SAFEGUARDING CHILDREN

Area:	CARE POLICY	north east autism society	
Title:	Safeguarding Children		
Effective Date:	July 2024	Date of next review:	July 2025
		Number of Pages:	43
Authors:	Head of Care		
Agreed:			

CONTENTS:

Key Safeguarding Contact		1
Referring Local Authority Contacts		2
1	Aims	4
2	Legislation and Statutory Guidance	5
3	Definitions	5
4	Equality Statement	6
5	Roles and Responsibilities	6
6	Confidentiality	9
7	Recognising Abuse and Taking Action	10
7.1	If the child is suffering or likely to suffer from harm	10
7.2	If a child makes a disclosure to you	11
7.3	If you discover that FGM has taken place or at risk of FGM	11
7.4	If you have concerns about a child	12
7.5	If you have a concern about extremism	14
7.6	If you have a mental health concern	14
7.7	Concerns about a staff member of volunteer	15
7.8	Allegations of abuse made against other children	15
7.9	Sexting	16
7.10	Children going missing from care	18
8	Safeguarding Conferences	18
9	Notifying Parents	19
10	Children with Special Educational Needs and Disabilities	19
11	Looked After Children and Previously Looked After Children	19
12	Mobile Phones and Cameras	19
13	Complaints and Concerns About Society Safeguarding Policy	20
14	Record Keeping	21
15	Supporting Children Through the Safeguarding Process	21
16	Training	22
17	Monitoring Arrangements	23
18	Links With Other Policies	23
19	Policy Agreement	24
Appendix 1 - Types of Abuse		25
Appendix 2 - Safer Recruitment and DBS Checks		27
Appendix 3 - Allegations of Abuse Made Against Staff		30
Appendix 4 - Specific Safeguarding Issues		36

Cedar House **Designated Safeguarding Lead** Lee Miller – Registered Manager lee.miller@ne-as.org.uk **Deputy Designated Safeguarding Leads** Marina Attle – Assistant Manager Marina.attle@n-as.org.uk Adam Bowes-Assistant Manager Adam.bowes@ne-as-org.uk	**Braemar Gardens** **Designated Safeguarding Lead** Julie Dunlop – Registered Manager Julie.dunlop@ne-as.org.uk **Deputy Designated Safeguarding Leads** Molly Lloyd – Assistant Manager molly.lloyd@ne-as.org.uk	**Belford Terrace** **Designated Safeguarding Lead** Sharon Robinson – Registered Manager Sharon.robinson@ne-as.org.uk **Deputy Designated Safeguarding Leads** Donna Tucker – Assistant Manager Donna.tucker@ne-as.org.uk
Tunstall **Designated Safeguarding Lead** Rae Markham – Registered Manager Rae.markham@ne-as.org.uk **Deputy Designated Safeguarding Lead** Paul Halford - Assistant Manager paul.halford@ne-as.org.uk	**Acorn House(Short Breaks)** **Designated Safeguarding Lead** Donna Williams – Registered Manager Donna.williams@ne-as.org.uk **Deputy Designated Safeguarding Lead** Jeanette Ray-Assistant Manager Jeanette.ray@ne-as.org.uk	**Family Support Services** **Designated Safeguarding Lead** Aelene Burlinson – Area Co-Ordinator
Independent Support Living (ISL) **Operations Manager** Christine Richmond Christine.richmond@ne-as.org.uk	**Operation Managers Designated Safeguarding Leads** Marjorie Clifford – Operations Manager Marjorie.clifford@ne-as.org.uk Cath Blair – Operations Manager Cath.blair@ne-as.org.uk	**Senior Management Team** **Designated Safeguarding Leads** John Phillipson – Chief Executive Officer John.phillipson@ne-as.org.uk Brian Stoker – Head of Care Brian.stoker@ne-as.org.uk
Lead Trustee for Safeguarding Rakesh Chopra- Chair of the Trustees rakesh.chopra@ne-as.org.uk	**LADO County Durham** cypsladosecure@durham.gov.uk 03000268835	**Prevent Contact** Durham Constabulary 0191 3752234 Northumbria Police 0191 4374526
LADO Sunderland lado@togetherforchildren.org.uk 0191 5613901		

Key Safeguarding Contacts

Referring Local Authority Local Safeguarding Children Partnerships

SAFEGUARDING CHILDREN

Durham Safeguarding Children Partnership	First Contact Team – 03000 267 979 first.contact@durham.gov.uk
Sunderland Safeguarding Children Partnership	Safeguarding Team – 0191 520 5560 Out of Hours Team – 0191 520 5552 safeguarding.children@togtherforchildren.org.uk
North Tyneside Safeguarding Children Partnership	Front Door Service – 0345 2000 109 childrenandadultscontactcentre@northtyneside.gov.uk
South Tyneside Safeguarding Children Partnership	Safeguarding Team – 0191 424 5010 Out of Hours Team – 0191 456 2093
Newcastle Safeguarding Children Partnership	Safeguarding Team – 0191 277 2500 Out of Hours Team – 0191 278 7878
Gateshead Safeguarding Children Partnership	Safeguarding Team – 0191 433 2653 Out of Hours Team – 0191 477 0844
Northumberland Safeguarding Children Partnership	One Call - 01670 536 400 onecall@nothumbria.nhs.uk
Hartlepool and Stockton-on-Tees Safeguarding Children Partnership	Children's Hub – 01429 284 282 / 01642 130 080 Out of Hours – 01642 524 552
South Tees Safeguarding Children Partnership ***(covering Middlesbrough, Redcar and Cleveland)***	Middlesbrough Team – 01642 726 004 middlesbroughMACH@middlesbrough.gov.uk Redcar and Cleveland Team - 01642 130 700 FIS@redcar-cleveland.gov.uk

1. AIMS

The North East Autism Society aims to ensure that:

- Appropriate action is taken in a timely manner to safeguard and promote children's welfare.
- All staff are aware of their statutory responsibilities regarding safeguarding.
- Staff are properly trained in recognising and reporting safeguarding issues.
- Procedures are in place for managing and reporting both serious incidents and incidents or concern.
- Ensure proper and appropriate supervision to enable staff to effectively identify and raise safeguarding concerns.
- All young people and children have an equal right to protection"

2. LEGISLATION AND STATUTORY GUIDANCE

This policy is based on Working Together to Safeguarding Children (2018), and we comply with this guidance and the arrangements agreed and published by our local safeguarding children partnerships.

This policy is also based on the following legislation:

- The Children's Homes (England) Regulations 2015 and accompanying Guide to the Children's Homes Regulations including the quality standards, which places a duty on providers to ensure children are protected from harm and enabled to keep themselves safe.
- The Children's Act 1989 and The Children's Act 2004, which provides a framework for the care and protection of children.
- Government guidance on What to do if you're worried a child is being abused: Advise for practitioners.
- Female Genital Mutilation Act 2003 and related statutory guidance. This legislation places a statutory duty on registered healthcare professionals and teachers to report to the police where they discover that female genital mutilation (FGM) appears to have been carried out on a girl under the age of 18.
- The Rehabilitation of Offenders Act 1974, which outlines when people with criminal convictions can work with children.
- The Safeguarding Vulnerable Groups Act 2006 and in particular Schedule 4 of the Act which defines what 'regulated activity' is in relation to children.

- Statutory guidance on the Prevent duty which outlines duties required by Children's Homes under the Counter Terrorism and Security Act 2015 with respect to protecting people from the risk of radicalisation.
- The Children and Social Work Act 2017, which outlines local authorities safeguarding duties towards looked after children.
- General Data Protection Regulations and Data Protection Act 2018 which outlines the handling of personal information.
- NICE guidance on when to suspect maltreatment in under 18s and child abuse and neglect.

3. DEFINITIONS

Safeguarding and promoting the welfare of children means:

- Protecting children from maltreatment.
- Preventing impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcome.

Child protection is part of safeguarding and promoting welfare. It refers to the activity undertaken to prevent children suffering, or being likely to suffer, significant harm.

Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. **See appendix 1 for further information about different types of abuse.**

Neglect is a form of abuse and is the persistent failure to meet a child's basic physical and/or phycological needs, likely to result in the serious impairment of the child's health or development. **See appendix 1 for further detail on neglect**.

Children include everybody under the age of 18.

Extremism is the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs.

The following **3 safeguarding partners** are defined in the Children's Act 2004. They will make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs:

- The local authority (LA).
- A clinical commissioning group for an area within LA.
- The chief officer of police for a police area in the LA area.

4. EQUALITY STATEMENT

Some children have an increased risk of abuse, and additional barriers can exist for some children with respect to recognising or disclosing it. We are committed to anti-discriminatory practice and recognise children's diverse circumstances. We ensure that all children have the same protection, regardless of any barriers they may face.

We give special consideration to children who:

- Have special educational needs (SEN) or disabilities
- Are young carers
- May experience discrimination due to their race, ethnicity, religion, gender identification or sexuality
- Have English as an additional language
- Are known to be living in difficult situations – for example, temporary accommodation or where there are issues such as substance abuse or domestic violence
- Are at risk of FGM, sexual exploitation, forced marriage, or radicalisation
- Are asylum seekers
- Are at risk due to either their own or a family member's mental health needs
- Are looked after or previously looked after

5. ROLES AND RESPONSIBILITIES

Safeguarding and child protection is everyone's responsibility. This policy applies to all staff, agency staff, volunteers and Trustees in the North East Autism Society and is consistent with the procedures of the Society's safeguarding partners. Our policy and procedures apply to all the Society's activities whether they be on the Society's premises or off-site.

5.1 ALL STAFF

All staff, agency staff, volunteers and Trustees will read and understand the Child Protection and Safeguarding Policy and Procedure and review this guidance at least annually.

All staff, agency staff, volunteers and Trustees will be aware of:

- Our systems which support safeguarding, including this child protection and safeguarding policy, the staff code of conduct, the role and identify of the designated safeguarding lead (DSL) and deputy, the positive and proactive support policy, and the safeguarding response to children who go missing from care.
- The early help process, sometimes known as the common assessment framework, and their role in it, including identifying emerging problems, liaising with the DSL, and sharing information with other professionals to support early identification and assessment.
- The process for making referrals to local authority children's social care and for statutory assessments that may follow a referral, including the role they might be expected to play.
- What to do if they identify a safeguarding issue or a child tells them they are being abused or neglected, including specific issues such as FGM, and how to maintain an appropriate level of confidentiality while liaising with relevant professionals.
- The signs of different types of abuse and neglect, as well as specific safeguarding issues, such as child sexual exploitation (CSE), indicators or being at risk from or involved with serious violent crime or radicalisation.

5.2 THE DESIGNATED SAFEGUARDING LEAD (DSL)

The DSL is a member of the management team within children's services, each service has a designated safeguarding lead (service/Registered Manager) and appointed deputies. The DSL takes the lead responsibility for child protection and wider safeguarding.

The role of the DSL is to:

- Provide advice and support to other staff on child welfare and child protection matters.
- Take part in strategy discussions and inter-agency meetings and/or to support other staff to do so.
- Contribute to the assessment of children.
- Refer suspected cases, as appropriate, to the relevant body (local authority children's social care, Channel programme, Disclosure and Barring Service, and/or police) and support staff who make such referrals directly.

The DSL will keep the senior management team informed of any issues and liaise with the local authority case managers and designated officers for child protection concerns as appropriate.

5.3 TRUSTEES

The Trustees are accountable for ensuring that the Society has clear and effective policies and procedures in place and that they comply with legislation and good practice guidelines. They also have a duty to monitor the Society's compliance with

these guidelines, (however neither the Trustees as a Board nor individual Trustees have a role in dealing with individual cases or have a right to know details of cases except when exercising their disciplinary functions in respect of allegations against the member of staff).

The Trustees should in particular ensure that the Society:

- Has a Safeguarding Child Protection Policy and procedures in place that is in accordance with local authority guidance and locally agreed inter-agency procedures and that the Policy is accessible to parents, carers or appropriate professionals.

- Uses safeguarding and safer recruitment practices throughout the organisation.

- Operates procedures for dealing with allegations of abuse against staff and volunteers, and those other personnel who work with children with the permission of the Society including clear management of allegation procedures and practices within the organisation, all being supported by Children's Services and the LADO.

- Has a senior member of staff in each Service area designated to take lead responsibility for dealing with child protection and safeguarding issues providing advice and support to other staff, liaising with the responsible local authority and working with other agencies.

- The senior managers and all other staff who work with children and young people undertake appropriate training to equip them to carry out their responsibilities in safeguarding children effectively. They must remain up to date by training at a minimum of two-yearly intervals. Agency staff and volunteers who work with children and young people must also be made fully aware of the expectations and arrangements for safeguarding children and their individual responsibilities.

- The Trustees must remedy any deficiencies or weaknesses in safeguarding children's arrangements that are brought to their attention. They must address any such issue without delay.

5.4 REGISTERED MANAGER/SERVICE MANAGER

The registered/service manager is responsible for the implementation of this policy, including:

- Ensuring that staff, including any temporary/agency staff, and volunteers are informed of our systems which support safeguarding, including this policy, as part of their induction.
- Communicating this policy to all relevant stakeholders, including young people, parents, social workers who access the Society's services.
- Ensuring that the DSL has appropriate time, funding, training and resources and there is always adequate cover if the DSL is absent.
- Ensuring that all staff undertake appropriate safeguarding and child protection training and update this regularly.
- Acting as the 'case manager' in the event of an allegation of abuse made against another member of staff or volunteers, where appropriate.

6. CONFIDENTIALITY

Please refer to North East Autism Society's Data Protection (GDPR) Policy.

North East Autism Society will ensure that:

- Timely information sharing is essential to effective safeguarding.
- Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children.
- The Data Protection Act (DPA) 2018 and GDPR do not prevent, or limit, the sharing of information for the purpose of keeping children safe.
- If staff need to share 'special category personal data', the DPA 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information without consent if it is not possible to gain consent, it cannot be reasonably expected that a practitioner gains consent, or if to gain consent would place a child at risk.
- Staff should never promise a child that they will not tell anyone about a report of abuse, as this may not be in the child's best interests.
- The government's information sharing advice for safeguarding practitioners

includes 7 'golden rules' for sharing information and will support staff who have to make decisions about sharing information.

- If staff are in any doubt about sharing information, they should speak to the designated safeguarding lead (or deputy).

7. RECOGNISING ABUSE AND TAKING ACTION

Staff, volunteers and governance must follow the procedures set out below in the event of a safeguarding issue. Please note – in this and subsequent sections, you should take any references to the DSL to mean "the DSL (or deputy DSL)".

7.1 IF THE CHILD IS SUFFERING OR LIKELY TO SUFFER FROM HARM OR IN IMMEDIATE DANGER

In the event a child is currently suffering or likely to suffer harm or in immediate dangers staff should take actions to ensure the child's safety and make a referral to children's social care and/or the police **immediately** either yourself or by contacting the DSL if they are directly available. **Anyone can make a referral**. Tell the DSL as soon as possible if you make a referral directly.

Ensure that you record all information accurately in line with guidance on documentation outlined in section 14 on record keeping. The DSL will then complete a follow-up referral form with the individual reporter.

For child or young person in residential or short break care Ofsted must be informed of any serious event (Regulation 40, Children's Homes Regulations 2015) that may affect the well-being of the children in our care or the registration of the home.

Ofsted's online notification form must be completed and sent to Ofsted within 24 hours of the serious event occurring. Additionally, a copy of the serious event should be sent to the relevant Operations Manager and Senior Manager. The online notification form can be located at:

https://www.gov.uk/guidance/tell-ofsted-about-an-incident-childrens-social-care-notification

When completing the notification form do not identify children, young people or staff by name, please use initials or other unique form of reference and date of birth only. Any updated information following the initial notification i.e. strategy meeting and outcomes use Ofsted Notification Form but mark clearly on the top that it is updated information.

A copy of the referral information must be held on file. Where the child or young person is a resident at one of our residential units, copies must be made available to education and care managers as appropriate.

For further information and guidance, see the Notification of Serious Events Policy.

To make a referral contact:

Local Authority Area	Telephone Number	Email Address
County Durham	03000 267 979	firstcontact@durham.gov.uk
Sunderland	0191 520 5560 0191 520 5552 (OOH)	Safeguarding.children@togetherforchildren.gov.uk

Child abuse can also be reported to the local council – please follow the link below:

www.gov.uk/report-child-abuse-to-local-council

7.2 IF A CHILD MAKES A DISCLOSURE TO YOU

If a child discloses a safeguarding issue to you, you should:

- Listen to and believe in them. Allow them time to talk freely and do not ask any leading questions.
- Stay calm and do not show you are shocked or upset.
- Tell the child they have done the right thing in telling you. Do not tell them they should have told you sooner.
- Explain what will happen next and that you will pass this information on. Do not promise to keep it a secret.
- Write up your conversation as soon as possible in the child's own words. Stick to the facts, and do not put your judgement on it.
- Sign and date the write-up and pass it on to the DSL.

7.3 Alternatively, if appropriate and the child is in immediate risk or harm or danger and the DSL is not immediately available, make a referral to children's social care and/or the police directly (see 7.1), and tell the DSL as soon as possible that you have done so.

8. IF YOU DISCOVER THAT FGM HAS TAKEN PLACE OR A CHILD IS AT RISK OF FGM

Female genital mutilation comprises "all procedures involving partial or total removal of the external female genitalia, or other injury to the female genital organs". FGM is illegal in the UK and a form of child abuse with long-lasting, harmful consequences. It is also known as 'female genital cutting', 'circumcision' or 'initiation'.

Possible indicators that a child has already been subjected to FGM, and factors that suggest a child may be at risk, are set out in appendix 4.

Any registered healthcare professional or teacher who discovers (either through disclosure by the victim or visual evidence) that an act of FGM appears to have been carried out on a **child under 18** must immediately report this to the police, personally. This is a statutory duty, and registered healthcare professionals or teachers will face disciplinary sanctions for failing to meet it.

Unless they have been specifically told not to disclose, they should also discuss the case with the DSL and involve children's social care as appropriate.

Any other member of staff who discovers that an act of FGM appears to have been carried out on a **child under 18** must speak to the DSL and follow our local safeguarding procedures. The duty for teachers mentioned above does not apply in cases where a child is *at risk* of FGM or FGM is suspected but is not known to have been carried out. Staff should not examine children to gain evidence of FGM.

Any member of staff who suspects a person is *at risk* of FGM or suspects that FGM has been carried out or discovers that an **individual age 18 or over** appears to have been a victim of FGM must speak to the DSL and follow our local safeguarding procedures.

8.1 IF YOU HAVE CONCERNS ABOUT A CHILD (NOT RELATED TO 7.1)

Figure 1 illustrates the procedures to follow if you have any concerns about a child's welfare. Where possible, speak to the DSL first to agree a course of action. If in exceptional circumstances DSLis not available, this should not delay appropriate action being taken. Speak to the relevant Operations Manager, Head of Care and/or take advice from local authority on children's social care. You can also seek advice at any time from the NSPCC helpline on 0808 800 5000. Share details of any actions you take with the DSL as soon as practically possible. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' below). Share any action taken with the DSL as soon as possible.

Early help

If early help is appropriate, DSL will generally lead on liaising with other agencies and setting up an inter-agency assessment as appropriate. Staff may be required to

support other agencies and professionals in an early help assessment, in some cases acting as the lead practitioner.

The DSL will keep the case under constant review and the DSL will consider a referral to the local authority children's social care if the situation does not seem to be improving. Timelines of interventions will be monitored and reviewed.

Referral

If it is appropriate to refer the case to local authority children's social care or the police, the DSL will make the referral or support you to do so. If you make a referral directly (see section 7.1), you must tell the DSL as soon as possible.

The local authority will make a decision within 1 working day of a referral about what course of action to take and will let the person who made the referral know the outcome. The DSL or person who made the referral must follow up with the local authority if this information is not made available, and ensure outcomes are properly recorded.

If the child's situation does not seem to be improving after the referral, the DSL or person who made the referral must follow local escalation procedures to ensure their concerns have been addressed and that the child's situation improves. These can be located on the relevant local safeguarding children partnership website.

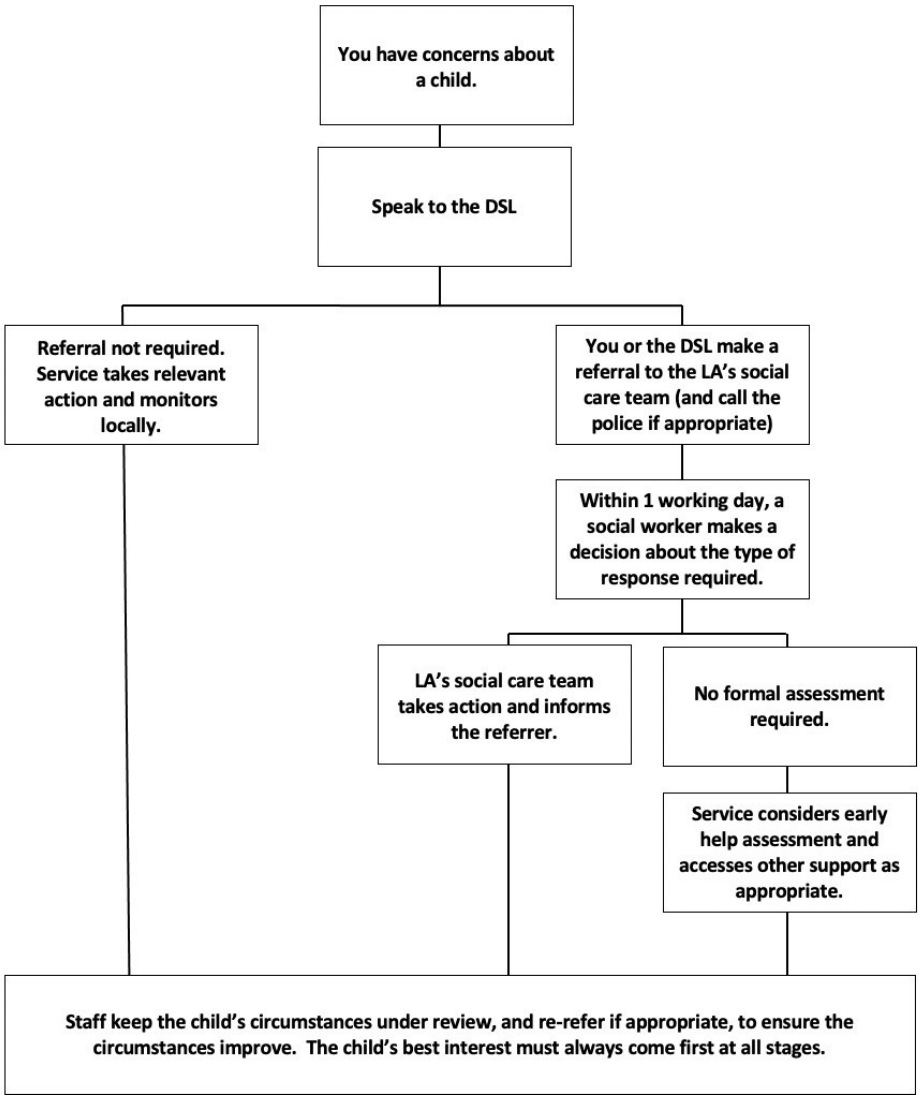


Figure 1:

8.2 IF YOU HAVE A CONCERN ABOUT EXTREMISM

If a child is not suffering or likely to suffer from harm, or in immediate danger, where possible speak to the DSL first to agree a course of action. If in exceptional circumstances DSL is not available, this should not delay appropriate action being taken. Speak to the relevant Operations Manager, Head of Care and/or seek advice from local authority on children's social care. Make a referral to local authority children's social care directly, if appropriate (see 'Referral' above). Inform the DSL as soon as practically possible after the referral.

Where there is a concern, the DSL will consider the level of risk and decide which agency to make a referral to. This could include Channel, the government's programme for identifying and supporting individuals at risk of being drawn into terrorism, or the local authority children's social care team. The Department for

Education also has a dedicated telephone helpline, 020 7340 7264, which staff and Trustees can call to raise concerns about extremism with respect to a child.

You can also email counter.extremism@education.gov.uk. Note that this is not for use in emergency situations.

In an emergency, call 999 or the confidential anti-terrorist hotline on 0800 789 321 if you:

- Think someone is in immediate danger
- Think someone may be planning to travel to join an extremist group
- See or hear something that may be terrorist-related

8.3 IF YOU HAVE A MENTAL HEALTH CONCERN

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. Staff will be alert to behavioural signs that suggest a child maybe experiencing a mental health problem or be at risk of developing one.

If you have a mental health concern about a child that is also a safeguarding concern, take immediate action by following the steps in section 7.4. If you have a mental health concern that is **not** also a safeguarding concern, speak to the DSL to agree a course of action. For residential children this should include alerting the child's GP and/or CAMHS team or making a CAMHS referral if the child is not under their service. For children receiving family support, the DSL should contact the child's family/social worker as appropriate.

8.4 CONCERNS ABOUT A STAFF MEMBER OR VOLUNTEER

If you have concerns about a member of staff (including an agency staff member or volunteer), or an allegation is made about a member of staff (including an agency staff member or volunteer) posing a risk of harm to children, speak to the Registered/Service Manager. If the concerns/allegations are about the Registered/Service Manager, speak to the Operations Manager/Head of Care.

The Registered/Service Manager/Operations Manager/Head of Care will then follow the procedures set out in appendix 3, if appropriate.

If you have concerns about a member of staff (including an agency staff member or volunteer), or an allegation is made about a member of staff (including an agency staff member or volunteer) posing a risk of harm to children, speak to the

Registered/Service Manager. If the concerns/allegations are about the Registered/Service Manager, speak to the Operations Manager/Head of Care.

The Registered/Service Manager/Operations Manager/Head of Care will then follow the procedures set out in Appendix 3, if appropriate.

8.5 ALLEGATIONS OF ABUSE MADE AGAINST OTHER CHILDREN

We recognise that children are capable of abusing their peers. Abuse will never be tolerated or passed off as "banter", "just having a laugh" or "part of growing up".

We also recognise the gendered nature of peer-on-peer abuse. However, all peer-on-peer abuse is unacceptable and will be taken seriously. Most cases of children hurting other children will be dealt with under our Society's positive and proactive support policy or bullying policy, but this child protection and safeguarding policy will apply to any allegations that raise safeguarding concerns. This might include where the alleged behaviour:

- It is serious, and potentially a criminal offence.
- Could put children in Society's care at risk.
- It is violent.
- Involves children being forced to use drugs or alcohol.
- Involves sexual exploitation, sexual abuse or sexual harassment, such as indecent exposure, sexual assault, upskirting or sexually inappropriate pictures or videos (including sexting).

If a child makes an allegation of abuse against another child:

- You must record the allegation and tell the DSL, but do not investigate it.
- The DSL will contact the local authority children's social care team and follow its advice, as well as the police if the allegation involves a potential criminal offence.
- The DSL will put a risk assessment and support plan into place for all children involved (including the victim(s), the child(ren) against whom the allegation has been made and any others affected) with a named person they can talk to if needed.
- The DSL will contact the children and adolescent mental health services (CAMHS), if appropriate.

We will minimise the risk of peer-on-peer abuse by:

- Challenging any form of derogatory or sexualised language or behaviour, including requesting or sending sexual images.

- Being vigilant to issues that particularly affect different genders.
- Ensuring children know they can talk to staff confidentially.
- Ensuring staff are trained to understand that a child harming a peer could be a sign that the child is being abused themselves, and that this would fall under the scope of this policy.

8.6 SEXTING

The following approach is based on guidance from the UK Council for Child Internet Safety for all staff and for DSLs and senior leaders.

Your responsibilities when responding to an incident

If you are made aware of an incident involving sexting (also known as 'youth produced sexual imagery'), you must report it to the DSL immediately.

You must **not**:

- View, download or share the imagery yourself, or ask a child to share or download it. If you have already viewed the imagery by accident, you must report this to the DSL.
- Delete the imagery or ask the child to delete it.
- Ask the child/children who are involved in the incident to disclose information regarding the imagery (this is the DSL's responsibility).
- Share information about the incident with other members of staff, the child/children it involves or their, or other, parents and/or carers.
- Say or do anything to blame or shame any young people involved.

You should explain that you need to report the incident and reassure the child/children that they will receive support and help from the DSL.

Initial review meeting

Following a report of an incident, the DSL will hold an initial review meeting with appropriate staff. This meeting will consider the initial evidence and aim to determine:

- Whether there is an immediate risk to children
- If a referral needs to be made to the police and/or children's social care
- If it is necessary to view the imagery in order to safeguard the young person (in most cases, imagery should not be viewed)
- What further information is required to decide on the best response
- Whether the imagery has been shared widely and via what services and/or platforms (this may be unknown)

- Whether immediate action should be taken to delete or remove images from devices or online services
- Any relevant facts about the child/children involved which would influence risk assessment
- If there is a need to contact another setting or individual
- Whether to contact parents or carers of the child/children involved (in most cases parents should be involved)

The DSL will make an immediate referral to police and/or children's social care if:

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

If none of the above apply then the DSL, in consultation with the Operations Manager/Head of Care and other members of staff as appropriate, may decide to respond to the incident without involving the police or children's social care.

Further review by the DSL

If at the initial review stage, a decision has been made not to refer to police and/or children's social care, the DSL will conduct a further review.

They will hold interviews with the children involved (if appropriate) to establish the facts and assess the risks. If at any point in the process there is a concern that a child has been harmed or is at risk of harm, a referral will be made to the children's social care and/or the police immediately.

Informing parents

The DSL will inform parents at an early stage and keep them involved in the process, unless there is a good reason to believe that involving them would put the child at risk of harm.

Referring to the police

If it is necessary to refer an incident to the police, this will be done through

contacting the police community support officer, local neighbourhood police, and/or dialling 101.

Recording incidents

All sexting incidents and the decisions made in responding to them will be recorded. The record-keeping arrangements set out in section 14 of this policy also apply to recording incidents of sexting.

8.7 CHILDREN GOING MISSING FROM CARE

The North East Autism Society's policy on Missing from Care should be read detailing the procedures to follow if a child goes missing from care.

9. SAFEGUARDING CONFERENCES

In the event of the Society being invited to attend Initial Child Protection Conferences or Review Conferences or Core Groups, the Designated Person will represent and provide information relevant to the meeting. A full account of the safeguarding incident should be provided in the meeting. A record of the meeting should be made and placed on the child/young person's file.

10. NOTIFYING PARENTS

Where appropriate, we will discuss any concerns about a child with the child's parents. The DSL will normally do this in the event of suspicion or disclosure. Other staff will only talk to parents about any such concerns following consultation with the DSL.

If we believe that notifying the parents would increase the risk to the child, we will discuss this with the local authority children's social care team before doing so. In the case of allegations of abuse made against other children, we will normally notify the parents of all the children involved.

11. CHILDREN WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES

We recognise that children with special educational needs (SEN) and disabilities can face additional safeguarding challenges. Additional barriers can exist when recognising abuse and neglect in this group, including:

- Assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration
- Children being more prone to peer group isolation than other children
- The potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs
- Communication barriers and difficulties in overcoming these barriers

We offer extra support for children with SEN and disabilities. This includes:

- Key worker support
- Regular children's meetings
- Identified circle of support to ensure children have safe people to talk to

12. LOOKED AFTER CHILDREN AND PREVIOUSLY LOOKED AFTER CHILDREN

We will ensure that staff have the skills, knowledge and understanding to keep looked-after children and previously looked-after children safe. In particular, we will ensure that:

- Appropriate staff have relevant information about children looked after legal status, contact arrangements with birth parents or those with parental responsibility, and care arrangements.
- The DSL has details of children's social workers.

13. MOBILE PHONES AND CAMERAS

Staff can bring their personal phones to work for their own use but will limit them to non-contact time when children are not present. Staff members' personal phones will remain in their bags or cupboards during their time with children.

We will follow the General Data Protection Regulation and Data Protection Act 2018 when taking and storing photos and recordings for use.

Staff and volunteers can take digital/video images but must follow Society policies about the sharing, distribution and publication of those images. Those images should only be taken on approved Society equipment, the personal equipment of staff should not be used for such purposes in any circumstances. Care should be taken when taking digital / video images that children are appropriately dressed and are not participating in activities that might bring the individuals or the Society into disrepute.

Children must not take, use, share, publish or distribute images of others without their permission.

Photographs published on the website, or elsewhere that include children will be selected carefully and will comply with good practice guidance on the use of such images.

Children's full names will not be used anywhere on a website or blog, particularly in association with photographs without permission from parents first.

Children's work can only be published with the permission of the children (where applicable) and parents.

Please refer to the following for further information on using mobile phones and cameras including taking, using and storing photos:

- Staff handbook
- Staff code of conduct
- E-Safety Policy
- IT – Including Use of Software, Email, Internet and Removable Media Policy

14. COMPLAINTS AND CONCERNS ABOUT SOCIETY SAFEGUARDING POLICY

14.1 COMPLAINTS AGAINST STAFF

Complaints against staff that are likely to require a child protection investigation will be handled in accordance with our procedures for dealing with allegations of abuse made against staff (see appendix 3).

14.2 OTHER COMPLAINTS

North East Autism Society is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff to share the same values. The Society has a Complaints and Appeals Policy to handle other complaints, for example those related to children or premises.

14.3 WHISTLE BLOWING

North East Autism Society has a separate whistle-blowing policy that covers concerns regarding the way the Society safeguards children and vulnerable adults including poor or unsafe practice, or potential failures.

15. RECORD KEEPING

We will hold records in line with our records retention schedule.

All safeguarding concerns, discussions, decisions made and the reasons for those decisions, must be recorded in writing. If you are in any doubt about whether to record something, discuss it with the DSL. Non-confidential records will be easily accessible and available. Confidential information and records will be held securely and only available to those who have a right or professional need to see them.

Safeguarding records relating to individual children will be retained for a reasonable period of time after they have left the care of the Society.

If a child for whom the Society has, or has had, safeguarding concerns moves to another service, the DSL will ensure that their child protection file is forwarded promptly and securely, and separately from the main care file. In addition, if the concerns are significant or complex, and/or social services are involved, the DSL will speak to the DSL of the receiving service and provide information to enable them to have time to make any necessary preparations to ensure the safety of the child. North East Autism Society holds records in line with our Retention Schedule.

North East Autism Society shares information with other agencies when this is appropriate, in line with Local Safeguarding Children Partnership procedures.

In addition:

- Appendix 2 sets out our policy on record-keeping specifically with respect to recruitment and pre- employment checks
- Appendix 3 sets out our policy on record-keeping with respect to allegations of abuse made against staff

16. SUPPORTING CHILDREN THROUGH THE SAFEGUARDING PROCESS

The Society recognises that young persons who are abused or who experience the abuse of others, for example witnessing violence, may find it difficult to develop a sense of self-worth and to view the world in a positive way. The Society may be the only stable, secure and predictable element in the lives of some of the children and young people under our care. The Society, therefore, recognises that such children and young persons might exhibit these experiences in their own presentation including challenging and defiant behaviour and will take careful note of the context and potential meaning of such behaviour and presentation.

The Society also recognises that some children and young persons who have experienced abuse may in turn abuse others. This requires a considered and sensitive approach in order that the child or young person can receive appropriate help, guidance and support.

The Society will endeavour to support all its children and young people through:

- Our ethos, which promotes a positive, supportive and secure environment and which gives all children, young people and adults a sense of being respected and valued
- A coherent management of behaviour
- Liaison with other professionals and agencies who support children, young persons and parents
- A commitment to develop productive, supportive relationships with parents/carers whenever it is in the child's or young person's interests to do so
- The development and support of a responsive and knowledgeable staff and volunteer group whose role it is to respond sensitively and appropriately in safeguarding situations.

17. TRAINING

17.1 ALL STAFF

All staff members will undertake safeguarding and child protection training at induction, including on whistle-blowing procedures, to ensure they understand the Society's safeguarding systems and their responsibilities, and can identify signs of possible abuse or neglect. This training will be regularly updated and will be in line with advice from the 3 safeguarding partners.

All staff will have training on the government's anti-radicalisation strategy, Prevent, to enable them to identify children at risk of being drawn into terrorism and to challenge extremist ideas.

Staff will also receive regular safeguarding and child protection updates (for example, through emails, e- bulletins and staff meetings) as required, but at least annually.

Mandatory safeguarding training for all staff members in the Society include:

- Safeguarding Children
- Safeguarding Children from Sexual Exploitation
- Safeguarding Adults
- Mental Capacity Act and DOLS
- Female Genital Mutilation Awareness
- PREVENT

17.2 THE DSL AND DEPUTY

The DSL and deputy will undertake mandatory child protection and safeguarding training at least every 2 years. In addition, they will update their knowledge and skills at regular intervals and at least annually (for example, through e-bulletins, meeting other DSLs, or taking time to read and digest safeguarding developments). They will also undertake Prevent awareness training. DSL's and their deputies must complete a Designated Safeguarding Lead course every two years as a minimum.

17.3 TRUSTEES

Trustees receive training about safeguarding, to make sure they have the knowledge and information needed to perform their functions and understand their responsibilities. As the chair of governors may be required to act as the 'case manager' in the event that an allegation of abuse is made against a senior service manager, they receive training in managing allegations for this purpose.

17.4 - RECRUITMENT – INTERVIEW PANELS

At least one person conducting an interview for a post within the Society will have undertaken safer recruitment training. This will cover, as a minimum, the contents of the Department for Education's statutory guidance, Keeping Children Safe in Education, and will be in line with local safeguarding procedures.

18. MONITORING ARRANGEMENTS

This policy will be reviewed annually by the Head of Care and/or relevant Operations Manager. At every review, it will be approved by the full Trustees board.

19. LINKS WITH OTHER POLICIES

This policy links to the following policies and procedures:

- Positive and Proactive Support Policy
- Staff code of conduct
- Complaints and Appeals
- Health and safety
- Attendance
- E-Safety (includes acceptable usage)
- Equality
- Sex and relationship education
- First aid
- Curriculum
- Whistle blowing

- Anti-bullying
- Data Protection (GDPR)
- NEAS employee privacy notice

20. POLICY AGREEMENT

This Policy will be reviewed every two years or considering any changes in legislation and/or guidance and/or in response to regular review and/or any material events.

Signed:  John Phillipson, CEO

Signed: Rakesh Chopra, Chairman of Trustees

APPENDIX 1: TYPES OF ABUSE

Abuse including, neglect, and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap.

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

Emotional abuse is the persistent emotional maltreatment of a child such as causing severe and adverse effects on the child's emotional development. Some level of emotional abuse is involved in all types of maltreatment of a child, although it may occur alone.

Emotional abuse may involve:

- Conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person
- Not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate
- Age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction
- Seeing or hearing the ill-treatment of another
- Serious bullying (including cyberbullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children

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 penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing
- Non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet)

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

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy due to maternal substance abuse.

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 caregivers)
- Ensure access to appropriate medical care or treatment

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

APPENDIX 2: SAFER RECRUITMENT AND DBS CHECKS – POLICY AND PROCEDURES

All copies of checks carried out are held on North East Autism Society's central HR files. Copies of these checks, where appropriate, will be held in individuals' personnel files. We follow requirements and best practice in retaining copies of these checks, as set out below.

New staff

When appointing new staff, we will:

- Verify their identity
- Obtain (via the applicant) an enhanced Disclosure and Barring Service (DBS) certificate, including barred list information for those who will be engaging in regulated activity (see definition below). We will not keep a copy of this for longer than 6 months
- Obtain a separate barred list check if they will start work in regulated activity before the DBS certificate is available
- Verify their mental and physical fitness to carry out their work responsibilities
- Verify their right to work in the UK. We will keep a copy of this verification for the duration of the member of staff's employment and for 2 years afterwards
- Verify their professional qualifications, as appropriate
- Ensure they are not subject to a prohibition order if they are employed to be a teacher
- Carry out further additional checks, as appropriate, on candidates who have lived or worked outside of the UK, including (where relevant) any teacher sanctions or restrictions imposed by a European Economic Area professional regulating authority, and criminal records checks or their equivalent
- Check that candidates taking up a management position are not subject to a prohibition from management (section 128) direction made by the secretary of state
- We will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. When we take a decision that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment on the individual's personnel file. This will include our evaluation of any risks and control measures put in place, and any advice sought.

We will ask for written information about previous employment history and check that the information is not contradictory or incomplete.

We will seek references for all short-listed candidates, including internal candidates, before the interview. We will scrutinise these and resolve any concerns before confirming appointments. The references requested will ask specific questions about the suitability of the applicant to work with children.

Existing staff

If we have concerns about an existing member of staff's suitability to work with children, we will carry out all the relevant checks as if the individual was a new member of staff. We will also do this if an individual moves from a post that is not regulated activity to one that is.

We will refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- We believe the individual has engaged in relevant conduct; or
- The individual has received a caution or conviction for a relevant offence, or there is reason to believe the individual has committed a listed relevant offence, under the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009; or
- The 'harm test' is satisfied in respect of the individual (i.e. they may harm a child or vulnerable adult or put them at risk of harm); and
- The individual has been removed from working in regulated activity (paid or unpaid) or would have been removed if they had not left.

Agency and third-party staff

We will obtain written notification from any agency or third-party organisation that it has carried out the necessary safer recruitment checks that we would otherwise perform. We will also check that the person presenting themselves for work is the same person on whom the checks have been made.

Contractors

We will ensure that any contractor, or any employee of the contractor, who is to work at the Society has had the appropriate level of DBS check (this includes contractors who are provided through a PFI or similar contract). This will be:

- An enhanced DBS check with barred list information for contractors engaging in regulated activity.
- An enhanced DBS check, not including barred list information, for all other contractors who are not in regulated activity but whose work provides them with an opportunity for regular contact with children.

We will obtain the DBS check for self-employed contractors. We will not keep copies of such checks for longer than 6 months. Contractors who have not had any checks will not be allowed to work unsupervised or engage in regulated activity under any circumstances. We will check the identity of all contractors and their staff on arrival at any Society premises.

For self-employed contractors such as music teachers or sports coaches, we will ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. When we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought.

Volunteers

We will:

- Never leave an unchecked volunteer unsupervised or allow them to work in regulated activity
- Obtain an enhanced DBS check with barred list information for all volunteers who are new to working in regulated activity
- Carry out a risk assessment when deciding whether to seek an enhanced DBS check without barred list information for any volunteers not engaging in regulated activity. We will retain a record of this risk assessment
- Ensure that appropriate checks are carried out to ensure that individuals are not disqualified under the 2018 Childcare Disqualification Regulations and Childcare Act 2006. When we decide that an individual falls outside of the scope of these regulations and we do not carry out such checks, we will retain a record of our assessment. This will include our evaluation of any risks and control measures put in place, and any advice sought

Trustees

All trustees will have an enhanced DBS check without barred list information. They will have an enhanced DBS check with barred list information if working in regulated activity. All Trustees will also have the following checks:

- A section 128 check (to see if prohibition on participation in management under section 128 of the Education and Skills Act 2008) Section 128 checks are only required for local governors if they have retained or been delegated any management responsibilities.
- Identity
- Right to work in the UK
- Other checks deemed necessary if they have lived or worked outside the UK

APPENDIX 3 – ALLEGATIONS OF ABUSE MADE AGAINST STAFF

This section of this policy applies to all cases in which it is alleged that a current member of staff or volunteer has:

- Behaved in a way that has harmed a child, or may have harmed a child, or
- Possibly committed a criminal offence against or related to a child, or
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children

It applies regardless of whether the alleged abuse took place in the work. Allegations against a teacher who is no longer teaching and historical allegations of abuse will be referred to the police.

We will deal with any allegation of abuse against a member of staff or volunteer very quickly, in a fair and consistent way that provides effective child protection while also supporting the individual who is the subject of the allegation.

Our procedures for dealing with allegations will be applied with common sense and judgement.

Suspension of the accused until the case is resolved

Suspension will not be the default position and will only be considered in cases where there is reason to suspect that a child or other children is/are at risk of harm, or the case is so serious that it might be grounds for dismissal. In such cases, we will only suspend an individual if we have considered all other options available and there is no reasonable alternative.

Based on an assessment of risk, we will consider alternatives such as:

- Redeployment within the Society so that the individual does not have direct contact with the child or children concerned
- Providing an assistant to be present when the individual has contact with children
- Redeploying the individual to alternative work in the Society so that they do not have unsupervised access to children
- Moving the child or children to classes where they will not come into contact with the individual, making it clear that this is not a punishment and parents have been consulted
- Temporarily redeploying the individual to another role in a different location, for example to alternative premises or other work for the Society.

Definitions for outcomes of allegation investigations

- Substantiated: there is sufficient evidence to prove the allegation.
- Malicious: there is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive.
- False: there is sufficient evidence to disprove the allegation.
- Unsubstantiated: there is insufficient evidence to either prove or disprove the allegation (this does not imply guilt or innocence).
- Unfounded: to reflect cases where there is no evidence or proper basis which supports the allegation being made.

Procedure for dealing with allegations

In the event of an allegation that meets the criteria above, the DSL (or Head of Care/Chief Executive Officer where the DSL is the subject of the allegation) – the 'case manager' – will take the following steps:

- Immediately discuss the allegation with the designated officer at the local authority. This is to consider the nature, content and context of the allegation and agree a course of action, including whether further enquiries are necessary to enable a decision on how to proceed, and whether it is necessary to involve the police and/or children's social care services. (The case manager may, on occasion, consider it necessary to involve the police before consulting the designated officer – for example, if the accused individual is deemed to be an immediate risk to children or there is evidence of a possible criminal offence. In such cases, the case manager will notify the designated officer as soon as practicably possible after contacting the police).
- Inform the accused individual of the concerns or allegations and likely course of action as soon as possible after speaking to the designated officer (and the police or children's social care services, where necessary). Where the police and/or children's social care services are involved, the case manager will only share such information with the individual as has been agreed with those agencies.
- Where appropriate (in the circumstances described above), carefully consider whether suspension of the individual from contact with children at the Society is justified or whether alternative arrangements such as those outlined above can be put in place. Advice will be sought from the designated officer, police and/or children's social care services, as appropriate.
- If immediate suspension is considered necessary, agree and record the rationale for this with the designated officer. The record will include information about the alternatives to suspension that have been considered, and why they were rejected. Written confirmation of the suspension will be provided to the individual facing the allegation or concern within 1 working day, and the individual will be given a named contact at the Society and their contact details.

- If it is decided that no further action is to be taken in regard to the subject of the allegation or concern, record this decision and the justification for it and agree with the designated officer what information should be put in writing to the individual and by whom, as well as what action should follow both in respect of the individual and those who made the initial allegation.
- If it is decided that further action is needed, take steps as agreed with the designated officer to initiate the appropriate action in Society and/or liaise with the police and/or children's social care services as appropriate.
- Provide effective support for the individual facing the allegation or concern, including appointing a named representative to keep them informed of the progress of the case and considering what other support is appropriate. Employees can also contact their trade union representation or society HR department.
- Inform the parents or carers of the child/children involved about the allegation as soon as possible if they do not already know (following agreement with children's social care services and/or the police, if applicable). The case manager will also inform the parents or carers of the requirement to maintain confidentiality about any allegations made against staff while investigations are ongoing. Any parent or carer who wishes to have the confidentiality restrictions removed in respect of a staff member will be advised to seek legal advice.
- Keep the parents or carers of the child/children involved informed of the progress of the case and the outcome, where there is not a criminal prosecution, including the outcome of any disciplinary process (in confidence).
- Make a referral to the DBS where it is thought that the individual facing the allegation or concern has engaged in conduct that harmed or is likely to harm a child, or if the individual otherwise poses a risk of harm to a child.

Where the police are involved, wherever possible the Board of Trustees will ask the police at the start of the investigation to obtain consent from the individuals involved to share their statements and evidence for use in the Society's disciplinary process, should this be required at a later point.

Additional considerations for supply staff

If there are concerns or an allegation is made against someone not directly employed by the Society, such as supply staff provided by an agency, we will take the actions below in addition to our standard procedures.

- We will not decide to stop using a supply staff due to safeguarding concerns without finding out the facts and liaising with our local authority designated officer to determine a suitable outcome.
- The Trustee board will discuss with the agency whether it is appropriate to suspend the supply staff, or redeploy them to another part of the Society, while the Society carries out the investigation.

- We will involve the agency fully, but the Society will take the lead in collecting the necessary information and providing it to the local authority designated officer as required.
- We will address issues such as information sharing, to ensure any previous concerns or allegations known to the agency are taken into account (we will do this, for example, as part of the allegations management meeting or by liaising directly with the agency where necessary).

When using an agency, we will inform them of our process for managing allegations, and keep them updated about our policies as necessary, and will invite the agency's HR manager or equivalent to meetings as appropriate.

Timescales

- Any cases where it is clear immediately that the allegation is unsubstantiated or malicious will be resolved within 1 week
- If the nature of an allegation does not require formal disciplinary action, we will institute appropriate action within 3 working days
- If a disciplinary hearing is required and can be held without further investigation, we will hold this within 15 working days

Specific actions

Action following a criminal investigation or prosecution

The case manager will discuss with the local authority's designated officer whether any further action, including disciplinary action, is appropriate and, if so, how to proceed, taking into account information provided by the police and/or children's social care services.

Conclusion of a case where the allegation is substantiated

If the allegation is substantiated and the individual is dismissed or the Society ceases to use their services, or the individual resigns or otherwise ceases to provide their services, the case manager and the Society's personnel adviser will discuss with the designated officer whether to make a referral to the DBS for consideration of whether inclusion on the barred lists is required. If they think that the individual has engaged in conduct that has harmed (or is likely to harm) a child, or is they think the person otherwise poses a risk of harm to a child, they must make a referral to the DBS.

If the individual concerned is a member of the teaching staff, the case manager and personnel adviser will discuss with the designated officer whether to refer the matter to the Teaching Regulation Agency to consider prohibiting the individual from teaching.

Individuals returning to work after suspension

If it is decided on the conclusion of a case that an individual who has been suspended can return to work, the case manager will consider how best to facilitate this.

The case manager will also consider how best to manage the individual's contact with the child or children who made the allegation, if they are still attending the Society.

Unsubstantiated or malicious allegations

If an allegation is shown to be deliberately invented, or malicious, the DSL, or other appropriate person in the case of an allegation against the DSL will consider whether any disciplinary action is appropriate against the child/children who made it, or whether the police should be asked to consider whether action against those who made the allegation might be appropriate.

Confidentiality

The Society will make every effort to maintain confidentiality and guard against unwanted publicity while an allegation is being investigated or considered.

The case manager will take advice from the local authority's designated officer, police and children's social care services, as appropriate, to agree:

- Who needs to know about the allegation and what information can be shared
- How to manage speculation, leaks and gossip, including how to make parents or carers of a child/children involved aware of their obligations with respect to confidentiality
- What, if any, information can be reasonably given to the wider community to reduce speculation
- How to manage press interest if, and when, it arises

Record-keeping

The case manager will maintain clear records about any case where the allegation or concern meets the criteria above and store them on the individual's confidential personnel file for the duration of the case. Such records will include:

- A clear and comprehensive summary of the allegation
- Details of how the allegation was followed up and resolved
- Notes of any action taken, and decisions reached (and justification for these, as stated above).

If an allegation or concern is not found to have been malicious, the Society will retain the records of the case on the individual's confidential personnel file and provide a copy to the individual.

Where records contain information about allegations of sexual abuse, we will preserve these for the Independent Inquiry into Child Sexual Abuse (IICSA), for the term of the inquiry. We will retain all other records at least until the individual has reached the normal pension age, or for 10 years from the date of the allegation if that is longer.

The records of any allegation that is found to be malicious will be deleted from the individual's personnel file.

References

When providing employer references, we will not refer to any allegation that has been proven to be false, unsubstantiated or malicious, or any history of allegations where all such allegations have been proven to be false, unsubstantiated or malicious.

Learning lessons

After any cases where the allegations are substantiated, we will review the circumstances of the case with the local authority's designated officer to determine whether there are any improvements that we can make to the Society's procedures or practice to help prevent similar events in the future.

This will include consideration of (as applicable):

- Issues arising from the decision to suspend the member of staff
- The duration of the suspension
- Whether or not the suspension was justified
- The use of suspension when the individual is subsequently reinstated. We will consider how future investigations of a similar nature could be carried out without suspending the individual

APPENDIX 4 – specific safeguarding issues

North East Autism Society will adhere to the advice in national statutory guidance and locally agreed procedures.

Child criminal exploitation

Child criminal exploitation (CCE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child into criminal activity, in exchange for something the victim needs or wants, and/or for the financial or other advantage of the perpetrator of facilitator, and/or through violence or the threat of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organized abuse.

The victim can be exploited even when the activity appears to be consensual. It does not always involve physical contact and can happen online. For example, young people may be forced to work in cannabis factories, coerced into moving drugs or money across the country (county lines), forced to shoplift or pickpocket, or to threaten other young people.

Indicators of CCE can include a child:

- Appearing with unexplained gifts or new possessions
- Associating with other young people involved in exploitation
- Suffering from changes in emotional wellbeing
- Misusing drugs and alcohol
- Going missing for periods of time or regularly coming home late
- Regularly going missing from care
- Not taking part in education

If a member of staff suspects CCE, they will discuss this with DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Child sexual exploitation

Child sexual exploitation (CSE) is a form of abuse where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child into sexual activity, in exchange for something the victim needs or wants and/or for the financial advantage or increased status of the perpetrator or facilitator. It may, or may not, be accompanied by violence or threats of violence.

The abuse can be perpetrated by males or females, and children or adults. It can be a one-off occurrence or a series of incidents over time and range from opportunistic to complex organised abuse.

The victim can be exploited even when the activity appears to be consensual. Children or young people who are being sexually exploited may not understand that they are being abused. They often trust their abuser and may be tricked into believing they are in a loving, consensual relationship.

CSE can include both physical contact (penetrative and non-penetrative acts) and non-contact sexual activity. It can also happen online. For example, young people may be persuaded or forced to share sexually explicit images of themselves, have sexual conversations by text, or take part in sexual activities using a webcam. CSE may also occur without the victim's immediate knowledge, for example through others copying videos or images.

In addition to the CCE indicators above, indicators of CSE can include a child:

- Having an older boyfriend or girlfriend
- Suffering from sexually transmitted infections or becoming pregnant

If a member of staff suspects CSE, they will discuss this with the DSL. The DSL will trigger the local safeguarding procedures, including a referral to the local authority's children's social care team and the police, if appropriate.

Domestic abuse

Children can witness and be adversely affected by domestic abuse and/or violence at home where it occurs between family members. In some cases, a child may blame themselves for the abuse or may have had to leave the family home as a result.

Older children may also experience domestic abuse and/or violence in their own personal relationships.

Exposure to domestic abuse and/or violence can have a serious, long-lasting emotional and psychological impact on children.

If police are called to an incident of domestic abuse and any children in the household have experienced the incident, the police will inform the key adult in Society (usually the designated safeguarding lead) before the child or children arrive at Society the following day. Society will follow local procedures to respond to individual incidents of domestic police and the local police force where the child resides.

The DSL will provide support according to the child's needs and update records about their circumstances.

Homelessness

Being homeless or being at risk of becoming homeless presents a real risk to a child's welfare.

The DSL and deputy will be aware of contact details and referral routes into the local housing authority so they can raise/progress concerns at the earliest opportunity (where appropriate and in accordance with local procedures).

Where a child has been harmed or is at risk of harm, the DSL will also make a referral to children's social care.

So-called 'honour-based' violence (including FGM and forced marriage)

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

Abuse committed in this context often involves a wider network of family or community pressure and can include multiple perpetrators.

All forms of HBV are abuse and will be handled and escalated as such. All staff will be alert to the possibility of a child being at risk of HBV or already having suffered it. If staff have a concern, they will speak to the DSL, who will activate local safeguarding procedures.

FGM

The DSL will make sure that staff have access to appropriate training to equip them to be alert to children affected by FGM or at risk of FGM.

Section 7.3 of this policy sets out the procedures to be followed if a staff member discovers that an act of FGM appears to have been carried out or suspects that a child is at risk of FGM.

Indicators that FGM has already occurred include:

- A child confiding in a professional that FGM has taken place
- A mother/family member disclosing that FGM has been carried out
- A family/child already being known to social services in relation to other safeguarding issues

A girl:

- Having difficulty walking, sitting or standing, or looking uncomfortable
- Finding it hard to sit still for long periods of time (where this was not a problem previously)
- Spending longer than normal in the bathroom or toilet due to difficulties urinating
- Having frequent urinary, menstrual or stomach problems
- Avoiding physical exercise or missing PE
- Demonstrating increased emotional and psychological needs – for example, withdrawal or depression, or significant change in behaviour
- Being reluctant to undergo any medical examinations
- Asking for help, but not being explicit about the problem
- Talking about pain or discomfort between her legs

Potential signs that a child may be at risk of FGM include:

- The girl's family having a history of practising FGM (this is the biggest risk factor to consider)
- FGM being known to be practised in the girl's community or country of origin
- A parent or family member expressing concern that FGM may be carried out
- A family not engaging with professionals (health, education or other) or already being known to social care in relation to other safeguarding issues

A girl:

- Having a mother, older sibling or cousin who has undergone FGM
- Having limited level of integration within UK society
- Confiding to a professional that she is to have a "special procedure" or to attend a special occasion to "become a woman"
- Talking about a long holiday to her country of origin or another country where the practice is prevalent, or parents stating that they or a relative will take the girl out of the country for a prolonged period
- Requesting help from a teacher or another adult because she is aware or suspects that she is at immediate risk of FGM

- Talking about FGM in conversation – for example, a girl may tell other children about it (although it is important to take into account the context of the discussion)
- Having sections missing from her 'red book' (child health record) and/or attending a travel clinic or equivalent for vaccinations/anti-malarial medication

The above indicators and risk factors are not intended to be exhaustive

Forced marriage

Forcing a person into marriage is a crime. A forced marriage is one entered without the full and free consent of one or both parties and where violence, threats, or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological.

Staff will receive training around forced marriage and the presenting symptoms. We are aware of the 'one chance' rule, i.e. we may only have one chance to speak to the potential victim and only one chance to save them.

If a member of staff suspects that a child is being forced into marriage, they will speak to the child about their concerns in a secure and private place. They will then report this to the DSL.

The DSL will:

- Speak to the child about the concerns in a secure and private place
- Activate the local safeguarding procedures and refer the case to the local authority's designated officer
- Seek advice from the Forced Marriage Unit on 020 7008 0151 or fmu@fco.gov.uk

Preventing radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

Extremism is vocal or active opposition to fundamental British values, such as democracy, the rule of law, individual liberty, and mutual respect and tolerance of different faiths and beliefs. This also includes calling for the death of members of the armed forces.

Terrorism is an action that:

- Endangers or causes serious violence to a person/people:

- Causes serious damage to property; or
- Seriously interferes or disrupts an electronic system

The use of threat of terrorism must be designed to influence the government or to intimidate the public and is made for the purpose of advancing a political, religious or ideological cause

The Society has a duty to prevent children from being drawn into terrorism. The DSL will undertake Prevent awareness training and make sure that staff have access to appropriate training to equip them to identify children at risk.

We will assess the risk of children in our care being drawn into terrorism. This assessment will be based on an understanding of the potential risk in our local area, in collaboration with our local safeguarding partners and local police force.

We will ensure that suitable internet filtering is in place and equip our children to stay safe online at our homes and education premises.

There is no single way of identifying an individual who is likely to be susceptible to an extremist ideology. Radicalisation can occur quickly or over a long period.

Staff will be alert to changes in children's behaviour.

The government website Educate Against Hate and charity NSPCC says that signs that a child is being radicalised can include:

- Refusal to engage with, or becoming abusive to, peers who are different from themselves
- Becoming susceptible to conspiracy theories and feelings of persecution
- Changes in friendship groups and appearance
- Rejecting activities, they used to enjoy
- Converting to a new religion
- Isolating themselves from family and friends
- Talking as if from a scripted speech
- An unwillingness or inability to discuss their views
- A sudden disrespectful attitude towards others
- Increased levels of anger
- Increased secretiveness, especially around internet use
- Expressions of sympathy for extremist ideologies and groups, or justification of their actions
- Accessing extremist material online, including on Facebook or Twitter
- Possessing extremist literature
- Being in contact with extremist recruiters and joining, or seeking to join, extremist organisations

Children who are at risk of radicalisation may have low self-esteem or be victims of bullying or discrimination. It is important to note that these signs can also be part of normal teenage behaviour – staff should have confidence in their instincts and seek advice if something feels wrong.

If staff are concerned about a child, they will follow our procedures set out in section 7.5 of this policy, including discussing their concerns with the DSL.

Staff should always act if they are worried.

Further information on the Society's measures to prevent radicalisation are set out in other Society's policies and procedures, including

- Prevent Strategy
- E-safety policy
- External speaker's policy
- Curriculum policy
- Positive and Proactive Support

Checking the identity and suitability of visitors

All visitors will be required to verify their identity to the satisfaction of staff and to leave their belongings, including their mobile phone(s), in a safe place during their visit.

If the visitor is unknown to the setting, we will check their credentials and reason for visiting before allowing them to enter the setting. Visitors should be ready to produce identification.

Visitors are expected to sign the visitors' book and wear a visitor's badge.

Visitors to the Society who are visiting for a professional purpose will be asked to show photo ID and:

- Will be asked to show their DBS certificate, which will be checked alongside their photo ID; or
- The organisation sending the professional, such as the LA or educational psychology service, will provide prior written confirmation that an enhanced DBS check with barred list information has been carried out

All other visitors, including visiting speakers, will be accompanied by a member of staff at all times. We will not invite into the Society any speaker who is known to disseminate extremist views and will carry out appropriate checks to ensure that any individual or organisation using Society's facilities is not seeking to disseminate extremist views or radicalise children or staff.

Missing from Care

Our procedures are designed to ensure that a missing child is found and returned to effective supervision as soon as possible. If a child goes missing, we will follow Society's Missing from Care Policy.