

Safeguarding Children Policy and Procedure

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Purpose

To create awareness amongst staff and volunteers (including Branch committee members) of children's safeguarding issues and to outline procedures when responding to an incident, allegation or concern of abuse involving children in our care.

This policy provides an overarching view of safeguarding children and is part of a suite of safeguarding policies, as such must be read in conjunction with the NAS Whistleblowing Policy and Procedure, The NAS Online Safety Policy (E- Safety Policy), Confidentiality and Disclosure of Records and Reports Policy and the Safer Recruitment Policy and Conduct Management Policy.

In addition all schools and services for children and young people must produce a protocol of child protection in line with the procedures outline by the Local Safeguarding Partners/ Local Children's Social Service / Child Protection Committees (Scotland) / Safeguarding Board for Northern Ireland, including contact details and out of hours contact details and numbers of the relevant Designated Safeguarding Leads / Named Person / Child Protection Officer (*Scotland*) and reference the local child protection policy. This local policy will be available on the service website.

The School and Service will ensure that, wherever practicable, all children and young people and where appropriate parents and carers have access to the NAS Child Safeguarding procedures in a format that they can understand.

Scope

This policy applies throughout the NAS and in addition to children in our Schools it also includes children involved in other Services such as Befriending, Out of School Clubs, Youth Clubs, Resource Centres and Branches.

All practitioners working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer. The NAS Charity trustees are responsible for ensuring that those benefiting from, or working with the charity are not harmed in any way through contact with it

Please note that this policy refers to the NAS Designated Safeguarding Lead / Child Protection Officer (Scotland) and this is the named person responsible for leading on Safeguarding for that service (this role may be referred to as the named person, designated lead for child protection in statutory guidance) and is distinct from the Designated Officer / Named Person in a local Authority / Children's Social Services. The NAS Designated Safeguarding Lead may delegate duties to a number of trained safeguarding officers within a particular service.

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Safeguarding Children Introduction

In the UK, Local authorities, Health and Social Care Trusts (HSCT) in Northern Ireland and Scottish Social Services Council (SSSC) have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions which include specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found.

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.

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 school or service with concerns about a child's welfare should make a referral to local authority children's social care. Professionals should follow up their concerns if they are not satisfied with the local authority children's social care response.

This policy sits in the context of the overarching national guidance, legislation and standards on safeguarding children:

- Working together to Safeguard Children (2018) – England
- Scottish Government (2014) National Guidance for child protection in Scotland.
- Social Services and Well-being (Wales) Act 2014.
- Co-operating to Safeguard Children (2016) – Northern Ireland

This policy must be read in conjunction with:

- Keeping Children Safe in Education (2019) for Schools in England
- The GIRFEC (Getting it right for every child) approach in Scotland
- Revised regional core child protection policies and procedures for Northern Ireland (2017)
- All Wales child protection procedures

The NAS define safeguarding and promoting the welfare of children as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

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

The Procedures to be undertaken by the National Autistic Society with regards to Safeguarding Children

The NAS will adhere to the following procedures in relation to child protection, these are outlined in detail in the policy.

- We will follow the procedures set out by the Scottish Social Services Council (SSSC) / safeguarding partners (local authorities, chief officers of police, and clinical commissioning groups) / Local Safeguarding Partners) / Local Children's Social Services / Safeguarding Board for Northern Ireland in the area in which the school or service is located and take account of guidance issued by the appropriate government department or regulatory body
- Ensure that all schools and services providing support to children have a nominated Designated Safeguarding Lead(s) / Child Protection Officer (Scotland) who will undertake regular, appropriate training and support for this role
- Ensure that, where appropriate, there is a designated member of staff with responsibility for safeguarding children within the Early Years Foundation Stage (EYFS)
- Ensure that each school and service has a member of staff who will act in the absence of the Designated Safeguarding Lead / Child Protection Officer (Scotland)
- Ensure that the Designated Safeguarding Lead / Child Protection Officer (Scotland) is aware of their responsibilities with regards to the family safeguarding programme that is local to their school / service.
- Ensure we have an organisational nominated lead responsible for safeguarding children; Nominated Individual and Safeguarding Lead
- Ensure every member of staff (including temporary and agency staff and volunteers) and the Board of Trustees knows the name of the appropriate Designated Safeguarding Lead / Child Protection Officer (Scotland) in their service or the contact details of the Nominated Individual and Safeguarding Lead and understands their role in safeguarding

- Ensure all staff and volunteers understand their responsibilities in being alert to the signs of abuse and neglect and maintain an attitude of “it could happen here”
- Ensure that all concerns about a child and young person are recorded and reviewed on a regular basis, so that there is a holistic overview of all concerns that may impact on a child’s welfare. Where there are low level concerns, these will be discussed and escalated as appropriate.
- Fears 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. The NAS will share any safeguarding concern internally via the relevant people (Designated Lead / Child Protection Officer (Scotland) Nominated Individual and Safeguarding Lead) and externally to our safeguarding partners using secure networks or password protected documents.
- Ensure all staff and volunteers understand their responsibility for referring any concerns to the Designated Safeguarding Lead / Child Protection Officer (Scotland) or Principal or Nominated Individual and Safeguarding Lead and are aware that they may raise concerns directly with Children's Social Care Services if they believe their concerns have not been listened to or acted upon
- Ensure that parents and carers have an understanding of the responsibility placed on the school or service and staff for safeguarding children by setting out its obligations in the school prospectus, service welcome pack or user guide and publish the policy on the NAS website
- Operate a vetting policy which ensures the suitability of adults working with children at all times
- Develop effective links with relevant agencies and co-operate as required with their enquiries regarding safeguarding matters including attendance at strategy meetings, initial case conference, core groups and child in need review meetings
- Ensure that the duty of care towards the children and young people supported by the NAS and staff is promoted by raising awareness of illegal, unsafe and unwise behaviour and assist staff to monitor their own standards and practice
- Keep records (either electronically or written) of concerns about children, even where there is no need to refer the matter immediately
- Where a children’s service is not using a dedicated Safeguarding database (e.g. CPOMS) Ensure all child protection records are kept securely, separate from the main file, and in locked locations
- Ensure that all child protection files are transferred in a safe and timely manner when a child moves school or changes service
- Be aware of and follow procedures set out by Children’s Social Services and the Safeguarding Partners / Safeguarding Board for Northern Ireland where an allegation is

made against a member of staff or volunteer, including making a referral to the DBS / PVG / Access NI and/or National College for Teaching and Leadership if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have been had they not resigned. Such referrals will always be given priority and will be done promptly and made within at least one month of the person leaving our employment

- Operate safer recruitment practice, ensuring that at least one member on every recruitment panel for children's services has completed safer recruitment training
- Ensure that the appropriate training in Safeguarding is provided to the Board of Trustees and appropriate members of staff across all our children's services
- Ensure children are taught, in line with their age and ability, about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE) or wellbeing tutorials
- Where reasonably possible hold more than one emergency contact number for each pupil. To enable contact with a responsible adult when a child is identified as a welfare and/or safeguarding concern
- Ensure a review of the safeguarding children policies and procedures is undertaken and monitor the efficiency with which the related duties have been discharged in accordance with current legislation. An annual safeguarding report will be produced for the Board of Trustees by the Nominated Individual and Safeguarding Lead
- Our procedures will be reviewed and updated regularly and at least 6 monthly

Understanding and Identifying Abuse

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, but especially the designated safeguarding lead / Child Protection Officer (Scotland) 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 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 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, 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;
- Children who are reluctant to go home after school;
- Children with poor school 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 school 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 four main categories of abuse and neglect: physical abuse, emotional abuse, sexual abuse and neglect. In addition there are other categories of abuse: Child Sexual Exploitation, Bullying & Cyberbullying, on line abuse, Child Trafficking, Female Genital Mutilation FMG Domestic Abuse and Radicalisation (see appendices for more detail)). Each has its own specific warning indicators, which all those supporting children should be alert to.

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.

Physical abuse - Physical abuse is the causing of physical harm to a child or young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or 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.

Emotional abuse – Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (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, although it may occur alone.

Sexual abuse - involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening or whether or not it is claimed that the child either consented or assented. 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 children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the

internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer or staff member failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from "non-organic failure to thrive", where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at serious risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young children in particular, the consequences may be life-threatening within a relatively short period of time.

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

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 summarized at Appendix One.

Response to concerns about child abuse

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

Under no circumstances should anyone within the NAS 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 NAS Designated Safeguarding Children officer as detailed under 'procedures' later in this document.

Designated Safeguarding Lead

All NAS Schools. Children's services and regions have a Designated Safeguarding Lead to whom any concerns must be reported immediately. The role of the Designated Safeguarding Lead is to provide advice and reassurance to the member of staff or volunteer and make decisions about what to do next. **The Designated Safeguarding Lead will ensure that appropriate contact is made with the Local Authority (Social Care/Police) to promote partnership working and good practice.**

The designated safeguarding lead and any deputies should undergo training to provide them with the knowledge and skills required to carry out the role. The training should be updated every two years. In addition to their formal training, as set out above, their knowledge and skills should be updated, (for example via e-bulletins, meeting other designated safeguarding leads, or taking time to read and digest safeguarding developments), at regular intervals, but at least annually, to keep up with any developments relevant to their role. All relevant staff

and volunteers will be informed who the Designated Safeguarding Lead is and how to contact him/her as part of their induction.

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

Victim needs - The victim of abuse needs:

- to be believed
- 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, 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.
- 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. This will help build a sense of trust, and she/he will not be surprised when she/he finds out that you told someone.
- Tell the child you need to tell someone whose job it is to help with these kinds of problems

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 kept securely, separate from the main file, and in locked locations or on a secure electronic platform such as CPOMS.

That the NAS internal processes for reporting and closing safeguarding cases must be followed.

Child Safeguarding records are kept securely and transferred in a safe and timely manner when a child moves school or service.

The Designated Safeguarding Lead / Child Protection Officer will maintain and regularly audit the safeguarding records and ensure that each stand-alone file includes a chronology of significant events.

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 will be accessed from outside agencies such as Childline / NSPCC and counselling services.

Confidentiality

Confidentiality cannot be assured, as depending on the disclosure and individual concerned, information may need to be shared internally, with the Designated Safeguarding Lead 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.

Referral

The Designated Safeguarding Lead has 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 Confidentiality and Disclosure of Records policy and the Local Safeguarding Children Board / Children's Social Services

When a referral is made to the local authority, the Designated Safeguarding Lead must confirm in writing with the Principal/ Director – Adult Services and the NAS Safeguarding Lead the actions that have been taken.

The relevant regulator and the funding Child Placement Team should also be notified.

The Designated Safeguarding Lead will hold a confidential file in which a record will be kept of child protection suspicions and referrals.

Data Protection

Fears 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.

Allegations made against Staff or Volunteers

Any allegation should be reported immediately to a senior manager within the organisation. The Local Social Services, via the Designated Officer (LADO) should also be informed within one working day of all allegations that come to an employer's attention or that are made directly to the police.

Suspension of a staff member or volunteer should take place without delay if it is indicated that:

- 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

If there are concerns or an allegation against the Principal, this should be reported to the Director of Education for the National Autistic Society (MD of NASAT).

Staff members and volunteers 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.

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 schools and services have been checked as to their suitability, including verification of their identity, qualifications, a satisfactory barred list check, a prohibition check and enhanced DBS / PVG check and a right to work in the UK.

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

Any member of staff working in regulated activity prior to verification by the NAS of their satisfactory DBS / PVG Certificate will not be left unsupervised and will be subject to a risk assessment.

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

Secretary of State Section 128 Direction – The NAS will ensure that all management of NAS children's services will be checked against a Secretary of State Section 128 Direction and will be prohibited from holding such a position if relevant. This includes Governors and Trustees.

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) that is deemed appropriate for the role. – Please refer to current guidance.

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

- the Safeguarding Children policy;
- the staff code of conduct; and
- The role of the designated safeguarding lead (including the identity of the designated safeguarding lead and any deputies).

All staff and volunteers will receive safeguarding children training that is relevant to their role, including from the Board of Trustees to support staff in schools and services, to volunteers. For those working directly with children, safeguarding training will be refreshed on an annual basis

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 organization. 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.

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

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

Those recruiting staff will receive Safer Recruitment Training.

Supporting Staff and Supervision of Staff

All staff working directly with children and vulnerable adults will have supervision with a suitably experienced person on at least a 6-weekly basis, during which safeguarding concerns and processes will be discussed.

We recognise that staff working in a school or 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 the relevant Designated Safeguarding Lead and to seek further support such as counselling or regular supervision, as appropriate. Employees also have access to a confidential helpline -The First Assist Employee Assistance Programme (EAP).

. In order to reduce the risk of allegations being made against staff, and 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.

Children, young people and carers

Children and young people and their parents and carers should be informed of NAS child protection 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 Compliments, Comments and Complaints policy and procedure and made aware of how they can make a complaint if they are unhappy with the service they are receiving.

Use of Technology

As schools and colleges and 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 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.

Mobile phones / similar devices:

Staff are not permitted to have their mobile phones / similar devices (such as smart watches) turned on, unless they have the express permission of the Principal.

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 Schools or Children's Services to photograph / video the children or young people. **NAS devices may be used with the express permission of the Principal.**

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).

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

Fictional names must be used in respect of people we support, staff or parents by any member of staff or student 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 people we support.

Equal Opportunities

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.

Safeguarding Children (Concise Statement)

Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

The welfare of the child is paramount and everyone's responsibility and all children without exception have the right to protection from abuse regardless of gender, ethnicity, disability, sexuality or beliefs.

Safeguarding Children - Procedure for Staff and Volunteers in NAS Schools

Step 1

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 School Designated Safeguarding Lead and Principal/Head of School.

If the allegation or suspicion is about the Designated Safeguarding Lead then the report should be made to the Principal/Head of School only.

If the allegation or suspicion is about the Principal/ Head of School then the report should be made to the Designated Safeguarding Lead only.

Step 2

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 write their accounts independently. This must be completed with 24 hours.

Step 3

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 the child's physical appearance and apparent state of mind.

Step 4

The Designated Safeguarding Lead / Child Protection Officer will contact the appropriate Children's Social Care office, the LADO if it is an allegation about an employee or volunteer and parents (unless

it is felt that to do so would place the child in danger) and the appropriate Regulator (Ofsted / Care Inspectorate) where appropriate, in line with guidance. The appropriate team from Social Care will advise on the next step(s) to be taken. The Designated Safeguarding Lead / Child protection Officer will also hold contact names and address for all Purchasers, Regulators and be able to obtain copies of the Safeguarding Children procedures of the Local Authority.

Step 5

On accepting the referral, the relevant Children's Social Care Team becomes responsible for determining what action is to be taken including advising parents. It is not the responsibility of staff or volunteers to make enquiries when abuse is suspected.

Each local authority within the UK will have a dedicated team or named individuals who will have a role for receiving and determining safeguarding alerts, and that role is responsible for evaluating the investigation in consultation with other relevant agencies when there has been an allegation about a staff member or volunteer (e.g. police, children's social care).

Step 6

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

Step 7

Designated Safeguarding Lead to notify placing authorities of the children involved of any allegation or suspicion of abuse, and the initiation and outcome of any child safeguarding enquiries involving the school.

Safeguarding Children - Procedure for Staff and Volunteers involved in other NAS Child Services

Step 1

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 who will, in turn, seek advice from the Designated Safeguarding Lead.

If the allegation or suspicion is about the Designated Safeguarding Lead / Child Protection Officer then the report should be made to the Director of Education / Adults. Each region has an Out-of-Hours contact for emergency advice for safeguarding issues. All staff and volunteers will be given this number.

Step 2

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.

Step 3

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 the child's physical appearance, behaviour and apparent emotional state of mind.

Step 4

The Designated Safeguarding Lead / Child Protection Officer will contact the appropriate Local Authority, who will advise on the next step(s) to be taken.

Step 5

On accepting the referral, the Local Authority becomes responsible for determining what action is to be taken including advising parents. It is not the responsibility of staff or volunteers to make enquiries of or to notify parents when abuse is suspected.

Step 6

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

Both of 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.

Safeguarding Children – References

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (2015)

Children and Social Work Act (2017)

Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children (2018)

Keeping Children Safe in Education: Statutory Guidance for Schools and Colleges (2019)

What to do if you're worried a child is being abused: Advice for practitioners (2015)

Children Acts 1989 and 2004

Safeguarding Vulnerable Groups Act (2006)

Child sexual exploitation-Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (February 2017)

Female Genital Mutilation Act (2003)

The Childcare Act 2006

All Wales Child Protection Procedures 2008

The Children (Scotland) Act 1995

Protection of Children (Scotland) Act 2003

Children and Young People (Scotland) Act 2014

The Children (Northern Ireland) Order 1995

Co-operating to Safeguard Children and young people in Northern Ireland (2016)

Social Services and Well-being (Wales) Act 2014.

Regulation and Quality Improvement Authority (RQIA) (Northern Ireland)

Purchasers' Contracts

National Guidance for Child protection in Scotland 2014

Co-operating to Safeguard Children (2003) – Northern Ireland

The Human Rights Act 1998

Children and Young People (Scotland) Act 2014

UN Convention on the Rights of the Child

The Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) (Extended Entitlement) (Amendment) Regulations 2018

What to do if you're worried a child is being abused, March 2015

Information Sharing, March 2015

Other relevant policies and guidance

NAS Policies:

Management of Challenging Behaviour Policy

Compliments, Comments and Complaints Policy QS-0009

On line Safety Policy

Mobile Phones (Personal) Policy SO-0001

Confidentiality and Disclosure of Records and Reports Policy SO-0093

School Displays including Posters, Notices and Pictures in Students Rooms Policy SO-0130

Acceptable use of ICT Policy IT-001

Child Protection - Treatment of the Abused Child Policy SO-0196

Whistleblowing – HR-0002

Conduct Management policy-HR-0022

Safer Recruitment Guidance for NAS Schools & Services – HR-0021

Other relevant guidance / information:

Childline:www.childline.co.uk Telephone: 0800 1111

NSPCC: www.nspcc.org.uk Telephone: 0808 800 5000

NSPCC Whistleblowing Advice Line: 0800 028 0285

The Forced Marriage Unit: www.fco.gov.uk/forcedmarriage Telephone: (+44) (0)20 7008 1500

Local Children Safeguarding Boards – relevant local Websites

Local Authority Designated Officer – see local procedures

NAS Designated Safeguarding Lead

NAS Safeguarding Lead

The Prevent Strategy, June 2015

Channel Duty Guidance Protecting vulnerable people from being drawn into terrorism

Sexting in schools and colleges: Responding to incidents and safeguarding young people

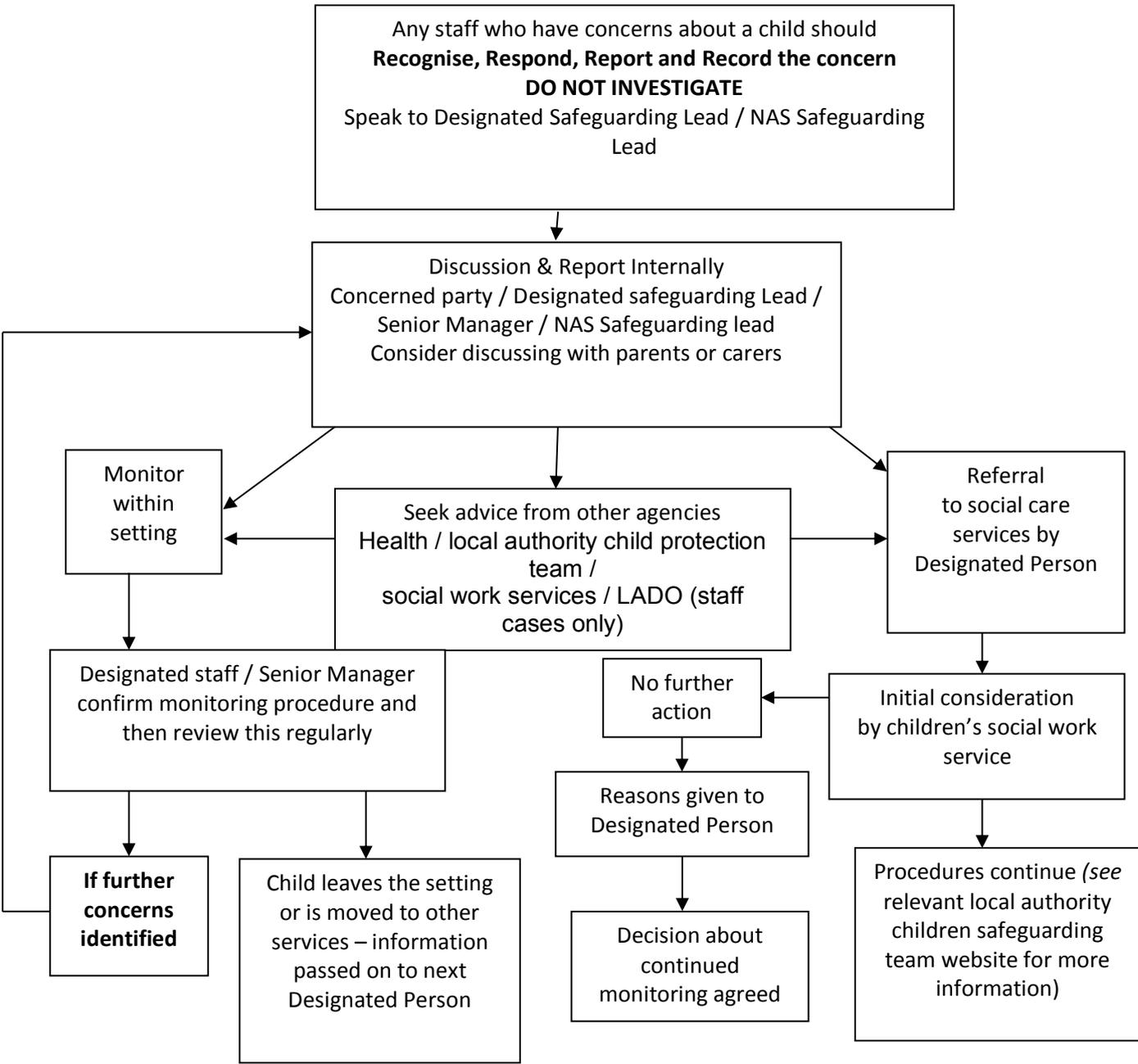
Sexual violence and sexual harassment between children in schools and colleges: Advice for schools and colleges on how to prevent and respond to reports of sexual violence and harassment between children. (2017)

National Framework for Child Protection, Learning and Development in Scotland 2012

National Guidance for Child Protection in Scotland 2014

Appendix 1: Staff and Volunteers' Responsibilities

1. To act in loco parentis whilst any child is at the School/Service and have the responsibility to protect the child and promote his/her general welfare.
2. To be aware that abuse does happen; to always remain alert to the possibility of abuse and ready to act upon information that you receive or signs of abuse you see or hear about.
3. To be aware of the early warning signs of potential abuse situations and the possible signs of abuse.
4. To notify the School/Regional Designated Safeguarding Lead if there is any reason to suspect that a child has been or may be the subject of abuse.
5. To maintain a professional confidential approach in line with NAS Equal Opportunities Policy when dealing with the child and any other person who may be involved.
6. To ensure good communication of observations are made in writing to the Designated Safeguarding Lead.
7. To actively teach children about how to keep themselves safe (including online) through practical teaching and learning opportunities in line with the schemes of work for PSHE, SRE and computing.



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 / 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, truanting and sexting put children in danger.

All staff / volunteers should be aware that safeguarding issues can manifest themselves via peer on peer 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 types 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
- being denied access to education, play and leisure opportunities

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Most children will collect cuts and bruises as part of the rough and tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and explanation given. Most accidental bruises are seen over bony parts of the body, e.g. knees elbows, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental. Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical attention when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place sometime later.

Physical abuse can happen in any family, but children may be more at risk if their parents have problems with drugs, alcohol and mental health or if they live in a home where domestic abuse happens. Babies and disabled children also have a higher risk of suffering abuse. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Physical abuse can also occur outside of the family environment.

The physical signs of abuse may include:

- Unexplained bruising, marks or injuries on any part of the body
- Multiple bruises – in clusters, often on the upper arm, outside of the thigh
- Cigarette burns
- Human bite marks
- Broken bones
- Scalds, with upward splash marks
- Multiple burns with a clearly demarcated edge

Changes in behaviour that can also indicate physical abuse:

- Fear of parents/carers being approached for an explanation
- Aggressive behaviour or severe temper tantrums
- Flinching when approached or touched
- Reluctance to get changed, for example in hot weather

- Depression
- Withdrawn behaviour
- Running away from home

Fabricated or Induced Illness is a rare form of child abuse. It occurs when a parent or carer, exaggerated or deliberately causes symptoms of illness in the child. In fabricated or induced illness, the parent may present the child as ill when they are healthy, deliberately induce symptoms of illness, manipulate test results, or exaggerate or lie about symptoms.

Some of the indicators of fabricated or induced illness, include:

- the medical history doesn't make sense
- treatment is ineffective
- the symptoms disappear when the carer isn't around, and
- they can be seen repeatedly by different professionals looking for different things

In all cases, the child's normal life is restricted. Cases of fabricated or induced illness are very complex. Where fabricated and induced illness is suspected, referrals should be made without alerting the child's carer.

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. 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.

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

- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

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
- A girl may confide that she is to have a 'special procedure' or to attend a special occasion to 'become' a woman.
- A girl may request help from a teacher or another 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
- A girl may talk 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

Indication that FGM may have already taken place

- A girl or young woman may have difficulty walking, sitting or standing and may even look uncomfortable
- A girl or woman may spend longer than normal in the bathroom or toilet due to difficulties in urinating.

- A girl may spend long periods of time away from a classroom during the day with bladder or menstrual problems
- A girl or woman may have frequent urinary, menstrual problems
- There may be prolonged or repeated absences from school
- A prolonged absence from school 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 be particularly reluctant to undergo normal medical examinations
- A girl or woman may confide in a professional
- 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

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)**

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.

“Honour based” violence:

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.

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”.

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

Peer on peer abuse can take different forms, such as:

- Sexual violence and sexual harassment.
- ‘Upskirting’ (typically involves taking a picture under a person’s clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm)
- physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm;
- sexting (also known as youth produced sexual imagery)
- initiation/hazing type violence and rituals

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

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

In NAS services peer on peer abuse in the form of incidents of physical aggression toward one child to neither can be common due to the child not understanding the impact of their actions on

another. This must be recorded as a peer on peer incident and monitored, with regular review of incidents and safe-guardings to reduce the risk.

Serious Violence

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.

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 Home Office's guidance: Preventing youth violence and gaming involvement.

Trafficked Children

Child trafficking involves moving children across or within national or international borders for the purposes of exploitation. Exploitation includes children being used for sex work, domestic work, restaurant/ sweatshop, drug dealing, shoplifting and benefit fraud. Where the NAS is made aware of a child that is suspected of or actually being trafficked/exploited we will report our concerns to the appropriate agency.

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.

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

Child sexual exploitation (CSE)

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

- can affect any child or young person (male or female) under the age of 18 years, including 16 and 17 year olds who can legally consent to have sex;
- can still be abuse even if the sexual activity appears consensual;
- can include both contact (penetrative and non-penetrative acts) and non-contact sexual activity;
- can take place in person or via technology, or a combination of both;
- can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence;
- may occur without the child or young person's immediate knowledge (e.g. through others copying videos or images they have created and posted on social media);
- can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of incidents over time, and range from opportunistic to complex organised abuse; and
- is typified by some form of power imbalance in favour of those perpetrating the abuse. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources.

Sexual exploitation of children and young people has been identified throughout the UK, in both rural and urban areas. It affects boys and young men as well as girls and young women.. A significant number of children who are victims of sexual exploitation go missing from home, care and education at some point.

There are three different models of child sexual exploitation which are not exhaustive but show a spectrum of exploitation.

- **Inappropriate relationships** - Usually involves one perpetrator who has inappropriate power or control over a young person. There may be a significant age gap. The young person may believe that they have a genuine friendship/ loving relationship with the abuser.

- 'Boyfriend or peer exploitation - The perpetrator grooms the victim by initiating a normal relationship and then goes onto coerce or force them to have sex with friends or associates. The victim may also be required to introduce their friends as new victims.
- Organised/ networked sexual exploitation or trafficking - victims are passed through networks possibly over geographical distances, where they may be coerced/forced into sexual activity with multiple men. This often occurs at 'sex parties' and victims may be used to recruit others into the network. This serious organised activity can involve the buying and selling of young people.

Trafficking also includes the movement of children and young people within small geographical areas such as between addresses within an area or a county.

Some of the following signs may be indicators of sexual exploitation:

- Children who appear with unexplained gifts or new possessions
- Children who associate with other young people involved in exploitation
- Children who have older boyfriends or girlfriends
- Children who suffer from sexually transmitted infections or become pregnant
- Children who suffer from changes in emotional well-being
- Children who misuse drugs and alcohol
- Children who go missing for periods of time or regularly come home late
- Children who regularly miss school or education or don't take part in education

However, it also is important to recognise that some young people who are being sexually exploited do not exhibit signs of this abuse.

Any practitioner working with a child who they think may be at risk of child sexual exploitation should follow the guidance set out in Working Together and share this information with local authority children's social care.

You should refer any concerns about a child's welfare to local authority children's social care. If you believe a child is in immediate risk of harm, you should contact the police.

Youth produced sexual imagery – "Sexting" - is the exchange of self-generated sexually explicit images, through mobile picture messages or webcams over the internet.

Young people may also call it:

- Cybersex

- Sending a nudie, picture or selfie

'Sexting' is often seen as flirting by children and young people who feel that it's 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 school, 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.

Actions to be taken:

1. When an incident involving youth produced sexual imagery comes to your attention:
2. The incident should be referred to the Designated Safeguarding Lead as soon as possible

3. The Designated Safeguarding Lead should hold an initial review meeting with appropriate school staff

Initial review meeting: The initial review meeting 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
- Any relevant facts about the young people involved which would influence risk assessment
- If there is a need to contact another school, college, setting or individual
- Whether to contact parents or carers of the pupils 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 pupil or pupil is at immediate risk of harm owing to the sharing of the imagery, for example, the young person is presenting as suicidal or self-harming

4. If none of the above apply then it may be appropriate to decide to respond to the incident without involving the police or children's social care (a school can choose to escalate the incident at any time if further information/concerns come to light). The decision to respond to the incident without involving the police or children's social care would be made in cases when the DSL is confident that they have enough information to assess the risks to pupils involved and the risks can be managed via pastoral support and disciplinary framework and if appropriate local network of support.

5. There should be subsequent interviews with the young people involved (if appropriate).
6. Parents should be informed at an early stage and involved in the process unless there is good reason to believe that involving parents would put the young person at risk of harm.
7. At any point in the process if there is a concern a young person has been harmed or is at risk of harm a referral should be made to children's social care and/or the police immediately.

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.

Sexual violence and sexual harassment between children in schools and colleges 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. This will, in all likelihood, adversely affect their educational attainment. 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.

Schools and colleges 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 Schools and Children's Services must:

- consider the makeup of the student body, including the gender and age range of pupils, 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 boys and girls including through relationship and sex education (RSE) and personal, social, health and economic education (PSHE)
- ensure that their response to boy on boy and girl on girl 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 school or college 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 classes they share with the victim
 - the school or college should also consider how best to keep the victim and alleged perpetrator a reasonable distance apart on school or college premises and on transport to and from the school or college.
- For other reports of sexual violence and sexual harassment, the proximity of the victim and alleged perpetrator and considerations regarding shared classes, sharing school or college premises and school or college 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 school or college would seriously harm the education or welfare of the victim and potentially other pupils.

In all cases, schools and colleges 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

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

Child criminal exploitation: County lines

Criminal exploitation of children is a geographically widespread form of harm that is a typical feature of county lines criminal activity: drug networks or gangs groom and exploit children and young people to carry drugs and money from urban areas to suburban and rural areas, market and seaside towns. Key to identifying potential involvement in county lines are missing episodes, when the victim may have been trafficked for the purpose of transporting drugs and a referral to the National Referral Mechanism should be considered.

Like other forms of abuse and exploitation, county lines exploitation:

- can affect any child or young person (male or female) under the age of 18 years;
- can affect any vulnerable adult over the age of 18 years;
- can still be exploitation even if the activity appears consensual;

- can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- can be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources.

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
- Ensure adequate supervision
- 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

Bullying

Bullying, according to the Children's Act 1989/2004, should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.'

Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical, verbal and emotional.

If an autistic child bullies another child or children, careful consideration should be given to the possible reasons. Some autistic children find it difficult to understand or control their emotions or behaviour and may have little or no concept of the consequences of their actions. They might not have the insight or language to describe their feelings of frustration, may lack the empathy to appreciate the impact of their words or behaviour on others, or may be perpetrating the bullying that they are experiencing from others. The possibility that the autistic child is being coerced by others, as in mate crime for example, should also be explored.

Cyber-bullying is also an area of bullying and is an increasing problem in the light of developing technology.

The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children to the extent that it affects their health and development or, at the extreme, cause them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Bullying is not always easy to recognise as it can take a number of forms. A child may encounter bullying attacks that are:

- Physical: pushing, kicking, hitting, pinching and other forms of violence or threats
- Verbal: name-calling, sarcasm, spreading rumours, persistent teasing
- Emotional: excluding, tormenting, ridiculing, humiliating
- Cyber: abusive comments, rumours and gossip, blackmail, threats, nasty pictures, stolen identity through emails, texts, social networking sites

Persistent bullying can result in:

- Depression
- Low self-esteem
- Shyness
- Poor academic achievement

- Isolation
- Threatened or attempted suicide

Signs that a child may be being bullied can be:

- Coming home with cuts and bruises
- Torn clothes
- Broken or missing possessions
- Losing dinner money
- Falling out with previously good friends
- Being moody and bad tempered
- Wanting to avoid leaving their home
- Changes in behaviour – becoming aggressive at home
- Worrying about going to school
- Suddenly doing less well at school
- Sleep problems
- Wetting the bed
- Changes in eating habits
- Complaining of headaches or stomach aches
- Anxiety
- Becoming withdrawn – not talking, or spending more time alone

These definitions and indicators are not meant to be definitive, but only serve as a guide to assist staff. When considering the protection of autistic children, there are key points to remember.

- Working with autistic children can be a complex job. A clear understanding of how autism impacts upon each individual child is crucial in order to then consider whether there are significant safeguarding or child protection concerns.
- Many of the traits associated with autism, if viewed in isolation, could be seen as fitting the standard indicators of child abuse, for example self-injurious behaviours and withdrawal

from social situations. There is a risk that associated traits can be misinterpreted as indicators of abuse, or that abuse is missed because a child has autism.

- There is an increased risk of professionals becoming over-familiar with the behaviour that an autistic child 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. This can lead to the professional missing signs and indicators of abuse.

While a clear understanding of autism and its impact on a child is imperative, so too is the ability to recognise subtle changes or other indicators, and remaining open to the possibility of abuse or neglect.

Where staff have any suspicion of bully, they need to complete the bullying logs in the service.

Appendix 3: A child missing from education

All children, regardless of their circumstances, are entitled to a full time education, which is suitable to their age, ability, aptitude and any special educational needs they may have. Local authorities have a duty to establish, as far as it is possible to do so, the identity of children of compulsory school age who are missing education in their area. Effective information sharing between parents, schools, colleges and local authorities is critical to ensuring that all children are safe and receiving suitable education.

A child going missing from education is a potential indicator of abuse or neglect and such children are at risk of being victims of harm, exploitation or radicalisation. School staff should follow their procedures for unauthorised absence and for dealing with children that go missing from education, particularly on repeat occasions, to help identify the risk of abuse and neglect, including sexual exploitation, and to help prevent the risks of going missing in future.

Schools should have appropriate protection plans and responses documented for children who go missing from education, particularly on repeat occasions. It is essential that all staff are alert to signs to look out for and the individual triggers to be aware of when considering the risks of potential safeguarding concerns such as travelling to conflict zones, female genital mutilation and forced marriage.

Further information about children at risk of missing education can be found in the Children Missing Education guidance

Appendix 4: Private Fostering

Under certain conditions, a child might be cared for, as part of a private arrangement by someone who is not their parent or a 'close relative'. This constitutes private fostering when the following conditions are met:

- A child is under 16 years of age – 18 if they have a disability
- The arrangement is for 28 days or longer
- The child's new carer does not have parental responsibility for the child and is not a close relative

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles, aunts (whether of full-blood, half blood or marriage/affinity).

By law parents and carers must notify the local authority of private fostering arrangements to safeguard and protect the child's welfare as well as ensuring the child, carer and parent are receiving appropriate support and help.

As an organisation, if we do become aware that a child or young person is being privately fostered, we will inform the carer/parent of their legal duty to inform the Local Authority Social Care Team, we will follow this up by contacting Children's Social Care directly.

Appendix 5: Domestic abuse

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.

Domestic abuse, as defined by the Home Office, is: Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

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.

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.

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 pupils, through violent outbursts or bullying
- Schools / Children's Services can provide a safe environment where positive relationships with adults and peers can be modelled
- NAS Schools and 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.

Appendix 6 - Radicalisation

Indicators of Vulnerability to Radicalisation

1. Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.
2. 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.
3. 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.
4. 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.
5. 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 pupil they should activate local safeguarding procedures, using existing national and local protocols from multi-agency liaison with police and children's social care.

The Department for Education has dedicated a telephone helpline (020 7340 7264) to enable staff and governors to raise concerns relating to extremism directly. Concerns can also be raised by email to counter.extremism@education.gsi.gov.uk. Please note that the helpline is not intended for use in emergency situations, such as a child being at immediate risk of harm or a security incident, in which case the normal emergency procedures should be followed **(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).**

Appendix 7 - Procedure for supporting a child or young person who may have been the victim of abuse

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:

- 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, teacher, 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 when there is an overriding concern 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
- Staff will receive appropriate and ongoing training on child abuse.
- All Manager/Principals/Heads of Schools and Health Management counselling service 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.

Appendix 8 – Principles and Standards for Child Protection - NAS Services 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;
- ensures that children are listened to and understand decisions that affect them; and
- ensures 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 ensures 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 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 ensure compliance and prevent concerns from escalating.

Professionals take timely and effective action to protect children - Practitioners 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 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 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 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 ensure the best welfare of the child.

When involved in child protection work, agencies should 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 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 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 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 9 – Principles and Standards for Child Protection - NAS Services 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.

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
- 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 take action 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 and teachers 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 (2006) Safeguarding Children: Working Together under the Children Act 2004
- 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 10 -Myth-busting guide to information sharing

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 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.