

**Safeguarding Children and Young People**  
**2025-2025**

**Reviewed April 2025**

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Registered Charity Number: :1175729

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## 1. Safeguarding Contacts

### **Designated Safeguarding Officer (DSO):**

Lee Gibbons, Operations Manager

Tel: 07884 141299 / 01362 685860

Email: lee.gibbons@asdhelplinghands.org.uk

### **Deputy Safeguarding Officer:**

Julie Adcock, CEO

Tel: 01362 853018

Email: asdhelplinghands@gmail.com

If the DSO or deputy is unavailable anyone with a safeguarding concern can contact The Children's Advice and Duty Service (CADS).

- A staff member or volunteer can call (0344 800 8021)
- A parent or member of the public can call (0344 800 8020).

If you feel a child is at risk of immediate harm, call the Police on 999.

## 2. Introduction

ASD Helping Hands has a legal and moral responsibility to provide a duty of care for children and implement procedures to safeguard their well-being and protect them from abuse.

All references to child and/or children in this document apply equally to young people.

The Children Act, 2004 defines a child as being up to the age of 18 years old. Extensions of this exist for children who have special needs and for those in local authority care settings.

## 3. Aims

With this Safeguarding Children and Young People Policy, ASD Helping Hands aims to:

- Raise awareness of the duty of care responsibilities relating to children and young people throughout the organisation.
- Actively encourage good practice amongst all staff, elected members and volunteers throughout the Organisation and promote wider awareness wherever possible, i.e. partnership organisations and user groups.
- Create a safe and healthy environment within all our services, avoiding situations where abuse or allegations of abuse may occur.
- Respect and promote the rights, wishes and feelings of children and young people.
- Listen to children and young people, minimising dangers and working closely with other agencies.
- Recruit, train, supervise and support staff, elected members and volunteers who work with children and young people to adopt best practice to safeguard and protect children and young people from abuse or harm, and themselves against false
- allegations. Staff and volunteers who work with children and young people will be subject to the appropriate level of Disclosure and Barring Service check.
- Respond to any allegations and concerns against staff and volunteers appropriately and implement the appropriate disciplinary and appeals procedures.

- Requires staff, elected members, volunteers to adopt and abide by the ASD Helping Hands Child Safeguarding Policy and Procedures and Code of Conduct for Charities and Voluntary Organisations.

## **4. Objectives**

ASD Helping Hands will do this by:

- Providing appropriate training for staff, elected members and volunteers, to enable them to recognise the potential signs and indicators of abuse or harm and to improve good practice.
- Aiding staff, elected members and volunteers to respond sensitively and seriously to a child or young person who discloses information about abuse and be confident and able to take appropriate action swiftly, regardless of who the allegation is about, e.g. carer/staff member.
- Always maintaining a level of good working practice and therefore reducing the risk to children and young people under the care of our staff and volunteers.
- Promoting the general welfare and wellbeing of children and young people during and within ASD Helping Hands services.
- Developing and implementing effective procedures for recording and responding to incidents and accidents.
- Developing and implementing effective procedures for recording and responding to complaints of alleged or suspected child abuse.

## **5. Recruitment**

It is important that all staff and volunteers working or having contact with children and young people, whether full time, part time, paid or unpaid, are subject to the same recruitment and selection procedures. These procedures are designed to obtain as much information as possible about the individual's previous experience and their suitability to work with children.

### **5.1 Stage 1 – Pre-recruitment**

From the outset, any role that involves working with children and young people must clearly state this requirement in all job documentation (e.g., job description, person specification). Job adverts must include:

- Reference to the role involving work with children.
- The Organisation's commitment to safeguarding.
- Whether the post is exempt from the Rehabilitation of Offenders Act 1974.
- Any requirements for DBS checks.
- ASD Helping Hands' Equal Opportunities Policy.

It is essential to agree with Personnel Services whether a DBS check is required before any advertisement is placed.

Although some casual employees and volunteers approach the Organisation directly, all roles—paid or voluntary—must still follow the same safer recruitment process. The person leading the recruitment must explain the full scope of duties and safeguarding checks required. Completion of the ASD Helping Hands job application form is mandatory for all applicants.

### **5.2 Stage 2 – Pre-application Information**

An application pack provided to prospective applicants will include:

- Job description (including roles and responsibilities).
- Person specification (detailing qualifications or experience required).
- Application form.
- Equal Opportunities Policy for Employment.
- The Organisation's Policy on the Employment of Ex-Offenders.
- The Organisation's policy on the use and storage of DBS disclosure checks (if relevant).
- Equal opportunities monitoring form (voluntary at application stage).

*Note: Information regarding criminal history will not be requested at this stage*

### **5.3 Applicant Information**

Information that will be requested from applicants for vacancies will include:

- Name, address and National Insurance Number

- Past career, including duties undertaken within previous posts and reasons for leaving
- Relevant experience, educational qualifications, job specific qualifications and training
- The names of at least two people (not relatives) willing to provide written references who are able to comment on the applicant's previous experience of and suitability for the job applied for. One of the provided referees must be the applicant's current or most recent employer, and one referee must be the most recent employer for whom the applicant worked in a capacity that involved working with children. Therefore at least one of the referees will have knowledge of the applicant's previous experience of, and suitability for, working with children and young people
- A medical questionnaire (If applicable)
- Completion of an equal opportunities monitoring questionnaire (completion of which is voluntary at application stage)

### **5.4 Stage 3 – Shortlisting**

Applicants will be shortlisted based on the essential and desirable criteria outlined in the person specification. During this process, the panel will:

- Review all applications for suitability.
- Identify and record any gaps in employment history to be addressed at interview.

Once candidates are shortlisted, they will be asked to complete a self-declaration form disclosing any information that may make them unsuitable to work with children, including:

- Criminal history.
- Inclusion on the children's barred list.
- Prohibition from teaching.
- Relevant offences under English and Welsh law, including those committed abroad.
- Known to police or local authority children's social care.
- Disqualification from providing childcare.
- Any other relevant overseas information.

This process is subject to Ministry of Justice guidance on the disclosure of criminal records. More information is available here: [GOV.UK Guidance on ROA and Exceptions Order](#)

Information to be requested from applicants includes:

- Full name, address, and National Insurance number.
- Career history, including duties, gaps, and reasons for leaving.
- Relevant qualifications, training, and experience.

- Two referees (not relatives), one being the current/most recent employer and one who can comment on the applicant's experience working with children.
- Medical questionnaire (if applicable).

## **5.5 Stage 4 –Interview**

Applicants will be shortlisted based on the essential and desirable criteria outlined in the person specification. During this process, the panel will:

- Review all applications for suitability.
- Identify and record any gaps in employment history to be addressed at interview.

Interviews will be conducted by at least two individuals, with at least one having received child protection training. The interview will:

- Explore the candidate's suitability and qualifications for the role.
- Discuss any gaps or concerns in employment history.

Once a preferred candidate is selected, they will be given a conditional offer. Offers are subject to:

- Two satisfactory written references.
- A satisfactory DBS disclosure, where applicable.

## **5.6 Stage 5 – Checks and References**

All staff and volunteers must undergo the necessary safeguarding checks.

### **5.6.1 Disclosure and Barring Service (DBS)**

The Organisation is registered with the DBS and will ensure all relevant posts are appropriately flagged for disclosure checks. Personnel Services or a nominated officer will manage the disclosure process. No individual may begin work until the DBS check has been completed and approved. Where the Update Service is used, ASD Helping Hands will verify registration status annually. Checks will be conducted by the Operations Manager.

### **5.6.2 References**

Two references must be obtained in all cases, with at least one from the most recent employer and one from an employer with direct knowledge of working with children. Supervisors engaging volunteers must also ensure references are secured and reviewed. A standard reference request form is available from Personnel Services.

## **5.7 Stage 6 – Induction and Training**

Following recruitment, all staff and volunteers will receive a structured induction which includes mandatory safeguarding training. This will:

- Raise awareness of the signs and indicators of abuse.
- Ensure understanding of procedures for responding to concerns.
- Clarify job expectations and responsibilities.



- Introduce child safeguarding procedures and establish further training needs.

As a minimum, all individuals who have contact with children (including volunteers) must complete the Safer Programme's "Introduction to Child Safeguarding" course or an equivalent. This training must be renewed every three years.

All new and existing staff and volunteers must read and acknowledge understanding of this safeguarding policy. A distribution sheet will be maintained through Bright HR, and signatures will be required whenever policy updates are made.

All individuals will also be provided with the ASD Helping Hands Code of Conduct, which must be read and signed as part of safer working practices.

## **6. Roles and Responsibilities of employees/volunteers**

Safety of participants and employees/volunteers is always of prime consideration.

- All accidents involving anyone should be recorded in the organisation's accident book immediately or as soon as practicably possible.
- Employees/volunteers are responsible for familiarising themselves with building/facility safety issues, such as, fire procedures, location of emergency exits, location of emergency telephones and first aid equipment.
- Employees/volunteers are responsible for reporting safeguarding concerns and disclosures to the Designated Safeguarding Officer (DSO)
- Employees/volunteers will be expected to keep an attendance register for all organised sessions.
- Appropriate employees/volunteers should have access to any parent consent/emergency consent forms for all children taking part in any activities [this information will be kept confidential].
- Employees/volunteers should ensure that their activities start and end on time.
- Employees/volunteers are expected to promote, demonstrate and incorporate the values of fair play, trust and ethics throughout their activities.
- Employees/volunteer should ensure that they are adequately insured, to protect against claims of negligence, through their organisation or their own personal insurance if acting as a self-employed agent.

## **7. Admission Procedures**

A register of names, addresses, next of kin and contact addresses and telephone numbers for emergencies will be kept.

Parents/carers, and where appropriate older children, will be given a copy of a written statement which specifies the action which will be taken in the event of a child becoming ill or being injured.

The statement will also inform parents of:

- our legal duty to assist other agencies with Safeguarding enquiries and that we will contact The Children's Advice and Duty Service (CADS) and or Police if we have concerns about the welfare of their child.
- that we will need to share information with the relevant authorities if we have concerns about the welfare of their child, and that we do not have to seek consent from them if there are serious concerns about harm or likely harm to their child.

A copy of this safeguarding policy will be available in written format at all our in person events involving children and young people but also available at all times on our website :

<https://www.asdhelpinghands.org.uk/governance-and-reports/>

## **8. Good Practices for Staff, Elected Members and Volunteers**

Promoting good practice among staff, elected members and volunteers will limit the possibilities of allegations against themselves, the Organisation and potential risks in which situations of harm or abuse of a child may occur.

The guidelines aim to promote positive practice and are examples of care which should be taken by staff, elected members and volunteers while working with children and young people.

- Always be publicly open when working with children and young people.
- Avoid situations where a member of staff, elected member or volunteer and an individual child or young person are alone unobserved. If a conversation is being held in a room away from others, where possible it should be held in a room with a glass door or window, and more than one adult should be present.
- Children or young people should never be left unattended. For example, it is the parents/carers responsibility to supervise any children in their care whilst they are visiting the Organisation
- Respect the child or young person and provide a safe and positive environment.
- If any form of physical contact is required, it should be provided openly and according to appropriate guidelines, i.e. National Governing Body of Sport Guidelines

- If supervision in changing rooms or similar environments is required, ensure staff work in pairs and never enter opposite sex changing rooms.
- With mixed groups, supervision should be by a male and female member of staff, where possible.
- Staff, elected members and volunteers must respect the rights, dignity and worth of every person and treat everyone equally within the context of the activity.
- Staff, elected members and volunteers must place the wellbeing and safety of the child or young person above the development of performance.
- If a child or young person is accidentally injured as the result of a staff member, elected member or volunteers actions, seems distressed in any way, appears to be sexually aroused by your actions, misunderstands or misinterprets something you have done, always report such incidents as soon as possible to your supervisor and make a written report.
- If a child or young person arrives at the activity or service showing any signs or symptoms that give you cause for concern you must act appropriately and follow the procedures outlined in this document under section 8.
- The Designated safeguarding officer must be informed of all potential Child Protection incidents or concerns at the earliest opportunity.

It is not good practice for staff, elected members and volunteers to:

- Spend unreasonable amounts of time alone with children or young people away from others.
- Take children or young people alone on a car journey, however short.
- Take children or young people to your home where they will be alone with you.
- Arrange to meet children or young people outside an organised activity or service.

If these situations are unavoidable, they should only occur with the full prior knowledge and consent of your supervisor and the child or young person's parents/carer. Written consent may be desirable.

Staff, elected members and volunteers should never:

- Engage in rough physical games including horseplay.
- Engage in sexually provocative games.
- Allow or engage in inappropriate touching of any form.
- Allow children or young people to use inappropriate language unchallenged, or use it yourself.
- Make sexually suggestive comments about or to a child or young person, even in fun.
- Let any allegation a child or young person makes be ignored or go unrecorded.
- Do things of a personal nature for children and young people that they can do for themselves, e.g. assist with changing.
- Share a room with a child or young person.
- Enter areas designated only for the opposite sex.
- Use the internet to access child pornography sites.
- Should not take a child to the toilet, unless this is an emergency and a second, same sex member of staff is present.
- Use a mobile phone in changing areas, as most modern phones also have a camera built into them.

*NB. It may sometimes be necessary to do things of a personal nature for children or young people, particularly if they are very young or are disabled. These tasks should only be carried out with the full understanding and consent of the parents. In an emergency situation that requires this type of help, you should endeavour to have someone present and fully inform the parents as soon as it is reasonably possible. In such situations it is important that you ensure that all staff etc. are sensitive to the child or young person and undertake personal care tasks with the utmost discretion.*

Children can be subjected to abuse by those who work with them in any and every setting and it is important that all reasonable steps are taken by ASD Helping Hands to ensure that unsuitable people are prevented from working with children and young people.

## **9. Managing Allegations against people working or volunteering with children**

Our aim is to provide a safe and supportive environment which secures the wellbeing and very best outcomes for the children who attend our setting. We do recognise that sometimes the behaviour of adults may lead to an allegation of abuse being made.

Allegations sometimes arise from a differing understanding of the same event, but when they occur, they are distressing and difficult for all concerned. We also recognise that many allegations are genuine and there are some adults who deliberately seek to harm or abuse children. We work to the thresholds for harm as set out in 'Working Together to Safeguard Children' (2023).

An allegation may relate to a person who works / volunteers with children who has:

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

The 4th bullet point above recognises circumstances where a member of staff (including locum or supply staff) or volunteer is involved in an incident outside of setting/agency/workplace which did not involve children but could have an impact on their suitability to work with children; this is known as transferrable risk.

At ASD Helping Hands we recognise our responsibility to report / refer allegations or behaviours of concern and / or harm to children by adults in positions of trust known to us, but who are not employed by our organisation to the LADO service directly at [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk).

We will take all possible steps to safeguard our children and to ensure that the adults at ASD Helping Hands are safe to work with children. When concerns arise, we will always ensure that the safeguarding actions outlined in the local protocol and procedures NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure are adhered to and will seek appropriate advice.

If an allegation is made or information is received about any adult who works/ volunteer in our setting which indicates that they may be unsuitable to work / volunteer with children, the member of staff receiving the information will inform the Operations Manager (DSO) immediately. This includes concerns relating to agency, supply and specialist staff, students and volunteers.

The DSO, should within 1 working day, report the allegation to the LADO in accordance with this procedure, by completing a LADO referral form.

Should an allegation be made against the Operations Manager (DSO), the CEO will be responsible for reporting this to the LADO. If an allegation is made about the CEO, the Operations Manager (DSO), will report this to the LADO.

The LADO referral form can be downloaded here under the LADO tab, along with more information:

<https://norfolklscp.org.uk/people-working-with-children/how-to-raise-a-concern>

For further information on the role/remit of Norfolk LADO Service, please see NSCP Protocol 8.3 Allegations Against Persons who work/volunteer with children and The Management of Allegations Against People Working with Children Procedure

## **10. Further Reporting of Allegations**

ASD Helping Hands takes all safeguarding concerns and allegations extremely seriously. We are committed to responding to concerns in a transparent, consistent, and lawful manner that protects the wellbeing of children, young people, and vulnerable adults.

### **Allegations Involving Staff or Volunteers**

If an allegation is made against a member of staff or volunteer, the matter will be addressed in accordance with our Disciplinary Procedures as outlined in the Employee Handbook. This includes:

- **Immediate Risk Assessment:** We will assess any immediate risk to children or others. If necessary, the individual concerned may be temporarily suspended on contractual pay to allow a fair and thorough investigation without prejudice.
- **Internal Investigation:** A formal investigation will be conducted. Depending on the outcome, disciplinary action may be taken which can include dismissal for gross misconduct, as set out in our Employee Handbook.
- **Support for All Parties:** We will offer support to both the person making the allegation and the individual against whom the allegation is made, ensuring confidentiality and fairness throughout.

More information on our internal procedures can be found in the Capability and Disciplinary Procedures section of our Employee Handbook.

## **10.1 Reporting to External Authorities**

In addition to internal processes, as a registered charity, we are legally required to report certain incidents to external bodies:

### **10.1.1 The Charity Commission**

ASD Helping Hands must report *serious incidents* to the Charity Commission. A serious incident is defined as an adverse event—whether actual or alleged—that results in or risks significant:

- Harm to our charity’s beneficiaries, staff, volunteers, or others who come into contact with our services;
- Loss of the charity’s money or assets;
- Damage to the charity’s property;
- Harm to the charity’s work or reputation.

All serious incidents will be reported by the Chair of Trustees or a designated safeguarding lead following the Charity Commission’s reporting guidance.

## **11. Low level concerns about adults working or volunteering with children that do not meet the harm threshold for a LADO referral**

A lower-level concern is any concern, doubt, or sense of unease, no matter how small, that someone may have acted in a way that is inconsistent with your organisations code of conduct.

Behaviour that might be considered as inappropriate often depends on the circumstances. A lower-level concern may not be seen as immediately dangerous or intentionally harmful to a child, but it can soon escalate and become a serious safeguarding concern. Examples of such behaviour could include:

- being over friendly with children
- having favourites
- adults taking photographs of children on their mobile phone
- engaging with a child on a one-to-one basis in a secluded area
- using inappropriate sexualised, intimidating or offensive language.

Low-level concerns may arise in several ways and from a number of sources. For example: suspicion; complaint; or disclosure by a child, parent or other adult within or outside of the organisation.

At our organisation we promote an open and transparent culture in which all concerns about all adults working in or volunteering on behalf of our organisation are dealt with promptly and appropriately.

Through induction, we ensure all staff/volunteers understand the importance of self-referring, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

## **12. Managing a Low-Level Concern**

At our organisation staff/volunteers are expected to report all low-level concerns immediately to the Designated Safeguarding Person

The Operations Manager will be the ultimate decision maker in respect of all low-level concerns.

At our organisation we understand the importance of recording low-level concerns and the actions taken in light of these being reported. We will review the records we hold to identify potential patterns and take appropriate action. This could be through a disciplinary process, or where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, where it should be referred to the LADO.

If our organisation is in any doubt as to whether the information which has been shared about a member of staff/volunteer as a low-level concern in fact meets the harm threshold, they should consult with the LADO on [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk).

## **13. Making a Barring Referral to the Disclosure and Barring Service**

If an allegation has been made about a staff member or volunteer, then our organisation has a legal duty to make a barring referral if the following conditions are met:

### **Condition 1**

- you withdraw permission for a person to engage in regulated activity with children and/or vulnerable adults. Examples: dismissed, re-deployed, retired, been made redundant or retired.

### **Condition 2**

You think the person has carried out 1 of the following:

- engaged in relevant conduct in relation to children and/or adults. An action or inaction has harmed a child or vulnerable adult or put them at risk or harm or;
- satisfied the harm test
- received a caution for, or a conviction for, or been convicted for a relevant offence

More information on Barring Referrals can be found online. If we need guidance on making a Barring Referral, we will contact the East of England DBS Outreach Advisor for support. A Barring Referral can be completed online via the DBS website.

The person responsible for making a barring referral is the Operations Manager, if the allegation is against this person, it will be the responsibility of the CEO / Chair of Trustees to make this referral.

There could be times when we might consider that we should still make a referral in the interests of safeguarding children even if the legal duty to refer has not been met. This could include acting on advice of the police or a safeguarding professional, or in situations where

there may not be enough evidence to dismiss or remove a person from working with vulnerable groups. DBS are required by law to consider any and all information sent to them from any source. This includes information sent to them where the legal referral conditions are not met. If we do make a referral to DBS where the referral conditions are not met, we will do so in consideration of relevant employment and data protection laws.

## 14. Types of Abuse

Definitions of Abuse and Neglect from Working Together to Safeguard Children 2023

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing 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
- promoting the upbringing of children with their birth parents, or otherwise their family network
- taking action to enable all children to have the best outcomes in line with the outcomes.

Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance 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.

### 14.1 What is Abuse and Neglect?

**Abuse** - 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, including where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial contexts 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.

Remember it is not your role to determine if a child is being abused, only to record and report your concerns to the ASD Helping Hands Designated Safeguarding Officer.

The following definitions from Working Together to Safeguard Children 2023 and symptoms are not a comprehensive or definitive list provides a guide to the more common non-accidental injuries which may suggest situations where more expert advice should be sought.



## 14.2 Neglect

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 as a result of maternal substance abuse.

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

- provide adequate food, clothing, and shelter (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
- provide suitable education It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

### 14.2.1 Common signs of Neglect

- Constant Hunger
- Poor Personal Hygiene
- Constant tiredness
- Poor state of clothing
- Emaciated
- Frequent lateness or nonattendance at school
- Untreated medical problems
- Destructive tendencies
- Low self esteem
- Neurotic behaviour
- No social relationships
- Running away
- Compulsive stealing or scavenging

## 14.3 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. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

### **14.3.1 Common Signs of Sexual Abuse**

- Lack of trust in adults and/or fear of a particular individual[s]
- Over familiarity with adults or provocative behaviour
- Withdrawal and introversion/problems with peer relationships
- Running away from home/sudden behaviour changes
- Low self esteem
- Stealing
- Substance misuse
- Displaying sexual knowledge beyond age group
- Involvement in prostitution
- Over-sexed behaviour
- Sleeplessness, nightmares, fear of the dark
- Bruises, scratches, bite marks
- Depression, suicide attempts
- Change in Eating habits
- Pregnancy, particularly when reluctant to name the father
- Recurring urinary tract problems/vaginal infections

## **14.4 Physical Abuse**

A form of abuse which 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.

### **14.4.1 Common Signs of Physical Abuse**

- Unexplained injuries or burns
- Improbable excuses given to explain injuries
- Refusal to discuss injuries
- Untreated injuries
- Admission of punishment which appears excessive
- Bald patches
- Withdrawal from physical contact
- Arms and legs covered in hot weather
- Fear of returning home
- Fear of medical Help
- Self-destructive tendencies
- Aggression towards others
- Running away

## **14.5 Emotional Abuse**

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

### **14.5.1 Common Signs of Emotional Abuse**

- Physical, mental and/or emotional development slows down
- Admission of punishment which appears excessive
- Over-reaction to mistakes
- Continual self-deprecation
- Sudden speech disorders
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Neurotic behaviour
- Self-mutilation
- Fear of parents being contacted
- Extremes of passivity or aggression
- Substance misuse
- Running away
- Compulsive stealing, scavenging

*For information on indicators of abuse consult Appendix 3.*

## **15. Additional Safeguarding Concerns**

**Additional safeguarding concerns to be aware of are:**

- Child Sexual Exploitation
- Child Criminal Exploitation
- FGM – Female Genital Mutilation
- Forced Marriage
- Honour Based Abuse
- County Lines

- Domestic Abuse
- Online Abuse
- Radicalisation

*For more information on these consult Appendix 4.*

## **16. Responding to Concerns and Allegations**

### **16.1 What to do if you suspect possible harm or abuse**

The following procedures are intended to inform all staff, elected members and volunteers of what actions they should take if they have concerns or encounter a case of alleged or suspected child abuse.

### **16.2 Duty to Report**

There is a duty on staff to report concerns about children where they may be at risk of harm or abuse. It is appropriate to gather and record facts about the concern, but care must be taken not to prejudice formal investigations which must be conducted in accordance with laid down procedures. There are a range of situations that staff, elected members and volunteers may need to respond to where there is a concern or case of alleged or suspected harm. For example:

- responding to a child or young person etc disclosing abuse, i.e. they make an allegation of harm
- responding to allegations or concerns about a member of staff, elected member or volunteer
- responding to allegations or concerns about any other person, i.e. parent, carer, other service user and the impact their actions may have on a child.

### **16.3 Responding to a child or young person making a disclosure**

Abused children and young people will only tell people they trust and with whom they feel safe. By listening and taking seriously what the child or young person is saying you are already helping the situation. The following points are a guide to help you respond appropriately.

- Stay calm and listen carefully to what is said.
- Find an appropriate opportunity to explain that it is likely that the information will need to be shared with others – do not promise to keep secrets.
- Allow the child or young person to continue at their own pace.
- Ask questions for clarification only, and at all times avoid asking questions that suggest a particular answer.
- Reassure the child or young person that they have done the right thing in telling you.
- Tell them what you will do next and with whom the information will be shared.
- If you feel a child is at risk of immediate harm, call the Police immediately on 999.
- Record in writing on a Child Safeguarding Incident Reporting Form all the details that you are aware of and what was said using the child or young person's own words, as soon as possible.

- Report and inform the Designated Safeguarding Officer (DSO)
- The Designated Safeguarding Officer (DSO) will decide what action to take next.

## **16.4 Contacting the Children's Advice and Duty Service (CADS)**

We will have the following information ready before contacting CADS:

- all of the details known to you/your agency about the child;
- their family composition including siblings, and where possible extended family members and anyone important in the child's life;
- the nature of the concern and how immediate it is;
- Any and what kind of work/support you have provided to the child or family to date.
- where the child is now and whether you have informed parents/carers of your concern

If we are concerned that a child or children is experiencing or likely to suffer significant harm we will telephone (CADS) immediately on 0344 800 8021

When considering whether to contact CADS we will consult the CADS Flowchart in Appendix 1 and the Norfolk Continuum of Needs Guidance 2023 produced by the Norfolk Safeguarding Children Partnership (NSCP)

We will gain consent from the parent to contact CADS, unless the concerns being raised suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parent is informed. Reasons for not seeking consent should be clearly stated when speaking with CADS and recorded on internal systems for our records.

CADS will advise us of the action required to resolve the concerns either directly or with the support of partner agencies, not necessarily Children's Services. Or a formal referral, recording the level of need, into the Family Help Team.

- A consultation feedback letter will be provided as a record of all conversations and provide a clear audit trail of the outcome agreed.
- We will not investigate and will be led by the Local Authority and/or the Police.
- We will keep written dated records of all conversations with CADS.
- We understand if we are unhappy about a decision made by CADS we can use the Resolving Professional Disagreements policy on <https://norfolklscp.org.uk/>

Parents or members of the public can contact CADS on 0344 800 8020

## **16.5 Children with a Social Worker**

If we have concerns about a child, who we know already has a social worker or practitioner, we will call that worker. If we do not know the worker or their contact details, we will contact Customer Services on 03444 800 8020 and they will help to make sure our call gets put through to the right person.

## **16.6 Concerns about Radicalisation and Extremism**

If we have concerns that a child or young person could be vulnerable to radicalisation, we will follow the procedure in Appendix 2.

## **16.7 Responding to allegations or concerns against a member of staff, elected member or volunteer**

- Take the allegation or concern seriously.
- Consider any allegation or concern to be potentially dangerous to the child or young person.
- Record in writing on a Child Safeguarding Incident Reporting Form all the details that you are aware of as soon as possible.
- The Managing Allegations against people working or volunteering with children procedure must be followed which is set out earlier on in this policy

## **16.8 Responding to allegations or concerns against another person i.e. parent / carer/ service user**

- Take the allegation or concern seriously.
- Consider any allegation or concern to be potentially dangerous to the child or young person.
- Record in writing on a Child Safeguarding Incident Reporting Form all the details that you are aware of as soon as possible.
- Report to and inform the Designated Safeguarding Officer (DSO)
- The Designated Safeguarding Officer (DSO) will decide what action to take next.

## **17. Designated Safeguarding Officer (DSO)**

The Designated Safeguarding Officer is responsible for:

- The named person that safeguarding concerns are reported to
- Liaise with Children's Services and other agencies and make referrals to The Children's Advice and Duty Service or Local Authority Designated Officer (LADO) when required
- Responsible for making sure the policy is reviewed yearly and updated when changes happen at local/national level
- Ensure all staff/volunteers/visitors/parents are aware of this policy and the procedures to follow.
- Ensure all staff and volunteers have received appropriate safeguarding information during induction and have received safeguarding training
- Ensure that safer recruitment practices are followed
- Update staff on changes to safeguarding
- Completed DSP Training
- Follow the Norfolk Continuum of Needs Guidance produced by the Norfolk Safeguarding Children Partnership (NSCP)

- Ensuring that the relevant staff member records their concerns/completes the disclosure form as soon as possible.
- Recording their own conversations with the person, staff member or child to whom the disclosures were made.
- Increasing awareness of child safeguarding issues within the Organisation.
- Maintaining clear communication channels between Co-ordinators.
- Ensuring that if a disclosure has been made to another member of staff that the child is not re-questioned by any other member of ASD Helping Hands.

**Designated Safeguarding Officer (DSO):**

Lee Gibbons, Operations Manager

Tel: 07884 141299 / 01362 685860

Email: [lee.gibbons@asdhelplinghands.org.uk](mailto:lee.gibbons@asdhelplinghands.org.uk)

**Deputy Safeguarding Officer:**

Julie Adcock, CEO

Tel: 01362 853018

Email: [asdhelplinghands@gmail.com](mailto:asdhelplinghands@gmail.com)

If the DSO or deputy is unavailable anyone with a safeguarding concern can contact The Children's Advice and Duty Service (CADS).

- A staff member or volunteer can call (0344 800 8021)
- A parent or member of the public can call (0344 800 8020).
- If you feel a child is at risk of immediate harm, call the Police on 999.

## 18. Further Contact Details

- Norfolk Children's Advice and Duty Service (CADS) 0344 800 8021
- Norfolk Children's Services 24 hours 0344 800 8020
- Norfolk Police 101 / In an emergency 999
- Norfolk Local Authority Designated Officers (LADO) Team [lado@norfolk.gov.uk](mailto:lado@norfolk.gov.uk)
- Norfolk Safeguarding Children Partnership (NSCP) [norfolklscp.org.uk](http://norfolklscp.org.uk)
- Safer Programme 01603 228966 [safer@norfolk.gov.uk](mailto:safer@norfolk.gov.uk)

## 19. Confidentiality and sharing of information

Every effort should be made to ensure that confidentiality is maintained for all concerned. Information should be handled and disseminated on a need-to-know basis.

Our organisation cannot guarantee confidentiality if there is a child safeguarding concern, as we will need to share these concerns with the Children's Advice and Duty Service and or Police. It is an expectation that our organisation will seek consent to share information first unless to do so would place somebody at risk of harm or undermine a criminal investigation.

It is extremely important that disclosures, allegations or concerns are not discussed, as any breach of confidentiality could be damaging to the child or young person, their family, the

person whom the allegation is being made against and any child protection investigations that may follow.

Informing the parents of a child or young person you may have concerns about needs to be dealt with in a sensitive way and you should seek advice from the Designated Safeguarding Officer. Parents will not be informed, if doing so would suggest that the child or someone else (including the referrer) would be placed at risk of significant harm, or it might undermine a criminal investigation if the parent is informed.

Any individual under suspicion has the right to be notified about the cause for concern, this can only be done once the LADO has given the approval to do this.

Recorded safeguarding information should be stored in a secure place with access limited to Designated Safeguarding Officer, in line with data protection laws (e.g. that information is accurate, regularly updated, relevant and secure). If enquiries arise from the public (including parents) or any branch of the media, it is vital that all staff, elected members and volunteers are briefed so that they do not make any comments regarding the situation. All media enquiries should be directed through the usual channels e.g. the Administration Manager and team.

## **20. Online Safety (including Photography)**

ASD Helping Hands is committed to ensuring the safety and wellbeing of all children and young people in our care, including through the responsible use of technology. This applies to staff, volunteers, children, and parents/carers. The following measures are in place to protect everyone involved:

### **20. 1 Use of Personal Devices by Staff and Volunteers**

Staff and volunteers are not permitted to use personal devices such as mobile phones, tablets, or smart watches to take photographs or videos of children and young people. Where personal devices are brought into the workplace, they must not be used for any image capture or sharing unless explicitly authorised for a specific purpose and with appropriate consent.

Any communication involving children/young people or their parents/Carers must be conducted through ASD Helping Hands-approved channels and devices. Personal social media accounts must never be used for communication with children or their families.

### **20. 2 Use of Technology for Photography and Video**

When technology is used to capture photos or videos for legitimate purposes (e.g., promotional materials or activity documentation), the following safeguarding measures are in place:

- Prior written consent is obtained from parents/carers.
- Devices used for image capture are ASD Helping Hands-owned and securely managed.
- Images and videos are stored securely in encrypted files and are only accessible to authorised personnel.
- No images or videos are shared publicly without explicit, documented consent.
- Images are never taken or stored in private or unsupervised situations.

### **20.3 Online Access for Children and Young People**

If children or young people are permitted to access the internet during activities, we ensure:



- Supervision by trained staff or volunteers at all times.
- Use of child-safe search engines and filtered Wi-Fi connections.
- Clearly communicated rules for online behaviour and digital safety.
- Education on safe internet use as part of our ongoing support and programming.

## **20.4 Children/Young People Bringing Their Own Devices**

When children or young people bring their own devices (e.g., smartphones, tablets, smart watches), the following rules apply:

- Devices must be used only during designated times and for approved purposes.
- Access to cameras, messaging apps, and social media may be restricted during sessions.
- Staff reserve the right to request temporary storage of personal devices if use becomes inappropriate or disruptive.
- Any concerns about device usage will be shared promptly with parents/carers.

## **20.5 Photography by Parents/Carers**

Parents and carers may be allowed to take photographs of their own children during designated events, provided:

- They sign a photography agreement outlining appropriate use of images.
- They are informed that no images should include other children unless prior consent has been given by their parents/carers.
- Staff may restrict or prohibit photography where safeguarding concerns arise.
- ASD Helping Hands reserves the right to prohibit photography or video at any time to ensure the safety and privacy of all participants.

## **21. Whistle Blowing Policy**

Organisation employees are often the first to realise that there may be something seriously wrong within the Organisation. Any serious concerns that you have about any aspect or service provisions or the conduct of officers or Members of ASD Helping Hands or others acting on behalf of the Organisation, can be reported under the ASD Helping Hands Whistleblowing Policy.

## **22. Relevant Guidance and Legislation**

- Working Together to Safeguard Children 2023
- What to do if You're Worried a Child is Being Abused 2015
- Children Act 2004
- Children Act 1989
- The Online Safety Act 2023
- Data Protection Act 2018
- The Prevent Duty Guidance 2023
- Norfolk Continuum of Needs Guidance 2023
- [Norfolk Guidance to Understanding Continuum of Needs | NSCP | PWWC \(norfolklscp.org.uk\)](https://norfolklscp.org.uk)

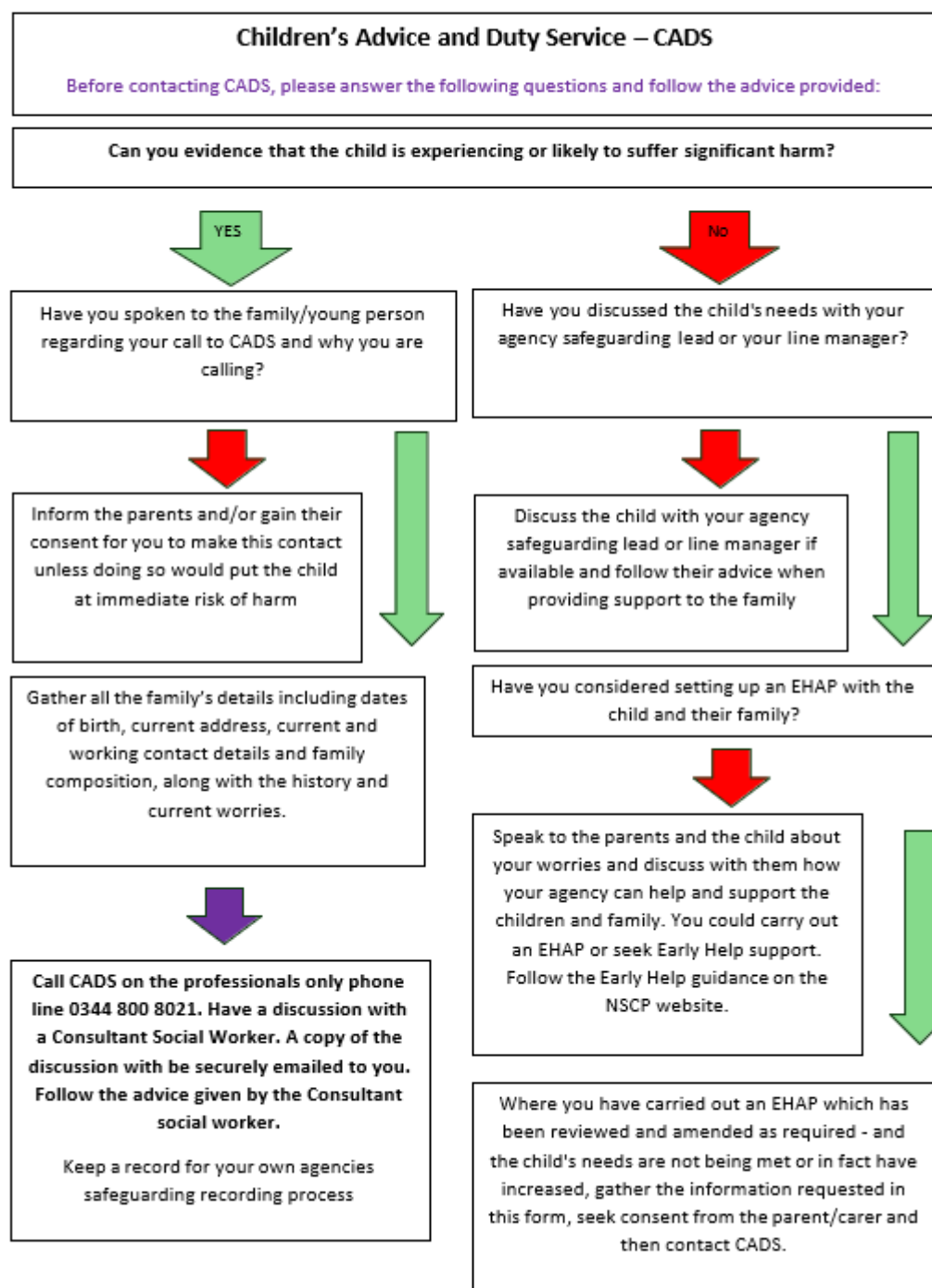
- Norfolk Safeguarding Children Partnership Policies and Procedures
- [Policies & Procedures | Norfolk Safeguarding Children Partnership \(norfolkscp.org.uk\)](https://www.norfolkscp.org.uk)

## **23. Other Relevant Policies**

Our safeguarding policy should be read in conjunction with the other following policies which also fall under our safeguarding umbrella:

- Safeguarding Vulnerable Adults
- Volunteer Policy
- Recruitment and Selection Policy
- Equal opportunity Policy
- Data Protection Policy
- Confidentiality Policy
- Comments, Compliments and Complaints Policy
- Internet and Email Usage Policy
- Lone Worker Policy
- Training and Development Policy
- Whistleblowing Policy

## Appendix 1-The Children's Advice and Duty Service Flowchart



## Appendix 2-The Prevent Duty in Norfolk Procedure

**PREVENT** - Prevent is part of the UK's Counter-terrorism strategy CONTEST. The aim of Prevent is to stop people from becoming terrorists or supporting terrorism. The key terms to be aware of are as follows:

**Extremism** - 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.

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

**Terrorism** - action that endangers / causes serious violence to a person/people; causes serious damage to property; or seriously interferes with / disrupts an electronic system.

### **Responding to a Concern-Notice – Check – Share**

**Notice**-A staff member or volunteer working with a child or young person could be the person to notice that there has been a change in the individual's behaviour that may suggest they are vulnerable to radicalisation. Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

**Check**-The next step is for the staff member or volunteer to speak to the manager or safeguarding lead to better understand the concerns raised by the behaviours observed to decide whether intervention and support is needed. In many cases there will be an explanation for the behaviours that either requires no further action or a referral not related to radicalisation or extremism.

**Share**-Where the staff member or volunteer still has concerns that the individual may be vulnerable to radicalisation, then the organisation's safeguarding procedures will be followed, and this safeguarding concern will be reported to the Children's Advice and Duty Service (CADS).

Following this the Prevent referral form should be completed, which can be downloaded from here [referral form](#) and sent to: **[preventreferrals-NC@Norfolk.police.uk](mailto:preventreferrals-NC@Norfolk.police.uk)**

An initial assessment of the referral will be carried out prior to any further information gathering on the individual.

**For urgent radicalisation concerns contact Norfolk police on 101 or, in an emergency, 999.**

Additional [information and guidance on Prevent](#) is available on the Norfolk County Council website.

## **Need advice or support?**

If it's not an emergency, please get in touch by emailing [\*\*prevent@norfolk.police.uk\*\*](mailto:prevent@norfolk.police.uk).

You can also contact the Norfolk Police Prevent team on **01953 423905** or **01953 423896**.

## **Appendix 3 -Indicators of Abuse**

Caution should be used when referring to lists of signs and symptoms of abuse. Although the signs and symptoms listed below may be indicative of abuse there may be alternative explanations. In assessing the circumstances of any child any of these indicators should be viewed within the overall context of the child's individual situation.

### **Emotional Abuse**

- Physical, mental and emotional development lags
- Sudden speech disorders
- Continual self-depreciation ('I'm stupid, ugly, worthless, etc')
- Overreaction to mistakes
- Extreme fear of any new situation
- Inappropriate response to pain ('I deserve this')
- Unusual physical behaviour (rocking, hair twisting, self-mutilation) - consider within the context of any form of disability such as autism
- Extremes of passivity or aggression
- Children suffering from emotional abuse may be withdrawn and emotionally flat. One reaction is for the child to seek attention constantly or to be over-familiar. Lack of self-esteem and developmental delay are again likely to be present
- Babies – feeding difficulties, crying, poor sleep patterns, delayed development, irritable, non-cuddly, apathetic, non-demanding
- Toddler/Pre-School – head banging, rocking, bad temper, 'violent', clingy. Spectrum from overactive to apathetic, noisy to quiet. Developmental delay – especially language and social skills
- School age – Wetting and soiling, relationship difficulties, poor performance at school, non-attendance, antisocial behaviour. Feels worthless, unloved, inadequate, frightened, isolated, corrupted and terrorised
- Adolescent – depression, self harm, substance abuse, eating disorder, poor self-esteem, oppositional, aggressive and delinquent behaviour
- Child may be underweight and/or stunted
- Child may fail to achieve milestones, fail to thrive, experience academic failure or under achievement
- Also consider a child's difficulties in expressing their emotions and what they are experiencing and whether this has been impacted on by factors such as age, language barriers or disability

### **Neglect**

There are occasions when nearly all parents find it difficult to cope with the many demands of caring for children. But this does not mean that their children are being neglected. Neglect involves ongoing, severe failure to meet a child's needs. The majority of these signs and symptoms can occur across any age group. Here are some signs of possible neglect:

#### Physical signs:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Emaciation
- Untreated medical problems
- The child seems underweight and is very small for their age
- The child is poorly clothed, with inadequate protection from the weather
- Neglect can lead to failure to thrive, manifest by a fall away from initial centile lines in weight, height and head circumference. Repeated growth measurements are crucially important
- Signs of malnutrition include wasted muscles and poor condition of skin and hair. It is important not to miss an organic cause of failure to thrive; if this is suspected, further investigations will be required
- Infants and children with neglect often show rapid growth catch-up and improved emotional response in a hospital environment
- Failure to thrive through lack of understanding of dietary needs of a child or inability to provide an appropriate diet; or they may present with obesity through inadequate attention to the child's diet
- Being too hot or too cold – red, swollen and cold hands and feet or they may be dressed in inappropriate clothing
- Consequences arising from situations of danger – accidents, assaults, poisoning
- Unusually severe but preventable physical conditions owing to lack of awareness of preventative health care or failure to treat minor conditions
- Health problems associated with lack of basic facilities such as heating
- Neglect can also include failure to care for the individual needs of the child including any additional support the child may need as a result of any disability

#### Behavioural signs:

- No social relationships
- Compulsive scavenging
- Destructive tendencies
- If they are often absent from school for no apparent reason
- If they are regularly left alone, or in charge of younger brothers or sisters
- Lack of stimulation can result in developmental delay, for example, speech delay, and this may be picked up opportunistically or at formal development checks
- Craving attention or ambivalent towards adults, or may be very withdrawn
- Delayed development and failing at school (poor stimulation and opportunity to learn)
- Difficult or challenging behaviour

#### Physical Abuse

- Always obtain a medical diagnosis regarding any suspected abusive injury
- No injury is 100% symptomatic of abuse
- Look for unexplained recurrent injuries or burns; improbable excuses or refusal to explain injuries

#### Physical signs:

- Bald patches
- Bruises, black eyes and broken
- Untreated or inadequately treated injuries
- Injuries to parts of the body where accidents are unlikely, such as thighs, back, abdomen
- Scalds and burns
- General appearance and behaviour of the child may include:
- Concurrent failure to thrive: measure height, weight and, in the younger child, head circumference
- Frozen watchfulness: impassive facial appearance of the abused child who carefully tracks the examiner with his eyes
- Consider the age of child:
- Any bruising to a young baby
- It is unusual for a child under the age of 1 year to sustain a fracture accidentally
- Injuries that are not consistent with the story: too many, too severe, wrong place or pattern, child too young for the activity described
- Bruising:
- Bruising patterns can suggest gripping (finger marks), slapping or beating with an object
- Bruising on the cheeks, head or around the ear and black eyes can be the result of non-accidental injury
- Bruises on black children will be more difficult to identify
- Mongolian blue spots may be mistaken for bruises. The Mongolian spot is a congenital developmental condition exclusively involving the skin. Usually, as multiple spots or one large patch, it covers one or more of the lower back, the buttocks, flanks, and shoulders. Mongolian spot is most prevalent among Asian groups. Nearly all East Asian infants are born with one or more Mongolian spots. Mongolian blue spot usually fades over the years and is most frequently gone by the time the child reaches adolescence
- Recent research indicates that bruises can not be aged accurately. Estimates of the age of the bruise are currently based on an assessment of the colour of the bruise with the naked eye
- Other injuries:
- Bite marks may be evident from an impression of teeth
- Small circular burns on the skin suggest cigarette burns
- Scalding inflicted by immersion in hot water often affects buttocks or feet and legs symmetrically
- Red lines occur with ligature injuries
- Tearing of the frenulum of the upper lip can occur with force-feeding. However, any injury of this type must be assessed in the context of the explanation given, the child's developmental stage, a full examination and other relevant investigations as appropriate
- Retinal haemorrhages can occur with head injury and vigorous shaking of the baby
- Fractured ribs: rib fractures in a young child are suggestive of non-accidental injury
- Other fractures: spiral fractures of the long bones are suggestive of non-accidental injury

#### Behavioural signs:

- Wearing clothes to cover injuries, even in hot weather
- Refusal to undress for gym

- Chronic running away
- Fear of medical help or examination
- Self-destructive tendencies
- Fear of physical contact - shrinking back if touched
- Admitting that they are punished, but the punishment is excessive (such as a child being beaten every night to 'make him study')
- Fear of suspected abuser being contacted
- Injuries that the child cannot explain or explains unconvincingly
- Become sad, withdrawn or depressed
- Having trouble sleeping
- Behaving aggressively or be disruptive
- Showing fear of certain adults
- Having a lack of confidence and low self-esteem
- Using drugs or alcohol
- Repetitive pattern of attendance: recurrent visits, repeated injuries
- Excessive compliance
- Hyper-vigilance

## **Sexual Abuse**

In young children behavioural changes may include:

- Regressing to younger behaviour patterns such as thumb sucking or bringing out discarded cuddly toys
- Being overly affectionate - desiring high levels of physical contact and signs of affection such as hugs and kisses
- Lack of trust or fear of someone they know well, such as not wanting to be alone with a trusted adult
- They may start using sexually explicit behaviour or language, particularly if the behaviour or language is not appropriate for their age
- Starting to wet again, day or night/nightmares

Behavioural changes in older children might involve:

- Extreme reactions, such as depression, self-mutilation, suicide attempts, running away, overdoses, anorexia
- Personality changes such as becoming insecure or clinging
- Sudden loss of appetite or compulsive eating
- Being isolated or withdrawn
- Inability to concentrate
- Become worried about clothing being removed
- Suddenly drawing sexually explicit pictures
- Trying to be 'ultra-good' or perfect; overreacting to criticism
- Genital discharge or urinary tract infections
- Marked changes in the child's general behaviour. For example, they may become unusually quiet and withdrawn, or unusually aggressive. Or they may start suffering from what may seem to be physical ailments, but which can't be explained medically
- The child may refuse to attend school or start to have difficulty concentrating so that their schoolwork is affected



- They may show unexpected fear or distrust of a particular adult or refuse to continue with their usual social activities
- The child may describe receiving special attention from a particular adult, or refer to a new, "secret" friendship with an adult or young person
- Children who have been sexually abused may demonstrate inappropriate sexualised knowledge and behaviour
- Low self-esteem, depression and self-harm are all associated with sexual abuse

Physical signs and symptoms for any age child could be:

- Medical problems such as chronic itching, pain in the genitals, venereal diseases
- Stomach pains or discomfort walking or sitting
- Sexually transmitted infections
- Any features that suggest interference with the genitalia. These may include bruising, swelling, abrasions or tears
- Soreness, itching or unexplained bleeding from penis, vagina or anus
- Sexual abuse may lead to secondary enuresis or faecal soiling and retention
- Symptoms of a sexually transmitted disease such as vaginal discharge or genital warts, or pregnancy in adolescent girls

## Appendix 4-Additional Safeguarding Issues

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

**Child Criminal Exploitation**-A term to describe where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity:

- (a) in exchange for something the victim needs or wants; and/or
- (b) for the financial or other advantage or the perpetrator or facilitator; and/or
- (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

**FGM – Female Genital Mutilation**- (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, but where there's no medical reason for this to be done. It's also known as "female circumcision" or "cutting". FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Children are rarely given anaesthetic or antiseptic treatment and are often forcibly restrained.

FGM is often motivated by beliefs about what is considered acceptable sexual behaviour. It aims to ensure premarital virginity and marital fidelity. FGM is in many communities believed to

reduce a woman's libido and therefore believed to help her resist extramarital sexual acts. **It is illegal to carry out FGM in the UK.** It is also a criminal offence for UK nationals or permanent UK residents to perform FGM overseas or take their child abroad to have FGM carried out. The maximum penalty for FGM is 14 years' imprisonment.

**Forced Marriage**-People have the right to choose who they marry, when they marry or if they marry at all. Forced marriage is when some face physical pressure to marry (for example, threats, physical violence or sexual violence) or emotional and psychological pressure (eg if they're made to feel like they're bringing shame on their family).

Forced marriage is illegal in England and Wales. This includes:

- taking someone overseas to force them to marry (whether or not the forced marriage takes place)
- marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not)

**Honour Abuse**-Honour based violence is a violent crime or incident which may have been committed to protect or defend the honour of the family or community.

It is often linked to family members or acquaintances who mistakenly believe someone has brought shame to their family or community by doing something that is not in keeping with the traditional beliefs of their culture. For example, honour based violence might be committed against people who:

- become involved with a boyfriend or girlfriend from a different culture or religion
- want to get out of an arranged marriage
- want to get out of a forced marriage
- wear clothes or take part in activities that might not be considered traditional within a particular culture

Women and girls are the most common victims of honour based violence however it can also affect men and boys. Crimes of 'honour' do not always include violence. Crimes committed in the name of 'honour' might include:

- domestic abuse
- threats of violence
- sexual or psychological abuse
- forced marriage
- being held against your will or taken somewhere the victim doesn't want to go
- assault/killing

### **County Lines**

A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and

store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

## **Domestic abuse**

The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse. Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be “personally connected” (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members. All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see, hear or experience the effects of abuse. Young people can also experience domestic abuse within their own intimate relationships.

## **Radicalisation**

When we talk about radicalisation it means someone is being encouraged to develop extreme views or beliefs in support of terrorist groups and activities. radicalisation and the potential path towards terrorism and extremism can occur through face to face or online interactions. It is sadly the case that it is becoming easier than ever to be groomed by terrorist recruiters on the internet and to find extremist materials. Encouraging susceptible individuals to commit acts of terrorism on their own initiative is a deliberate tactic seen in emerging ideologies and seen in their propaganda. This is exacerbated by online environments which bring together and facilitate individuals sharing and validating thoughts and ideas.

Every case is different, and there is no checklist that can tell us if someone is being radicalised or becoming involved in terrorism. The importance of noticing the hallmarks of concern within these online communities, in friends or wider social spaces as well as work and educational settings has probably never been as important as it is now. There are some common signs that may mean someone is being radicalised.

- Expressing an obsessive or angry sense of injustice about a situation and blaming this on others.
- Expressing anger or extreme views towards a particular group such as a different race or religion.
- Suggesting that violent action is the only way to solve an issue, sharing extreme views or hatred on social media.

It's often the case that professional curiosity and belief in your own ability to determine if something just doesn't sit right is sometimes a good check point to flag up where something may be going wrong, especially in the early stages of radicalisation.

## **Online Abuse**

Any type of abuse that happens on the internet. It can happen across any device that's connected to the web, like computers, tablets, and mobile phones. It can happen anywhere online, including: social media, text messages and messaging apps, emails, online chats, online gaming and live-streaming sites. Children can be at risk of online abuse from people they know or from strangers. It might be part of other abuse which is taking place offline, like bullying or grooming. Or the abuse might only happen online. Children may experience several types of abuse online: Cyberbullying, Emotional abuse-which can include emotional blackmail, Sexting-pressure or coercion to create sexual images, Sexual abuse, Sexual exploitation and Grooming-perpetrators may use online platforms to build a trusting relationship with the child to abuse them. A child experiencing abuse online might:

- spend a lot more or a lot less time than usual online, texting, gaming or social media
- seem distant, upset or angry after using the internet or texting
- be secretive about who they're talking to and what they're doing online or on their mobile phone
- have lots of new phone numbers, texts or email addresses on their mobile phone, laptop or tablet
- Be mindful that some of the signs of online abuse are similar to other types of abuse.