

# Safeguarding Children and Young People (Child Protection) Policy

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

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This policy should be read in conjunction with the Safeguarding Children and Young People (Child Protection) **Procedure** and (where relevant) the NAS National Programmes Safeguarding Guidance.

## Safeguarding Flowchart

Ensure the immediate safety of the child

i.e. emotional reassurance, first aid,  
possibly emergency services

Do not promise confidentiality

As per your service's reporting guidelines, report the concern  
immediately to your team/service manager or directly to the NAS  
Safeguarding Team

Concerns to be sent to NAS Safeguarding  
Team inbox at  
[notifications.safeguarding@nas.org.uk](mailto:notifications.safeguarding@nas.org.uk)

Team/service manager should be cc'd

Next steps and external reporting to be decided in collaboration with  
the NAS Safeguarding Team

Concern and actions taken to be recorded on your service/team's  
recording system

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## Purpose of This Document

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

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

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

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

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

## Scope

The policy is to be followed by all services coming into contact with children, including but not limited to:

- Children's Short Breaks services
- After School Clubs / Children's Clubs, social groups or activities
- Children's Outreach services
- National Programmes services / Activities involving children
- Family support services
- Any other Children's Service managed by NAS which does not have access to CPOMS and which is not subject to Keeping Children Safe in Education (KCSIE) statutory guidance.

This policy applies to:

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

This policy is overarching and together with the other organisational safeguarding policies over-rides all other organisational policies and procedures.

This policy applies to all children up to the age of 18 years whether living with their families, in state care, or living independently. It is recognised that in Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes all children and young people up to the age of 18.

## Introduction

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

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

The *Working Together to Safeguard Children (2023)* guidance states that: "children are best protected when professionals are clear about what is required of them individually, and how they need to work together." In addition, the guidance states that "effective safeguarding of children can only be achieved by putting children at the centre of the

system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Legal and Statutory Framework

This policy has been drawn up on the basis of legislation, policy and guidance that seeks to protect children across the United Kingdom.

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

England	
Law	Guidance
<ul style="list-style-type: none"> <li>• The <a href="#">Children Act 1989</a></li> <li>• The <a href="#">Children Act 2004</a></li> <li>• The <a href="#">Children and Social Work Act 2017</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Working Together to Safeguard Children</a> (Department for Education, 2023)</li> <li>• <a href="#">Prevent Duty Guidance: England and Wales</a> (Home Office, 2023)</li> </ul>

Wales	
Law	Guidance
<ul style="list-style-type: none"> <li>• The <a href="#">Children Act 1989</a></li> <li>• Much of the <a href="#">Children Act 1989</a> applies to both England and Wales. As of April 2016, Part 3 of the Act (which refers to support for children and families provided by local authorities) has been replaced by Part 6 of the <a href="#">Social Services and Well-being (Wales) Act 2014</a>.</li> <li>• The <a href="#">Children Act 2004</a> of which a number of sections have been amended, repealed or replaced by the <a href="#">Social Services and Well-being (Wales) Act 2014</a> and the <a href="#">Well-being of Future Generations (Wales) Act 2015</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Wales Safeguarding Procedures and Practice Guides</a> (Wales Safeguarding Procedures, 2021)</li> <li>• <a href="#">Prevent Duty Guidance: England and Wales</a> (Home Office, 2023)</li> </ul>

Northern Ireland	
Law	Guidance
<ul style="list-style-type: none"> <li>• <a href="#">The Children (Northern Ireland) Order 1995</a>.</li> <li>• The <a href="#">Safeguarding Board Act (Northern Ireland) 2011</a></li> <li>• The <a href="#">Children's Services Co-operation Act (Northern Ireland) 2015</a></li> <li>• Under Section 5 of the <a href="#">Criminal Law Act (Northern Ireland) 1967</a>, it is an offence not to report a 'relevant offence' to the police. This includes offences against children.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Co-operating to Safeguard Children and Young People in Northern Ireland</a> (Department of Health, 2017)</li> <li>• <a href="#">Regional Core Child Protection Policies and Procedures for Northern Ireland</a> (Safeguarding Board for Northern Ireland, 2018)</li> </ul>

Scotland	
Law	Guidance
<ul style="list-style-type: none"> <li>• <a href="#">The Children (Scotland) Act 1995</a></li> <li>• <a href="#">Children and Young People (Scotland) Act 2014</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Getting it right for every child (GIRFEC)</a> (Scottish Government, 2023).</li> </ul>

	<ul style="list-style-type: none"> <li>• The <a href="#">National Guidance for Child Protection in Scotland</a> (Scottish Government, 2023).</li> <li>• <a href="#">National action plan to prevent and tackle child sexual exploitation</a> (Scottish Government, 2016)</li> <li>• <a href="#">Prevent Duty Guidance: for Scotland</a> (Home Office, 2024)</li> </ul>
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## Supporting Documents

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

- Safeguarding Children and Young People (Child Protection) **Procedure** SO-0188PR
- National Programmes Safeguarding Guidance
- Safeguarding Adults Policy and Procedure SO-0194
- Data Protection IGP-02
- Safer Recruitment Policy and Guidance for NAS Schools & Services HR-0021
- Staff Code of Conduct
- Referral to DBS / Disclosure Scotland Policy SO-0340
- Online Safety Policy SO-0106
- Anti-bullying in NAS Schools & Children and Young People's Services Policy - SO-0193
- Mobile Phones (Personal) Policy SO-0001
- Intimate Care Policy for Schools and Children & Young People's Services SO-0005
- Incident Management Policy QS-0001

## Expectations

We believe and recognise that:

- children and young people should never experience abuse of any kind
- we have a responsibility to promote the welfare of all children and young people, to keep them safe and to practice in a way that protects them
- the welfare of children is paramount in all the work we do and in all the decisions we take
- working in partnership with children, young people, their parents, carers, and other agencies is essential in promoting young people's welfare
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation have an equal right to protection from all types of harm or abuse
- some children are additionally vulnerable because of the impact of previous experiences, their level of dependency, communication needs or other issues
- extra safeguards may be needed to keep children who are additionally vulnerable safe from abuse including children who come from Black, Asian and minoritised ethnic communities, d/Deaf and disabled children and young people, LGBTQ+ children and young people and children with special educational needs and disabilities (SEND).



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

- valuing, listening to and respecting them
- adopting child protection and safeguarding best practice through our policies, procedures and code of conduct for staff and volunteers
- developing and implementing an effective online safety policy and related procedures
- providing effective management for staff and volunteers through supervision, support, training and quality assurance measures so that all staff and volunteers know about and follow our policies, procedures and behaviour codes confidently and competently
- recruiting and selecting staff and volunteers safely, ensuring all necessary checks are made
- recording and storing and using information professionally and securely, in line with data protection legislation and guidance
- sharing information about safeguarding and good practice with children and their families via leaflets, posters, group work and one-to-one discussions
- making sure that children, young people and their families know where to go for help if they have a concern
- using our safeguarding and child protection procedures to share concerns and relevant information with agencies who need to know, and involving children, young people, parents, families and carers appropriately
- using our procedures to manage any allegations against staff and volunteers appropriately
- creating and maintaining an anti-bullying environment and ensuring that we have a policy and procedure to help us deal effectively with any bullying that does arise
- ensuring that we have effective complaints and whistleblowing/ speaking up measures in place
- ensuring that we provide a safe physical environment for our children, young people, staff and volunteers
- building a safeguarding culture where staff and volunteers, children, young people and their families, treat each other with respect and are comfortable about sharing concerns.

## **Vulnerable Children and Young People**

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

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

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

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

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

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

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

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

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

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

## Data Protection

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

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

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

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

Where special category personal data is shared, the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows the sharing of information. This includes allowing the sharing of information without consent, if it is not possible to gain consent, it cannot be reasonably expected that a person gains consent, or if to gain consent would place a child at risk.

## Allegations Against Staff (Including Trustees or Volunteers)

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

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

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

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

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

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

### Low Level Concerns

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

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

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

### Services should:

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

## Training

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

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

- this policy and procedure;
- the staff Code of Conduct;
- eLearning safeguarding and child protection training;

All staff and volunteers will receive safeguarding children training that is relevant to their role. The Board of Trustees will also receive training. For those working directly with children, safeguarding training will be refreshed at least annually basis (or when required). In addition, all staff members and 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.

Those recruiting staff will receive Safer Recruitment Training.

## Supporting Staff and Supervision of Staff

It is encouraged for all staff working directly with children and vulnerable adults to have access to supervision with a suitably experienced person at least four times a year, during which safeguarding topics can be discussed. Staff can request a reflective supervision at any time with their appropriate line manager. Staff should not wait for a planned supervision meeting to raise urgent safeguarding concerns.

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

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

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

## Involving Children, Young People and Carers

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

Consent will be sought from parents, carers and children young people (where relevant) before involving external agencies such as children's social care, unless doing so would put the child at greater risk of harm. It is acknowledged that support from agencies such as children's social care often relies on parental consent and cooperation.

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

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

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

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

## Online Safety

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

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

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

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

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

## Personal Electronic Devices

Staff are not permitted to use their personal mobile phones or devices (such as smart watches) to interact with children we support.

**Under no circumstances** are photographs or videos to be taken of the children and 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 should not be used in Children's Services to photograph / video the children or young people.

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

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

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

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

## Staff and Volunteers' Roles and Responsibilities

### All Staff and Volunteers

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

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

Staff and volunteers need to:

- Consider, at all times, what is in the best interests of the child.
- Maintain an attitude of 'it could happen here' where safeguarding is concerned.
- Provide a safe environment for children.
- Be aware of the service's systems which support safeguarding, including any policies, procedures, information and training provided upon induction.
- Know how to report concerns in line with policy
- Undertake safeguarding training, including online safety training, during their induction – this will be regularly updated.
- Receive and understand child protection and safeguarding (including online safety) updates, e.g. via email, as required, and at least annually.
- Make a referral to local safeguarding teams and/or the police immediately, if at any point there is a risk of immediate serious harm to a child.

- Be aware of and understand the procedure to follow in the event that a child confides they are being abused, exploited or neglected.
- Maintain appropriate levels of confidentiality when dealing with individual cases.
- Reassure victims that they are being taken seriously, that they will be supported, and that they will be kept safe.
- Speak to the NAS Safeguarding Team if they are unsure about how to handle safeguarding matters.
- Be aware of safeguarding issues that can put children at risk of harm.
- Be aware of behaviours linked to issues such as drug-taking, alcohol misuse, deliberately missing education, and sharing indecent images, and other signs that children may be at risk of harm.
- To follow this policy and ask questions if not sure about any aspect of this policy.
- To protect the child and promote their general welfare
- To be aware of the early warning signs of potential abuse situations and the possible signs of abuse.

### Service/Team Managers

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

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

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

- Quality, safety, dignity and respect are considered to be essential for good outcomes;
- The induction, training and the development of staff, commensurate to their role, is effectively managed;
- Staff can fully demonstrate their knowledge and understanding of the definitions and signs of abuse or neglect;
- Reporting of suspected, alleged or actual abuse or neglect is acceptable, and encouraged;
- Safeguarding records remain factual, are presented in chronological order, actions and outcomes are clearly recorded, and all records remain confidential and are kept secure. This data will be analysed for patterns/trends and outcomes addressed by the Quality and Assurance Directorate.
- To build a strong safeguarding culture in the home / service where children are listened to, respected and involved in both the development of the home / service and decisions about the home / service.
- Seek to ensure that day-to-day care/ support is arranged and delivered so as to keep each child safe and to protect each child effectively from harm
- Seek to ensure that staff continually and actively assess the risks to each child and the arrangements in place to protect them, based on the individual child's needs

- and developmental-stage, about when to allow a child to take a particular risk or follow a particular course of action
- Help each child to understand how to keep safe
  - Seek to ensure that staff have the training and skills to identify and act upon signs that a child is at risk of harm. Seek to ensure that staff skills in safeguarding are gained, refreshed and recorded in the workforce plan.
  - Manage relationships between children to prevent them from harming each other.
  - Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis.

### NAS Safeguarding Lead

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

### Executive Leadership Team

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

## Evaluation of Policy

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

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

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



and promoting equal opportunities and inclusion. This policy will be reviewed annually or sooner if required.

## Equality Impact Assessment

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

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

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

## Definitions

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

For the purposes of this policy, "**safeguarding and promoting the welfare of children**" is defined as:

- Providing help and support to meet the needs of children as soon as problems emerge
- Protecting children from maltreatment whether that is within or outside the home, including online
- Preventing the impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

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

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

- **Rape:** A person (A) commits an offence of rape if they intentionally penetrate the vagina, anus or mouth of another person (B) with their penis, B does not consent to the penetration, and A does not reasonably believe that B consents.
- **Assault by penetration:** A person (A) commits an offence if they intentionally penetrate the vagina or anus of another person (B) with a part of their body or

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

Our children's services recognise "**child on child Sexual Abuse**". Child on child sexual abuse is defined as sexual abuse that happens between children of a similar age or stage of development. It can happen between any number of children, and can affect any age group.

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

- Sexual comments, such as sexual stories, lewd comments, sexual remarks about clothes and appearance, and sexualised name-calling.
- Sexual "jokes" and taunting.
- Physical behaviour, such as deliberately brushing against someone, interfering with someone's clothes, and displaying images of a sexual nature.
- Online sexual harassment, which may be standalone or part of a wider pattern of sexual harassment and/or sexual violence.

Online sexual harassment may include:

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

For the purposes of this policy, "**Upskirting**" refers to the act, as identified in the Voyeurism (Offences) Act 2019, of taking a picture or video under another person's clothing, without their knowledge or consent, with the intention of viewing that person's genitals or buttocks, with or without clothing, to obtain sexual gratification, or cause the victim humiliation, distress or alarm. It is an offence to operate equipment for the purpose of Upskirting. "**Operating equipment**" includes enabling, or securing, activation by another person without that person's knowledge, e.g. a motion-activated camera. Anyone, including children and staff, of any gender can be a victim of Upskirting. Upskirting will not be tolerated by the service. Any incidents of Upskirting will be reported to the Safeguarding

Advisor for Children and Young People, who will then decide on the next steps to take, which may include police involvement.

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

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

## Appendix 1 Essential Contact Information

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

Essential Safeguarding Information	
Service/Team Manager	
NAS Safeguarding Team	<a href="mailto:Notifications.safeguarding@nas.org.uk">Notifications.safeguarding@nas.org.uk</a>
Mental Health First Aider	
Local authority service operates in	
Safeguarding of children concerns	
Children living in x local authority	
Children living in x local authority	
Contact details for Children's Social Care Multi-Agency Safeguarding Hub	
Contact details of the Local Authority Designated Officer (LADO) for allegations against an adult working with children (England and Wales only)	
Police (Emergency)	999
Police (Non-Emergency)	101
Local Authority Channel/ PREVENT Referral Contact Details	
NSPCC	<a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a> 0808 800 5000
Safecall (Independent whistleblowing point of contact)	<a href="http://www.safecall.co.uk/reports">www.safecall.co.uk/reports</a> <a href="mailto:nas@safecall.co.uk">nas@safecall.co.uk</a>
The Forced Marriage Unit	<a href="http://www.gov.uk/stop-forced-marriage">www.gov.uk/stop-forced-marriage</a> <a href="mailto:fmufco@fco.gov.uk">fmufco@fco.gov.uk</a> 020 7008 0151
CEOP (the Child Exploitation and Online Protection Centre)	<a href="http://www.ceop.police.uk">www.ceop.police.uk</a>

## Appendix 2 Definitions and Indicators of Abuse and Neglect

Abuse and neglect are signs of maltreatment of a child or young person. Somebody may abuse or neglect a child either directly by inflicting harm, or indirectly, by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting: by those known to them; or, more rarely, by a stranger. They may be abused by an adult or adults, or another child or children.

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

**All** staff / volunteers should have an awareness of safeguarding issues, some of which are listed below.

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

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

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

There are four main categories of child abuse:

- **Physical abuse**
- **Emotional abuse**

- **Sexual abuse**
- **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 which may cause injury or pain
- misappropriation or misuse of a child's finances – financial abuse
- failure to meet the communication needs of a child
- a parent seeking to exclude the child from an ordinary family life
- being denied mobility, communication or other equipment/ aids
- being denied access to education, play, social and leisure opportunities

### Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving and encouraging children or young people in looking at, or in the production of, sexual images, watching sexual activities, encouraging children or young people to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet).

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

The physical signs of sexual abuse may include:

- Pain or itching near the genital area
- Bruising or bleeding near the genital area
- Sexually transmitted disease
- Vaginal discharge or infection
- Stomach pains
- Discomfort when walking or sitting down
- Pregnancy

Changes in behaviour which can also indicate sexual abuse include:

- Sudden or unexpected changes in behaviour e.g. becoming aggressive or withdrawn
- Fear of being left with a specific person or group of people
- Having nightmares
- Running away from home
- Sexual knowledge which is beyond their age, or developmental level
- Sexual drawings or language
- Bedwetting
- Eating problems such as overeating or anorexia
- Self-harm or mutilation, sometimes leading to suicide attempts
- Saying they have secrets they cannot tell anyone about
- Substance or drug abuse
- Suddenly having unexplained sources of money
- Not allowed to have friends
- Acting in a sexually explicit way towards adults

### Emotional Abuse

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

These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, e.g. when hospitalised or away from the parent/carers care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

Changes in behaviour which can indicate emotional abuse include:

- Being unable to play
- Fear of making mistakes
- Sudden speech disorders

- Self-harm
- Fear of parent being approached regarding their behaviour
- Developmental delay in terms of emotional progress

### Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment or the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter
- Protect a child from physical and emotional harm or danger
- Seek to ensure adequate supervision
- Seek to ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

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

### Physical Abuse

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

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

Signs to look for:

- injuries which the child cannot explain, or explains unconvincingly;
- injuries which have not been treated or treated inadequately;
- injuries on parts of the body where accidental injury is unlikely, such as the cheeks, chest or thighs;
- bruising which reflects hand or finger marks;
- cigarette burns, human bite marks;
- broken bones (particularly in children under the age of two);
- scalds,
- fear of going home;
- reluctance to have their parents contacted.



## Appendix 3 Specific Safeguarding Issues

### Grooming and Child Sexual Exploitation (CSE)

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

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

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

Signs to look out for:

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

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

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

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

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

### Child Criminal Exploitation (CCE), Gangs and County Lines

Criminal exploitation is child abuse where children and young people are manipulated and coerced into committing crimes. It is not illegal for a young person to be in a gang – there are different types of 'gang' and not every 'gang' is criminal or dangerous. However, gang membership can be linked to illegal activity, particularly organised criminal gangs involved in trafficking, drug dealing and violent crime.

County Lines is the police term for urban gangs exploiting young people into moving drugs from a hub, normally a large city, into other markets - suburban areas and market and coastal towns - using dedicated mobile phone lines or "deal lines". Children as young as 12 years old have been exploited into carrying drugs for gangs. This can involve children being trafficked away from their home area, staying in accommodation and selling and manufacturing drugs.

Signs to look out for:

- Frequently absent from and doing badly in school.
- Going missing from home, staying out late and travelling for unexplained reasons.
- In a relationship or hanging out with someone older than them.
- Being angry, aggressive or violent.
- Being isolated or withdrawn.
- Having unexplained money and buying new things.
- Wearing clothes or accessories in gang colours or getting tattoos.
- Using new slang words.
- Spending more time on social media and being secretive about time online.
- Making more calls or sending more texts, possibly on a new phone or phones.
- Self-harming and feeling emotionally unwell.
- Taking drugs and abusing alcohol.
- Committing petty crimes like shop lifting or vandalism.
- Unexplained injuries and refusing to seek medical help.
- Carrying weapons or having a dangerous breed of dog.

### Modern Slavery

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

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

### "Honour based" Abuse

So-called 'honour-based' abuse 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 “honour based” abuse 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 this abuse, or already having experienced this abuse.

### Female Genital Mutilation (FGM)

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

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

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

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

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

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

There can also be clearer signs when FGM is imminent:

- A professional may hear reference to FGM in conversation, for example a girl may tell other children about it
- Talking about having a 'special procedure' or to attend a special occasion to 'become' a woman.
- Parents state that they or a relative will take the child out of the country for a prolonged period
- Talking about a long holiday to her country of origin or another country where the practice is prevalent
- Parents seeking to withdraw their children from learning about FGM
- A relative or someone known as a 'cutter' visiting from abroad.
- A special occasion or ceremony takes place where a girl 'becomes a woman' or is 'prepared for marriage'.
- Unexpected or long absence from the service.
- Running away – or plans to run away - from home.

Indications that FGM may have already taken place include pain, discomfort, urinary issues, and prolonged or repeated absences from activities.

FGM is included in the definition of “‘honour-based’ abuse (HBA)”, which involves crimes that have been committed to defend the honour of the family and/or community.

### Mental Health

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

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

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

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

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

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

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

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

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

Services can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.

### Self-Harming Behaviour

Signs to look out for:

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

### Domestic Abuse

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

Domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. It can seriously harm children and young people and witnessing domestic abuse is child abuse. It is important to remember domestic abuse can happen inside and outside the home, can happen over the phone, on the internet and on social networking sites, can happen in any relationship and can continue even after the relationship has ended, and both men and women can be abused or abusers.

The service will recognise the impact of domestic abuse on children, as victims in their own right, if they see, hear or experience the effects of domestic abuse. All staff will

be aware of the signs of domestic abuse and follow the appropriate safeguarding procedures where concerns arise.

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

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

### Child on Child Abuse

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

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

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

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

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

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

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

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

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

### Bullying

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

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

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

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

### Harmful Sexual Behaviour (HSB)

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

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

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

It is normal for children to show signs of sexual behaviour at each stage in their development. Children also develop at different rates and some may be slightly more

or less advanced than other children in their age group. Behaviours which might be concerning depend on the child's age and the situation.

### Sexual Violence and Sexual Harassment Between Children

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

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

Services should consider the following:

- it is more likely that girls will be the victims of sexual violence and more likely that sexual harassment will be perpetrated by boys
- making clear that sexual violence and sexual harassment is not acceptable, will never be tolerated and is not an inevitable part of growing up;
- not tolerating or dismissing sexual violence or sexual harassment as "banter", "part of growing up", "just having a laugh" or "boys being boys"; and
- challenging behaviours (which are potentially criminal in nature), such as grabbing bottoms, breasts and genitalia. Dismissing or tolerating such behaviours risks normalising them

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

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

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

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

### Youth Produced Sexual Imagery or "Sexting"

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



Youth Produced Imagery is the exchange of self-generated sexually explicit images, nude or semi-nude images, videos or live streams online by young people under the age of 18. This could be through mobile picture messages, gaming platforms, chat apps or webcams over the internet.

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

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

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

The types of incidents which this covers are:

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

This does not cover:

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

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

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

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

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

Staff will be aware that creating, possessing, and distributing indecent imagery of children is a criminal offence, regardless of whether the imagery is created, possessed,

and distributed by the individual depicted; however, staff will seek to ensure that children are not unnecessarily criminalised.

### Radicalisation and the Prevent Duty

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

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

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

Extremism is 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

Under section 26 of the Counter-Terrorism and Security Act 2015, there is a duty to have “due regard to the need to prevent people from being drawn into terrorism”, known as “**the Prevent duty**”.

In England, Wales, and Scotland all organisations that work with children and young people have a responsibility to protect children from harm. This includes becoming radicalised and/or being exposed to extreme views.

Whilst this legislation and Prevent Duty do not apply in Northern Ireland, as an organisation any concern about a child linked with radicalisation, extremism, or terrorism will be reported to the Police and/or Health and Social Care Trust as appropriate.

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

Any concerns over radicalisation will be discussed with the child's parents, unless the service has reason to believe that the child would be placed at risk as a result.

Staff will undertake Prevent awareness training to ensure they are aware of the risk indicators and their duties regarding preventing radicalisation.

Risk factors to radicalisation include 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 does not mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

### Homelessness

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

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

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

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