decisions in the best interests of the child's safety, welfare, and outcomes.

Where a child or young person needs a social worker, this will inform decisions about safeguarding and promoting welfare.

### **Children with SEND**

All children and young people in our services are autistic. When managing and considering safeguarding issues, staff will be aware of the following:

- Certain indicators of abuse, such as behaviour, mood and injury, may relate to the child's disability without further exploration; however, it should never be assumed that child's indicators relate only to their disability.
- Children with SEND can be disproportionally impacted by issues such as bullying, without outwardly showing any signs
- Communication barriers may exist, as well as difficulties in overcoming these barriers

When reporting concerns or making referrals for children with SEND, the above factors will always be taken into consideration.

### **Children and Young people in residential services, including residential short breaks.**

There are additional safeguarding risks for children in residential services which include opportunities and vulnerabilities for child-on-child abuse; and inappropriate staff/child relationships.

#### **7.21 Empowerment and Capacity**

In England and Wales, under the Mental Capacity Act 2005, and the Northern Ireland under the Mental Capacity Act (Northern Ireland) 2016 young people aged 16 or 17 can be deemed to have the mental capacity to make decisions in regard to their lives. Staff should work from a starting point that the child themselves knows what is in their best interests in relation to outcomes, goals and wellbeing and then consider whether or not they have the mental capacity to make the decision at hand by being able to understand the information needed to make the decision, retain the information for long enough to make the decision, weigh up the information needed to make the decision and communicate their decision ( this can be via alternative methods, not just via spoken language . For children under 16 the Mental Capacity Act does not apply, however they could be assessed as Gillick competent.

By providing effective intervention at the right time, risk factors may be prevented from escalating, reflecting the importance of taking a preventive approach as wellbeing cannot be achieved through crisis management.

Whilst all children aged 16 and 17 must be assumed to have capacity to make their own decisions, and be given all practicable help before they are considered not to be able to make their own decisions, where a young person is found to lack capacity to make a decision then any action taken, or any decision made for, or on their behalf, must be made in their best interests.

All staff have a responsibility to ensure they understand and always work in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2017. In all safeguarding activity, due regard must be given to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards 2017 and Mental Capacity Act (Northern Ireland) 2016.

## 7.22 Safeguarding Children - Procedure for Staff and Volunteers involved in other National Programmes NAS Child Services

### **Step 1**

**Seek to ensure that the child is safe. If the child is at risk of immediate harm then the police and children's social services must be called immediately.**

On every occasion that any member of staff or volunteer has reason to suspect that a child has suffered abuse, or is at risk of suffering abuse, he/she should at the earliest opportunity contact the NAS Line Manager.

If the allegation or suspicion is about the Service Manager then the report should be made to the Service Director. Each Directorate has an Out-of-Hours contact for emergency advice for safeguarding issues. All staff and volunteers will be given this number.

### **Step 2**

The Service Manager/ Senior member of staff on duty should contact the appropriate local authority if it is an allegation about an employee or volunteer, who will advise on the next steps to be taken.

Verbal reports should be made immediately and followed as soon as possible by a written report using the Local Authority Child Protection Report Form.

On accepting the referral, the Local Authority becomes responsible for determining what action is to be taken.

### **Step 3**

If possible, write a brief note at the time, but always make a written note as soon as you can and whilst the facts are still clear in your mind. If two staff members witness something, they should always write their accounts independently. This must be completed within 24 hours.

On no account should staff or volunteers make physical examinations that require the removal of clothes or pursue enquiries beyond the initial statement. However, staff and volunteers should check and record, using a body map, the child's physical appearance, behaviour and apparent emotional state of mind.

A NAS safeguarding notification form must be completed and emailed to [notification@safeguarding@nas.org.uk](mailto:notification@safeguarding@nas.org.uk)

### **Step 4**

Support plan and any risk assessments related to the concern/ incident must be updated within 24 – 72 hours.

**These procedures do not take away the right of the informant to report the matter directly to Children's Social Services Departments / Local Safeguarding Partners or, if they believe an offence has been committed, the Police.**

## 7.23 Staff and Volunteers' Roles and responsibilities

### **All Staff**

It is the responsibility of all staff working directly or indirectly for NAS to report suspected, alleged or actual abuse or neglect through the Charity's reporting mechanisms, regardless of whether or not this relates to abuse or neglect being directed at a child by:

- Another child;
- A member of staff (regardless of their position);
- A relative/friend/associate;
- Any other person/s.

In addition, it is the responsibility of all staff to report matters of concern with regards to children for whom we do not provide care but with whom they interact within their job role.

- Consider, at all times, what is in the best interests of the child.
- Maintain an attitude of 'it could happen here' where safeguarding is concerned.
- Provide a safe environment for children.
- Be aware of the service's systems which support safeguarding, including any policies, procedures, information and training provided upon induction.
- Know how to report concerns in line with policy
- Undertake safeguarding training, including online safety training, during their induction – this will be regularly updated.
- Receive and understand child protection and safeguarding (including online safety) updates, e.g. via email, as required, and at least annually.
- Make a referral to local safeguarding teams and/or the police immediately, if at any point there is a risk of immediate serious harm to a child.
- Be aware of and understand the procedure to follow in the event that a child confides they are being abused, exploited or neglected.
- Maintain appropriate levels of confidentiality when dealing with individual cases.
- Reassure victims that they are being taken seriously, that they will be supported, and that they will be kept safe.
- Speak to the Safeguarding Advisor for Children and Young People if they are unsure about how to handle safeguarding matters.
- Be aware of safeguarding issues that can put children at risk of harm.
- Be aware of behaviours linked to issues such as drug-taking, alcohol misuse, deliberately missing education, and sharing indecent images, and other signs that children may be at risk of harm.
- To follow this policy and ask questions if not sure about any aspect of this policy.
- To act in loco parentis whilst any child is at the Service and have the responsibility to protect the child and promote their general welfare.
- To be aware of the early warning signs of potential abuse situations and the possible signs of abuse.
- To actively teach children about how to keep themselves safe (including online) through practical teaching and learning opportunities.

**Registered/ Service Managers have a responsibility to:**

The Registered/ Service Manager has overall responsibility for ensuring that the management of safeguarding matters is directed and managed in accordance with the registering body frameworks. Each Registered/ Service Manager is responsible for monitoring staff induction, training and development and for giving due consideration to management and operational matters that may have impacted on the quality and safety of safeguarding practices.



It is the responsibility of service manager to ensure that all staff are aware of and work in accordance with this policy.

It is the responsibility of all senior staff and managers to ensure there is an environment of openness, transparency and learning. All are responsible for promoting a culture within their service where:

- Quality, safety, dignity and respect are considered to be essential for good outcomes;
- The induction, training and the development of staff, commensurate to their role, is effectively managed;
- Staff can fully demonstrate their knowledge and understanding of the definitions and signs of abuse or neglect;
- Reporting of suspected, alleged or actual abuse or neglect is acceptable, and encouraged;
- Safeguarding records remain factual, are presented in chronological order, actions and outcomes are clearly recorded, and all records remain confidential and are kept secure. This data will be analysed for patterns/trends and outcomes addressed by the Quality and Assurance Directorate.
- To build a strong safeguarding culture in the home / service where children are listened to, respected and involved in both the development of the home / service and decisions about the home / service.
- Seek to ensure that day-to-day care/ support is arranged and delivered so as to keep each child safe and to protect each child effectively from harm
- Seek to ensure that staff continually and actively assess the risks to each child and the arrangements in place to protect them, based on the individual child's needs and developmental-stage, about when to allow a child to take a particular risk or follow a particular course of action
- Help each child to understand how to keep safe
- Seek to ensure that staff have the training and skills to identify and act upon signs that a child is at risk of harm. Seek to ensure that staff skills in safeguarding are gained, refreshed and recorded in the workforce plan.
- Manage relationships between children to prevent them from harming each other.
- Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis.

### **NAS Nominated/ Responsible Individual and Safeguarding Lead**

- To lead on reviewing this policy annually (or earlier if required)
- To take leadership responsibility for the NAS' safeguarding arrangements and report to the relevant subcommittee of the Board of Trustees and the Independent Safeguarding Board.
- To promote a culture of listening to children and taking account of their wishes and feelings
- To seek to ensure there are clear whistleblowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed
- To seek to ensure there are clear escalation policies for staff to follow when their child's safeguarding concerns are not being addressed within their service or by other agencies



- To seek to ensure safer recruitment practices and ongoing safe working practices are followed by services
- To create a culture of safety, equality and protection within services.

**Executive Leadership Team**

- To promote a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services
- To seek to ensure that safer recruitment practices and ongoing safe working practices are followed by services
- To seek to ensure that appropriate supervision and support for staff, including undertaking safeguarding training is available.
- To create a culture of safety, equality and protection within services

**7.24 Procedure for supporting a child or young person who may have been harmed**

Children who have been abused can feel very confused and scared about what has happened. Child abuse sometimes causes physical injury and will leave emotional scars. People who have grown up being abused can feel worthless, unloved, betrayed, powerless, confused, frightened and mistrustful of others. They might feel, wrongly, that the abuse is their fault. Autistic children have additional difficulties in communicating their feelings. Known preferred communication methods such as symbols, pictures, photographs, gestures, signs, words will be used to assist children in expressing their feelings.

Children will be supported to cope with expressions of anger and strategies put in place to deal with these. Children will be supported to make them feel less lonely and isolated, feel better about themselves, and more confident.

Children who have been abused may experience any of the following:

- Triggers – something someone says/does reminds them of abuse
- Intrusive memory – a recollection of some aspect of the abuse unsolicited and difficult to ignore or remove
- Panic attacks – feelings of absolute fear, anxiety that are overwhelming
- Inability to concentrate – interrupted learning – being so utterly consumed or overwhelmed by events that learning cannot take place
- Negative self-image – consider themselves, stupid, a failure, bad, naughty etc.
- Resignation or retaliation - withdrawal, retreat into self or attack and rejection of others, may pursue singular activities
- Self-harm – deliberately inflicting pain or injury to self

**Procedure for supporting a child who may have been abused:**

- Children should be taken seriously, kept safe and never be made to feel like they are creating a problem for reporting abuse, sexual violence or sexual harassment
- If there is a concern that a child may have been physically or sexually harmed medical attention must be sought.
- Any action should only be taken as part of an agreed care plan.
- Children will be enabled to share their feelings in their known preferred communication method with a person they can trust, such as a parent, staff member, relative, friend or advocate.

- Children will be supported to feel that they do not have to deal with abuse on their own.
- Staff have a duty to respect the confidentiality of children. Disclosure and sharing of information will only take place in line with the Working Together to Safeguarding Children 2018 guidance and in accordance with the relevant child protection legislation and guidance for each nation. for the rights of the child or others. Staff will only be informed of abuse on a "need to know basis".
- Children who have been abused may respond inappropriately to groups of society who they consider responsible for the abuse. This will be managed through risk assessment and supporting the child to overcome the fear.
- If there is a likelihood that a child will act out behaviour that he/she has experienced this will be managed through risk assessment and with support and guidance from relevant involved professionals.
- Staff will receive appropriate and ongoing training on child abuse.
- All Managers will provide support to staff members.
- Where appropriate, and as necessary, support will be accessed from outside agencies such as Childline / NSPCC and counselling services.

## 8. Evaluation of Policy

This policy is reviewed at least annually. This policy will be updated as needed to seek to ensure it is up-to-date with safeguarding issues as they emerge and evolve, including any lessons learnt.

Any changes made to this policy will be communicated to all members of staff and volunteers.

The policy will be evaluated in light of whether it is up to date with current legislation and whether it is effective in enabling staff to inform staff about the main areas of abuse and specific safeguarding issues. It will be judged to be effective if staff are able to follow the policy, identify and report concerns and safeguard our children, eliminating discrimination and promoting equal opportunities and inclusion. This policy will be reviewed annually or sooner if required.

## 9. Equality Impact Assessment

NAS employees and volunteers shall not discriminate against any person on the grounds of race, nationality, age, religious or similar philosophical beliefs, sexual orientation, or social standing and shall work in such a way as to give equal opportunity for each person we support to achieve the maximum benefit and potential, consistent with respecting the dignity and value of fellow human beings.

In the design of this policy we have considered the complex inter-relating elements that impact on effective support and safeguarding of children and young people with Autism. Our implementation of this policy should seek to lessen some of the known inequalities that exist in society, including, but not limited to race, disability and gender. Through carefully designed provision and support that affords opportunities for people with those protected characteristics to receive equality of access to all aspects of safeguarding provision. This policy has been designed and consulted on with a large stakeholder group internal to the NAS, including schools and residential based staff.

The welfare of the child is paramount and everyone's responsibility and all children without exception have the right to protection from abuse regardless race, colour, gender, language, religion, ethnicity, disability or any other status.

## 10. Definitions

The terms “**children**” and “**child**” refer to anyone under the age of 18.

For the purposes of this policy, “**safeguarding and protecting the welfare of children**” is defined as:

- Protecting children from maltreatment.
- Preventing the impairment of children' mental and physical 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.

Section 74 of the Sexual Offence Act 2003 defines **consent** as “if he agrees by choice, and has the freedom and capacity to make that choice”. Consent may be given to one sort of sexual activity but not another, and can be withdrawn at any time during sexual activity and each time sexual activity occurs. Children under the age of 13 can never consent to any sexual activity. The legal age of consent is 16.

For the purposes of this policy, “**sexual violence**” refers to the following offences as defined under the Sexual Offences Act 2003:

- **Rape:** A person (A) commits an offence of rape if they intentionally penetrate the vagina, anus or mouth of another person (B) with their penis, B does not consent to the penetration, and A does not reasonably believe that B consents.
- **Assault by penetration:** A person (A) commits an offence if they intentionally penetrate the vagina or anus of another person (B) with a part of their body or anything else, the penetration is sexual, B does not consent to the penetration, and A does not reasonably believe that B consents.
- **Sexual assault:** A person (A) commits an offence of sexual assault if they intentionally touch another person (B), the touching is sexual, B does not consent to the touching, and A does not reasonably believe that B consents.
- **Causing someone to engage in sexual activity without consent:** A person (A) commits an offence if they intentionally cause another person (B) to engage in an activity, the activity is sexual, B does not consent to engaging in the activity, and A does not reasonably believe that B consents. This could include forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party.

Our children's services recognise the extent of “**child on child Sexual Abuse**”. Child on child sexual abuse is defined as sexual abuse that happens between children of a similar age or stage of development. It can happen between any number of children, and can affect any age group (Department for Education (DfE), 2021a).

For the purposes of this policy, “**Sexual Harassment**” refers to unwanted conduct of a sexual nature that occurs online or offline, inside or outside of the service. Sexual harassment is likely to violate a child's dignity, make them feel intimidated, degraded or humiliated, and create a hostile, offensive, or sexualised environment. If left unchallenged, sexual harassment can create an atmosphere that normalises inappropriate behaviour and may lead to sexual violence. Sexual harassment can include, but is not limited to:

- Sexual comments, such as sexual stories, lewd comments, sexual remarks about clothes and appearance, and sexualised name-calling.

- Sexual “jokes” and taunting.
- Physical behaviour, such as deliberately brushing against someone, interfering with someone’s clothes, and displaying images of a sexual nature.
- Online sexual harassment, which may be standalone or part of a wider pattern of sexual harassment and/or sexual violence.

Online sexual harassment may include:

- The consensual and non-consensual sharing of nude and semi-nude images and/or videos.
- Sharing unwanted explicit content.
- Upskirting.
- Sexualised online bullying.
- Unwanted sexual comments and messages, including on social media.
- Sexual exploitation, coercion, and threats.

For the purposes of this policy, **“Upskirting”** refers to the act, as identified the Voyeurism (Offences) Act 2019, of taking a picture or video under another person’s clothing, without their knowledge or consent, with the intention of viewing that person’s genitals or buttocks, with or without clothing, to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is an offence to operate equipment for the purpose of Upskirting. **“Operating equipment”** includes enabling, or securing, activation by another person without that person’s knowledge, e.g. a motion-activated camera. Anyone, including children and staff, of any gender can be a victim of Upskirting. Upskirting will not be tolerated by the service. Any incidents of Upskirting will be reported to the Safeguarding Advisor for Children and Young People, who will then decide on the next steps to take, which may include police involvement.

For the purposes of this policy, the **“consensual and non-consensual sharing of nude and semi-nude images and/or videos”**, colloquially known as **“sexting”**, is defined as the sharing between children of sexually explicit content, including indecent imagery. For the purposes of this policy, **“indecent imagery”** is defined as an image which meets one or more of the following criteria:

- Nude or semi-nude sexual posing
- A child touching themselves in a sexual way
- Any sexual activity involving a child
- Someone hurting a child sexually
- Sexual activity that involves animals

## Appendix 1 Essential Contact Information

Please complete with your local procedures and display – amend as required

| Essential Safeguarding Information   |  |
|--|--|
| Service Contact Number   |  |
| Service Manager / Child Protection Officer   | Name   |
| Designated person for Online Safety  |  |
| Mental Health First Aider  |  |
| Safeguarding Advisor for Children and Young People   | <a href="mailto:fenellacannings-jurd@nas.org.uk">fenellacannings-jurd@nas.org.uk</a> |
| Safeguarding Lead and Nominated/Responsible Individual   | <a href="mailto:Cassy.harrison@nas.org.uk">Cassy.harrison@nas.org.uk</a>             |
| Local authority service operates in  |  |
| Safeguarding of children concerns  |  |
| Children living in x local authority   |  |
| Children living in x local authority   |  |
| Children living in x local authority   |  |
| Children Living in x local authority   |  |
| Contact details for Children's Social Care Multi-Agency Safeguarding Hub   |  |
| Contact details of the Local Authority Designated Officer (LADO) for allegations against an adult working with children (England and Wales only) |  |
| Police (Emergency)   | 999  |
| Police (Non-Emergency)   | 101  |
| Local authority Channel/ PREVENT Referral Contact Details  |  |
| NSPCC  | <a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a> 0808 800 5000                 |
| NSPCC Whistleblowing helpline  | 0800 028 0285  |
| ChildLine  | <a href="http://www.childline.org.uk">www.childline.org.uk</a>                       |

|   |   |
|---|---|
|   | Telephone: 0800 1111  |
| <b>Safecall (Independent whistleblowing point of contact)</b>     | <p>Telephone: 0800 915 1571</p> <p><a href="http://www.safecall.co.uk/reports">www.safecall.co.uk/reports</a></p> <p>Email - <a href="mailto:nas@safecall.co.uk">nas@safecall.co.uk</a></p>         |
| <b>The Forced Marriage Unit</b>                                   | <p><a href="http://www.gov.uk/stop-forced-marriage">www.gov.uk/stop-forced-marriage</a></p> <p>Email - <a href="mailto:fmufco@fco.gov.uk">fmufco@fco.gov.uk</a></p> <p>Telephone: 020 7008 0151</p> |
| <b>CEOP (the Child Exploitation and Online Protection Centre)</b> | <a href="http://www.ceop.police.uk">www.ceop.police.uk</a>  |



## Appendix 2 Definitions and Indicators of Abuse and Neglect

Abuse and neglect are signs of maltreatment of a child or young person. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, 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.

All staff should be aware that safeguarding incidents and/or behaviours can be associated with factors outside the children's service and/or can occur between children outside of these environments. All staff should consider whether children are at risk of abuse or exploitation in situations outside their families. Extra-familial harms take a variety of different forms and children can be vulnerable to multiple harms including (but not limited to) sexual exploitation, criminal exploitation, and serious youth violence.

**All** staff / volunteers should have an awareness of safeguarding issues, some of which are listed below. Staff should be aware that behaviours linked to the likes of drug taking, alcohol abuse, truancy and sexting put children in danger.

**All** staff / volunteers should be aware that safeguarding issues can manifest themselves via child on child abuse. This is most likely to include, but may not be limited to, bullying (including cyberbullying), gender-based violence/sexual assaults and sexting.

There are features of autism that may make it harder to truly identify whether abuse is taking place or for the child themselves to understand that they are being abused and these could include:

- Finding it particularly difficult to communicate that they are subject to abuse, especially if they have limited communication skills.
- Some typical indicators of abuse may be a consequence of the child's autism, such as self-injury or withdrawal from social situations.
- Conversely, indicators of actual abuse may be falsely explained as a consequence of the child's autism.
- Where a child is experiencing physical and/or psychological injury as a consequence of behaviours arising from his/her autism, it may be considered neglectful not to pursue reasonable interventions to reduce this behaviour.
- Autistic children sometimes demonstrate behaviour that challenges those around them and are vulnerable to experiencing interventions that are inappropriate, disproportionate or abusive.
- Autistic children often share environments with children who may demonstrate challenging behaviour. It is not acceptable for children to be abused by other children.
- Children with autism struggle to manage changes so any transitions that the child goes through may bring about new or challenging behaviours.
- Even subtle changes in behaviour may be a child communicating that something is wrong and/or that they are being abused.
- There is an increased risk of professionals becoming overfamiliar with the behaviour that a child with autism exhibits. They are then at risk of failing to pick up other concerns, or seeing new behaviour as an extension of behaviour they have already observed.

- A clear understanding of autism and its impact on a child is imperative, as is the ability to recognise subtle changes or other indicators, and remaining open to the possibility of abuse. A clear understanding of how autism impacts upon each individual child is crucial in determining an appropriate response to indicators of abuse.
- There is need to have balance between knowing the child well and recognising that any change in behaviour may be indicative that something is wrong and not being complacent that behaviour is just a child's "autism" and not reporting anything that may be an indicator of abuse.

### Definitions

There are four main categories of child abuse.

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect

In addition, children with disabilities are more likely to be subject to other forms of abusive practice:

- force feeding
- physical interventions (including restraint) which are not carried out in line with the local policy, procedures and guidance
- inappropriate behaviour modification including the deprivation of liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquilisation
- invasive procedures which are unnecessary or carried out against the child's will, or by people without the right skills or support
- being denied access to medical treatment and deliberate failure to follow medically recommended regimes
- ill-fitting equipment, such as callipers, sleep boards which may cause injury or pain, inappropriate splinting
- misappropriation or misuse of a child's finances – financial abuse
- failure to meet the communication needs of a child with a hearing impairment to the point where his or her development is impaired
- a parent seeking residential schooling to exclude the child from an ordinary family life
- being denied mobility, communication or other equipment/ aids
- being denied access to education, play, social and leisure opportunities

### Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, 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. They may also include non-contact activities, such as involving and encouraging children or young people in looking at, or in the production of, sexual images, watching sexual activities, encouraging children or young people to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

Adults who use children and young adults to meet their own sexual needs abuse both boys and girls of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs may also be present. In all cases, children who disclose any details of sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

The physical signs of sexual abuse may include:

- Pain or itching near the genital area
- Bruising or bleeding near the genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy
- Changes in behaviour which can also indicate sexual abuse include:
- Sudden or unexpected changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends
- Acting in a sexually explicit way towards adults

### Emotional Abuse

Emotional abuse is the persistent emotional ill-treatment of a child causing severe and persistent adverse effects on the child or young person's emotional development. It may involve making the child or young person feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of the other person. It may include not giving the child opportunities to express their views, deliberately silencing them or ridiculing them in what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children and young people, causing children to feel frequently feel frightened.

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 serious bullying (including cyberbullying), 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.

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only

be evident if the child puts on weight in other circumstances, e.g. when hospitalised or away from the parent/carers care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- Being unable to play
- Fear of making mistakes
- Sudden speech disorders
- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress

### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment or 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, clothing and shelter
- Protect a child from physical and emotional harm or danger
- Seek to ensure adequate supervision
- Seek to ensure access to appropriate medical care or treatment

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

Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

The physical signs of neglect may include:

- Constant hunger, sometimes stealing food from other children
- Constantly dirty or 'smelly'
- Loss of weight, or being constantly underweight
- Inappropriate clothing for the conditions

Changes in behaviour which can also indicate neglect may include:

- Complaining of being tired all the time
- Not requesting medical attention and/or failing to attend appointments
- Mentioning being left alone or unsupervised

### Physical Abuse

Physical abuse is when someone hurts or harms a child or young person on purpose. It includes:

- hitting with hands or objects
- slapping and punching
- kicking

- shaking
- throwing
- poisoning
- burning and scalding
- biting and scratching
- breaking bones
- drowning.

It is important to remember that physical abuse is any way of intentionally causing physical harm to a child or young person. It also includes making up the symptoms of an illness or causing a child to become unwell.

Physical Signs to look for:

- injuries which the child cannot explain, or explains unconvincingly;
- injuries which have not been treated or treated inadequately;
- injuries on parts of the body where accidental injury is unlikely, such as the cheeks, chest or thighs;
- bruising which reflects hand or finger marks;
- cigarette burns, human bite marks;
- broken bones (particularly in children under the age of two);
- scalds, especially those with upward splash marks where hot water has been deliberately thrown over the child, or 'tide marks' - rings on the child's arms, legs or body where the child has been made to sit or stand in very hot water;

Behavioural signs to look out for:

- fear of going home;
- reluctance to have their parents contacted.

## Appendix 3 Specific Safeguarding Issues

### Grooming

Grooming is when someone builds a relationship, trust and emotional connection with a child or young person so they can manipulate, exploit and abuse them.

Children and young people who are groomed can be sexually abused, exploited or trafficked.

Anybody can be a groomer, no matter their age, gender or race. Grooming can take place over a short or long period of time – from weeks to years. Groomers may also build a relationship with the young person's family or friends to make them seem trustworthy or authoritative.

Signs to look out for:

- being very secretive about how they're spending their time, including when online
- having an older boyfriend or girlfriend
- having money or new things like clothes and mobile phones that they cannot or won't explain
- underage drinking or drug taking
- spending more or less time online or on their devices
- being upset, withdrawn or distressed
- sexualised behaviour, language or an understanding of sex that's not appropriate for their age
- spending more time away from home or going missing for periods of time.
- changes in social groups;
- contact with older or unusual people unknown to others;
- possession and distribution of drugs;
- unusual habits;
- gifts and extravagant purchases;
- unpaid work;
- dress style.

A child is unlikely to know they've been groomed. They might be worried or confused and less likely to speak to an adult they trust.

### Child Sexual Exploitation (CSE)

Children and young people can be [trafficked](#) into or within the UK to be sexually exploited. They're moved around the country and abused by being forced to take part in sexual activities, often with more than one person. Young people in gangs can also be sexually exploited.

Sometimes abusers use violence and intimidation to frighten or force a child or young person, making them feel as if they've no choice. They may lend them large sums of money they know cannot be repaid or use financial abuse to control them.

Anybody can be a perpetrator of CSE, no matter their age, gender or race. The relationship could be framed as friendship, someone to look up to or romantic. Children and young people who are exploited may also be used to 'find' or coerce others to join groups.



Signs to look out for:

- sexting messages;
- changes in social circles;
- Urinary tract infections (UTI's) and pain in genital area;
- encouraging others to replicate actions.
- [Unhealthy or inappropriate sexual behaviour](#).
- Being frightened of some people, places or situations.
- Being secretive.
- Sharp changes in mood or character.
- Having money or things they cannot or won't explain.
- Physical signs of abuse, like bruises or bleeding in their genital or anal area.
- [Alcohol or drug misuse](#).
- Sexually transmitted infections (STIs).
- Pregnancy.

### Child Trafficking

Trafficking is where children and young people tricked, forced or persuaded to leave their homes and are moved or transported and then exploited, forced to work or sold. Children are trafficked for:

- [sexual exploitation](#)
- benefit fraud
- forced marriage
- domestic slavery like cleaning, cooking and childcare
- forced labour in factories or agriculture
- committing crimes, like begging, theft, working on cannabis farms or moving drugs.

Trafficked children experience many types of [abuse and neglect](#). Traffickers use [physical](#), [sexual](#) and [emotional abuse](#) as a form of control. Children and young people are also likely to be physically and emotionally [neglected](#) and may be [sexually exploited](#).

Signs to look out for:

- spend a lot of time doing household chores
- rarely leave their house or have no time for playing
- be orphaned or living apart from their family
- live in low-standard accommodation
- be unsure which country, city or town they're in
- cannot or are reluctant to share personal information or where they live
- not be registered with a school or a GP practice
- have no access to their parents or guardians
- be seen in inappropriate places like brothels or factories
- have money or things you wouldn't expect them to
- have injuries from workplace accidents
- give a prepared story which is very similar to stories given by other children.
- disappearances or sudden arrivals;
- numerous changes of location;
- lack of paperwork;

- unusual home environment dynamics;
- erratic structure;
- unpaid work;
- sexual exploitation.

### Child Criminal Exploitation (CCE) and Gangs

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes.

#### What is a gang?

The word 'gang' means different things in different contexts, the government in their paper 'Safeguarding children and young people who may be affected by gang activity' distinguishes between peer groups, street gangs and organised criminal gangs.<sup>1</sup>

#### Peer group

A relatively small and transient social grouping which may or may not describe themselves as a gang depending on the context.

#### Street gang

"Groups of young people who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity."

#### Organised criminal gangs

"A group of individuals for whom involvement in crime is for personal gain (financial or otherwise). For most crime is their 'occupation'."

It is not illegal for a young person to be in a gang – there are different types of 'gang' and not every 'gang' is criminal or dangerous. However, gang membership can be linked to illegal activity, particularly organised criminal gangs involved in trafficking, drug dealing and violent crime.

#### What is County Lines?

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines". Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs. This can include: Airbnb and short term private rental properties, budget hotels, the home of a drug user, or other vulnerable person, that is taken over by a criminal gang - this may be referred to as cuckooing.

Signs to look out for:

- Frequently absent from and doing badly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent.
- Being isolated or withdrawn.

- Having unexplained money and buying new things.
- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words.
- Spending more time on social media and being secretive about time online.
- Making more calls or sending more texts, possibly on a new phone or phones.
- Self-harming and feeling emotionally unwell.
- Taking drugs and abusing alcohol.
- Committing petty crimes like shop lifting or vandalism.
- Unexplained injuries and refusing to seek medical help.
- Carrying weapons or having a dangerous breed of dog.

### Serious Violence and Gangs

There are a number of areas in which young people are put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household. A child who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse.

Gang membership is not illegal, but once involved members are more likely to commit robbery, assault or drug offences and to carry or use knives and guns.

They may take risks with their physical safety and sexual health and are far more likely to become victims of crime and risk serious injury or even death.

It is not only boys who join gangs. Young women can be involved as gang members or associates and they are particularly vulnerable to becoming involved in risky sexual behaviour.

**Overlapping issues** - Children and young people who are involved in gang activity or serious youth violence often also experience criminal exploitation. These young people will often go missing for days at a time, as they are trafficked around the country by gangs. The number of children who go missing and are exploited through 'county lines' is not known. Some of them may not even be reported as missing to the police because of fear of gangs.

Through training, all staff will be made aware of the indicators which may signal a child is at risk from, or is involved with, serious violent crime. These indicators include, but are not limited to:

- Increased absence from school and services.
- A change in friendships.
- Relationships with older individuals or groups.
- A significant decline in academic performance.
- Signs of self-harm.
- A significant change in wellbeing.
- Signs of assault.
- Unexplained injuries.
- Unexplained gifts or new possessions.

Staff will be made aware of some of the most significant risk factors that could increase a child's vulnerability to becoming involved in serious violence. These risk factors include, but are not limited to:

- Being male.
- Having been frequently absent from school.
- Having been permanently excluded from school.
- Having experienced child maltreatment.
- Having been involved in offending, such as theft or robbery.

If staff have concern that children and young people are at risk from or involved with serious crime, then, normal safeguarding procedures should be followed. Additional advice can be found in the GOV.UK guidance: Advice to schools and colleges on gangs and youth violence.

### Modern Slavery

Modern slavery encompasses human trafficking and slavery, servitude, and forced or compulsory labour. This can include CCE, CSE, and other forms of exploitation.

All staff will be aware of and alert to the signs that a child may be the victim of modern slavery. Staff will also be aware of the support available to victims of modern slavery and how to refer them to the National Referral Mechanism.

### "Honour based" Violence (HBV)

So-called 'honour-based' violence (HBV) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing.

Abuse committed in the context of preserving "honour" often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take.

All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead (or deputy). Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBV, or already having suffered HBV.

### **Actions:**

If staff have a concern regarding a child that might be at risk of HBV, they should activate local safeguarding procedures, using existing national and local protocols for multi-agency liaison with police and children's social care.

### Female Genital Mutilation (FGM)

Female Genital Mutilation is child abuse and a form of violence against women and girls. FGM comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. It is illegal in the UK and a form of child-abuse with long lasting consequences.

Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a girl or woman being at risk of FGM, or already having undergone FGM.

If staff have any concerns regarding the potential for FGM to take place they should activate local safeguarding procedures, using existing national and local protocols from multi-agency liaison with police and children's social care. Where a staff member discovers that an act of FGM appears to have been carried out on a girl who is aged under 18, there is a statutory duty upon that individual to report it to the police. (Mandatory Reporting Duty Section 5B of the Female Genital Mutilation Act 2003, as inserted by section 74 of the Serious Crime Act 2015).

There are a range of potential indicators that a child or young person may be at risk of FGM, which individually may not indicate risk but if there are two or more indicators present this could signal a risk to the child or young person. Victims of FGM are likely to come from a community that is known to practise FGM. Provided that the mutilation takes place in the UK, the nationality or residence status of the victim is irrelevant. Professionals should also note that the girls and women at risk of FGM may not yet be aware to the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

- there are no medical reasons to carry out FGM
- it is often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades
- children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained
- it is used to control female sexuality and can cause long-lasting damage to physical and emotional health.

FGM can happen at different times in a girl or woman's life. Indications that FGM may be about to take place soon:

- The age at which girls undergo FGM varies enormously according to the community. The procedure may be carried out when the girl is new-born, during childhood or adolescence, at marriage or during the first pregnancy. However, the majority of cases of FGM are thought to take place between the ages of 5 and 8 and therefore girls within that age bracket are at a higher risk.
- It is believed that FGM happens to British girls in the UK as well as overseas. Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for her to recover before returning to her studies.

There can also be clearer signs when FGM is imminent:

- It may be possible that families will practise FGM in the UK when a female family elder is around, particularly when she is visiting from a country of origin.
- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it
- Talking about having a 'special procedure' or to attend a special occasion to 'become' a woman.
- Requesting help from an adult if she is aware or suspects that she is at immediate risk
- Parents state that they or a relative will take the child out of the country for a prolonged period

- Talking about a long holiday to her country of origin or another country where the practice is prevalent
- Parents seeking to withdraw their children from learning about FGM
- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- A female relative, like a mother, sister or aunt has undergone FGM.
- A family arranges a long holiday overseas or visits a family abroad during the summer holidays.
- Unexpected or long absence from the service.
- Struggling to keep up in school.
- Running away – or plans to run away - from home.

Indications that FGM may have already taken place:

- Difficulty walking, sitting or standing and may even look uncomfortable
- Spending longer than normal in the bathroom or toilet due to difficulties in urinating
- Spending long periods of time away from activities during the day with bladder or menstrual problems
- Having frequent urinary, menstrual problems
- There may be prolonged or repeated absences
- A prolonged absence from the service with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM
- A girl or woman may ask for help, but may not be explicit about the problem due to embarrassment or fear
- A girl may talk about pain or discomfort between her legs

Specific factors that may heighten a girl's or woman's risk of being affected by FGM:

- The position of the family and the level of integration within UK society – it is believed that communities less integrated into British society are more likely to carry out FGM
- Any girl born to a woman who has been subjected to FGM must be considered to be at risk of FGM, as must other female children in the extended family
- Any girl who has a sister who has already undergone FGM must be considered to be at risk of FGM, as must other female children in the extended family

FGM is included in the definition of "'honour-based' abuse (HBA)", which involves crimes that have been committed to defend the honour of the family and/or community. All forms of HBA are forms of abuse and will be treated and escalated as such. Staff will be alert to the signs of HBA, including concerns that a child is at risk of HBA, or has already suffered from HBA, and will consult with the DSL who will activate local safeguarding procedures if concerns arise.

### Breast Ironing

Breast Ironing is practiced in some African countries, notably Cameroon. Girls aged between 9 and 15 have hot pestles, stones or other implements rubbed on their developing breast to stop them growing further. In the vast majority of cases breast ironing is carried out by mothers or grandmothers and the men in the family are unaware.

The practice of breast ironing is seen as a protection to girls by making them seem 'child-like' for longer and reduce the likelihood of pregnancy. Once girls' breasts have developed, they are at



risk of sexual harassment, rape, forced marriage and kidnapping; consequently, breast ironing is more prevalent in cities.

Breast ironing is a form of physical abuse that has been condemned by the United Nations and identified as Gender-based Violence. Breast ironing does not stop the breasts from growing, but development can be slowed down. Damage caused by the 'ironing' can leave women with malformed breasts, difficulty breastfeeding or producing milk, severe chest pains, infections and abscesses. In some cases, it may be related to the onset of breast cancer.

### Forced Marriage

Forcing a person into a marriage is a criminal offence in the UK. A forced marriage is one entered into without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Nevertheless, some perpetrators use perceived cultural practices as a way to coerce a person into marriage.

Forced marriage is a crime in the UK and a form of HBA.

If you suspect someone has been forced into marriage:

- Do not treat allegations merely as a domestic issue and send the young person back to the family home
- Don't ignore what the young person has told you or dismiss out of hand the need for immediate protection
- Follow-up the allegation
- Do not approach the young person's family or those with influence within the community
- Do not contact the family in advance of any enquiries by the police, the Forced Marriage Unit, adult or children's social care, either by telephone or letter
- Do not attempt to be a mediator or encourage mediation, reconciliation, arbitration or family counselling
- Activate local child safeguarding procedures and seek advice from the Forced Marriage Unit.

All staff will be alert to the indicators that a child is at risk of, or has undergone, forced marriage, including, but not limited to, the child:

- Becoming anxious, depressed and emotionally withdrawn with low self-esteem.
- Showing signs of mental health disorders and behaviours such as self-harm or anorexia.
- Displaying a sudden decline in their educational performance, aspirations or motivation.
- Regularly being absent from the service.
- Displaying a decline in punctuality.
- An obvious family history of older siblings leaving education early and marrying early.

Staff who have any concerns regarding a child who may have undergone, is currently undergoing, or is at risk of forced marriage will speak to the Service Manager and local

safeguarding procedures will be followed – this could include referral to CSCS, the police or the Forced Marriage Unit.

### Mental Health

We recognise that services have an important role to play in supporting the mental health and wellbeing of the children and young people that they support.

We seek to ensure we have specific training and clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour and education.

Staff who have a mental health concern about a child that is also a safeguarding concern will act in line with this policy and speak to the Service Manager and Mental Health First Aider.

Early intervention to identify issues and provide effective support is crucial. The service role in supporting and promoting mental health and wellbeing can be summarised as:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole service population, and equipping children to be resilient so that they can manage the normal stress of life effectively;
- **Identification:** recognising emerging issues as early and accurately as possible;
- **Early support:** helping children to access evidence based early support and interventions; and
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by speaking to the Service Manager.

Services can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies. More information can be found in the mental health and behaviour in schools guidance.

## Self-Harming Behaviour

Signs to look out for:

- scars;
- weight loss or gain;
- unprotected sex;
- risk taking behaviours;
- overdose;
- non-compliance with medication or treatment;
- not taking care of health;
- burns;
- engaging in or encouraging sexually deviant behaviour;
- ingestion of toxins.

## Hate Crime

A crime, typically involving violence, threats of violence or verbal abuse, that is motivated by prejudice on the basis of ethnicity, religion, sexual orientation, or similar grounds.

## Faith Abuse

Some faiths believe that spirits and demons can possess people (including children) and that prayer can help. The NAS are aware that ANY emotional or physical violence used as part of the above is unacceptable. This is abuse even if the intention is to help the child and as such we will report any concerns to the appropriate agency.

## Domestic Abuse

For the purposes of this policy, and in line with the Domestic Abuse Act 2021, “**domestic abuse**” is defined as abusive behaviour of a person towards another person (including conduct directed at someone else, e.g. the person's child) where both are aged 16 or over and are personally connected. “**Abusive behaviour**” includes physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse, psychological or emotional abuse, or another form of abuse. “**Personally connected**” includes people who:

- Are, have been, or have agreed to be married to each other.
- Are, have been, or have agreed to be in a civil partnership with each other.
- Are, or have been, in an intimate personal relationship with each other.
- Each have, or had, a parental relationship towards the same child.
- Are relatives.

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It is important to remember domestic abuse:

- can happen inside and outside the home
- can happen over the phone, on the internet and on social networking sites
- can happen in any relationship and can continue even after the relationship has ended
- both men and women can be abused or abusers.

The service will recognise the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of domestic abuse. All staff will be aware of the signs of domestic abuse and follow the appropriate safeguarding procedures where concerns arise.

Domestic abuse/violence has a significant impact on the physical health and emotional wellbeing of children, and therefore on their ability to enjoy and achieve and to learn.

The main characteristic of domestic abuse is that the behaviour is intentional; it forms a pattern of coercive and controlling behaviour and is calculated to exercise power and control within a relationship.

Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Domestic abuse can affect a child's ability to reach their full potential emotionally, physically, socially and academically.

- Children experiencing Domestic Abuse may have a disruptive effect on other children through violent outbursts or bullying
- Services can provide a safe environment where positive relationships with adults and peers can be modelled
- NAS children's services may be the place where families seek advice and support

The NAS will report any concerns about the child's welfare to the relevant children's social services department.

In any incidences of known domestic abuse, the service will have clear guidelines for all staff to keep safe if they have to handle situations involving Domestic Abuse perpetrators.

### **Key Features of Domestic Abuse**

Domestic Abuse can best be understood as a coercive pattern of control, usually involving a range of abusive behaviours that typically escalate in frequency and severity over time.

Some examples of these behaviours include:

- Psychological/emotional abuse: intimidation and threats (e.g. to kill or maim, to report victim to agencies, to remove or hurt the children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, over-intrusiveness, etc.
- Physical abuse: slapping, pushing, kicking, stabbing, damage to property or items of sentimental value, attempted murder or murder, etc.
- Physical restriction of freedom: controlling who the mother or child/ren see/s or where they go, what they wear or do, stalking, imprisonment, forced marriage etc.
- Sexual abuse: any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex, verbal sexual remarks etc.
- Financial abuse: stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards, etc.

### **Signs to look out for:**

- withdrawal;
- changes in behaviour or replicating behaviours;
- physical injuries to parent or child (including witnessing abuse not just experiencing it);

- reporting of incidents between family members;
- reluctance or over keen to return home.
- Aggression or bullying
- Anti-social behaviour, like vandalism
- Anxiety, depression or suicidal thoughts
- Attention seeking
- Bed-wetting, nightmares or insomnia
- Constant or regular sickness, like colds, headaches and mouth ulcers
- Drug or alcohol use
- Eating disorders
- Problems in school or trouble learning
- Emotional distress

### Child-on-Child Abuse

**Child-on-child abuse** is defined as abuse between children. Services have a zero-tolerance approach to abuse, including peer-on-peer abuse.

All staff should recognise that children are capable of abusing their peers. Abuse is abuse and should never be tolerated or passed off as “banter”, “just having a laugh” or “part of growing up”. Abuse should also not be excused as part of behaviours associated with their diagnosis. All staff will understand the importance of challenging inappropriate behaviours.

Child-on-child abuse can occur between children of any age and gender, both inside and outside of services, as well as online. All staff will be aware of the indicators of child-on-child abuse, how to identify it, and how to respond to reports. All staff will also recognise that even if no cases have been reported, this is not an indicator that child-on-child abuse is not occurring. All staff will speak to the Service Manager if they have any concerns about child-on-child abuse.

Child -on -child abuse is more likely to be perpetrated by boys and girls are more likely to be victims, but that all child-on-child abuse is unacceptable and will be taken seriously.

Child-on-child abuse can take different forms, such as:

- Bullying, including cyberbullying and prejudice-based or discriminatory bullying.
- Abuse in intimate personal relationships between peers.
- Physical abuse – this may include an online element which facilitates, threatens and/or encourages physical abuse.
- Sexual violence – this may include an online element which facilitates, threatens and/or encourages sexual violence.
- Sexual harassment, including online sexual harassment, which may be standalone or part of a broader pattern of abuse.
- Causing someone to engage in sexual activity without consent.
- The consensual and non-consensual sharing of nude and semi-nude images and/or videos.
- Upskirting.
- Initiation- and hazing-type violence and rituals, which can include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group, and may also include an online element.

All staff will be clear as to the policy and procedures regarding child-on-child abuse and the role they have to play in preventing it and responding where they believe a child may be at risk from it. Services can be proactive in preventing by:

- Challenging any form of derogatory or sexualised language or behaviour help prevent problematic, abusive and/or violent behaviour in the future
- Being vigilant to issues that particularly affect different genders – for example, sexualised or aggressive touching or grabbing towards female children, and initiation and hazing type violence with respect to boys.
- Ensuring children know they can talk to staff confidentially through our key worker scheme, and safeguarding posters.
- Seek to ensure staff are trained to understand that a child harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy.

All staff will be made aware of the heightened vulnerability of those with SEND, who evidence suggests are more likely to be abused than their peers. Staff will not assume that possible indicators of abuse relate to the child's SEND and will always explore indicators further.

All staff will be made aware of the heightened vulnerability of LGBTQ+ children and young people, who evidence suggests are also more likely to be targeted by their peers. In some cases, children who are perceived to be LGBTQ+, regardless of whether they are LGBTQ+, can be just as vulnerable to abuse as LGBTQ+ children. The service's response to sexual violence and sexual harassment between children of the same sex will be equally as robust as it is for incidents between children of the opposite sex.

Children and young people will be made aware of how to raise concerns or make a report and how any reports will be handled. This includes the process for reporting concerns about friends or peers. Children will also be reassured that they will be taken seriously, be supported, and kept safe.

Where child-on-child abuse is identified all services will put in place:

- A plan to minimise the risk of further child-on-child abuse;
- Record all allegations of peer on peer abuse and seek to ensure they are investigated and dealt with;
- Seek to ensure that victims, perpetrators and any other child affected by child-on-child abuse will be supported and discussion will be recorded on the best way that this can occur

In NAS services child-on-child abuse in the form of incidents of physical aggression toward one child to another can be common due to the child not understanding the impact of their actions on another. This must be recorded as a child-on-child incident and monitored, with regular review of incidents and safeguarding alerts to reduce the risk.

### Bullying

Bullying is behaviour that hurts someone else. It includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone.

It can happen anywhere – at school, at the service, at home or online. It is usually repeated over a long period of time and can hurt a child both physically and emotionally.

No single sign will indicate for certain that a child is being bullied, but watch out for:



- belongings getting 'lost' or damaged
- physical injuries, such as unexplained bruises
- being afraid to go to school, being mysteriously 'ill' each morning, or skipping school
- not doing as well at school
- asking for, or stealing, money (to give to whoever's bullying them)
- being nervous, losing confidence, or becoming distressed and withdrawn
- problems with eating or sleeping
- bullying others.

### Harmful Sexual Behaviour (HSB)

HSB encompasses a range of behaviour, which can be displayed towards younger children, peers, older children or adults. It is harmful to the children and young people who display it, as well as the people it is directed towards. HSB can include:

- using sexually explicit words and phrases
- inappropriate touching
- using sexual violence or threats
- sexual activity with other children or adults.

Sexual behaviour between children is considered harmful if one of the children is much older – particularly if there is more than two years' difference in age or if one of the children is pre-pubescent and the other isn't. However, a younger child can abuse an older child, particularly if they have power over them – for example, if the older child is disabled.

#### Signs to look out for:

It is normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

### Sexual Violence and Sexual Harassment Between Children

Sexual violence and sexual harassment between children in services can occur between two children of any sex. They can also occur through a group of children sexually assaulting or sexually harassing a single child or group of children.

Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing. Sexual violence and sexual harassment exist on a continuum and may overlap, they can occur online and offline (both physical and verbal) and are never acceptable. It is important that all victims are taken seriously and offered appropriate support.

Services should consider the following:

- it is more likely that girls will be the victims of sexual violence and more likely that sexual harassment will be perpetrated by boys
- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and

- challenging behaviours (which are potentially criminal in nature), such as grabbing bottoms, breasts and genitalia. Dismissing or tolerating such behaviours risks normalising them

Children with Special Educational Needs and Disabilities (SEND) can be especially vulnerable. Disabled and deaf children are three times more likely to be abused than their peers. Additional barriers can sometimes exist when recognising abuse in SEND children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- the potential for children with SEND being disproportionately impacted by behaviours such as bullying and harassment, without outwardly showing any signs; and
- communication barriers and difficulties overcoming these barriers

Children who are Lesbian, Gay, Bi, or Trans (LGBT) can be targeted by their peers. In some cases, a child who is perceived by their peers to be LGBT (whether they are or not) can be just as vulnerable as children who identify as LGBT.

All NAS Children's Services must:

- consider the makeup of the children attending the service, including the gender and age range of the children, and whether additional support for children with protected characteristics - who are potentially at greater risk - is appropriate
- consider what we can do to foster healthy and respectful relationships between different sexes and genders.
- Seek to ensure that their response to same sex sexual violence and sexual harassment is equally robust as it is for sexual violence and sexual harassment between children of the opposite sex

Following a report of sexual violence or harassment then the normal safeguarding processes (including contacting the police) must be followed and parents informed unless this will put the victim at further risk.

Following reports of rape and assault by penetration, while the service establishes the facts of the case and starts the process of liaising with children's social care and the police, the guidance states that:

- the alleged perpetrator should be removed from any groups, sessions or activities they share with the victim
- the service should also consider how best to keep the victim and alleged perpetrator a reasonable distance apart on service premises and on transport to and from the service.
- For other reports of sexual violence and sexual harassment, the proximity of the victim and alleged perpetrator and considerations regarding shared groups, sessions or activities, sharing service premises and transport, should be considered immediately
- In all but the most exceptional of circumstances, the rape or assault is likely to constitute a serious breach of discipline and lead to the view that allowing the perpetrator to remain in the same service would seriously harm the welfare of the victim and potentially other children.

In all cases, services should record and be able to justify their decision making. All of the above should be considered with the needs and wishes of the victim at the heart of the process, supported by parents and carers as required. Any arrangements should be kept under review.

The NAS has evaluated the extent to which child-on-child abuse may be occurring within its Education and Children's Services provision. That evaluation of child-on-child abuse will be continuous within services. That evaluation will inform amendments to and development of policy and procedures.

### Online / Cyber Bullying

Cyberbullying is bullying that takes place online. Unlike bullying offline, online bullying can follow the child wherever they go, via social networks, gaming and mobile phone.

Signs to look out for:

- anxiety using internet or phone;
- signs of bullying within classroom or social environments;
- reluctance to use certain platforms;
- relative over or under use of technology;
- emotional changes;
- situation avoidance.

### Youth Produced Sexual Imagery "Sexting"

All staff should be aware to treat the sharing of indecent images, including through sexting, as a safeguarding concern.

Youth Produced Imagery is the exchange of self-generated sexually explicit images, nude or semi-nude images, videos or live streams online by young people under the age of 18. This could be through mobile picture messages, gaming platforms, chat apps or webcams over the internet. It could also involve sharing between devices via services like Apple's Airdrop which work offline.

The motivations for taking and sharing nude and semi-nude images, videos and live streams are not always sexually or criminally motivated.

Young people may also call it:

- Cybersex
- Sending a nudie, picture or selfie
- Dick pics
- Pics

Consensual image sharing, especially between older children of the same age must be seen as a safeguarding concern because whilst consensual it is still illegal. If non-consensual it is both illegal and abusive.

'Sexting' is often seen as flirting by children and young people who feel that [it is a part of normal life](#).

The types of incidents which this covers are:

- A person under the age of 18 creates and shares sexual imagery of themselves with a peer under the age of 18
- A person under the age of 18 shares sexual imagery created by another person under the age of 18 with a peer under the age of 18 or an adult
- A person under the age of 18 is in possession of sexual imagery created by another person under the age of 18

This does not cover:

- **The sharing of sexual imagery of people under 18 by adults as this constitutes child sexual abuse and the police should always be informed**
- Young people under the age of 18 sharing adult pornography or exchanging sexual texts which don't contain imagery.

When images are stored or shared online they become public. They can be deleted on social media or may only last a few seconds on apps like Snapchat, but images can still be saved or copied by others. These images may never be completely removed and could be found in the future, for example when applying for jobs or university.

Having possession, or distributing, indecent images of a person under 18 on to someone else are offences under the Sexual Offences Act 2003.

Young people may think 'sexting' is harmless but it can leave them vulnerable to:

- **Blackmail** - An offender may threaten to share the pictures with the child's family and friends unless the child sends money or more images
- **Bullying** - If images are shared with their peers or in the service, the child may be [bullied](#)
- **Unwanted attention** - Images posted online can attract the attention of sex offenders, who know how to search for, collect and modify images.
- **Emotional distress** - Children can feel embarrassed and humiliated. If they are very distressed this could lead to [suicide](#) or [self-harm](#)

Staff will receive appropriate training regarding child sexual development and will understand the difference between sexual behaviour that is considered normal and expected for the age of the child, and sexual behaviour that is inappropriate and harmful. Staff will receive appropriate training around how to deal with instances of sexting in the service community, including understanding motivations, assessing risks posed to children depicted in the images, and how and when to report instances of sexting.

Staff will be aware that creating, possessing, and distributing indecent imagery of children is a criminal offence, regardless of whether the imagery is created, possessed, and distributed by the individual depicted; however, staff will seek to ensure that children are not unnecessarily criminalised.

### **Actions:**

When an incident involving youth produced sexual imagery comes to your attention:

- The incident should be referred to the Service Manager as soon as possible
- Consideration must be given to contacting the police to discuss the potential for criminality
- The Service Manager should hold an initial review meeting with appropriate service staff

- Never view, copy, print, share, store or save the imagery yourself, or ask a child to share or download – this is illegal. If you have already viewed the imagery by accident (e.g. if a young person has showed it to you before you could ask them not to), report this to the Service Manager and seek support.
- Do not delete the imagery or ask the young person to delete it.
- Do not ask the child/children or young person(s) who are involved in the incident to disclose information regarding the imagery.
- Do not share information about the incident with other members of staff, the young person(s) it involves or their, or other, parents and/or carers.
- Do not say or do anything to blame or shame any young people involved.
- Do explain to them that you need to report it and reassure them that they will receive support and help from the Service Manager.

**Actions for the Service Manager:**

The initial review should consider the initial evidence and aim to establish:

- Whether there is an immediate risk to a young person or young people
- If a referral should be made to the police and/or children's social care
- If it is necessary to view the imagery in order to safeguard the young person – in most cases, imagery should not be viewed
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms. This may be unknown
- Whether immediate action should be taken to delete or remove images from devices or online services
- What education and support should be given to those involved
- Any relevant facts about the young people involved which would influence risk assessment
- If there is a need to contact another service, school, college, setting or individual
- Whether to contact parents or carers of the children involved - in most cases parents should be involved

An immediate referral to police and/or children's social care should be made if at this initial stage:

- The incident involves an adult
- There is reason to believe that a young person has been coerced, blackmailed or groomed, or if there are concerns about their capacity to consent (for example owing to special educational needs)
- What you know about the imagery suggests the content depicts sexual acts which are unusual for the young person's developmental stage, or are violent
- The imagery involves sexual acts and any young person in the imagery is under 13
- You have reason to believe a child or children are at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

If a child was forced by another child into sending the image or video:

- Contact the local Police. Officers may be able to prevent the image from being circulated and take the appropriate action to safeguard the child

If a child shared the image or video willingly with another child:

- Talk to the child about the risks of sexting
- Think about contacting the other child or their parents to discuss the situation and make sure that the image is not circulated

If the image or video has been shared with an adult:

- Report it to [CEOP](#), the Child Exploitation and Online Protection Centre. CEOP are the national policing lead for online child sexual exploitation.

If the child believes the image or video has been circulated online (by a child or adult):

- The child can [contact ChildLine](#) who may be able to make a report (with their consent) to the Internet Watch Foundation to get the image removed from the internet

**CEOP's [Thinkuknow](#)** give advice for parents, as well as children and young people of different ages, on staying safe online. Thinkuknow have created [short videos](#) regarding why children 'sext', how to talk to them about it and what to do if their child is affected.

## Radicalisation

Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is in itself a form of harm.

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. It includes calls for the death of members of the British armed forces (HM Government, 2011).

Challenging and tackling extremism needs to be a shared effort (HM Government, 2013). For this reason, the Government has given some types of organisations in England, Scotland and Wales a duty to identify vulnerable children and young people and prevent them from being drawn into terrorism.

- **Radicalisation** refers to the process by which a person comes to support terrorism and forms of extremism associated with terrorist groups.

**Extremism** is defined by the Government in the Prevent Strategy as: Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas

Extremism is defined by the Crown Prosecution Service as: The demonstration of unacceptable behaviour by using any means or medium to express views which:

- Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
- Seek to provoke others to terrorist acts;
- Encourage other serious criminal activity or seek to provoke others to serious criminal acts;
- or
- Foster hatred which might lead to inter-community violence in the UK



There is no such thing as a “typical extremist”. Those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity

**Terrorism** refers to an action that endangers or causes serious violence to a person or people, serious damage to property, or seriously interferes with or disrupts an electronic system. The use or threat of these actions must be designed to influence the government or intimidate the public, and be made for the purpose of advancing a political, religious or ideological cause.

Protecting children and young people from the risk of radicalisation is part of our services wider safeguarding duties. Staff will actively assess the risk of children being radicalised and drawn into extremism and/or terrorism. Staff will be alert to changes in child's behaviour which could indicate that they may need help or protection. Staff will use their professional judgement to identify children who may be at risk of radicalisation and act appropriately, which may include contacting the DSL or making a Prevent referral. The service will work with local safeguarding arrangements as appropriate.

Staff will seek to ensure that they engage with parents and families, as they are in a key position to spot signs of radicalisation. In doing so, the service will assist and advise family members who raise concerns and provide information for support mechanisms. Any concerns over radicalisation will be discussed with the child's parents, unless the service has reason to believe that the child would be placed at risk as a result.

Staff will undertake Prevent awareness training to ensure they are aware of the risk indicators and their duties regarding preventing radicalisation. Young people may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that NAS staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- Identity Crisis – the young person is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the young person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the young person's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Un-met Aspirations – the young person may have perceptions of injustice; a feeling of failure; rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Autism or Special Educational Needs – the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others. Some autistic young people may also have



a very clear sense of what they perceive to be justice / injustice and this may make them more vulnerable to radicalisation

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism. More critical risk factors could include:

- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations;
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis

If staff have any concerns regarding a particular child they should activate local safeguarding procedures, using existing national and local protocols from multi-agency liaison with police and children's social care. (Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) places a duty on certain bodies ("specified authorities" listed in Schedule 6 to the Act), in the exercise of their functions, to have "due regard to the need to prevent people from being drawn into terrorism". This guidance is issued under section 29 of the Act. The Act states that the authorities subject to the provisions must have regard to this guidance when carrying out the duty).

### The Prevent Duty

Under section 26 of the Counter-Terrorism and Security Act 2015, there is a duty to have "due regard to the need to prevent people from being drawn into terrorism", known as **"the Prevent duty"**. All organisations that work with children and young people have a responsibility to protect children from harm. This includes becoming radicalised and/or being exposed to extreme views.

### Homelessness

The Service Manager will be aware of the contact details and referral routes into the Local Housing Authority so that concerns over homelessness can be raised as early as possible.

Indicators that a family may be at risk of homelessness include:

- Household debt.
- Rent arrears.
- Domestic abuse.
- Anti-social behaviour.
- Any mention of a family moving home because "they have to".

**Referrals to the Local Housing Authority do not replace referrals to Children's Social Care Services (CSCS) where a child is being harmed or at risk of harm. For 16 and 17 year olds, homelessness may not be family-based and referrals to CSCS will be made as necessary where concerns are raised.**

### Child Abduction and Community Safety Incidents

Child abduction is defined as the unauthorised removal or retention of a child from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents and other relatives, other people known to the victim, and strangers.

All staff will be alert to community safety incidents taking place in the vicinity of the service that may raise concerns regarding child abduction, e.g. people loitering nearby or unknown adults conversing with children.

### Cyber-Crime

Cyber-crime is defined as criminal activity committed using computers and/or the internet. This includes 'cyber-enabled' crimes, i.e. crimes that can happen offline but are enabled at scale and at speed online, and 'cyber-dependent' crimes, i.e. crimes that can be committed only by using a computer. Crimes include:

- Unauthorised access to computers, known as 'hacking'.
- Denial of Service attacks, known as 'booting'.
- Making, supplying or obtaining malicious software, or 'malware', e.g. viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence.

All staff will be aware of the signs of cyber-crime and follow the appropriate safeguarding procedures where concerns arise. This may include the Service Manager referring children to the National Crime Agency's Cyber Choices programme.

## Appendix 4 Child Protection in Scotland

### Core principles

Core principles, values and shared standards of practice form the foundation for effective, collaborative child protection activity. While different agencies will have differing codes of practice and responsibilities, a shared approach to values and standards will bring clarity and purpose to single agency, multi-agency and inter-agency working.

Paramount among these principles is that child protection must be seen within the wider context of supporting families and meeting children's needs through GIRFEC.

GIRFEC:

- puts children's needs first;
- seeks to ensure that children are listened to and understand decisions that affect them; and
- seeks to ensure that they get the appropriate co-ordinated support needed to promote, support and safeguard their wellbeing, health and development

**GIRFEC** requires that all services for children and young people and adult services working with parents and carers of children and young people - including social work, health, education, police, housing and third sector services - adapt and streamline their systems and practices so that, where necessary, they can work together better to support children and young people. This includes strengthening arrangements for information-sharing. The approach encourages earlier intervention by practitioners to avoid crisis situations at a later date and seeks to ensure that children and young people get the help they need when they need it. With its emphasis on shared assessment based on common language, it facilitates information-sharing and stresses the importance of understanding risks and needs across all aspects of the child's wellbeing.

The [Children and Young People \(Scotland\) Act 2014](#) sets out duties on a range of public bodies to report on how they are taking forward children's rights as set out in the UN Convention on the Rights of the Child. Moreover, ratified by the UK Government in 2009, the [UN Convention on the Rights of Persons with Disabilities](#) stipulates that in order for disabled children to be able to realise the rights mentioned above, they need to be provided with disability and age-appropriate assistance.

**The Children's Charter and the Framework for Standards** - In addition to the Convention, the [Children's Charter](#) was drawn up following consultation with children and young people as part of the Scottish Government's child protection reform programme. The Charter sets out a list of demands children should feel entitled to make:

- get to know us;
- speak with us;
- listen to us;
- take us seriously;
- involve us;
- respect our privacy;
- be responsible to us;
- think about our lives as a whole;
- think carefully about how you use information about us;
- put us in touch with the right people;

- use your power to help;
- make things happen when they should; and
- help us be safe

The Charter reflects children and young people's own views regarding what they need and the standard of care they expect when they have problems or are in difficulty and need to be protected. It shows that children and young people place more value on relationships and attitudes than processes and events. This should be reflected in the planning and implementation of all child-focused interventions.

**The [Framework for Standards](#)** - is the detailed means for translating the commitments made in the Children's Charter into practice. In working with children and their families, all practitioners should strive to adhere to the following best practice standards.

**Children get the help they need when they need it** - Intervention should be proportionate and timely and a holistic approach should be taken to identifying and responding to a child's wellbeing needs, as well as any risks they may face. Early intervention, preventative work and the provision of universal services, such as health and education, should seek to ensure a timely response. Agencies working with children and their families should consider not only immediate needs but also longer-term needs that may arise. Child protection investigations may highlight significant unmet needs for support and services among children and families. These should always be considered, even where concerns about significant harm are not substantiated. Equally, family support services should always be alert to potential indicators of abuse and neglect. It must be remembered that early intervention and Compulsory Measures of Supervision are not mutually exclusive, early use of Compulsory Measures of Supervision may help to seek to ensure compliance and prevent concerns from escalating.

**Professionals take timely and effective action to protect children** - Staff should be alert to a child's wellbeing needs. If they are concerned about a child, they should seek all the information they need to inform their assessment of a child's circumstances and this should include any protective factors in the child's life. Practitioners should be clear about who they can discuss their concerns with and what action may be required to best support and protect the child. Joint planning and intervention across agencies will help seek to ensure that risks are thoroughly assessed. The Named Person will be key to ensuring that all the information available is coordinated in order to arrive at a holistic assessment of the child's needs.

**Professionals seek to ensure children are listened to and respected** - Children should be listened to and their views should always inform any decisions made about them. Children and their carers should also be able to expect honesty and to be given explanations for actions or decisions taken. In some instances, urgent, immediate action will be needed to seek to ensure the child's protection. In most cases, however, the child will be able to remain in the care of their family. It is especially important, therefore, that practitioners strive to achieve a good working relationship with parents/carers to seek to ensure the best welfare of the child.

**When involved in child protection work, agencies should seek to ensure that:**

- wherever possible, parents/carers are given full information about the nature of the concerns;
- wherever possible, the child and their parents/carers have the opportunity to either give or withhold their consent to interviews and medical examinations.

- the child and family are consulted on and given explanations for any actions/decisions taken. Where necessary, explanations should be given more than once and/or in writing, as the stressful nature of investigations can make it difficult to take information in;
- children and their families should be involved, wherever possible, in planning to meet the child's needs, both in the short and longer term. Children and their families are often best placed to know 'what works' for them;
- the religious and cultural background of the child and family are taken into consideration when any decisions are being taken; and
- where a child has learning disabilities or additional support needs with communication, consideration is given to the best way to involve and communicate with the child.

**Agencies and professionals share information about children where this is necessary to protect them** - Sharing relevant information is an essential part of protecting children. Although those providing services to adults and children may be concerned about balancing their duty to protect children from harm and their general duty towards their patient or service user, the overriding concern must always be the safety of the child but concerns about a child's safety will always take precedence over the 'public interest' in maintaining confidentiality; for example, when referring a child to the Children's Reporter when there might be a need for Compulsory Measures of Supervision, or for the prevention and detection of crime. It should be borne in mind that a fairly minor wellbeing concern raised by one agency may, when combined with information from other agencies, point to much more serious concerns. Under present Data Protection law, it is perfectly acceptable and lawful for services to share information, where there is an indication that a child's wellbeing is at risk. Under such circumstances consent is not required and should not be sought as the holder of the information can rely on alternative and more appropriate conditions from schedules 2 and 3 of the Data Protection Act 1998.

**Agencies and professionals work together to assess needs and risks and develop effective plans** – Practitioners involved with a potential child protection case will, first and foremost, need to seek to ensure the safety of the child, initially by assessing any risks and then by taking any immediate steps required to address those risks. Although the child's safety must be the primary consideration, agencies also need to take a wider view of the overall wellbeing needs of the child and family in line with the GIRFEC approach. Positive strengths and protective factors must be considered and assessments should clearly identify the impact of both protective and adverse factors on the child. Any subsequent interventions, including Child Protection Plans, should be clearly focused on improving outcomes for the child. All agencies involved, along with the child and family, should clearly understand each other's roles and the contributions everyone will make to seek to ensure the successful delivery of the plan. Timescales for intervention should be clear and those involved with the plan should be alert to changes in circumstances and how these may affect the child and family.

**Professionals are competent and confident** - All staff who work with children and or their families must understand their role in meeting children's needs and be alert to concerns about a child's wellbeing. Practitioners who work with children and their families should be able to demonstrate collaborative practice, both with other agencies and with children and their families. Specialist skills and training should be available to staff undertaking joint investigations and assessments. Training should recognise and support the unique contribution each service has to make to meeting children's wellbeing needs and protecting them; equally, multi-agency training should be widely available for local services, including managers and leaders as well as direct practitioners.

**Agencies work in partnership with members of the community to protect children** - All services that work with children and/or their families are responsible for promoting, supporting and safeguarding the wellbeing of all children and ensuring that members of the public know who to contact if they are concerned about a child. This may include raising public awareness of the role of Named Person and promoting community responsibility for child protection. Child protection must be seen as the responsibility not only of the statutory agencies but also of the wider public. Local services should be accessible, transparent and accountable to the general public.

**Agencies, individually and collectively, demonstrate leadership and accountability for their work and its effectiveness** - Effective service delivery requires effective leadership at both strategic and operational levels. Chief Officers are responsible for ensuring that the appropriate mechanisms are in place for the delivery of their service and that the appropriate links between planning and strategic fora are established and operating effectively. Services need to seek to ensure that they have robust quality assurance and self-evaluation mechanisms in place so that the impact of service delivery can be measured. Practitioners involved in child protection often face complex and demanding challenges and senior managers must have an understanding of their staff's needs, and provide supervision and support.

## Resources

- [National Guidance for Child Protection in Scotland 2014 \(refer to part 1\)](#)
- [Safeguarding Scotland's vulnerable children from child abuse: A review of the Scottish system 2014](#)
- [How Safe Are Our Children? NSPCC Scotland Briefing 2015](#)
- [Children's Experiences of Domestic Violence 2015](#)
- [Child Abuse and Neglect: A resource for primary schools 2013](#)
- [Child Abuse and Neglect: A resource for secondary schools 2013](#)
- [GIRFEC information & resources](#) Scottish Government

## Appendix 5 Child Protection in Wales

### Reporting in Wales

The Social Services and Well-being (Wales) Act 2014 came into force in April 2016. It provides the legal framework for social service provision in Wales and The Wales Safeguarding Procedures outlines roles and responsibilities and outlines which organisation, team or practitioner has lead responsibility for safeguarding as well as the precise roles of everyone involved.

At a local level, regional safeguarding children boards co-ordinate and seek to ensure the effectiveness of work to protect and promote the welfare of children. They are responsible for local child protection policy, procedure and guidance.

Each board includes any:

- Local authority
- Chief Officer of Police
- Local health board NHS Trust
- Provider of probation services that falls within the safeguarding board area

### Reporting Concerns

#### How to report a concern

If you think a child is in immediate danger, contact the police on 999. If you are worried about a child, but they are not in immediate danger, you should share your concerns.

#### Follow the NAS Safeguarding Children policy

Contact your local child protection services. Their contact details can be found on the website for the local authority the child lives in. Contact the police. Services will risk assess the situation and act to protect the child as appropriate, either through statutory involvement or other support. This may include making a referral to the local authority.

#### Duty to report

Section 130 of the Social Services and Well-being (Wales) Act 2014 requires health and social care professionals and teachers to inform the local authority if they have reasonable cause to suspect a child is at risk of experiencing abuse, neglect or other types of harm.

It is mandatory for all regulated health and social care professionals in Wales to report 'known cases' of female genital mutilation (FGM) in under 18s to the police (Home Office, 2016).

#### Referrals and investigations

The local authority child protection team has a legal duty to investigate any concerns referred to them.

They will first assess if the child is at immediate risk of danger. If the child is in immediate danger the local authority or an authorised person (including the NSPCC) can take the following action through the courts:

- An emergency protection order can be issued to immediately remove a child to a place of safety
- An exclusion order can be issued to remove the abuser from the family home



- A child assessment order can be issued for a children's social worker to assess the child's needs without the parents' or carers' consent
- The police can remove a child to a place of safety for up to 72 hours without obtaining a court order
- A female genital mutilation protection order (FGMPO) can be applied for through a family court and offers the means of protecting actual or potential victims from FGM under the civil law

If the child is not in immediate danger, there will be an initial assessment of the child's needs.

**Under Section 21 of the Social Services and Well-being (Wales) Act 2014, the local authority has a statutory duty to assess the needs of a child if they appear to need additional support to that provided by their family.**

If a child appears to be suffering or at risk of suffering significant harm, the local authority has a duty to investigate under Section 47 of the Children Act 1989.

After these investigations, they will decide how to act. They may:

- Take no further child protection action if the child has not been harmed and is not considered to be at risk of harm
- Assess the child as a person who has a need for care and support.

A child is assessed as in need of care and support if:

- The need arises from circumstances such as their age or health, and:
- It relates to their personal wellbeing outcomes
- It cannot be met by their parents, wider family or community services
- It can only be met by their local authority arranging or providing the service or making direct payments

If a child is eligible for a service, a care and support plan must be agreed. This is required under Section 54 of the Social Services and Well-being (Wales) Act 2014.

## Case Conferences

A case conference is held if the child is at risk of significant harm. At the case conference, relevant professionals can share information, identify risks and outline what needs to be done to protect the child.

In Wales, this must happen within 15 working days from the start of the assessment.

If professionals at the initial case conference decide a child is at risk of significant harm, they will add the child to the child protection register and draw up a child protection plan.

Case conferences will continue at regular intervals, until the child is no longer considered at risk of significant harm, or until they are taken into care.

## Child Protection Register

In Wales, the Child Protection Register (CPR) is a confidential list of all children in the local area who have been identified as being at risk of significant harm. It allows authorised individuals to check if a child they are working with is known to be at risk.

If a child is added to the CPR, they must also have a child protection plan, which sets out what action needs to be taken by whom and when, in order to safeguard the child and promote their welfare.

## Resources

- The Social Services and Well-being (Wales) Act 2014
- All Wales Child Protection Review Group (2008)
- Welsh Government (2015) Programme for Children and Young People
- Welsh Government (2016) Working Together to safeguard people
- Welsh Government (2017) Codes of practice and statutory guidance

## Appendix 6 Child Protection in Northern Ireland

The Northern Ireland Executive, through the Department of Health, is responsible for child protection in Northern Ireland.

The Safeguarding Board for Northern Ireland (SBNI) co-ordinates and seeks to ensure the effectiveness of work to protect and promote the welfare of children

### **Reporting Concerns**

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

### **Follow the NAS Safeguarding Children policy.**

Contact the relevant Health and Social Care Trust (HSCT) Gateway Services team. In circumstances that are not an emergency, the HSCT gateway services team is the first point of contact for all new referrals to children's social services.

Contact the Police Service of Northern Ireland (PSNI). The police can make an emergency protective response if there is an immediate concern about the safety of a child.

**Services will risk assess the situation and act to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority.**

**Not reporting a relevant offence to the police, including those against children, is an offence in Northern Ireland.**

### **Referrals and investigations**

When the Health and Social Care Trust (HSCT) Gateway Service receives a referral about a child, they will first assess if the child is at immediate risk of danger.

**If the child is not in immediate danger**, the HSCT Gateway Service should carry out an initial assessment within 10 working days. They will use all the available information to decide what further action is required.

As part of this process, they must consider whether the Joint Protocol should be implemented. This is a framework for joint investigative working between the police and social workers.

Following the results of the assessment, the HSCT Gateway Service may:

- take no further child protection action if the child hasn't been harmed and isn't considered to be at risk of harm. They may offer additional support instead
- make the child 'a child in need'. This means the child and their family are entitled to receive extra support from the relevant agencies
- provide additional social work support to the child and their family. A pathway assessment will be carried out to give an in-depth assessment of their needs
- provide time-limited intervention.

Where there are allegations of abuse and neglect, or if a crime is suspected, the HSCT Gateway Service must report the referral to Police Service of Northern Ireland (PSNI) and a strategy discussion must take place within 24 hours to decide how to proceed.

The strategy discussion may involve a range of professionals working with the family. Its purpose is to seek to ensure an early exchange of information and clarify what action needs to be taken by the PSNI and the HSCT (either separately or together).

### **Case conferences**

If the child is at risk of significant harm, a case conference is held. Relevant professionals can then share information, identify risks and outline what needs to be done to protect the child.

The initial case conference should take place within 15 working days of the child protection referral. At this point the responsibility of the case is transferred to the Family Intervention Team.

If professionals at the initial case conference decide a child is at risk of significant harm they will add the child to the child protection register, and draw up a child protection plan.

Case conferences should continue at regular intervals until either:

- the child is no longer considered at risk of significant harm; or
- until the child is taken into care

### **Child Protection Register (CPR)**

In Northern Ireland the child protection register (CPR) is a confidential list of all children in the local area who have been identified as being at risk of significant harm. It allows authorised individuals to check if a child they are working with is known to be at risk.

If a child is added to the CPR they must also have a child protection plan, which sets out what action needs to be taken by whom and when, in order to safeguard the child and promote their welfare.

**Resources**

The legislative framework for Northern Ireland's child protection system is set out in The Children (Northern Ireland) Order 1995.

The Children's Services Co-operation Act (Northern Ireland) 2015 requires public authorities to co-operate in contributing to the wellbeing of children and young people, in the areas of:

- physical and mental health
- enjoyment of play and leisure
- learning and achievement
- living conditions, rights, and economic wellbeing.
- Under Section 5 of the Criminal Law Act (Northern Ireland) 1967, it is an offence not to report a 'relevant offence' to the police. This includes offences against children.

Children and young people's strategy 2017-2027: working together to improve the well-being of children and young people living in Northern Ireland, delivering positive, long-lasting outcomes (Department for Education, 2016). This states that children should:

- be living in a society which respects their rights
- be healthy
- enjoy learning and achieving
- have safety and stability
- have economic and environmental wellbeing
- be contributing positively to the community and society

Revised regional core child protection policies and procedures for Northern Ireland (Safeguarding Board for Northern Ireland, 2018). This explains the actions that must be taken when there are concerns about the welfare of a child/young person, including:

- core procedures
- individuals who pose a risk to children and young people
- learning and improvement to support and develop child protection
- the roles and responsibilities of the Safeguarding Board for Northern Ireland
- interagency guidance and protocols

## Appendix 7 Myth-Busting Guide to Information Sharing

See also the following guidance:

<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing.

### **Data protection legislation is a barrier to sharing information**

No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to seek to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

### **Consent is always needed to share personal information**

No – you do not necessarily need consent to share personal information. Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk.

### **Personal information collected by one organisation/agency cannot be disclosed to another**

No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners.

### **The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information**

No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

### **IT Systems are often a barrier to effective information sharing**

No – IT systems, such as the Child Protection Information Sharing project (CP-IS), can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.

## Appendix 8 When to Call the Police

### **Guidance for schools & colleges (but helpful for all services!)**

<https://www.npcc.police.uk/documents/Children%20and%20Young%20people/When%20to%20call%20police%20guidance%20for%20schools%20and%20colleges.pdf>

#### **Who is this for?**

This advice is for children's services staff in England. Although the document is produced for schools and colleges it provides very good flow charts and guidance that are applicable to children's services.

#### **What does this advice cover?**

This advice covers incidents on service premises where children have potentially committed a crime. It provides guidance on what services should bear in mind when considering contacting the police. This advice covers the following situations:

- Assault
- Criminal damage
- Cyber crime
- Drugs
- Harassment
- Sexual offences
- Theft
- Weapons

This advice aims to support services to make defensible decisions when considering whether to involve the police.

#### **Safeguarding incidents**

This advice does not cover safeguarding incidents. Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately.

Referrals should follow the local referral process.

## Appendix 9 Missing Child Procedure

Procedures for the event of a child going missing.

### If a child goes missing on NAS premises

- The member of staff who has noticed the missing child will inform the Designated Safeguarding Lead or Registered Manager immediately.
- One member of staff should be allocated as a point of contact for receiving and disseminating information about the search for the missing child.
- Whilst a member of staff stays with the rest of the children, all other available members of staff will conduct a thorough search of the premises as directed by the DSL/Registered Manager. Staff will use mobile devices to communicate updates to the allocated point of contact.
- If the child has not been found after 10 minutes, then parents/carers should be notified.
- If the parents/carers have had no contact from the child, the police will be contacted by dialling 999. Any medical, communication, learning needs or particular vulnerabilities must be disclosed to police or other agencies.
- The incident should be relayed to other important agencies: If the child has an allocated Social Worker, then they should be informed of the disappearance. If the child is a Looked After Child, then the Social Worker should be kept informed.
- The relevant Area Manager or equivalent and NAS Safeguarding Advisor for Children and Young People must be informed by the allocated point of contact as soon as possible after notifying police and family.

The following areas within the premises will systematically be searched: service to determine

The search outside the premises should include: service to determine

### If a child goes missing out a community outing

- The Trip leader must ensure the safety of the remaining children.
- The trip leader/organizer, in discussion with other staff will be responsible for making decisions relating to the trip.
- One or more adults should immediately start searching for the missing child.
- Regular head counting of children should take place, particularly before leaving a venue. It should be recorded what children are wearing that day.
- The Service Manager must be informed if a child is missing.
- Parents/carers should be notified.
- If the child has not been found within 10 minutes, the police must be called by dialling 999 and then parents should be informed of this.
- Any medical or Special Educational Needs/ learning needs must be disclosed to police or other agencies.
- The incident should be relayed to other important agencies: If the child has an allocated Social Worker, then they should be informed of the disappearance. If the child is a Looked After Child, then the Social Worker should be kept informed.

### Actions After a Missing Incident

When the child is found, members of staff will care for and talk with the child, bearing in mind that they may be unaware of having done anything wrong or, alternatively, may also have been afraid and distressed and may now need comfort.



If hospitalisation is required TWO staff minimum must go in the ambulance.

After any incident of a missing child, a full incident report must be made on the service's recording system, giving full details of how and when the incident occurred.

Once the child has been safely located, the child's parents/carers, relevant professionals, and NAS management should be informed as promptly as possible.

After the incident, relevant senior management, such as Area Manager, will carry out a full investigation taking statements from all the staff present at the time.

The NAS Safeguarding Advisor for Children and Young People will offer a 'Post-Incident reflection' with involved staff. A conclusion is drawn as to how the incident happened and used to inform future Risk Assessments. A written report will be produced and policies and procedures will be reviewed.

## Appendix 10 Further Resources and Advice

### **Expert organisations**

[Barnardo's](#)

[Lucy Faithfull Foundation](#)

[NSPCC](#)

[Rape Crisis](#)

[University of Bedfordshire: Contextual Safeguarding](#)

[UK Safer Internet Centre](#)

### **Support for victims**

[Anti-Bullying Alliance](#)

[MoJ Victim Support](#)

[Rape Crisis](#)

[The Survivor's Trust](#)

[Victim Support](#)

### **Toolkits**

[Brook](#)

[NSPCC](#)

[Safeguarding Unit, Farrer and Co, and Carlene Firmin, MBE, University of Bedfordshire](#)

<https://learning.nspcc.org.uk/research-resources/resources>

### **Further information on confidentiality and information sharing**

[Gillick Competency Fraser Guidelines](#)

[Government Information Sharing Advice](#)

[Information Commissioner's Office: Education](#)

[NSPCC: Things to Know and Consider](#)

### **Further information on sexting**

[UK Council for Child Internet Safety: Sexting Advice](#)

[London Grid for Learning – Collection of Advice](#)

<https://learning.nspcc.org.uk/research-resources/briefings/sexting-advice-professionals#:~:text=Sexting%20is%20when%20people%20share,a%20nude%20image%20of%20themselves>.

### **Support for parents**

[Parentzone](#)

[Parentsafe – London Grid for Learning](#)

[CEOP Thinkuknow – Challenging Harmful Sexual Attitudes and their Impact](#)

[CEOP Thinkuknow – Supporting Positive Sexual Behaviour](#)