



Safeguarding and protection of Children and Adults Policy

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Ratified by the Board of Trustees:

Signed by Chief Executive Officer: Phil Cook

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Safeguarding and Child Protection Policy

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INTRODUCTION

This document is Resources for Autism's Safeguarding and Protection of Children and Adults Policy. All members of the organisation will follow and adhere to this document including those in positions of leadership within the organisation.

Resources for Autism provides a range of practical support and services for autistic children, young people, adults and those who love and care for them.

We recognise from research that autistic children and adults are at a higher risk of abuse and that disabled young people are the most at risk. The purpose of this policy is to make sure that the actions of any adult in the context of the work carried out by the organisation are transparent and promote the safety and welfare of all children, young people and adults.

SECTION 1: SAFEGUARDING CHILDREN AND YOUNG PEOPLE

This document is written in accordance with 'Working Together to Safeguard Children' produced by the Department of Education 2018

There is a difference between Child Protection and Safeguarding. The statement below is from the 2023 version of Working Together to Safeguard Children:

'Child protection is part of safeguarding and promoting the welfare of children and is defined... as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including online.'

Principles upon which the Safeguarding Policy is based on:

- *The welfare of a child or young person will always be paramount*
- *The welfare of families will be promoted*
- *The rights, wishes and feelings of children, young people and their families will be respected and listened to*
- *Those people in positions of responsibility within the organisation will work in accordance with the interests of children and young people and follow the policy outlined below.*
- *Those people in positions of responsibility within the organisation will ensure that the same opportunities are available to everyone and that all differences between individuals will be treated with respect*
- *That **EVERYONE** is responsible for keeping our children safe and happy*

In addition to local and national safeguarding legislation and guidance, we refer to specific safeguarding guidance provided by the National Autistic Society:

<https://www.autism.org.uk/shop/products/books-and-resources/safeguarding-young-people>

<p>1.0 Safeguarding and promoting the welfare of children is defined as:</p>	<p>Resources for Autism is committed to safeguarding and promoting the welfare of all its service users. We believe that:</p>
<p>Protecting children from maltreatment;</p> <p>Preventing impairment of children's health or development;</p> <p>Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and</p> <p>Taking action to enable all children to have the best outcomes.</p> <p>Children include everyone under the age of 18 years</p>	<p>Our children have the right to rest and leisure, to engage in play and recreational activities appropriate to their age ability. Also to participate freely in cultural life and the arts. (Article 31 UNCRC)</p> <p>Our children have the right to be protected from harm, abuse and neglect</p> <p>Our children need support that matches their individual needs, including those who may have experienced abuse</p> <p>Our children have the right to express their views, feelings and wishes and voice their own values and beliefs</p> <p>Our children will be encouraged to respect each other's values and support each other</p> <p>Our children have the right to be supported to meet their emotional and social needs as well as their development needs</p> <p>Resources for Autism will contribute to the prevention of abuse, victimisation, bullying (including homophobic, biphobic and transphobic), cyberbullying and exploitation, extreme behaviours, discriminatory views and risk-taking behaviours</p> <p>All staff and visitors also have an important role to play in safeguarding our children and protecting them from abuse.</p>
<p>Resources for Autism will fulfil their local and national responsibilities as laid out in the following documents:</p>	<p>Resources for Autism's Senior Management Team: Safeguarding Leads:</p>
<p><i>The most recent version of Working Together to Safeguard Children 2023 (DfE)</i> https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p> <p><i>London Child Protection Procedures</i> https://www.londoncp.co.uk/chapters/A_contents.html</p>	<p>Designated Safeguarding Lead (London) Amanda Dunkerley Tel 07458307089</p> <p>Kae McCarthy Deputy Safeguarding Lead (London) Kae@resourcesforautism.org.uk 0208 4583259</p>

<p>London Threshold Document – Continuum of Help and Support https://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf</p> <p>West Midlands Safeguarding Children Procedures https://westmidlands.procedures.org.uk/</p> <p>Threshold Criteria: Birmingham Right Help Right Time Version 5 http://www.lscpbirmingham.org.uk/delivering-effective-support</p> <p><i>General Data Protection Legislation (2018)</i> https://www.gov.uk/data-protection</p> <p><i>Mental Health of Children and Young People in England</i> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf</p>	<p>Designated Safeguarding Lead (West Midlands) Kelly Reed 07458305535</p> <p>Deputy Designated Safeguarding Lead (West Midlands) Sidd Sampla Tel 07458302882</p> <p>Safer Recruitment Lead Officer Dean Owens Cooper Tel 020 8458 3259</p> <p>Data Protection (GDPR) Lead Officer Nich Fant Tel 020 8458 3259</p> <p>Behaviour Support Managers Davina Feder and Amanda Dunkerley Tel 020 8458 3259</p> <p>Chief Executive Officer Phil Cook Tel 07733390980</p>
<p>2.0 OVERALL AIMS</p>	<p>Resources for Autism will:</p>
<p>This policy will contribute to the protection and safeguarding of our service users and promote their welfare by:</p> <p>Contributing to the establishment of a safe, resilient and robust ethos across our services, built on mutual respect and shared values</p> <p>Encouraging children and families to participate</p> <p>Alerting staff to the signs and indicators that all may not be well</p> <p>Developing staff awareness of the causes of abuse</p> <p>Developing staff awareness of the risks and vulnerabilities their service users face</p> <p>Addressing concerns at the earliest possible stage</p> <p>Reducing the potential risks service users' might face of being exposed to violence, extremism, exploitation, discrimination or victimisation</p>	<p>Identify and protect our vulnerable children</p> <p>Identify individual needs as early as possible</p> <p>Design plans to address those needs</p> <p>Work in partnership with children, parents/carers and other agencies</p> <p>The Senior Management Team will ensure that any co- partner agency will reflect the values, philosophy and standards of our charity</p> <p>Resources for Autism will ensure appropriate risk assessments are completed and ongoing monitoring is undertaken via it 'Safeguarding Tracker' system</p>

3.0 GUIDING PRINCIPLES	Resources for Autism will:
<p>These are the 7 guiding principles of safeguarding by local authorities</p> <ul style="list-style-type: none"> • Have conversations and listen to children and their families as early as possible • Understand the child has lived experience • Work collaboratively to improve children's life experience • Be open, honest and transparent with families in our approach • Empower families by working with them. • Work in a way that builds on the families' strengths. • Build resilience in families to overcome difficulties. 	<p>Ensure that staff and volunteers will be aware of the guidance issued by their relevant Local Authority Safeguarding Children Partnerships</p> <p>Ensure that staff will be enabled to listen and understand the lived experience of children and young people by facilitating solution focused conversations appropriate to the child/young person's preferred communication style.</p> <p>This is especially important as Resources for Autism provide specialist support to children who have a diagnosis of autism and may also experience additional learning difficulties.</p>
4.0 EXPECTATIONS	Resources for Autism will:
<p>All relevant staff and volunteers will:</p> <p>Be familiar with this Safeguarding And Child Protection Policy</p> <p>Understand their role in relation to safeguarding</p> <p>Be alert to signs and indicators of possible abuse (see section 2)</p> <p>Record concerns and provide an accurate record to the regional DSL or deputy DSL</p> <p>Deal with a disclosure of abuse from a child, in line with the child protection referral process (see section 3)</p> <p>Be involved, where appropriate, in the implementation of individual service-focused interventions, Early Help assessments and Child In Need Plans and inter-agency Child Protection Plans</p>	<p>Ensure staff and volunteers receive annual safeguarding training and update briefings as appropriate</p> <p>Ensure appropriate staff will undertake more specialist safeguarding training as agreed by the Senior Management Team</p> <p>Follow Safer Recruitment processes and checks for all staff and volunteers</p> <p>Safer Recruitment Lead Officer Dean Owens Cooper Tel 020 8458 3259</p>
5.0 THE DESIGNATED SAFEGUARDING LEADS (DSL's)	The Resources for Autism DSL Team are:

<p>The DSL's are members of the Management Team in each of our regions (London and the West Midlands)</p> <p>The activities of the DSL's can be delegated to appropriately trained deputies; however, the responsibility for coordination of safeguarding and child protection remains with the DSL's. This responsibility should not be delegated</p> <p>The Chief Executive Officer will maintain overarching responsibility for safeguarding matters and should ensure that the DSL's roles are explicit in the role-holder's job description and appropriate time is made available to the DSL's and their deputies to allow them to undertake their duties</p> <p>Service Managers, Group Leaders and Line Managers, Staff and Volunteers will be appropriately trained to recognise and report safeguarding and matters across the organisation</p>	<p>Designated Safeguarding Lead London Amanda Dunkerley Tel 07458307089</p> <p>Kae McCarthy Deputy Safeguarding Lead (London) Kae@resourcesforautism.org.uk 0208 4583259</p> <p>Designated Safeguarding Lead West Midlands Kelly Reed 07458305535</p> <p>Deputy Designated Safeguarding Lead West Midlands Sidd Sampla Tel 07458302882</p> <p>This means that within Resources for Autism staff and volunteers will:</p> <p>Ensure any steps taken to support a child/ young person who has a safeguarding vulnerability must be reported to the lead DSL</p> <p>Staff and volunteers will be informed of relevant details only when the DSL feels their having knowledge of a situation will improve their ability to support an individual child and/or family</p> <p>Safeguarding and Child Protection information will be dealt with in a confidential manner</p> <p>All safeguarding concerns must be recorded on the RFA Concern Sheet</p> <p>Safeguarding records will be stored securely in the DSL folder' and noted on the Safeguarding Tracker. This file will only be accessible to the DSL team and CEO</p> <p>Individual files will be kept for each service users</p> <p>The files will be kept for at least the period the service user accesses support from RfA and beyond that in line with current data legislation (GDPR) guidance</p> <p>We will not disclose to a parent any information held on a service user if this would put them at risk of significant harm</p>
<p>6.0 LEGAL FRAMEWORK</p>	<p>Resources for Autism will:</p>
<p>RfA adheres to the following key legislative frameworks in regards to both its values and</p>	

<p>practices in safeguarding children and young people:</p> <p><i>Primary legislation</i> Children Act (1989 s47) Protection of Children Act (1999) Data Protection Act (2018) The Children Act (Every Child Matters) (2004) Safeguarding Vulnerable Groups Act (2006) <i>Secondary legislation</i> Sexual Offences Act (2003) Criminal Justice and Court Services Act (2000) Human Rights Act (1998) Race Relations (Amendment) Act (2000) Race Relations (Amendment) Act (1976) Regulations Equalities Act (2010) Further Guidance Working Together to Safeguard Children (revised 2023) What to do if you're worried a Child is Being Abused (HMG 2015) Framework for the Assessment of Children in Need and their Families (DoH 2000) The Common Assessment Framework (2006) Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HMG 2007) Information Sharing: Practitioners' Guide (HMG 2023) Munro review of Child protection Protection of freedoms act (2012)</p>	<p>Ensure that managers and staff will keep abreast of the legal framework in which it operates</p> <p>Encourage staff and volunteers who have any questions, suggestions or concerns about this policy and how it is being implemented, to talk to one of the Management Team and senior leadership team. They will in turn, act on the matter as appropriate, keeping everyone concerned informed</p> <p>Alternatively, any matters can be raised in writing to the CEO or the Chair of the Board of Trustees</p> <p>Key policy and practice documents are held at every RfA venue and centrally in London and the Birmingham office</p> <p>Ensure all staff and volunteers read key policies and practice documents during their induction and training and any changes are notified to all for updating</p>
<p>6.1 Contextual Safeguarding</p>	<p>Resources for Autism will:</p>
<p>Contextual safeguarding is about the impact of the public/social context on young people's lives, and consequently their safety. It seeks to identify and respond to harm and abuse posed to young people outside their home, either from adults or other young people. As an approach it looks at how interventions can change the processes and environments, to make them safer for all young people, as opposed to focussing on an individual.</p>	<p>DSLs will consider contextual safeguarding and give due regard to the effectiveness of RFA's safeguarding system within the wider system. This will be evidenced in:</p> <ul style="list-style-type: none"> • Informal and formal assessments of need/ risk for the child • Case discussions in DSL supervision sessions
<p>6. 2 Mental Health</p>	<p>Resources for Autism will:</p>
<p>Resources for Autism recognises 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.</p>	<p>All staff will be alert to signs of mental ill-health and 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</p>

	<p>All staff will take immediate action and speak to a DSL if they have a mental health concern about a child that is also a safeguarding concern. We all take seriously our organisational and professional role in supporting and promoting mental health and wellbeing of young people through:</p> <p>Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of children and young people, and equipping individuals to be resilient so that they can manage the normal stress of life effectively;</p> <p>Identification: recognising emerging issues as early and accurately as possible;</p> <p>Early support: helping children to access evidence based early support and interventions; and</p> <p>Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.</p>
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SECTION 2: DEFINITIONS AND INDICATORS OF ABUSE

7.0 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. The following may be indicators of physical abuse. (***this is not designed to be used as a checklist***):

- Multiple bruises in clusters, or of uniform shape
- Bruises that carry an imprint, such as a hand or a belt
- Bite marks
- Round burn marks
- Multiple burn marks and burns on unusual areas of the body such as the back, shoulders or buttocks
- An injury that is not consistent with the account given
- Changing or different accounts of how an injury occurred
- Bald patches
- Symptoms of drug or alcohol intoxication or poisoning
- Unaccountable covering of limbs, even in hot weather
- Fear of going home or parents being contacted
- Fear of medical help
- Fear of changing for PE
- Inexplicable fear of adults or over-compliance
- Violence or aggression towards others including bullying

- Isolation from peers

7.1 Emotional abuse

Emotional abuse is the persistent emotional maltreatment of a child/young person such as to cause severe and persistent adverse effects on the child/young person's emotional development. It may involve conveying to young people 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/young person 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 the child/young person's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child/young person participating in normal social interaction. It may also involve seeing or hearing the ill-treatment of another person. It may involve serious bullying (including cyber bullying), causing young people to frequently feel frightened or in danger, or the exploitation or corruption of young people. Some level of emotional abuse is involved in all types of maltreatment. The following may be indicators of emotional abuse. ***(This is not designed to be used as a checklist):***

- The child consistently describes him/herself in very negative ways – as stupid, naughty, hopeless, ugly
- Over-reaction to mistakes
- Delayed physical, mental or emotional development
- Sudden speech or sensory disorders
- Inappropriate emotional responses, fantasies
- Neurotic behaviour: rocking, banging head, regression, tics and twitches
- Self-harming, drug or solvent abuse
- Fear of parents being contacted
- Running away
- Compulsive stealing
- Appetite disorders - anorexia nervosa, bulimia; or
- Soiling, smearing faeces, enuresis.
- N.B: Some situations where children stop communicating suddenly (known as “traumatic mutism”) can indicate maltreatment.

7.2 Sexual abuse

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. The activities may involve physical contact, including assault by rape and/or penetration 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 pornographic material, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children. The following may be indicators of sexual abuse. ***(This is not designed to be used as a checklist):***

- Sexually explicit play or behaviour or age-inappropriate knowledge
- Anal or vaginal discharge, soreness or scratching
- Reluctance to go home
- Inability to concentrate, tiredness

- Refusal to communicate
- Thrush, persistent complaints of stomach disorders or pains
- Eating disorders, for example anorexia nervosa and bulimia
- Attention seeking behaviour, self-mutilation, substance abuse
- Aggressive behaviour including sexual harassment or molestation
- Unusual compliance
- Regressive behaviour, enuresis, soiling
- Frequent or openly masturbating, touching others inappropriately.
- Depression, withdrawal, isolation from peer group
- Reluctance to undress for PE or swimming
- Bruises or scratches in the genital area

7.3 Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) including County Lines

Both Child Sexual Exploitation (CSE) and Child Criminal Exploitation (CCE) are forms of abuse and both occur where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual or criminal activity. This can happen to children and young people from any background or community. This power imbalance can also be due to a range of factors including age, gender, sexual identity, cognitive ability, physical strength, status and access to economic or other resources.

In some cases, the abuse will be in exchange for something the child needs or wants and/or will be to the financial benefit or other advantages (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals, groups, males or females and children or adults. Abuse can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse. It can involve enforcement or enticement-based methods of compliance and may, or may not be accompanied by violence or threats of violence. Children can be exploited even when the activity appears consensual.

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 grooming and exploiting children and young people to carry drugs, weapons and money for them. Key to identifying potential involvement may be 'missing episodes' when the child may have been trafficked for the purpose of transporting drugs, weapons or money.

7.4 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. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers)
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. The following may be indicators of neglect. ***(This is not designed to be used as a checklist):***

- Constant hunger
- Stealing, scavenging and/or hoarding food

- Frequent tiredness or listlessness
- Frequently dirty or unkempt
- Often poorly or inappropriately clad for the weather
- Poor school attendance or often late for school
- Poor concentration
- Affection or attention seeking behaviour
- Illnesses or injuries that are left untreated
- Failure to achieve developmental milestones, for example growth, weight
- Failure to develop intellectually or socially
- Responsibility for activity that is not age appropriate such as cooking, ironing, caring for siblings
- The child is regularly not collected or received from their setting
- The child is left at home alone or with inappropriate carers

7.5 Domestic abuse

The cross-government definition of domestic violence and abuse 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 and emotional.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

If staff or volunteers identify service users for whom Domestic Abuse may be a concern, we have a duty to refer our concerns to the local Children Social Care* Multi Agency Safeguarding Hub (MASH) without exception. They must report their concerns with their line manager and regional DSL (via an RfA Concern Sheet) who will refer cases where relevant to Children's Social Care*.

The concerns must be noted on the child's chronology and child protection record (located on RfA Safeguarding Tracker) to ensure that appropriate support can be provided where necessary.

7.6 Peer to Peer abuse

It needs to be remembered that children and young people can themselves be abusers. Children and young people with autism are particularly vulnerable to abuse from peers due to their desire to have and keep friends, without the ability to understand the limits of what friendship entails. If there is any reason to suspect that a child or young person has been the victim of abuse by other children, whether that is sexual, sexting, initiation/hazing, exploitative (taking money or encouraging criminal behaviour) or sexual violence or harassment then this must be reported to the local authority Children's Social Care* team or directly to the police.

Equally our youngsters can become abusers themselves usually due to not understanding social rules and who you can or cannot have appropriate sexual relationships with. They may also be violent towards siblings or other children and this must be taken seriously. Autism is never an excuse for abuse and however sympathetic we may be towards the child or young person if there is any evidence that a child or young person is engaged in inappropriate sexual activity with another child or is behaving violently against another child this should be discussed with the local authority Children's Social Care* (Multi-Agency Safeguarding Hub MASH team) as a matter of urgency.

It should be recognised that there is a gendered nature of peer on peer abuse but, all forms of this behaviour are unacceptable and will be taken seriously. Schools and social clubs should recognise the impact of sexual violence and the fact young people can, and sometimes do, abuse their peers in this way. When referring to sexual violence this policy is referring to sexual offences under the Sexual Offences Act 2003 as described below:

- Rape: A person (A) commits an offence of rape if: there is intentional penetration of the vagina, anus or mouth of another person (B) with his 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: s/he intentionally penetrates the vagina, anus or mouth of another person (B) with a part of her/his 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: s/he intentionally touches another person (B), the touching is sexual, (B) does not consent to the touching and (A) does not reasonably believe that (B) consents.

RfA will not tolerate instances of peer on peer abuse and will not pass it off as “banter”, “just having a laugh” or “part of growing up”. We will follow both national and local guidance and policies to support any service user subject to peer on peer abuse, including sexting (also known as youth produced sexual imagery) and gang violence.

7.7 Bullying - RfA Anti- Bullying policy

What is bullying? - Bullying is behaviour by an individual or group, usually repeated over time, that hurts another individual or group physically or emotionally. Bullying can be short term or take place over long periods.

Types of bullying

- Emotional - spreading hurtful rumours, socially excluding people, sometimes through silent bullying, from groups and activities to hurt and lower their self esteem
- Physical - kicking, hitting, pushing, fighting, taking or damaging belongings, stealing money with threats
- Racial - Racial taunts, graffiti, gestures
- Sexual - Unwanted physical contact or sexually abusive comments
- LGBT+ - Because of, or focusing on the issue of sexuality
- Gender – projected unconscious and conscious gender bias
- Verbal -name-calling, taunting, mocking, making offensive comments, gossiping, mimicking, spreading hurtful and untruthful rumours
- Cyber - sending inappropriate text messaging and email through websites; abuse via social networking sites, chat rooms and Instant Messenger; sending offensive or degrading images by phone or via the internet, and bullying via online gaming

Bullying can take place in the group setting, in the community or in cyberspace.

Staff and volunteers must remain vigilant about bullying and approach it in the same way as any other category of Child Abuse; that is, do not wait to be told before you raise concerns or deal directly with the matter. Some children may not be aware that they are being bullied.

Staff should be able to identify children who may be vulnerable and who could fall victim to bullying as well as those who may be likely to demonstrate bullying behaviour.

Why is it important to respond to bullying?

Bullying hurts. No one deserves to be on the receiving end of bullying. Bullying has the potential to damage a person and everybody has a right to be treated with respect. Children and young people who are bullying need to learn and be shown different ways of behaving.

Signs and symptoms of bullying

Children may indicate by signs or behaviour that they are being bullied. Adults should be aware of these possible signs and that they should investigate if a child:

- Is frightened to attend the group setting
- changes their usual routine
- becomes withdrawn, anxious or lacking in confidence
- self-harms
- cries themselves to sleep at night or has nightmares
- feels ill in the morning
- has possessions which are damaged or “go missing”
- asks for money or starts stealing money;
- has unexplained cuts or bruises
- becomes aggressive, disruptive or unreasonable
- is bullying other children or siblings
- stops eating
- is frightened to say what’s wrong
- is afraid of using digital technologies such as mobile phones, tablets, email
- changes their attitude to people at home
- gives improbable excuses for any of the above.

These signs and behaviours could indicate other problems, but bullying should be considered a possibility and investigated.

Procedure and approaches for dealing with bullying

All known / reported incidences of bullying will be investigated by the group leader or by a senior manager and reported the regional DSL via the RfA Concerns Sheets. Any child protection concerns highlighted will be reported to Children’s Social Care*

At RfA, we use a variety of methods to help children think about or recognise bullying and therefore ways to prevent bullying. These include:

- Group time sessions
- One to one engagement
- Prompting Anti-bullying Week participation
- Staff training

The ethos and working philosophy of RfA means that all staff and volunteers will actively encourage children to have respect for each other and for other people's property. Good, kind and polite behaviour is regularly acknowledged and rewarded.

Staff will regularly discuss bullying and this informs children that we are serious about dealing with bullying and leads to open conversations and increased confidence in children to want to discuss bullying.

Staff must be vigilant regarding groups of friends together and will reinforce positive expectations of behaviour as part of daily practice in-group. Children need to be supported in understanding that they can have other friends as well as special friends and that they must be respectful of everyone else's feelings.

7.8 Sexual Violence and Harassment

Sexual violence and harassment can occur between children of any age individually or in groups. Children who are victims of sexual violence and sexual harassment will likely find the experience stressful and distressing, and in all likelihood will adversely affect their educational attainment. Resources for Autism takes all victims seriously and they will be offered the appropriate support.

Predatory behaviour or a dismissive attitude towards sexual harassment may be prevalent online or feature in the children's lived experience of home, friendship groups or society at large, but it is not indicative of respect for other service users and therefore it is unacceptable at RfA.

An example of such harassment is 'Upskirting', which 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. Anyone of any gender can be a victim and it is a criminal offence under the Voyeurism (Offences) Act 2019.

Our culture of safeguarding ensures that the message that abusive behaviours are unacceptable is explicit through our organisation, work environment and staff modelling appropriate language and respectful relationships. We do not accept that it is 'just part of growing up' or a joke. RfA manages such incidents in the same way by considering the need to undertake an immediate risk and needs assessment and as with any other child protection concern we will follow the same procedures. Service users initiating such abuse or sexualised behaviour will be subject to a **risk assessment** which will inform a safety plan for everyone involved, including themselves. Staff and service user ratios should allow such actions to be spotted quickly and dealt with immediately.

7.9 Deprivation of Liberty (Dols)

The Deprivation of Liberty (Dols) Safeguards only apply to people who are 18 and over however children and young people do have rights under [article 5 of the European Convention on Human Rights](#) not to be deprived of their liberty without legal authorisation. It is against Resources for Autism's policy to seclude or isolate by placing a child or young person in a 'time out' area against their wishes. If unreasonable force is used in the process

of a Physical Restrictive Intervention, it could result in a criminal of assault. Please refer to RfA's Behaviour Support Policy for further information.

SECTION 3: PROCEDURES FOR REPORTING CONCERNS

8.0 Immediate action to ensure safety

Immediate action may be necessary at any stage in involvement with children and families.

IN ALL CASES, IT IS VITAL TO TAKE WHATEVER ACTION IS NEEDED TO SAFEGUARD THE CHILD/REN:

If emergency medical attention is required, this can be secured by calling an ambulance (dial 999) or taking a child to the nearest Accident and Emergency Department.

If a child is in immediate danger, the police should be contacted (**dial 999**) as they alone have the power to remove a child immediately if protection is necessary.

The organisation must know how to recognise and act upon indicators of abuse or potential abuse involving children. There is an expected responsibility for all members of the organisation to respond to any suspected or actual abuse of a child in accordance with these procedures.

8.1 What to do if a child talks to you about abuse

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present. In these situations, you must:

- Stay calm
- Do not communicate shock, anger or embarrassment
- Reassure the child.
- Tell her/him/ them you are pleased that s/he/they is/are speaking to you
- Never enter into a pact of secrecy with the child.
- Assure her/him/them that you will try to help but let the child know that you will have to tell other people in order to do this
- State who this will be and why
- Tell her/him/them that you believe them
- Children very rarely lie about abuse; but s/he/they may have tried to tell others and not been heard or believed
- Tell the child that it is not her/his/their fault
- Encourage the child to talk but do not ask "leading questions" or press for information
- Listen and remember
- Check that you have understood correctly, what the child is trying to tell you
- Praise the child for telling you. Communicate that s/he/they has/have a right to be safe and protected
- Do not tell the child that what s/he/they experienced is dirty, naughty or bad
- It is inappropriate to make any comments about the alleged offender
- Be aware that the child may retract what s/he/they has/have told you
- It is essential to record in writing, all you have heard, though not necessarily at the time of disclosure
- At the end of the conversation, tell the child again who you are going to tell and why that person or those people need to know

- As soon as you can afterwards, make a detailed record of the conversation using the child's own language
- Include any questions you may have asked
- Do not add any opinions or interpretations
- If the disclosure relates to a physical injury do not photograph the injury, but record in writing as much detail as possible
- NB - it is not staff's role to seek disclosures. Their role is to observe that something may be wrong, ask about it, listen, be available and try to make time to talk.

8.2 Keeping accurate records

- Make a record of the information you have been given on an RfA Concern Sheet (See **Appendix 1**)
- Take care to record the date, timing, setting and people present, the child's presentation as well as what was said.
- Do not ask leading questions such as who, where, when so that there is a clear and accurate understanding of what has been said.
- The law is very strict and child abuse cases have been dismissed where it is felt that the child has been led or words and ideas have been suggested during questioning. Only ask questions to clarify.
- Use the child's own words where possible.
- Explain that you cannot promise not to speak to others about the information they have shared.

8.3 Reassure the child

- You are glad they have told you
- They have not done anything wrong
- What you are going to do next
- Explain that you will need to get help to keep the child safe.
- Do NOT ask the child to repeat his/her/ their account of events to anyone.
- Report the incident as soon as possible to the Designated Safeguarding Lead (DSL)

8.4 Consulting about your concern

The purpose of consultation is to discuss your concerns in relation to a child and decide what action is necessary. You may become concerned about a child who has not spoken to you, because of your observations of, or information about that child.

It is good practice to ask a child why they are upset or how a cut or bruise was caused, or respond to a child wanting to talk to you. This practice can help clarify vague concerns and result in appropriate action. These are open questions and designed to gain information not to lead the child or young person.

Parents and carers should be made aware that: RfA have a duty of care to safeguard and promote the welfare of children and are committed to ensuring safeguarding practice reflect statutory responsibilities, government guidance and complies with the local authority Children's Social Care reporting criteria.

8.5 Immediate action after a disclosure

Staff and volunteers should not deal with safeguarding disclosers by themselves. Clear indications or disclosure of abuse must be reported to the local authority Children Social Care* team immediately by the Service Manager or DSL or in exceptional circumstances by the staff member who has raised the concern. Children making a disclosure may do so with

difficulty, having chosen carefully to whom they will speak. Listening to and supporting a child who has been abused can be traumatic for the adults involved. Support for you will be available from your regional DSL or Service Manager. If there are concerns about the immediate safety of the child, you must call the police (999)

8.6 The DSL's team contact numbers

Designated Safeguarding Lead London
Amanda Dunkerley Tel 07458307089

Kae McCarthy
Deputy Safeguarding Lead (London) Kae@resourcesforautism.org.uk
0208 4583259

Designated Safeguarding Lead West Midlands
Kelly Reed 07458305535

Deputy Designated Safeguarding Lead West
Sidd Sampla Tel 07458302882

If one of the above people is implicated in the concerns, you should discuss your concerns directly with your local Children's Social Care* services and also make your concerns known to RFA's Chief Executive Officer Phil Cook and the Chair of Trustees, Sir Nick Hine via the head office number 0208 458 3259, direct to Phil Cook on 07733390980 or via email: phil@resourcesforautism.org.uk

You should consult externally with your local Children's Social Care* service in the following circumstances:

- when you remain unsure after internal consultation as to whether child protection concerns exist
- when there is disagreement as to whether child protection concerns exist
- when you are unable to consult promptly or at all with your DSL
- where there is already an allocated social worker who may have more information.

Consultation is not the same as making a referral but should enable a decision to be made as to whether a referral to Children's Social Care* or the Police should progress.

All details will be confidential once shared and information must be shared on a '**need to know**' basis.

8.7 Making a referral

A referral involves giving Children's Social Care* or the Police information about concerns relating to an individual or family in order that enquiries can be undertaken by the appropriate agency followed by any necessary action.

In certain cases, the level of concern will lead straight to a referral without external consultation being necessary.

Parents/carers should be informed if a referral is being made except in the circumstances where the child could be placed at further risk. However, inability to inform parents for any reason should not prevent a referral being made. It would then become a joint decision with Children's Social Care* about how and when the parents should be approached and by whom.

If there is already a Social Worker allocated to the family, you must try to contact them to inform them of your concerns. If you cannot get hold of them, then go through the local Children's Social Care* service via the usual route and ensure you say that there is an allocated Social Worker.

Making a referral to Birmingham's Children Advice and Support Service (CASS) see link here: <https://www.lscpbirmingham.org.uk/safeguarding-concerns>

Making a referral to London Boroughs see link here: https://www.londonsafeguardingchildrenprocedures.co.uk/contents.html#core_pr

8.8 Referral information required

Be prepared to give as much of the following information as possible (in emergencies all of this information may not be available). Unavailability of some information should not stop you making a referral.

- Your name, telephone number, position in the organisation and request the same of the person to whom you are speaking
- Full name and address, telephone number of family, date of birth of child and siblings
- Gender, ethnicity, first language, any special needs and the residents national health numbers
- Names, dates of birth and relationship of household members and any significant others.
- The names of professionals' known to be involved with the child/family e.g. GP, Health Visitor or School
- The nature of the concern
- An opinion on whether the child may need urgent action to make them safe
- Your view of what appears to be the needs of the child and family
- Whether the consent of a parent with parental responsibility has been given to the referral being made
- Information relating to the local authority '**Safeguarding Threshold Framework**'*

8.9 Action to be taken following the referral

- The regional DSL will discuss the concern with the local Children's Social Care* service, where a Referral Form is required. This will be completed and submitted ASAP.
- Where unmet needs have been identified for a child against the local authority 'Thresholds for Referrals Criteria'* and there is no evidence of a significant risk, the DSL will oversee the delivery of an appropriate Early Help response. The child/young person's voice must remain paramount within a solution focused practice framework.
- Should it be felt that a Early Help Assessment or Social Care response is needed to meet the unmet safeguarding need; the DSL will initiate a referral form, seeking advice from Children's Social Care* Children's as required. The DSL will then oversee the agreed intervention from RfA as part of the multiagency safeguarding response and ongoing RfA focused support.
- RfA will adhere to the local authority 'Threshold for Referrals Criteria'*. All staff will notice and listen to children and young people, sharing their concerns with the DSL in writing or via the RfA Concerns Sheet and the safeguarding leads will assess, plan, do and review plans as necessary.
- The Senior Management Team will analyse safeguarding data (on the Safeguarding Tracker) and practice to inform strategic planning and staff Continuous Professional Development.

- The DSL will generally lead on liaising with other agencies and setting up the Child in Need Plan. This multi-agency plan will then be reviewed regularly and progress updated towards the goals until the unmet safeguarding needs have been addressed.

8.10 Referral confidentially

RfA will ensure that any records made in relation to a child protection referral are kept securely and P Server Share Drive. These files will only be accessible to the regional DSL team and the CEO.

Information in relation to child protection concerns will be shared on a “need to know” basis. However, the sharing of information is vital to child protection and, therefore, the issue of confidentiality is secondary to a child’s need for protection.

It is good practice to be as open and honest as possible with parents/carers about any concerns.

However, you must not discuss your concerns with parents/carers in the following circumstances:

- Where sexual abuse is suspected
- Where organised or multiple abuse is suspected
- Where fabricated or induced illness (formally known as Munchausen Syndrome by proxy) is suspected
- Where contacting parents/carers would place a child, yourself or others at immediate risk.

If in doubt, consult.

RfA works within local Safeguarding Children Board guidelines. If a referral is to be made to the MASH, we act within the Local Safeguarding Children Board Child Protection guidance in deciding whether we must inform the child's parents at the same time.

Under 18's - anyone working or volunteering within our setting who is under the age of 18 years is offered the protection of our settings policy and procedures.

8.11 Concerns around a person in a Position of Trust (POT)

When a member of staff has concerns about a person in a position of trust, they should follow RfA’s Allegations against staff policy.

The member of staff or volunteer will be informed that an allegation has been made but at this point, they will not be told what the allegation is about.

The member of staff will be removed from any direct contact with children. The CEO will make an immediate decision about whether any individual accused of abuse should be temporarily suspended without prejudice pending further Police, Position of Trust Team and Children’s Social Care* inquiries.

If the parent of the child is not already aware of the concern we will immediately inform them (trying to ensure the confidentiality of all parties concerned).

8,12 Referral to the Local Authority Designated Officer (LADO)

Please also refer to RfA’s Operational Guidelines for Managing Allegations against Employees working with Children and Young People.

Section 11 of the Children Act (2004) places a statutory duty on agencies to safeguard children and promote their welfare. The senior Designated Safeguarding Lead (DSL) person for safeguarding in each agency is responsible for ensuring that all staff employed within their organisation is made aware of their responsibility to report any allegation or possible concern of a child protection nature. Failure to report may (a) put a child at risk of harm and (b) imply a breach of their contractual duty.

Whenever a child makes an allegation against an employee, the DSL within the employee's organisation should consult with the Local Authority Designated Officer (LADO).

It is critical at this point that no RfA employee investigates the allegation as this could compromise evidence at a later stage when police may become involved. The DSL should gather basic information available at this stage to discuss with the LADO (e.g. the nature of the allegation, date, time, location, witnesses or injury). It is important not to discuss the allegation with the member of staff until after the LADO has been consulted. This is critical in cases that involve evidence on mobile phones/I.T equipment or when there is potential for the intimidation of witnesses or interference with records.

This procedure must be used in any case, in which it is alleged that a member of staff, Board member, visiting professional or volunteer has:

- 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 in a way that indicates s/he/they is/are unsuitable to work with children.

Although it is an uncomfortable thought, it needs to be acknowledged that there is the potential for staff or volunteers in RfA to abuse children.

All staff working within our organisation must report any potential safeguarding concerns about an individual's behaviour towards children and young people immediately.

Allegations or concerns about staff, colleagues and visitors must be reported directly to the CEO who will liaise with the Children's Social Care* Designated Officer (LADO) Team who will decide on any action required.

If the concern relates to the CEO, it must be reported immediately to the RfA Chair of the Board of Trustees, who will liaise with the relevant Local Authority Designated Officer and they will decide on any action required.

If the safeguarding concern relates to the proprietor (manager) of the setting then the concern must be made directly to the relevant Designated Officer (LADO) Team who will decide on any action required.

RfA will co-operate at all times with any independent investigation and will take on board any advice given in relation to the allegation. If the allegation is founded, we will undertake our own organisations disciplinary process. As with all child protection issues the welfare of the child remains of paramount importance throughout.

8.13 Confidentiality relating a referral to the LADO

Every effort will be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need to know basis only. This includes the following people:

- The child

- The parents/carer of the child
- Other staff and volunteers
- The person making the allegation
- Service Managers
- Directors
- The alleged abuser (and parents/carer if the alleged abuser is a child)
- Children's Social Care* and/or the Police should be given access to all information related to a referral.

All information will be stored securely in the DSL folder with access limited to designated people, in line with RfA's GDPR policy and data protection laws.

The RfA Information Sharing Policy must be followed at all times.

8.14 Allegations about a member of staff, board member or volunteer

Inappropriate behaviour by staff/volunteers could take the following forms:

- Physical - For example, the intentional use of force as a punishment, slapping, use of objects to hit with, throwing objects, or rough physical handling
- Emotional - For example, intimidation, belittling, scapegoating, sarcasm, lack of respect for children's rights, and attitudes that discriminate on the grounds of race, gender, disability or sexuality
- Sexual - For example, sexualised behaviour towards a child, sexual harassment, inappropriate phone calls and texts, images via social media, sexual assault and rape
- Neglect - For example failing to act to protect children, failing to seek medical attention or failure to carry out an appropriate risk assessment.

If a child makes an allegation about a member of staff, board member, visitor or volunteer the CEO must be informed immediately. The CEO must carry out an urgent initial investigation to establish whether there is substance to the allegation. The CEO should not carry out the investigation him/herself/themselves or interview children. The CEO should exercise and be accountable for their professional judgement on the action to be taken as follows:

- If the actions of the member of staff, and the consequences of the actions, raise credible child protection concerns, the CEO will notify the local Children's Social Care* Designated Officer (LADO).
- The LADO Team will liaise with the Chair of the Board of Trustees and advise about action to be taken. They may initiate internal referrals within the local authority to address the needs of children likely to have been affected.
- If the actions of the staff and the consequences of the actions do not raise credible child protection concerns, but do raise other issues in relation to the conduct of the member of staff or the child. These should be addressed through RfA's own internal procedures.
- If the CEO decides that the allegation is without foundation and no further formal action is necessary, all those involved should be informed of this conclusion, and the reasons for the decision should be recorded on the child's safeguarding file. The allegation should be removed from personnel records.
- Where an allegation has been made against the CEO, then the Chair of the Board of Trustees takes on the role of liaising with the LADO Team in determining the appropriate way forward. Where the allegation is against the sole proprietor, the referral should be made to the LADO Team directly. NB In some local authorities the LADO service is referred to as the Position of Trust Team (POT)

8.15 Supporting a child on a Child Protection Plan

When it is decided that a child is at risk of significant harm but is able to stay with their family an Initial Child Protection Conference will be organised by the local authority.

This brings together family members, the child where appropriate, and those professionals most involved with the child and family. Those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child and family or both.

When a child is to be the subject of a multi-agency child protection plan, the conference will make recommendations about the actions of agencies, professionals and family members. There is an expectation that all agencies and professionals will comply with these recommendations: if any agency or professional feels unable to do so, they must notify the conference chair of this, giving reasons and stating the alternative action to be taken.

If a child who attends RfA is on a Child Protection Plan, it is the responsibility of the Service Manager to ensure that the child is supported to continue to attend, that all relevant actions in the plan are responded to, staff are given the relevant information to support the child and meetings are prioritised and attended. Accurate records must be kept at all times.

8.16 Seven golden rules to sharing information

1. Remember that the Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, **is shared only with those individuals who need to have it**, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

SECTION 4: INTERRELATED POLICES & PROCEDURES

9.0 Whistle Blowing policy

RfA has a detailed whistle blowing policy, which will help staff and volunteers who have any concerns relating to any unlawful or abusive behaviour being carried out by someone in the organisation.

All concerns will be treated seriously, there is a clear pathway for staff, and volunteers to follow to ensure these concerns are investigated.

Please refer to RfA's Whistle Blowing procedure for further information.

9.1 Safer Recruitment and Selection

RfA is committed to safeguarding and promoting the welfare of users and expects all staff and volunteers to share this commitment. It is recognised that this can only be achieved through sound procedures, good inter-agency co-operation and the recruitment and retention of competent, motivated employees who are suited to, and fulfilled in the roles they undertake.

RfA recognises the value of, and seeks to achieve, a diverse workforce which includes people from different backgrounds, with different skills and abilities. We are committed to ensuring that the recruitment and selection of all who work within RfA is conducted in a manner that is systematic and effective and also promotes equality of opportunity. RfA will uphold its obligations under law to not discriminate against applicants for employment on the grounds of age, sex, sexual orientation, marital status, disability, race, colour, nationality, ethnic origin, religion or creed.

All posts that include any level of direct contact with service users will require an enhanced Disclosure and Barring check. RfA will use its discretion and may accept DBS checks that are less than a year old from other organisations. For those with older checks a new check will be undertaken.

RfA is committed to ensuring that people who have been convicted are treated fairly and given every opportunity to establish their suitability for positions. Having a criminal record will not necessarily be a bar to obtaining a position. This will depend on the background, nature and circumstances of the offence(s) and the CEO's decision in these circumstances is final.

Resources for Autism will implement robust recruitment procedures and checks for appointing staff and volunteers to ensure that reasonable steps are taken not to appoint a person who is unsuitable to work with children, or who is disqualified from working with children or vulnerable adults, or does not have the suitable skills and experience for the intended role.

The following pre-employment checks will be undertaken:

- Receipt of at least two satisfactory references
- Verification of the candidate's identity
- A satisfactory Disclosure and Barring check
- Verification of the candidate's medical fitness (if required)
- Verification of qualifications
- The production of evidence of the right to work in the UK

RfA will keep and maintain a single central record of recruitment and vetting checks.

If staff who are convicted or cautioned for any offence during their employment with RfA, they must notify the CEO in writing of the offence and penalty.

RfA will endeavour to ensure that any manager, and key staff, involved in recruitment processes and who sit on recruitment panels should undertake Safer Recruitment training.

9.2 Staff Training & Induction

In addition to pre-selection checks, the safeguarding process includes training after recruitment to help staff and volunteers to:

- Analyse their own practice against what is deemed good practice, and to ensure their practice will safeguard children and to protect them from false allegations.
- Recognise their responsibilities around recognising and reporting any concerns about suspected abuse.
- Respond to concerns expressed by a child.
- Work safely and effectively with children.
- Recognise and report concerns about poor practice in the setting.

9.3 Staff supervision and support

Staff support and supervision will be provided to the RfA DSL's within in each region, usually half-termly and may be extended to other members of staff as deemed appropriate by the charity.

All other staff and volunteers will receive formal supervision in line with RfA's Staff Supervision Policy.

9.4 Positive Behaviour Support

At Resources for Autism, we believe that children flourish best when they know how they are expected to behave and should be free to play and develop without fear of being hurt or unfairly treated by anyone else.

We aim to provide an environment in which there is acceptable behaviour and where children learn to respect themselves, others and their environment. More information is available in the **Positive Behaviour** section of the RfA Code of Practice.

- We require all staff and volunteers to provide a positive model of behaviour by treating children, parents and one another with friendliness, care and courtesy.
- We require all staff and volunteers to use positive strategies for handling conflict by helping children find solutions in ways which are appropriate for the children's age and ability i.e. distraction, praise and reward.
- We praise and endorse desirable behaviour such as kindness and willingness to share.
- We avoid creating situations in which children receive adult attention only in return for undesirable behaviour.
- We do not use techniques intended to single out and humiliate individual children.
- We never use physical punishment, such as smacking or shaking.
- We only use physical interventions, such as holding, to prevent physical injury to children or adults and/or serious damage to property. Refer to Resources for Autism Restrictive Physical Intervention Procedure for more information. Only staff with Team Teach Training may restrain a child except where there is immediate danger to the child.
- Details of such events are brought to the attention of the service manager and are recorded on our Incident Report Form. A parent is informed and signs the incident form to confirm that he/she/they has/have been informed and are happy with the action taken.
- We do not shout or raise our voices in a threatening way to respond to children's behaviour.

- We work in partnership with children's parents. Parents are informed about their child's behaviour by their key worker. We work with parents to address recurring unacceptable behaviour, using objective observation records to help us understand the cause and to decide jointly how to respond appropriately.

9.5 E-Safety (online safety policy)

As with any form of safeguarding, the potential risks to children and young people from the use of technology must be recognised and many young people with autism spend a great deal of unsupervised time on computers and may prefer to use email and social media as a communication tool so these must be monitored and taken into account.

Risks may include:

- Prolonged exposure to online technologies.
- Exposure to inappropriate content, images and language.
- Making, taking and distribution of indecent images and 'sexting'.
- Cyber bullying.
- Grooming for sexual and/or emotional abuse.
- Addiction to gambling and/or gaming.
- Pressure from media and targeted advertising.
- Encouraging extremism, hatred and supporting terrorism.

The purpose of this policy statement is to:

- Provide staff and volunteers with the overarching principles that guide our approach to online safety.
- Ensure that, as an organisation, we operate in line with our values and within the law in terms of how we use online devices.

RfA believe that:

- children and young people should never experience abuse of any kind.
- children should be able to use the internet for education and personal development, but safeguards need to be in place to ensure they are kept safe at all times.

RfA recognise that:

- the online world provides everyone with many opportunities; however, it can also present risks and challenges.
- we have a duty to ensure that all children, young people and adults involved in our organisation are protected from potential harm online.
- we have a responsibility to help keep children and young people safe online, whether or not they are using RfA's network and devices.
- all children, regardless of age, disability, gender reassignment, race, religion or belief, sexual orientation, have the right to equal protection from all types of harm or abuse.
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare and in helping young people to be responsible in their approach to online safety.

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

- ensuring that group leaders/ line manager, staff and volunteers all monitor the safety and well-being of service users in their care.

- senior managers provide clear and specific directions to staff and volunteers on how to behave online through our **Positive Behaviour** policy.
- supporting and encouraging the young people using our service to use the internet, social media and mobile phones in a way that keeps them safe and shows respect for others.
- supporting and encouraging parents and carers to do what they can to keep their children safe online.
- developing an online safety agreement for use with young people and their parents/carers.
- developing clear and robust procedures to enable us to respond appropriately to any incidents of inappropriate online behaviour, whether by an adult or a child/young person.
- reviewing and updating the security of our information systems regularly.
- ensuring that user names, logins, email accounts and passwords are used effectively.
- ensuring personal information about the adults and children who are involved in our organisation is held securely and shared only as appropriate ensuring that images of children, young people and families are used only after their written permission has been obtained, and only for the purpose for which consent has been given.
- providing supervision, support and training for staff and volunteers about online safety examining and risk assessing any social media platforms and new technologies before they are used within the organisation.

If online abuse occurs, we will respond to it by:

- If staff or volunteers suspect a child in their care may be experiencing any form of online abuse, they must raise their concerns with their line manager and the regional DSL via an RfA Concerns Sheet. The DSL will then report and liaise with the local Children Social Care* service/ and the Police.
- providing support and training for all staff and volunteers on dealing with all forms of abuse, including bullying/cyberbullying, emotional abuse, sexting, sexual abuse and sexual exploitation.
- making sure our response takes the needs of the person experiencing abuse, any bystanders and our organisation as a whole into account.
- reviewing plans developed to address online abuse at regular intervals, in order to ensure that any problems have been resolved in the long term.

9.6 Mobile Phone policy

When staff and volunteers arrive on duty all personal mobile phones must be stored away in areas which others cannot access.

From time to time, Group leaders/ line managers or key workers may need to use an **RfA phone** for some of the following reasons:

- Parents/carers need to be contacted in emergency situations
- A child has a serious underlying medical condition and emergency services need to be contacted urgently as part of the service user's care plan
- The group is on an offsite activity and a staff member or child needs to be contacted
- If there is a particular risk from a service user who may cause members of staff to be separated from the group in the centre
- If there is an evacuation plan on a service user's risk assessment.
- The key worker is a lone support worker
- A staff member needs to be contactable for personal reasons (e.g. childcare, sick partner etc)

In the above instances, the Group Leaders RfA phone is to be used to however calls must be made in the designated areas and with the permission of the Group Leader or Line Manager.

Staff should be made aware of this during their formal induction into the organisation.

In the event where a staff member is required to make a phone call during their working day, the Group Leader/ Line Manager must ensure that they are covered and child ratios are not compromised.

Parents, carers and visitors should be informed not to use their mobile phones whilst on the premises. There should be clear signage displayed stating that mobile phone use is prohibited throughout the venue.

If staff are off-site for activities, they will carry Resources for Autism mobile phone for emergency calls. Staff must ensure that RFA phones are fully charged in advance of the trip taking place.

Personal Mobile phones should never be used to take photographs of children *and young people*.

One to one staff in the community must carry a phone in case of emergencies. These must not be used to take photographs or videos or for making or receiving personal calls while working.

Lone workers should ensure that the use of mobile phone use is kept to an absolute minimum whilst working and only used in relation to their role.

Staff should be aware of the safeguarding implications of using their phone or any other device in the sessions. Photos, Videos and Social Media are prohibited. This includes “selfies” where the service users are not in view. Using your phone/camera/device for any non-RfA reason will result in disciplinary action.

9.7 Taking Photographs - Cameras and iPads

Members of staff must only use a designated RfA camera or RfA work phone or RfA iPad to take photographs. It is the responsibility of the Group Leader or Line Manager to designate who may use this.

Group Leaders/ Line Managers must ensure that photographs are only taken where permission has been agreed. (All staff must be made aware of any service user who cannot be photographed). There should always be a valid reason for taking photographs i.e. to highlight activities and to evidence progress, or for promotional materials.

Parents and carers must sign to consent (or not) for the taking of photographs and their use in promotional materials when they register their children.

The use of RfA Cameras, Phones and iPads must be authorised by a senior manager. Once pictures have been taken and downloaded appropriately, they must be deleted from the camera or device. Images of children must only be stored on the **RfA Photos Shared Drive** and only accessible to designated personnel responsible for marketing and publicity materials.

The same procedures apply to use of video recordings.

Parents and carers can take photos/videos at special events, but staff must remain vigilant to ensure that safeguarding procedures are not being compromised.

9.8 Internet usage

Whilst we would never seek to prevent service users from developing their IT skills, we must be wary of the hidden dangers in using the internet and our service user's naivety in these matters.

Staff may access the internet for work. Group Leaders/ Line Manager are responsible for who can have access and when and the reasons. It is expressly forbidden for staff to access any sites that are not directly linked to their work.

9.9 Social networking sites

Social networking sites must not be accessed by staff or children for personal use. If children are accessing such sites legitimately as part of an activity then they must be supervised at all times. Good practice will limit this type of activity.

Staff must ensure professional boundaries and may not have service users and/or parents as their 'friends' on social networking sites. If there is a prior relationship with a parent, this must be declared and approved by a senior manager.

Staff must never give details of their personal social networking site to children or families.

If a service user or parent finds a staff member's social media site they must be declined as a friend and blocked if necessary.

If those in your care have access to the internet, it is necessary to ensure that unsuitable/illegal sites are not accessed. It is also necessary to teach service users about keeping themselves safe whilst online.

A very useful website to help both adults and children is www.ceop.gov.uk You can also download their click CEOP button for reporting anyone who is using the internet inappropriately to gain access to children.

9.10 Computer games and consoles

All usage of computers with internet access must be monitored by staff at all times.

All computer games, for any console, must be age appropriate. It is expressly forbidden for 18 certificated games to be played by any user at Resources for Autism, regardless of their age and the service being used. It is the responsibility of the supervising member of staff to ensure that this is adhered to.

9.11 DVD, films and music

All DVDs, films and watched or listened to content and music must be age appropriate to the youngest member of the audience watching the film. It is expressly forbidden for anyone to view 18 certificated content, films and music videos at Resources for Autism. It is the responsibility of the supervising member of staff to ensure that this is adhered to.

9.12 Personal care, changing and toileting

Children and young people attending RfA must have their dignity respected at all times. Parents usually provide nappies/pads, wet wipes and any creams their child will need.

Disposable gloves and aprons will be worn at all times.

Children and young people will also be changed as necessary if they are soiled or wet and this must be checked regularly.

Staff and volunteers must always inform another staff member when taking child/ren to the bathroom. Another member of staff should assist.

Children and young people will be shown and supported in how to use the toilet and how to wash their hands each time they use the toilet.

Children and young people will only be assisted to the toilet where necessary.

Toileting accidents will be dealt with calmly, sympathetically and in a way that does not make the child feel they have done anything wrong.

9.13 Service user uncollected from the group or setting

It is essential that parents and carers provide RfA with an up to date and accurate record of their contact details i.e. names(s), address, home, work and mobile telephone number(s). If possible, parents should also provide RfA with the contact details (and methods to prove identity as required), of other relatives/carers who will be called when the parent/carer cannot be contacted or in the event of an emergency. The records must be kept up to date and parents must ensure that staff are informed of any changes. Only the first named parents/carers are authorised to notify staff of any changes in these contact details.

Parents/carers are to be informed in writing at the time of registering their child, the opening and closing times and collection arrangements. They should be informed of any changes in writing. This will also include making clear the arrangements to care for a child when parents/carers are not present as expected and until such time as he/she/they is/are collected by a parent/carer, and an indication of the period of time the setting will wait before involving Children's Social Care*.

Whenever a child or young person fails to be collected from Resources for Autism:

Staff should remember that parent and carers may be under extreme stress and may have their own mental health issues and late collections may be a sign of other problems. Staff should take time to listen and remain calm and supportive.

Staff must inform the Service Manager who will make every effort to contact the parent(s) or carer(s) or named alternative carer(s).

The Service Manager will maintain a record of incidents where parents do not collect a child and where this is a repeat occurrence. Any child welfare concerns arising out of such an incident(s) will be dealt with in accordance with the RfA Procedures for Reporting Concerns as detailed in **Section 3** of this policy document.

The Service Manager will ensure that at least two staff are always present whilst the child is at a Resources for Autism group or setting.

If the child has not been collected/received within 60 minutes of the end of the session or activity and the service manager is unable to contact a parent or named carer, he/she will phone the local Children's Social Care* Multi-agency Safeguarding Hub (MASH) or the Emergency Duty Team and provide the following information:

- Brief circumstances of incident and arrangements in place

- Child's details
- Parent/carer/alternative carer details
- Any current or previous child protection concerns
- Any previous incidents of not being collected from the Resources for Autism.

The call should be followed up in writing within 48 hours.

Children's Social Care* will give advice and if there are any concerns about the welfare of the parent/carer, Children's Social Care* will ask the local police to visit the home address. If an appropriate relative or carer is located, he/she/they will be asked to ensure that the child is collected / received from RfA. If there is a genuine reason for the relative or carer being unable to do this, Children's Social Care* will liaise with RfA about arrangements for the child to be taken to the address.

Decisions made by Children's Social Care* in consultation with RfA must always prioritise interim care arrangements that best meet the child's/young person's personal and emotional needs.

9.14 Procedure for reporting unexplainable marks on a service user

If staff notice any worrying and/or **unexplainable marks** on a child, they must:

Speak to the parent/carer immediately sharing that they notice the marks (ideally in person, immediately and if not, by phone as soon as possible). Then immediately record the details on the RfA Concerns Sheet.

If staff suspect the child may be put at risk by speaking to parents/carer (via professional judgement), they must discuss this with their line manager as soon as possible. Do not wait until the end of a session. Also, contact the regional DSL for advice. If you cannot get hold of one of the DSL's then contact your local Children's Social Care* team.

It is vital that staff/volunteers act very quickly in these matters, as the timing of a medical assessment in child protection can be critical.

9.15 Transporting children

RfA actively encourage children and young people to walk and use public transport when out in the community, as this encourages their independence and social interaction skills.

If however a child wishes to visit a place of interest but is highly anxious and unable to travel by public transport, the Support Worker can use their own vehicle under the following conditions:

- Alternative arrangements have been considered in the first instance
- Staff and volunteers have a valid and clean driving licence, a current MOT certificate and fully comprehensive business insurance for use of their vehicle
- The Service Manager must authorise the use of personal vehicles and the journey
- A dynamic risk assessment must be carried out prior to the outing and RfA's use of personal vehicles for work must be applied.
- Where possible and as deemed necessary, two staff or volunteers are present for the journey
- Children must be in the rear passenger seats and wear a seat belt
- Parents/carers must provide written consent for the journey.

9.16 Safety of children on outings and visits

Children can benefit hugely from outings or trips to local parks or other places of interest as this can enhance their social and learning experiences. When on outings, staff must carry out a risk assessment for each visit and consider the procedures below.

- Parents/carers sign a general consent on registration for their children to be taken out as a part of the daily activities of the setting.
- A dynamic risk assessment must be conducted prior to each outing and the relevant RfA risk assessment must be cross-referenced and applied.
- Parents sign specific consent forms before any major outing
- All venue risk assessments are made available for parents and carers to see
- Named children are assigned to individual staff to ensure each child is individually supervised, to ensure no child goes astray, and that there is no unauthorised access to children.
- A child must be in the key workers line of site at all times.
- There must be a clear handover of staff member needs to visit the toilet or support another key worker
- Staff take an RfA mobile phone on outings and supplies of tissues, wipes, spare clothing, a first aid pack, snacks and water. The amount of equipment will vary and be consistent with the venue and the number of children as well as how long they will be out and about
- Staff must always carry a register of the children allocated to them with contact numbers of parents/carer
- Records are kept of the vehicles used to transport children, with named drivers and appropriate insurance cover
- A minimum of two staff should accompany children on outings and a minimum of two should remain behind with the rest of the children

9.17 External Service providers

Companies and agencies contracted to provide services to RfA, that have direct or incidental unsupervised contact with children, or who have access to information or images of children will be asked to provide a copy up to date safeguarding policy and procedures and their DBS number (if relevant).

9.18 Supporting vulnerable families

Resources for Autism believe in building trusting and supportive relationships with children, families, staff and volunteers. We work in partnership with parents/carers towards the best outcomes for their child or young person and share information and knowledge.

We make clear to parents our role and responsibilities in relation to child protection, such as the reporting of concerns, providing information, monitoring of the child, and liaising with the local Children's Social Care team.

We will continue to welcome the child and the family whilst investigations are being made in relation to any alleged abuse.

When supporting children who have been referred by Children's Social Care* who have support needs identified whilst using RfA, we follow the Child Protection Plan as set by the child's social worker in relation to the setting's designated role and tasks in supporting that child and their family, subsequent to any investigation and attend any case conferences or core meetings as and when necessary.

Confidential records kept on a child are shared with the child's parents or those who have parental responsibility for the child in accordance with the Confidentiality and Client Access

to Records procedure and only if appropriate under the guidance of the Local Safeguarding Children Board.

9.19 Private working

It is not within RfA practice for staff to offer services to RfA families outside of agreed arrangements with the organisation.

If such private arrangements are made between staff and parents/carers:

- Resources for Autism will not be responsible for any private arrangements or agreements that are made
- Out of hours work arrangements must not interfere with a staffs employment at RfA
- Confidentiality of employment must be adhered to and respected
- Parent/carers as private employers should adhere to their own business/legal safeguarding protocols and RfA will not be held responsible for any health and safety or other issues that may arise from private working arrangements

KEY

***Children’s Social Care** may be called ‘Social Services’ or ‘Children’s Advice and Support Service’ depending on each local authority.

***Safeguarding Threshold Frameworks** may have different titles depending on each local authority. For example within Birmingham Children’s Trust, this document is titled: ‘Right Help, Right Time’ and the London Boroughs, this document is titled: ‘Continuum of Help and Support’.

SECTION 5: THE WIDER SAFEGUARDING CONTEXT

10.0 Prevent (preventing radicalisation)

As part of Resources for Autism’s ongoing safeguarding and child protection duties, we are fully behind the government’s *Prevent Strategy*. With effect from 1st July 2015, all schools and childcare settings are subject to a duty to have “*due regard to the need to prevent people being drawn into terrorism*” (section 26, Counter Terrorism and Security Act 2015). This is known as, The Prevent Duty. The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation.

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism. Extremism is defined by the Government in the Prevent Strategy as:

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

Extremism is defined by the Crown Prosecution Service as:

The demonstration of unacceptable behaviour by using any means or medium to express views which:

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

There is no such thing as a “typical extremist”. Those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity. Children and 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 RfA 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
- **Unmet 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
- **Special Educational Need**– young people may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

This list is not exhaustive, nor does it mean that all students 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
- Family members convicted of a terrorism act or subject to a Channel intervention
- 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; and
- Experiencing a high level of social isolation resulting in issues of identity crisis and/or personal crisis.

At Resources for Autism, we build young people’s resilience to radicalisation by promoting democratic values and enabling our service users of all ages to challenge extremist views.

The statutory guidance refers to the importance of *Prevent* awareness training to equip staff to identify children at risk of being drawn into terrorism and to challenge extremist ideas. The Home Office has developed a core-training product for this purpose – Workshop to Raise Awareness of Prevent (WRAP).

Where available staff will undertake WRAP training sessions from their local police and/or Resilience Officer on what *Prevent* is about and how to deal with any issues they may see within their organisation or externally and senior managers/ leaders will also complete training on Preventing Violent Extremism (PVE) where this is available.

If an staff or volunteer becomes aware of a situation or information that a violent act is imminent, or where weapons or other materials may be in the possession of a young person, adult at risk, or member of their family, they must take the following steps:

- Discuss the concerns with the regional DSL who will follow up with a referral with the relevant local authority as necessary
- Report concerns to the police by calling 999 as soon as it is safe to do so

10.1 Channel

Channel is a multi-agency approach to provide support to individuals who are at risk of being drawn into terrorist related activity. It is led by the local Police Counter-Terrorism Unit, and it aims to:

- Establish an effective multi-agency referral and intervention process to identify vulnerable individuals;
- Safeguard individuals who might be vulnerable to being radicalised, so that they are not at risk of being drawn into terrorist-related activity; and
- Provide early intervention to protect and divert people away from the risks they face and reduce vulnerability. Further guidance about duties relating to the risk of radicalisation is available in the Advice for Schools on The Prevent Duty. *Right/Neo-Nazi/White Supremacist. (This guidance will also be helpful for social/youth club settings.)*

If a staff or volunteer becomes aware of a situation or information that a child or young person has been drawn into terrorist related activity, they must take the following steps:

- Discuss the concerns with the regional DSL who will follow up with a referral with the relevant local authority as necessary
- Report concerns to the police by calling 999 as soon as it is safe to do so

10.2 Children who are vulnerable to exploitation, forced marriage or trafficking

All staff should be kept up to date on the latest advice and guidance provided to assist in addressing specific vulnerabilities and forms of exploitation. E.g.

- Forced Marriage
- Trafficking
- Criminal Exploitation
- Gang Affiliation

Staff and volunteers must discuss any concerns with the regional with their line managers or the regional DSL. The regional DSL will liaise with the relevant local authority Children's Social Care* before a decision is made as to whether the mandatory reporting duty applies.

RfA should support and train staff and volunteers to recognise warning signs and symptoms to each specific issue. Staff should to engage with service users and highlight how to keep safe from dangers in an age/ability appropriate ways in their activity session planning.

10.3 Female Genital Mutilation (FGM)

It has been estimated that over 20,000 girls under the age of 15 are at risk of FGM in the UK each year, and that 66,000 women in the UK are living with the consequences of FGM. Female genital mutilation (FGM) is a growing cause of concern in schools and childcare settings. FGM is child abuse and a form of violence against women and girls, and therefore it is dealt with as part of existing child and adult safeguarding/protection structures, policies and procedures. It is illegal in the UK to subject a child to female genital mutilation (FGM) or to take a child abroad to undergo the procedure – Female Genital Mutilation Act 2003. Despite the harm it causes, FGM practicing communities consider it normal to protect their cultural identity. The age at which girls are subject to FGM varies greatly from shortly after birth to any time up to adulthood. The average age is 10 to 12 years.

At Resources for Autism, key staff should be trained in dealing with FGM and are alerted to the following key indicators:

- A child's family comes from a community that is known to practice FGM
- A child may talk about a long holiday to a country where the practice is prevalent.
- A child may confide that she is to have a 'special procedure' or to attend a special occasion
- A child may request help from a support worker or another adult
- Any female child born to a woman or has a sister who has been subjected to FGM will be considered to be at risk, as much as other female children in the extended family. Any information or concern that a child is at risk of FGM will result in a child protection referral to Children's Social Care.

The new mandatory reporting duty for FGM under the Serious Crime Act 2015, requires children's services in England and Wales to report known cases of FGM in under 18-year-olds to the police.

10.4 Children missing from group or community services.

A child going missing, particularly repeatedly, can act as a vital warning sign of a range of safeguarding risks, including abuse and neglect, which may include sexual abuse or exploitation; child criminal exploitation; mental health problems; substance abuse, county lines and other issues. Early intervention is necessary to identify the existence of any underlying safeguarding risks and to help prevent the risk of them going missing in future.

If a service user is considered 'missing' from their usual service, RfA will:

- Try to make contact this the parent/ carer contacting the two or more emergency contact numbers for each service user.
- Staff should raise any unexplained attendance with the regional DSL team.

We will adapt our attendance monitoring on an individual basis to ensure the safety of each service users at RfA. RfA will demonstrate that we have taken reasonable enquiries to ascertain the whereabouts of service users that would be considered 'missing'. We will also work closely with the local authority Children Social Care* team.

10.5 County Lines - Criminal Exploitation & Gang Affiliation

Criminal exploitation interlinks with a number of multiple vulnerabilities and offences including a child being exposed to and/or the victim of physical and emotional violence, neglect, poor attendance, sexual abuse and exploitation, modern slavery, human trafficking and missing episodes.

RfA will follow the governments Criminal Exploitation & Gang Affiliation Practice Guidance and use the risk assessment screening tool to support our referrals to the local authority Children Social Care* service.

<https://www.gov.uk/government/publications/criminal-exploitation-of-children-and-vulnerable-adults-county-lines>

It is important that children who are criminally exploited are seen as victims and not treated as criminals, and treated through safeguarding and child protection procedure. Work to address criminal exploitation is covered by relevant legislation including:

Crime & Disorder Act – 1998
Children Act – 2004
Serious Crime Act – 2015
Modern Slavery Act – 2015
Criminal Finances Act – 2017
Children & Social Work Act – 2017

10.6 Abuse linked to faith or belief

RfA's policy/ procedures are not about challenging people's beliefs, but where beliefs lead to abuse, that must not be tolerated. The term '**abuse linked to faith or belief**' includes belief in witchcraft, spirit possession, demons or the devil, the evil eye or djinns, dakini, kindoki, ritual or muti killings and use of fear of the supernatural to make children comply with, for example, being trafficked for domestic slavery or sexual exploitation. Genuine beliefs can be held by children, families, carers and religious leaders that evil forces have entered the child and are controlling him or her. Abuse may occur when an attempt is made to 'exorcise' the child. The beliefs which are the focus of this policy/ procedure are not confined to one faith, nationality or ethnic community. The number of known cases suggests that only a small minority of people who believe in witchcraft or spirit possession go on to abuse children. However, the children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. Abuse may happen anywhere, but it most commonly occurs within the child's home. Such abuse generally occurs when a carer views a child as being 'different', attributes this difference to the child being 'possessed' or involved in 'witchcraft' and attempts to exorcise him or her. The attempt to 'exorcise' may involve severe beating, burning, starvation, cutting or stabbing and isolation, and usually occurs in the household where the child lives although it may also occur in a place of worship. A range of factors can contribute to the abuse of a child for reasons of faith or belief. Some of the most common ones are listed below:

- **Belief in evil spirits:** Belief in evil spirits that can 'possess' children is often accompanied by a belief that a possessed child can 'infect' others with the condition. This could be through contact with shared food, or simply being in the presence of the child.
- **Scapegoating:** A child could be singled out as the cause of misfortune within the home, such as financial difficulties, divorce, infidelity, illness or death.
- **Bad Behaviour:** Sometimes bad or abnormal behaviour is attributed to spiritual forces. Examples include a child being disobedient, rebellious and overly independent, wetting the bed, having nightmares or falling ill.

- **Physical differences:** A child could be singled out for having a physical difference or disability. Documented cases include children with learning disabilities, mental health issues, epilepsy, **autism**, stammers and deafness.
- **Gifts and uncommon characteristics:** If a child has a particular skill or talent, this can sometimes be rationalised as the result of possession or witchcraft. This can also be the case if the child is from a multiple or difficult pregnancy.
- **Complex family structure/changes in family structure:** Research suggests that a child living with extended family, non-biological parent or foster parents is more at risk. In these situations, they are more likely to have been subject to trafficking and made to work in servitude.

If staff or volunteers suspects a child in their care may be vulnerable abuse linked to faith or belief that must raise their concerns with their line manager and the regional DSL via a RfA Concerns Sheet. The DSL will then report and liaise with the local Children Social Care* service/ and the Police.

10.7 Self-harming and Suicidal Behaviour

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention, should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay. (**See also page 46 for a list of national helplines for suicidal behaviours**)

Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury;
- Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury;
- Suicide is self-harm, resulting in death.

Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident.

Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered.

Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

The indicators that a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or club setting or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, family problems such as domestic abuse or any form of child abuse as well as conflict between the child and parents. The signs of the distress the child may be under can take many forms and can include:

- Cutting behaviours
- Other forms of self-harm, such as burning, scalding, banging, hair pulling
- Self-poisoning
- Not looking after their needs properly emotionally or physically
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside

- Staying in an abusive relationship
- Taking risks too easily
- Eating distress (anorexia and bulimia)
- Addiction for example, to alcohol or drugs
- Low self-esteem and expressions of hopelessness
- An assessment of risk should be undertaken at the earliest stage and should consider the child or young person's level of planning and intent frequency of thoughts and actions
- Signs of depression
- signs of substance misuse
- previous history of self-harm or suicide in the wider family or peer group
- delusional thoughts and behaviours
- feeling overwhelmed and without any control of their situation

The risks

Any assessment of risks should be talked through with the child or young person and regularly updated, as some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting. The level of risk may fluctuate and a point of contact with a backup should be agreed to allow the child or young person to make contact if they need to.

The research indicates that many children and young people have expressed their thoughts prior to taking action but the signs have not been recognised by those around them or have not been taken seriously. In many cases, the means to self-harm may be easily accessible such as medication or drugs in the immediate environment and this may increase the risk for impulsive actions.

If the young person is caring for a child or pregnant, the welfare of the child or unborn baby should also be considered in the assessment.

Protective and supportive action

A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts. Practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves
- Find out what is troubling them
- Explore how imminent or likely self-harm might be
- Find out what help or support the child or young person would wish to have
- Find out who else may be aware of their feelings

And explore the following in a private environment, not in the presence of other service users depending on the setting:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in the club or at home to help them with this?

- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

Do not:

- Panic or try quick solutions
- Dismiss what the child or young person says
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the child or young person or ignore or dismiss the feelings or behaviour;
- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress

Referral to the Children’s Social Care

The child or young person may be a Child in Need of services (s17 of the Children Act 1989), which could take the form of an early help assessment or a Common Assessment Framework (CAF) support service or they may be likely to suffer significant harm, which requires child protection services under s47 of the Children Act 1989.

The referral should include information about the back ground history and family circumstances, the community context and the specific concerns about the current circumstances, if available.

If staff or volunteers are concerned that a child or young person is self-harming and suicide, they must raise their concerns with their line manager and the regional DSL via a RfA Concerns Sheet. The regional DSL will then report and liaise with the local Children Social Care* service/ and the local Child And Mental Health Service (CAMHS)

Adult Safeguarding Policy

Policy statement

This policy is written in accordance with Resources for Autism (RfA) aims to provide practical services for children and adults with a diagnosis of autism and for those who love and care for them. RfA believes that it is always unacceptable for a person to experience abuse or neglect of any kind. RfA is committed to practice that protects vulnerable adults from harm and recognises its duty to ensure that appropriate action is taken where an adult is experiencing harm or is at risk of harm.

Purpose of the policy

- To safeguard and promote the wellbeing of adults
- To ensure that all employees and others covered by this policy understand the context within which checking with the Disclosure and Barring Service takes place
- To provide all employees with guidance on how they should behave if they suspect an adult may be experiencing, or be at risk from abuse or harm.
- To guide employees on how to respond to - and report – concerns.
- To ensure compatibility with other RfA policies.

Definition of abuse

Safeguarding is about embedding practices throughout the organisation to ensure the protection of vulnerable adults wherever possible and responding to circumstances that arise.

Abuse can be caused by those inflicting harm or those who fail to act to prevent harm. Abuse is not restricted to any socio-economic group, gender or culture.

It can take a number of forms, including the following:

- Physical abuse
- Domestic violence and Domestic abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Definition of vulnerable adults

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves or protect themselves from harm or abuse.

This may include a person who:

- Has a diagnosis of Autism
- Has a mental illness Has a physical or sensory disability
- Has a learning disability
- Has a severe physical illness
- Is a substance misuser
- Is homeless

Responsibilities

All staff (paid or unpaid) have responsibility to follow the guidance laid out in this policy and related policies and to pass on any welfare concerns using the required procedures.

We expect all staff (paid or unpaid) to promote good practice by being an excellent role model, contribute to discussions about safeguarding and to positively involve people in developing safe practices.

Additional specific responsibilities

Mental Capacity Act

The 'Mental Capacity Act' is an important law for people with autism and learning disability.

It helps make sure that people who may lack capacity to make decisions on their own get the support they need to make those decisions.

Where they are not able to make their own decision, the Mental Capacity Act says a decision must be made that is in their 'best interests'.

The Mental Capacity Act 2005 is a law that protects vulnerable people over the age of 16 around decision-making. It says that:

- Every adult, whatever their disability, has the right to make their own decisions wherever possible.
- People should always support a person to make their own decisions if they can. This might mean giving them information in a format that they can understand (for example this might be easy read information for a person with a learning disability) or explaining something in a different way.
- But if a decision is too big or complicated for a person to make, even with appropriate information and support, then people supporting them must make a 'best interests' decision for them.

The five main principles of the Mental Capacity Act

- Always assume the person is able to make the decision until you have proof they are not.
- Try everything possible to support the person make the decision themselves.
- Do not assume the person does not have capacity to make a decision just because they make a decision that you think is unwise or wrong.
- If you make a decision for someone who cannot make it themselves, the decision must always be in their best interests.
- Any decisions, treatment or care for someone who lacks capacity must always follow the path that is the least restrictive of their basic rights and freedoms.

It's also important to remember that a person may have capacity for some decisions but not others, or they may not have capacity right now but may regain it in the future with support. This means all capacity decisions should be regularly reviewed to make sure they still reflect the person's ability to make decisions.

Supporting someone to make a decision

Before deciding that someone lacks the capacity to make a decision, all practical and appropriate steps must be taken to help them make the decision themselves.

The Mental Capacity Act Code of Practice includes four main points to help someone make a decision:

1. Provide relevant information

Does the person have all the relevant information they need to make a particular decision?

If they have a choice, have they been given information on all the alternatives?

2. Communicate in an appropriate way

Could information be explained or presented in a way that is easier for the person to understand (for example, by using simple language or visual aids)?

Have different methods of communication been explored if required, including non-verbal communication?

Could anyone else help with communication (for example, a family member, support worker, interpreter, speech and language therapist or advocate)?

3. Make the person feel at ease

- Are there particular times of day when the person's understanding is better?
- Are there particular locations where they may feel more at ease?
- Could the decision be put off to see whether the person can make the decision at a later time when circumstances are right for them?

4. Support the person

Can anyone else help or support the person to make choices or express a view?

Making a best interest's decision

After all steps have been taken to support someone to make their own decision, if the person is assessed as lacking capacity to make that particular decision, then a 'best interests' decision must be made.

The person who makes the 'best interests' decision is called the 'decision maker'. Who the decision maker is will depend on the situation and the type of decision.

For most day-to-day decisions, the 'decision maker' is likely to be the person who is supporting the person.

If it is a decision about healthcare, it will be the relevant health professional.

Whoever is the decision maker, it is important they talk with others involved with the person, and involve the person themselves as much as possible, to get a good understanding and therefore make the best decision they can.

Best interest's checklist

The Mental Capacity Act sets out a best interest's checklist, which must be followed when making a best interests decision:

- Will the person regain capacity?
- Involve the person.
- Consult all relevant people.
- Consider all the information.
- Do not make any assumptions.
- Consider past, present and future wishes.
- Always pick the very least restrictive option.

[The full checklist is in the Mental Capacity Act Code of Practice.](#)

Involve the person you are making a best interests decision for

When a best interest's decision is being made, the person must still be involved as much as possible.

Independent Mental Capacity Advocate (IMCA)

If a person has no family or friends for the decision-maker to ask about important decisions like serious medical treatment or changes of accommodation, then an Independent Mental Capacity Advocate must represent the person's views.

They are a legal safeguard for people who lack the capacity to make big decisions.

[Read more on Independent Mental Capacity Advocates.](#)

Trustees have responsibility to ensure

- The policy is in place and appropriate
- Liaison with and monitoring the Designated Senior Manager's work
- Sufficient resources (time and money) are allocated to ensure that the policy can be effectively implemented

The Designated Senior Managers' responsibilities are:

- The policy is accessible
- The policy is implemented
- The policy is monitored and reviewed
- Promoting the welfare of vulnerable adults
- Ensure staff (paid and unpaid) have access to appropriate training/information
- Receive staff concerns about safeguarding and respond to all seriously, swiftly and appropriately

- Keep up to date with local arrangements for safeguarding and CRB
- Develop and maintain effective links with relevant agencies
- Take forward concerns about responses

The scope of this Safeguarding Policy is broad ranging and in practice, it will be implemented via a range of policies and procedures within the organisation. These include; Whistleblowing, Grievance and disciplinary procedures, Health and Safety policy, Equal Opportunities and valuing diversity policy, Staff induction and training.

Safe recruitment

Resources for Autism ensures safe recruitment through the following processes:

- Providing the following safeguarding statement in recruitment adverts or application details –‘recruitment is done in line with safe recruitment practices.’
- Job or role descriptions for all roles involving contact with vulnerable adults will contain reference to safeguarding responsibilities.
- Shortlisting is based on formal application processes/forms and not on provision of CVs
- Interviews are conducted according to equal opportunity principles and interview questions are based on the relevant job description and person specification
- DBS checks will be conducted for specific roles for all staff (paid or unpaid) working with vulnerable adults.

Communications training and support for staff

Resources for Autism commits resources for induction, training of staff (paid and unpaid), effective communications and support mechanisms in relation to Safeguarding

Induction will include:

- Discussion of the Safeguarding Policy (and confirmation of understanding)
- Discussion of other relevant policies
- Ensure familiarity with reporting processes, the roles of line manager and Designated Senior
- Manager (and who acts in their absence)
- Initial training on safeguarding
- Assessment of new members of staff’s competence in applying safe practices during probation

Training

All staff that, through their role, is in contact with vulnerable adults will have access to safeguarding training at an appropriate level.

Support

We recognise that involvement in situations where there is risk or actual harm can be stressful for staff concerned. The mechanisms in place to support staff include:

- Debriefing support for paid and unpaid staff so that they can reflect on the issues they have dealt with.
- Seeking further support as appropriate including access to counselling where appropriate.
- Staff who has initiated protection concerns will be contacted by line manager /DSM immediately

Professional boundaries

Professional boundaries are what define the limits of a relationship between a support worker and a service user.

They are a set of standards we agree to uphold that allows this necessary and often close relationship to exist while ensuring the correct detachment is kept in place.

Resources for Autism expects staff to protect the professional integrity of themselves and the organisation.

The following professional boundaries must be adhered to:

- Giving and receiving gifts from adults: Resources for Autism does not allow paid or unpaid staff to give gifts to or receive gifts from adults. However, gifts may be provided by the organisation as part of a planned activity.
- Staff contact with user groups. Personal relationships between a member of staff (paid or unpaid) and a vulnerable adult who is being provided with support is prohibited. This includes relationships through social networking sites.
- It is prohibited to enter into a personal relationship with an adult who has been provided with a service over the past 12 months.

Staff are prohibited from:

- Use of abusive language
- Inappropriate behaviour / language
- Use of punishment or chastisement
- Passing on service users' personal contact details without express permission and for professional purposes only.
- Providing personal contact details
- Taking other people to a service user's home
- Selling to or buying items from a service user
- Accepting responsibility for any valuables on behalf of a service user
- Accepting money as a gift/ Borrowing money from or lending money to service users
- Personal relationships with a third party related to or known to service users
- Accepting gifts/ rewards or hospitality from another organisation as an inducement for either doing or not doing something in their official capacity
- Personal contact with service users

The following policies also contain guidance on staff (paid or unpaid) conduct: Whistleblowing, Grievance and disciplinary procedures, Health and Safety policy, Equal Opportunities and valuing diversity policy, e-safety policy.

If the professional boundaries and/or policies are breached this could result in disciplinary procedures and may result in immediate dismissal.

Reporting

The process outlined below details the stages involved in raising and reporting safeguarding concerns at Resources for Autism

- Communicate your concerns with your immediate manager
- Seek medical attention for the adult if needed
- Discuss with adult
- Obtain permission to make referral if safe and appropriate
- If needed seek advice from Adult Social Service/Police
- Complete the Local Authority Adult Safeguarding Incident Report Form if required and submit to the local authority within 24 hours of making a contact (available from every LA website)
- If the immediate manager is implicated, then refer to their line manager or The Director.

Allegations Management

Resources for Autism recognises its duty to report concerns or allegations against its staff (paid or unpaid) within the organisation or by a professional from another organisation.

The process for raising and dealing with allegations is as follows:

- 1) Any member of staff (paid or unpaid) from Resources for Autism is required to report any concerns in the first instance to their line manager. A written record of the concern must be completed by the individual/line manager/ safeguarding manager.
- 2) Contact local authority for advice.
- 3) Follow the advice provided

Resources for Autism recognises its legal duty to report any concerns about unsafe practice by any of its paid or unpaid staff to the Independent Safeguarding Authority (ISA), according to the ISA referral guidance document

<http://www.isagov.org.uk/PDF/ISA%20Referral%20Guidance%20%20V2009-02.pdf>

Monitoring

The organisation will monitor the following Safeguarding aspects:

- Safe recruitment practices
- DBS checks undertaken
- References applied for new staff
- Records made and kept of supervision sessions

- Training – register/ record of staff training on vulnerable adult protection
- Monitoring whether concerns are being reported and actioned
- Checking that policies are up to date and relevant
- Reviewing the current reporting procedure in place
- Designated senior manager responsible for Safeguarding is in post

Data Protection and Sharing information

Information will be gathered, recorded and stored in accordance with the following policies:

Data Protection Policy, Confidentiality Policy and electronic communication policy.

All staff must be aware that they have a professional duty to share information with other agencies in order to safeguard children and vulnerable adults. Information will be shared on a need to know basis as judged by the Designated Senior Manager.

All staff must be aware that they cannot promise service users or their families/ carers that they will keep secrets.

Communicating and reviewing the policy

Resources for Autism will make service users aware of the Safeguarding Policy through the following means: displayed on notice boards in halls and in an easy to read version.

This policy will be reviewed by the trustees annually, and when there are changes in legislation.

Appendix 1



Concerns Sheet and body map

Name of Individual reporting concern:

Date: (date and time writing this report)

Name of Individual causing concern:

Please state the date and time the concern was noted or alleged to have happened. This may be the same as above

Date:

Time:

Description/nature of concern:

(If your concern is regarding any marks or bruising on the child's /adults body, please use body map)

Actions taken:

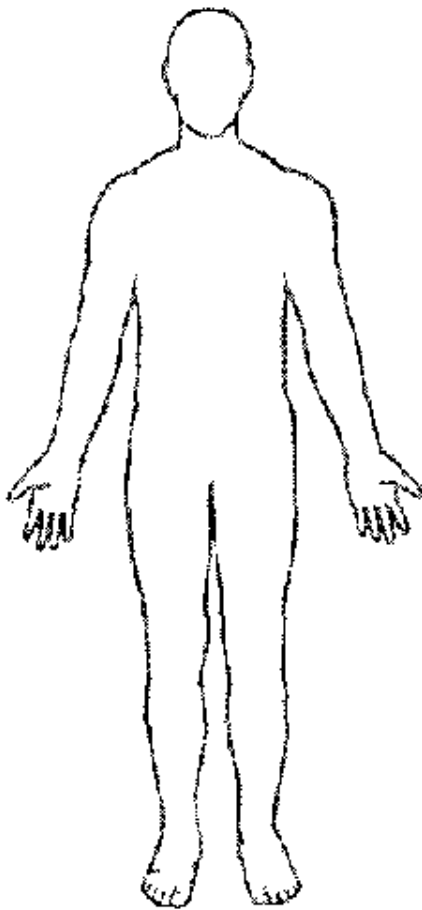
Outcome:

Concern reported to:

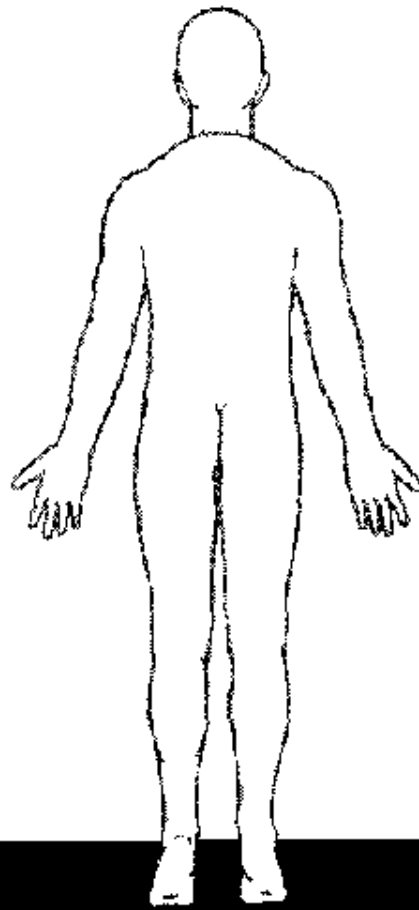
Date:

Reported to Designated Safeguarding Lead (DSL):

Date:

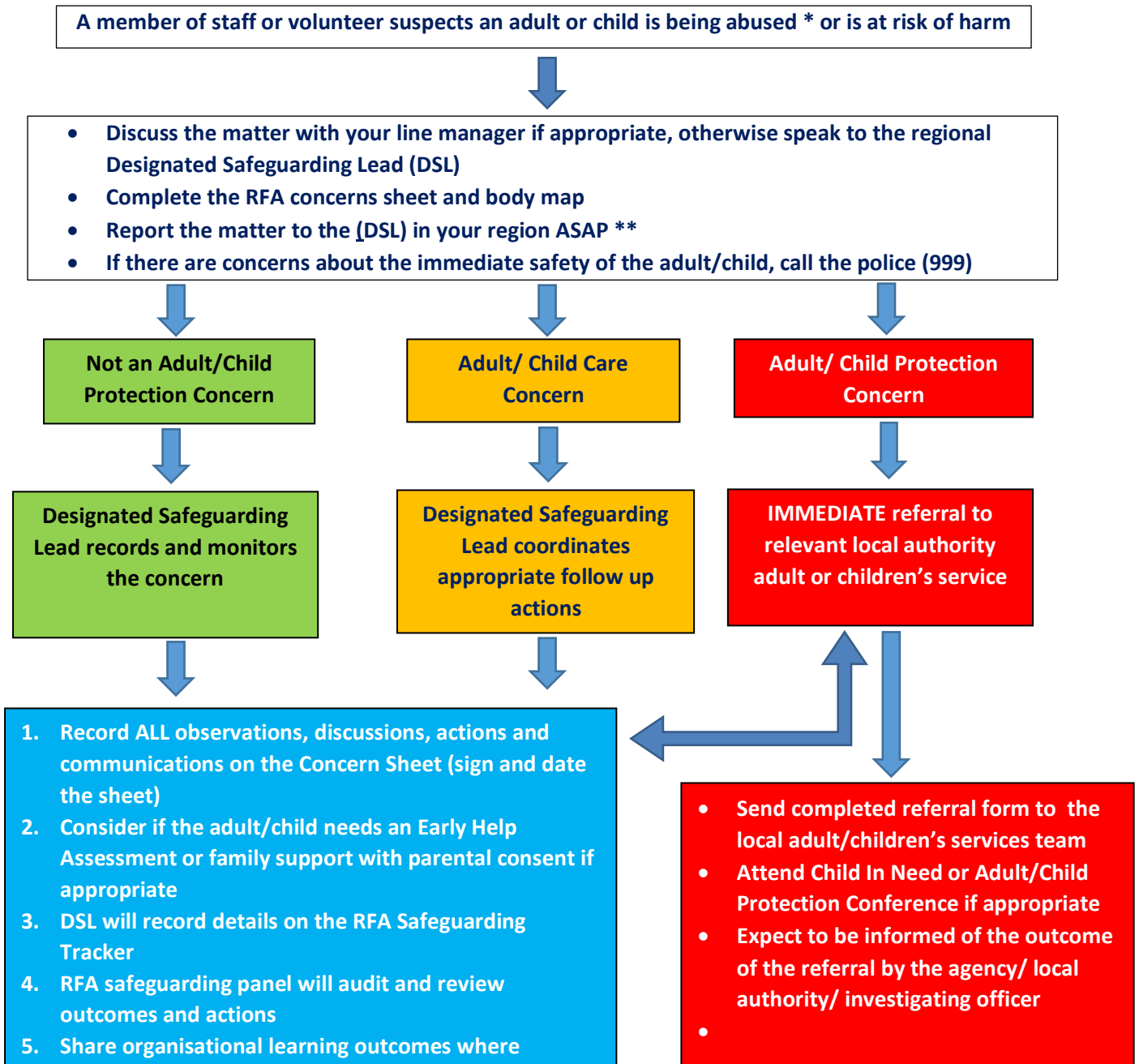


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Child Protection Referral Flow Chart Appendix 2



Key

* Refer to Section 2 of the RfA safeguarding and child protection policy for the definition and signs of abuse

** RfA's London DSL is Cathy Ely Tel: **Tel 0779 1149874** and the West Midlands DSL is Laky Sahota Tel: **0789 1476837**

Local Authority Child Protection Referral details:

Barnet London Borough

MASH team 020 8359 4066

Out of hours 020 8359 2000.

<https://www.barnet.gov.uk/children-and-families/keeping-children-safe>

Birmingham Children's Trust

Children's Advice & Support Services (CASS): 0121 303 1888

Out of Hours 0121 675 4806

Local Authority Designated Officer (LADO) number Tel: 0121 675 1669.

https://www.birminghamchildrenstrust.co.uk/info/3/information_for_professionals/40/refer_a_child_who_you_re_concerned_about

Brent

Social Care 020 8937 4300

Out of hours 020 8863 5250

<https://www.brent.gov.uk/services-for-residents/children-and-family-support/child-protection-and-care/>

Haringey London

Social Care 020 8489 4470

Out of Hours 020 8489 0000

<https://www.haringey.gov.uk/children-and-families/childrens-social-care/child-protection>

Newham London

Triage Team 020 3373 4600

Out of Hours 020 8430 2000

<https://families.newham.gov.uk/kb5/newham/directory/family.page?familychannel=7>

Southwark Council

MASH:020 7525 1921

Out of Hours 020 7525 5000

<https://www.southwark.gov.uk/childcare-and-parenting/children-s-social-care/child-protection/child-protection-referral-and-assessment>

Walsall Metropolitan Borough Council

MASH: 0300 555 2866

Out of Hours 0300 555 2922

Local Authority Designated Officer (LADO) number 01922 654040

<http://childrens-services.webwalsall.com/parent/concerned-about-a-child-or-young-person/>

Waltham Forest

MASH 020 8496 2310

Out of hours 020 8496 3000

<https://www.walthamforest.gov.uk/service-categories/child-protection>

NSPCC Tel: 0800 800 5000

<https://www.nspcc.org.uk/>

Childline Tel: 0800 1111

<https://www.childline.org.uk/>

IN AN EMERGENCY ALWAYS CALL **999**

Useful contacts information and document references

Abuse linked to faith

Abuse linked to faith and beliefs - Government Guidance

<https://www.gov.uk/government/publications/national-action-plan-to-tackle-child-abuse-linked-to-faith-or-belief>

Abuse linked to faith and beliefs (West Midlands Guidance)

<https://westmidlands.procedures.org.uk/pkphz/regional-safeguarding-guidance/abuse-linked-to-faith-or-belief>

County lines/ Trafficking

Channel Duty Guidance – protecting vulnerable people from being drawn into terrorism

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

Child Trafficking

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-trafficking/>

County Lines (West Midlands Guidance)

<https://westmidlands.procedures.org.uk/pkpzs/regional-safeguarding-guidance/children-affected-by-gang-activity-and-youth-violence>

County Lines (London Guidance)

https://www.londoncp.co.uk/chapters/gang_activity.html

E-safety - online abuse

Child Exploitation and Online Protection Command - www.ceop.gov.uk

NSPCC – <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/online-abuse/>

NSPCC - E-safety policy template - <https://learning.nspcc.org.uk/media/1600/online-safety-policy-statement-example.pdf>

Female Genital Mutilation

FGM -Government guidance

<https://www.gov.uk/government/collections/female-genital-mutilation>

Forced marriages

Forced Marriages Policy Guidance (London)

https://www.londoncp.co.uk/chapters/forced_marriage_ch.html

Forced Marriages Policy Guidance (West Midlands)

<https://westmidlands.procedures.org.uk/pkplo/regional-safeguarding-guidance/forced-marriage>

Local Authority- Safeguarding Threshold Frameworks

Birmingham Children’s Trust: ‘Right Help, Right Time’

http://www.lscpbirmingham.org.uk/images/BSCP/Professionals/RHRT_Feb_2020/Right_Help_Right_Time_Guidance_Feb_2020.pdf

London Boroughs: ‘Continuum of Help and Support’.

https://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf

Mental Health Support

Children and Young People Mental Health Services (CYPMHS)

<https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/camhs-information-for-children-and-young-people/>

If a child or young person needs to be referred to their local Mental Health Service, please click on the link below and type in their residing area or postcode. This will bring up the nearest NHS hospital or CYPMHS

<https://www.nhs.uk/service-search/other-services/Childrens-Adolescent-Services/LocationSearch/691>

Mental Health Foundation - <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

Mind - <https://www.mind.org.uk/information-support/for-children-and-young-people/>

Young Minds: https://youngminds.org.uk/?gclid=EAlalQobChMI66yQ-o_f6QIVw-FRCh0H8wj8EAAYASAAEqJlg_D_BwE

Missing children

Missing Children (West Midlands Guidance)

<https://westmidlands.procedures.org.uk/pkpls/regional-safeguarding-guidance/children-missing-from-care-home-and-education>

Missing Children (London Guidance)

https://www.londoncp.co.uk/chapters/ch_miss_care_home_sch.html

Self-harm and suicidal behaviour

London Safeguarding Children's Board

https://www.londoncp.co.uk/chapters/self_harm_suic_behv.html

West Midlands Regional Child Protection Procedures

<https://westmidlands.procedures.org.uk/pkph/regional-safeguarding-guidance/self-harm-and-suicidal-behaviour>

Samaritans tel 116 123

<https://www.samaritans.org/how-we-can-help/contact-samaritan/>

Suicide Prevention – Gov. UK Resource and Guidance

<https://www.gov.uk/government/collections/suicide-prevention-resources-and-guidance>

Mind - <https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/useful-contacts/#.Wor0ykyx2uM8>

National Self-Harm Network (NSHN) - <http://www.nshn.co.uk/>

Hope line UK Papyrus - <https://papyrus-uk.org/>

Preventing radicalisation

Prevent Duty Guidance

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Tackling Child Sexual Exploitation Policy Guidance (London)

https://www.londoncp.co.uk/chapters/sq_sex_exploit_ch.html

Tackling Child Sexual Exploitation Policy Guidance (West Midlands)

<http://www.lscpbirmingham.org.uk/recent-publications/west-midlands-cse>