

Child Safeguarding and Protection Procedure

Introduction

Purpose of the procedure

The purpose of this procedure is to provide a framework for all staff and volunteers within Ambitious about Autism. It should be used in conjunction with the Child Safeguarding and Protection Policy to prevent and reduce the risk of abuse to all children who use Ambitious about Autism's services or come into contact with staff or volunteers. The procedure details the steps the individuals and key persons are expected to take.

Legal requirements

These are detailed in the policy.

Areas of responsibility

- **Everyone's responsibility:** safeguarding and protecting children from abuse and neglect is the responsibility of all staff, volunteers, governors and trustees who work for or represent Ambitious about Autism. This includes a responsibility to ensure they are informed and trained to an appropriate level.

All staff, volunteers, governors and trustees are expected to report and discuss any concerns to the Designated Safeguarding Lead (DSL) or their deputies without delay. The seniority of the DSL / should never be a block to anyone raising a concern.

- **The Designated Safeguarding Lead (DSL) -**
- TreeHouse School, the DSL is the Headteacher who has lead statutory responsibility for **all matters** relating to safeguarding within the school.
- Ambitious College, the DSL is the Principal. This includes the expectation that they will be aware of any concerns and ensure these procedures are competently implemented and that safer recruitment processes are followed. The national guidance on the areas of responsibility is located in: Keeping Children Safe in Education, statutory guidance for schools and colleges, September 2016 and in Working Together to Safeguard Children, a guide to inter-agency working to safeguard and promote the welfare of children, March 2015.
- The Charity Lead, The Director of Education (or in their absence Headteacher of TreeHouse School or in their absence the Principal of Ambitious College) is the DSL for all activities and staff not involved in

TreeHouse School or Ambitious College.

- In their role, the DSL will always brief the Charity Lead on all concerns and intended action who will then, dependent on the level of

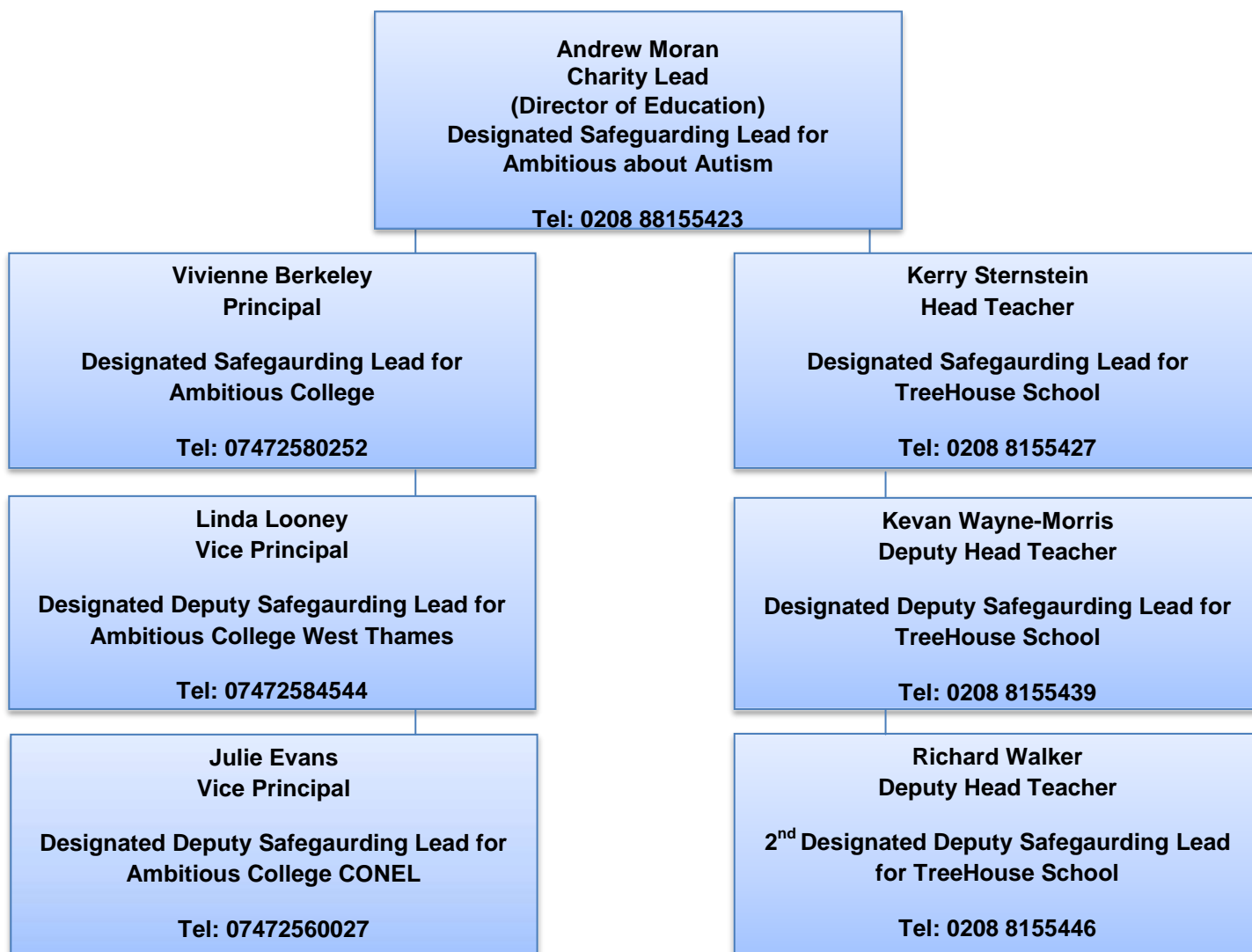
seriousness of the concern, brief the Chief Executive and/or Chair of the board of trustees of the charity. The Charity Lead will, dependent on the level of seriousness of the concern, brief the Chief Executive and/or Chair of Governors of the school/college. On complex or challenging safeguarding matters the Charity Lead will consult Chief Executive.

The DSL also has a responsibility to publish online the safeguarding policy and procedure, as well as each year informing all parents that the service has a duty to contact the local authority Children's Services department if there are concerns that a child may be being abused.

Charity Lead – has the overall responsibility for all safeguarding matters within the charity as a whole. She/he will also be required to offer consultation to the DSLs on any matters which are seen as complex or challenging. The Charity Lead will brief the Chief Executive and/or Chair of Trustees, dependent on the level of seriousness of the concern.

The DSLs and Charity Lead have responsibility for ensuring all appropriate actions have been taken and for providing staff, volunteers, governors and trustees with the guidance required. The only occasion when one of them should not be informed of a concern is if they are themselves implicated in abuse; in such circumstances staff will always go to the other above named senior member of staff.

Designated Safeguarding Lead Chart



In the event of a safe guarding incident being reported when the Charity lead is not in office one of the above leads will step in to deal with the report.

Procedure details

The procedures detailed here are mandatory and must be followed. The flow charts that accompany these procedures constitute the basic outline of the processes that need to be considered; each box on the flow chart has a related paragraph in these procedures. Procedures cannot predict every set of circumstances and if any member of staff/volunteer is dealing with a safeguarding matter, then they should raise concerns without delay, seek support through supervision and debrief with a senior manager at each stage in the process.

Responding to concerns that a child may be being abused or neglected

Also refer to flow chart Appendix 3.

Recognition of signs and indicators of abuse

Recognition of the signs and indicators of abuse poses considerable challenges for most professional staff who work with children and do not deal with protection and safeguarding issue on a day to day basis. Identifying abuse of children with disabilities who may also present with a range of challenging behaviours is not straightforward. It is crucial to effective safeguarding that all staff and volunteers are able to recognise signs and indicators of abuse and this requires acceptance that children with autism are more likely to be abused than children without disabilities.

Appendix 1 offers a range of indicators and signs of abuse as well as examining some of the potential blocks to recognition and factors which can inhibit the taking of appropriate steps.

If the member of staff or volunteer believes that a child is at immediate risk of harm or abuse, they will take immediate and reasonable steps to protect the child; however such situations are very rare and in most circumstances staff will raise a concern following the process below.

Raising a concern

Staff will raise a concern by reporting directly and without delay to the Designated Safeguarding Lead (DSL). In the school, this is the Headteacher (or in the Headteacher's absence the Deputy Head). In Ambitious College, this is the Principal (or in the Principal's absence the Vice Principal). If neither is available, or the concerns are not within the school or college, then the Charity Lead should be reported to directly. Immediately after raising a concern, staff will also make a detailed written account of what they have seen, observed or heard.

Recording

The keeping of accurate and prompt recording is fundamental to effective safeguarding and all staff and volunteers have a responsibility to ensure all concerns are recorded appropriately. This requires those who raise concerns to make a written record within **two hours of raising any concerns**.

This record of raising a concern should include;

- Who they have concerns about (name of pupil/learner)
- Age of person
- Date and time they are making the record
- Date and time the incident occurred (if this is known)
- What was observed, heard or noted that led to the concern being raised
- Source of information (if the concern was not directly observed i.e. a parent informs a member of staff that he/ she has seen abuse indicators)
- Behavioural observations (noting that this is one of the most likely ways in which a member of staff is likely to note concerns)
- If a child or young person has made an allegation, then what was said

- Which senior manager within Ambitious about Autism has been reported to (in line with these procedures) and what initial actions were agreed
- This record must be signed and time/ dated by the person making the recording and the relevant DSL.

When reporting a concern to the local authority, the DSL will inform the local authority that a written record of the concern is available and will e-mail details of the concerns to the local authority.

If at any stage Ambitious about Autism or the local authority decide that no further action is to be taken, then the reason for this and who made the decision will be recorded.

All subsequent actions/ events following the reporting of a concern should be recorded and attached to the original concern in chronological order as should any documentation received from the local authority, police or other agencies.

Confidentiality and storage of safeguarding concerns

In TreeHouse School the DSL has responsibility to ensure all concerns within the school are recorded, monitored and secured. In Ambitious College, the DSL has responsibility to ensure all concerns within Ambitious College are recorded. The Charity Lead is responsible for concerns that are not about pupils/learners at the school or college to be recorded, monitored and secured.

All paper records will be kept in a locked cabinet and in a secure place within the main building and will not be taken off the site without the expressed written permission of the Chief Executive. Access to these records will be strictly limited on a need to know basis and controlled by the DSL and the Charity Lead and the Chief Executive.

Electronic records relating to safeguarding concerns, including emails and reports, will be printed out as they are received or sent and kept along with paper records.

Safeguarding records will be kept separately from education files/ records. If a child transfers to another setting, Ambitious about Autism will provide the new setting with a summary of any outstanding concerns and the names/ contact details of key professionals from other agencies who are aware of the concerns.

Parents and carers with parental responsibility have a right of access, should they request it, to all records that Ambitious about Autism makes about a child (but not those records and reports sent to the charity from other agencies). Therefore anyone recording safeguarding issues should consider this and ensure that records are factual, clear and, where opinion is expressed, it should be recorded as such and distinguished from fact.

Initial fact finding

It is reasonable to check some basic facts prior to alerting other professionals. The DSL or the Charity Lead will always lead on initial fact finding. They may delegate specific tasks of the initial fact finding to staff unrelated to the concerns. Initial

fact finding should involve checking files and recent records and clarifying basic facts with key staff as well as discretely asking other staff who have had recent contact with the child if they have any issues or concerns.

Initial fact finding should never involve asking a child to discuss the concerns or repeat a disclosure or allegation that has been made.

Initial fact finding can lead to the DSL or Charity Lead deciding that there are no protection concerns which warrant a referral to children's services. In such circumstances, when no further action is being taken, then the decision needs to be recorded and conveyed to the Charity Lead.

Concern that a child may be at risk of significant harm by parents, carers or someone known to the child

If the concerns and initial fact finding lead to the conclusion that a child may have been harmed or at risk of significant harm, then the DSL, Deputy Head/Vice Principal or Charity Lead will make a referral to the Children's Services department in the local authority area where the child lives.

An effective referral the Children's Social Care department will require a lot of information to be shared. This will include the child and parent/carer details, including details of any other household members or regular overnight visitors if known. Children's Social care will also require the reason for referral including: clear reasons why the child is actually or potentially at risk; telling Children's Social Care what has already been done to address the concerns; helping Children's Social Care understand this child/young person/parent/carer, from Ambitious about Autism's perspective (this should involve some analysis). Children's Social Care will also need to know what other agencies and professionals are working with the child.

The DSL or Deputy Head/Vice Principal will inform the Chair of school/college governors as appropriate. The Charity Lead in turn will brief and keep updated the Chief Executive and/or Chair of trustees as appropriate.

Completing a Common Assessment Framework (CAF)

The CAF is a standardised approach to undertaking an assessment of a child or young person's additional needs, identifying how best to meet those needs, and putting in place a plan to address them. It provides a generic and holistic assessment of a baby, child or young person's strengths and needs across three domains: development of the child or young person, parents and carers, family and environment. The CAF promotes early intervention (described in greater detail under the 'early help' arrangements set out in chapter 1 of Working Together to Safeguard Children 2016) and improved communication and integrated working between practitioners supporting a child or young person. It is a voluntary process, with a strong emphasis on engaging and working in partnership with children and young people and parents/carers.

If a Children's Social Care department requests the completion of a CAF when Ambitious about Autism is making a child protection referral, this could be because Children's

Social Care have decided that the concerns can be met by coordinating additional services for the child/family. If this is the case, Children's Social Care should confirm this in writing. A CAF should not be completed when serious concerns about abuse have not been appropriately addressed. The family should always be aware and agree that a CAF is being completed.

Strategy Meetings

The purpose of a Strategy Meeting is to share information between all appropriate agencies when there is reason to believe that a child is at risk of significant harm, or has been harmed, and to decide whether there are sufficient concerns to warrant a child protection investigation (Section 47 Children Act 1989). If Ambitious about Autism raised the concerns or has significant information, they may be asked to attend or contribute to a strategy meeting. To prepare for such a meeting the DSL, Deputy Head/Principal or Charity Lead may wish to have briefings with key staff. The strategy meeting decides on the format of the investigation and agrees areas of responsibility for each agency.

Children's Services checks with agencies and child protection enquiries

A social worker from Children's Social Care (which is part of a local authority's children's services department) will collate information from the family and from other professionals to make an Initial Assessment of a child's needs. This means they could contact Ambitious about Autism because another agency has raised concerns and they will ask if the charity has any concerns or pertinent observations; in such circumstances it is essential that the DSL, Deputy Head/Principal or Charity Lead ensures a full response is given by consulting with those staff who have most significant contact with the child and checking recent records.

The social workers will consider all of the aspects of a child's life, including their developmental needs, the parenting they are given, and their wider family and social environment, to decide the degree to which a child is at risk. An assessment of a child's needs is always conducted alongside the assessment of risk to the child. The social worker (and possibly a police officer if it is considered that the law has been broken) will meet with the parents / carers; they should also see the child on their own. The outcome of such inquiries can be: no further action; services provided to support a child in need; or a decision that a child is at risk of harm and a child protection conference is convened.

Child Protection Plan and Core Group meetings

Ambitious about Autism should be invited to a case conference if they have direct involvement with a child. Attendance at a case conference requires the preparation of a report and the DSL, Deputy Head/Principal or Charity Lead may delegate the report writing to another member of staff who has had most contact with the child. However, one of the aforementioned managers should attend the child protection conference, although it may be prudent for the report writer to also attend. Family members and older children attend a child protection conference.

All of the protection issues are discussed at the conferences, as well as relevant positives regarding the child and family. The main decision that can be made at a conference is; does the child need to have a child protection plan? This would contain what is needed to reduce risks and concerns. A child protection plan is required if the child has been and is likely to continue suffering significant harm. The conference may also recommend that Children's Social Care involve the courts to ensure the safety of the child.

Ambitious about Autism must always have a full understanding of the details of any child protection plan for a child the charity has contact with. The DSL, Deputy Head/Principal or Charity Lead has a responsibility to ensure that all obligations the charity has under any plan are fulfilled to the highest of standards; this includes attending and contributing to core group meetings.

If at any stage in the process Children's Social Care decide that no further action is to be taken, then the charity should still raise any new concerns in line with these procedures.

If a child is seen as in need, the charity should provide all reasonable support and additional services with other agencies.

Concerns that a child has been harmed or is at risk of harm by a stranger or member of the public

If initial fact finding suggests that the concerns relate to a member of the public or a stranger, then the DSL, the Deputy Head/Principal or the Charity Lead should report the matter to Children's Social Care and the Police without delay. Some local authorities in London indicate they will contact the Police in such circumstances. It is essential that the Police are informed so this needs to be clarified at the time of raising the concern. In such circumstances the Police lead investigations and may need to interview staff or volunteers as witnesses. With the agreement of Children's Social Care, the charity should inform the parents / carers of the child of the concerns.

Responding to concerns that a member of staff or volunteer may have abused a child

Also refer to flow chart Appendix 3.

All staff and volunteers are responsible for raising concerns about colleagues; these concerns could be about: the behaviour or attitude of a member of staff towards a child within services; inappropriate use of restraint; actions or behaviour towards a child or vulnerable adult outside of the charity, accessing or making use of inappropriate online data. The concern could in fact be any that raise significant questions about their suitability to work with children.

Raising a concern

Concerns should be reported without delay directly to the DSL. In TreeHouse School, this is the Headteacher (or in the Headteacher's absence, the Deputy Head). In Ambitious College, this is the Principal (or in the Principal's absence the Vice Principal).

If neither is available, or the concerns are not within the services, then the Charity Lead Improvement should be reported to directly.

There are likely to be tensions and anxieties for any member of staff who notes signs and indicators that suggest a colleague poses a concern. Ambitious about Autism will support any member of staff or volunteer if they do so appropriately, in good faith and in a timely fashion.

If the concerns relate to the Headteacher, the Deputy Head, the Principal or Vice Principal, then the Charity Lead, the Chief Executive and the school/college Chair of Governors should be informed. If the concerns are related to the Chief Executive, then the Headteacher or Principal should be informed of the concerns relate to the Charity Lead then the Chief Executive must be informed. The Chair of the Board of Trustees must be informed in these circumstances.

Initial fact finding

Initial fact finding when there are concerns about a member of staff requires a high level of confidentiality. It is still reasonable to check some basic facts prior to alerting other professionals. The DSL or the Charity Lead will lead on initial fact finding and, in these circumstances, they will not delegate to other staff. In these circumstances initial fact finding should involve checking files and recent records and clarifying basic facts with key staff.

Initial fact finding should never involve asking a child to discuss the concerns or repeat a disclosure or allegation that has been made.

Initial fact finding can lead to the DSL or Charity Lead deciding that there are no protection concerns which warrant a referral to the Local Authority Designated Officer (LADO). In such circumstances, when no further action is being taken, then the decision needs to be recorded and conveyed to the Chief Executive.

Contacting the Local Authority Designated Officer (LADO) of concerns that a member of staff may have harmed a child or has harmed a child or has possibly committed an offence against a child

If the concerns/ initial fact finding conclude that a member of staff may have harmed a child or has harmed a child or has possibly committed an offence against or related to a child, the Local Authority Designated Officer (LADO) must be informed without delay. For TreeHouse School, and Ambitious College (CONEL Campus) the Haringey LADO must be informed. For Ambitious College, West Thames Campus the Hounslow LADO must be informed. The Charity Lead and the relevant Chair of Governors and Chair of Trustees must be informed of the referral to the LADO; informing them will include agreement on next steps to be taken and how all risks are to be managed as appropriate to the circumstances. It is expected that they will be kept updated as the situation develops.

The contact details for the LADOs are as follows:

Haringey's Local Authority Designated Officer (LADO)
48 Station Road
London
N22 7TY
Tel: 020 8489 1406
Email: lado@haringey.gov.uk

Hounslow Local Authority Designated Officer (LADO)
London Borough of Hounslow
Civic Centre Road
Lampton
Hounslow
TW3 4DN

Tel: 020 8583 3100/ 020 8583 2222
Email: lado@hounslow.gov.uk

Discussions with the LADO should include taking advice on and ideally reaching agreement on a decision about suspension or not, as well as an agreement about informing parents or not. It is essential that a shared understanding is established about next steps to be taken.

Following these discussions, it is essential that confirmation is made in writing to the LADO detailing the concern and the discussions with the LADO. It is also essential that at all stages a full record is kept.

Initiating allegation procedures

The LADO will decide whether the incident fits the criteria of an allegation against staff. In other words: Did the alleged incident potentially cause harm to the child? Does the alleged incident potentially constitute a criminal offence? Does the alleged incident suggest that this person is potentially unsuitable to work with children? National allegations procedures are outlined in part 4 of Keeping Children Safe in Education September 2016 and local procedures will be set out by the LSCB (local safeguarding children board) on the relevant local authority website.

Senior managers from Ambitious about Autism will need to provide the LADO, and if necessary the police, with access to all available evidence and a full written account of the concerns and any responses to those concerns to date.

Workplace arrangements

The LADO will advise whether the member of staff should remain in the workplace or whether they should be suspended until the investigation is resolved. If the member of staff remains in the workplace, safeguards will be put in place to protect the member of staff and the child/children involved. The member of staff will be advised to contact their union representative, if relevant, and Ambitious about Autism will provide support as

appropriate. The senior member of staff will keep both the member of staff and the family up to date with regard to timescales of meetings and the procedures being put in place.

If Ambitious about Autism decides that suspension is necessary, then this will be done without prejudice. Suspension should be considered without delay if it is indicated that:

- A staff member has behaved in a way that may have or has harmed a child.
- A staff member has possibly committed an offence against or related to a child
- A staff member has behaved towards a child in a way which indicates she/he is now unsuitable to work with children.
- The Children Services, police or the Local Authority Designated Officer **LADO** is advising suspension.
- It is likely to be impossible to undertake the necessary investigation properly if they remain in the workplace.

No formal internal inquiry can start until the LADO and the police have concluded their processes. Agreement should be obtained in writing from the LADO that an internal inquiry can commence.

At each stage the DSLs will need to take HR advice, keep the staff member updated (following agreement with the LADO) and keep the family of the child updated (following agreement with the LADO).

Strategy Meeting

The LADO will schedule a strategy meeting with the representative from the organisation and from the Police. A Police check will be conducted prior to the strategy meeting to determine whether any previous incidents involving that member of staff are known. Unless the concerns relate to a senior member of staff, then senior managers should be invited to attend the strategy meeting. It is essential that preparation for the strategy meeting includes checking the member of staff concerned personnel file; training record; supervision record and last annual appraisal.

Decisions and Next Steps

Professionals at the strategy meeting will decide what next steps to take: these may include criminal proceedings, child protection procedures, disciplinary procedures, training needs, or no further action.

'No Further Action' by police and the local authority does not mean there is 'no case to answer' internally and HR advice should be considered.

The decision to take disciplinary procedures lies with Ambitious about Autism and may require an internal inquiry; this can only take place once the Police and LADO have concluded their processes. However, the LADO may inquire what actions were taken. Once an internal inquiry is complete, then the disciplinary procedures can be invoked. If there is a disciplinary that does not lead to a dismissal, then 'lessons learnt' should be incorporated into safeguarding training.

Notifying the Disclosure & Barring service and/or professional bodies

If a staff member is dismissed because of abuse concerns, then Ambitious about Autism has a legal duty to formally notify the Disclosure & Barring Service. This also applies if a member of staff resigns as a result of safeguarding concerns being raised. The referral process is fully detailed on the DBS website.

If a staff member is dismissed or resigns because of abuse/ neglect concerns, then Ambitious about Autism has a duty to formally notify the professional body the member of staff belonged to; for example the National College of Teaching & Leadership (NCTL).

Concerns about staff or volunteers related to events beyond Ambitious about Autism, TreeHouse School and Ambitious College

Local Safeguarding Children's Boards have a responsibility to inform employers of concerns brought to their attention about staff or volunteers. These concerns could relate to the staff member's own family, other work they do for another employer or be related to historical abuse issues. If those concerns indicate that someone may present a risk of harm to children, it is usual that the senior manager of the charity will be contacted by either Children's Social Care or the Police who will usually inform the manager of the concerns and advise on the need to suspend. It is usual for a senior member of staff to be invited to a strategy meeting or planning meeting. Once concerns are brought to the attention of Ambitious about Autism, the Charity Lead and Chairs of Trustees and Governors must be informed.

Bullying and children abusing children

Bullying and cyber bullying can have a serious impact on the health, welfare and development of a child and all concerns of bullying should be responded to using TreeHouse School's/Ambitious College's Anti Bullying Policy. However if a child suffers physical harm or sexual abuse as part of actions perceived as bullying, then the child protection procedures should also be invoked. The reasons why children harm other children are complex, but to assume it is 'just bullying behaviour' can leave the needs of victims and child perpetrators unaddressed.

Children missing from school

If a child is not attending school/college and the reasons are not known to the school/college, the school/college should invoke the Missing from School/College Procedures. However, it should be a consideration that, in some circumstances, non-attendance could be related to abuse or neglect and, if there are indicators that this is the case, these procedures should be invoked.

Training and Implementing Safeguarding Policy and Procedures

The DSL will ensure that all parents/ carers have access to the policy and procedures and an understanding that the charity has a duty to inform Children's Social Care or the Police if there are concerns about abuse.

Ambitious about Autism will ensure that all staff and volunteers have access to all policies and procedures relating to safeguarding and will have access to refresher

training and updates annually. All staff and volunteers must have effective training on the recognition of abuse and neglect and how to respond to such concerns.

All new staff will, as part of their induction, be asked to read and then discuss in supervision their understanding of the policy and procedures, and keeping Child Safe in Education 2016 Part I. All new staff/ volunteers in the school/college will have a briefing from the Headteacher/Principal on the procedures and the role of the DSL; all new staff in Ambitious about Autism who are not part of the school/college will have a similar briefing from the Charity Lead and/or Chief Executive. Senior managers will put in place a process for ensuring all temporary members of staff are briefed on the safeguarding procedures as they start in post

Policy owner:	Charity Lead (Director of Education)
Approved by:	Governing Body/ Board of Trustees
Date policy reviewed:	April 2017
Date Policy to be reviewed	October 2017

Appendix 1

Definitions of abuse and recognising signs and indicators of abuse

DEFINITIONS

Keeping Children Safe in Education 2016 para 29 sets out the following specific safeguarding issues and in the electronic version of the guidance each category has a hyperlink to a detailed definition and description:

- Child sexual exploitation
- Bullying including cyber bullying
- Domestic abuse
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender based violence/violence against women and girls (VAWG)
- Mental health
- Private fostering
- Preventing radicalisation
- Sexting
- Teenage relationship abuse
- Trafficking

The following define the categories of abuse most commonly encountered in more detail:

Physical Abuse

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

Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children 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 the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve 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.

Sexual Abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. 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 care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Recognising signs and indicators of abuse

The biggest block to identifying abuse rests with assumptions many make about abuse and disabled children. Those assumptions must be overcome if staff and volunteers are going to be able to identify abuse. Studies of the prevalence of abuse of children with autism suggest that levels are comparable with children with physical disabilities. One detailed study concluded that 31% of disabled children had been abused prior to reaching adulthood compared to a prevalence rate of 9% among non-disabled children.

Evidence suggests that many working with children with a disability do so with the attitude and assumption that abuse is less likely to happen and should it happen, it would be less likely to be harmful. Another significant factor is the reluctance of professionals to raise concerns about parents or carers as they have a tendency to empathise with the pressures and stress of caring for a child with a autism in a manner that can exclude the need to take action to protect; this is then used as a reason for not taking the appropriate steps when signs and indicators exist.

Even for those experienced in working with child abuse, it is not always easy to recognise a situation where abuse may occur or already be taking place. It is acknowledged that staff and volunteers are not experts in such recognition. Therefore any concerns should be discussed as detailed within these procedures. The guidance on the recognition of signs and indicators of abuse given below is not an exhaustive list of concerns, and the presence of one or more of the indicators is not proof abuse has taken place. Staff must however be open to the possibility that something may have occurred and may require further action.

Generally, in an abusive relationship a child may appear frightened of the abuser and act in a way that is inappropriate to his/her age and development (although full accounts need to be taken of different patterns of development and different ethnic groups).

Staff should always be sensitive to the adverse impact on children's development of parental difficulties such as domestic abuse, substance misuse or mental health problems. The presence of these factors combined should raise concerns.

Staff should be aware of the potential risk to children when individuals previously known or suspected to have abused children are moving to, or have contact with, the household in which the child lives.

Signs and Indicators of Physical Abuse

The following may be indicators of concern:

- An explanation which is inconsistent with an injury
- Unexplained and/or suspicious injury i.e. abuse, cut or burn particularly if situated in a part of the body not normally prone to such injuries.
- Different explanations provided to different professionals for an injury.
- Unexplained delay in seeking treatment.
- Parents/carers are uninterested or undisturbed by an accident or injury.
- Parents/carers are absent without good reason when a child is presented for treatment.
- Presentation of minor injuries which may represent a “cry for help” and if ignored could lead to more serious injuries or may represent fabricated or induced illness.
- Families using different doctors, hospitals, or any minor injury units ‘walk in’ centres, and other direct access health provisions.
- Reluctance to give information concerning previous injuries.
- Children can have accidents or bruising, but the following must be considered as highly suspicious of a non-accidental injury unless there is an adequate explanation provided:
 - Any bruising or other soft tissue injury to a pre crawling or pre-walking infant or non-mobile disabled child
 - Bruises seen away from bony prominences.
 - Simultaneous bruises to both eyes without bruising to the forehead.
 - Bruising on sites less commonly injured accidentally.
 - Clusters of bruising may indicate defensive injuries on the upper arm, outside of a thigh or adjacent limbs.
 - Multiple bruising of uniform shape
 - Bruises that carry the imprint of an implement i.e. belt mark, hand print, glass mark or hair brush handle.
 - Linear pink marks – pale scars caused by gripping especially at wrists, ankles, necks or male genitals.
 - Bruising or tears around or behind the earlobes indicating an injury by pulling, twisting or slapping.
 - Broken teeth and mouth injuries
 - Bite marks showing clear impressions of the teeth
 - Bite marks of 3 centimetres in diameter are more likely to be caused by an adult or older child.
- It can be difficult to establish accidental or non-accidental burns and scars and proof will always require experienced medical opinion. Any burns with a clear outline may be suspicious i.e. Circular burns from cigarettes are characteristically punched out lesions 0.6 to 0.7cm in diameter and healing usually leaves a scar.
- Friction burns result from being dragged.
- Linear burns from hot metal rods or related to coal fire elements.
- Burns of uniform depths over a large area
- Scars which have a line indicating immersion or poured liquid; a child getting into water of their own accord would struggle to get out and cause splash marks instead.
- Fractures may be causing pain and swelling, and discoloration over a burn or joint; the possibility of this should be considered carefully for all fractures in non-mobile children.

Fractures are grounds for concern if:

1. An unexplained fracture occurs in the first 18 month of life.
2. The history provided is not very common, non-existent or inconsistent with the fracture type.
3. They are associated with old or notable fractures.
4. Medical attention is sought after delay when the fracture has caused symptoms of swelling, pain or loss of movement.

Signs and Indicators of Emotional Abuse

- Emotional abuse may be difficult to recognise as signs are usually behavioural rather than physical. The indicators of emotional abuse are often associated with other forms of abuse.
- Children with Autism are likely to exhibit some of these signs and indicators as a part of their condition; therefore the recognition of abuse is much more challenging.
- Recognition of emotional abuse is usually based on observations over time and the following are some associated indicators;

Parent/Carer and Child Relationship Factors

- Abnormal attachment between child/parent and carer e.g. anxious, indiscriminate or no attachment; although this can appear to be the case with children with Autism and therefore the attitudes and responses of the parent to this situation become more salient.
- Parent frequently complains about/to the child or fails to provide attention or praise (high criticism/low warmth environment)
- Conveying to a child that he/she is worthless or unloved, inadequate or only valued in so far as meeting the needs of another person e.g. Persistent negative comments about the child or “scapegoating” within the family.
- Developing inappropriate or inconsistent expectation e.g. overprotection, limited exploration or learning interaction beyond child’s developmental capability. Prevention of normal social interaction.
- Causing a child to feel frightened or in danger through witnessing domestic abuse, seeing or hearing ill-treatment of another.

Child's presenting concerns

- Delay in achieving developmental cognitive and/or educational mile stones.
- Failure to thrive or faltering growth.
- Behavioural problems e.g. aggression or attention seeking.
- Frozen watchfulness, particularly in preschool children.
- Low self esteem, lack of confidence, fearful, distressed, anxious
- Poor peer relationships including withdrawn or isolated behaviour (again with children with Autism this indicator should be treated with caution and related to how the child has previously presented).

Parent/Carer Related Issues

- Dysfunctional family relationships including domestic abuse
- Parental problems that may lead to lack of awareness of child's needs e.g. their mental health, substance misuse, learning difficulties.
- Parental/Carer emotionally or psychologically distancing the child.

Sexual Abuse

- Boys and girls of all ages may be sexually abused and are frequently too scared to say anything due to guilt and or fear. This abuse is particularly difficult for a child to talk about.
- Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indicators are likely to be emotional/behavioural.

Behavioural Indicators of Sexual Abuse

- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation inappropriate to the child's age
- Continual and inappropriate or excessive masturbation
- Self harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxiousness and unwillingness to remove clothing for sports events (but this may be related to cultural norms or physical difficulties).
- Running away.

Physical Indicators of Sexual Abuse

- Pain in the genital area, vaginal discharge
- Sexually transmitted diseases
- Blood on underclothes
- Pregnancy
- Symptoms e.g. injuries to genital or anal area
- Bruising to buttocks, abdomen and thighs
- Presence of semen on vagina, anus or external genitals.

Signs and Indicators of Neglect

Evidence of neglect builds up over a period of time and it is the one type of abuse where early intervention is most successful.

Child Related Indicators of Neglect

- A child who is unkempt or inadequately clothed or dirty or smells
- A child perceived to be frequently hungry
- A child who seems to be listless, apathetic and unresponsive with no apparent medical cause or displaying anxious attachment, aggression or indiscriminate friendliness (again with a child with Autism this should be considered as a factor when there is a detrimental change in a child's behaviour)
- Failure to grow or develop within normal expected patterns with accompanying weight loss or speech/ language delay.
- Recurrent/untreated infection or skin conditions. e.g. severe nappy rash, eczema, or persistent head lice/scabies
- Unmanaged/untreated health or medical conditions including poor dental health
- Frequent accident or injuries
- Child frequently absent or late at school
- Poor self esteem
- Child thrives away from the home environment.

Indicators of Neglect in the Care Provided

- Failure by parents or carers to meet the basic and essential needs such as food, clothing, warmth and hygiene.
- Failure by parents or carers to meet the child's health and medical needs i.e. poor dental health, failure to attend appointments with health visitors, GP or hospitals or lack a GP registration, failure to seek or comply with appropriate medical treatment.
- A dangerous or hazardous home environment including failure to use home safety equipment or risk from animals.
- Poor state of home environment e.g. unhygienic facilities, lack of appropriate sleeping arrangements, inadequate ventilation including passive smoking, lack of adequate heating.
- Lack of opportunities for a child to play and learn.
- Child left with adults who are intoxicated, misuse substances or are violent.
- Child abandoned or left alone for excessive periods.

Increased Vulnerability of Some Disabled Children

Evidence cited in Safeguarding Disabled Children Practice Guidance. (DCSF 2009) suggests disabled children are at increased risk of abuse and the presence of multiple disability increases the risk of both abuse and neglect.

A disabled child may be especially vulnerable because of:

- A need for practical assistance in daily living, including intimate care from what may be a number of carers
- Carers/Staff lacking ability to communicate adequately with her/him
- A lack of continuity in care leading to increased risk that behavioural changes may go unnoticed
- Carers working with the disabled child in isolation
- Physical dependency with consequent reduction in the ability to be able to resist abuse
- Increased likelihood that she/he is socially isolated
- Lack of access to “keep safe” structures available to others
- Communication or learning difficulties preventing disclosure
- Lack of advice e.g. due to hearing impairment
- Parent/Carers own needs and ways of coping may conflict with the needs of the child
- Bullying and intimidation
- Abuse by peers
- A fear of complaining in case services are withdrawn
- Some sex offenders may target disabled children in the belief that they are less likely to be detected.
- Some disabled children are highly adept in the use of social media and other on line tools but lack the social awareness to be able to protect themselves from online grooming or abuse.

In addition to the universal indicators of abuse/neglect mentioned previously the following abuse behaviours must be considered:

- Force-feeding
- Unjustified or excessive physical restraint
- Rough handling
- Extreme behaviour modification ‘techniques’ including the deprivation of liquid, medication, food or clothing
- Misuse of medication, sedation, heavy tranquilization
- Invasive procedures against the child’s will
- Deliberate failure to follow medically recommended regimes
- Misapplication of programmes or regimes
- Ill fitting equipment, which may cause injury or pain or inappropriate splinting.

Essential safeguards for disabled children

Safeguards for disabled children are essentially the same as for non-disabled children and should include enabling them to:

- Make their wishes and feelings known
- Receive appropriate personal, social and health education
- Raise concerns
- Have an effective means of communication and range of adults with whom they can communicate.

Listening to Children

One of the key indicators of abuse and neglect is a direct allegation from a child that they are being abused. The disclosure of abuse is often frightening and can awake painful memories, the strong emotions felt can be very difficult to express. If the child alleges that she/he is being abused or information is received which causes concern that she/he may be being abused or has some knowledge of an abusive situation, the person receiving this information from the child should:

- React calmly so as to not frighten the child.
- Listen to what the child is saying and recognise difficulties; avoid interpreting what is being said by the child, he may have a speech disability and or difficulties with language.
- Keep open to the fact that the child may not have the necessary vocabulary for describing what has happened to them – remember that disclosure does not have to be verbal.
- Avoid direct questions*, ensure a clear and accurate understanding of what is being said, use minimal prompts and where appropriate repeat back what is being said to clarify.
- Do not ask leading questions as these could jeopardise the investigation or the outcome of any criminal proceedings*
- It is important to reassure the child but not make promises of confidentiality which might not be sustainable in the light of subsequent investigations.
- It is imperative that a full record of what is being said, heard and seen is made as soon as possible.
- Consult with managers in line with these procedures
* unless the nature of the child's disability or preferred communication method means that this is the only way to ascertain whether the child is at risk.

Appendix 2

Useful Contacts

The Children and Young People's Service First Response Team Haringey:

020 8489 5762 / 4592 / 5652/ 4582 during office hours

Haringey Out of Hours Duty Team:

020 8348 3148

Haringey Disabled Children's Team Duty Service:

020 8489 3655 during office hours

Haringey Advice on Child Protection, Child Protection Advisors:

020 8489 1061 / 5462 / 5426

Hounslow Child Protection Line (Office Hours)

020 8583 6600

Hounslow Child Protection Line (Out of Hours)

020 8583 2222

Hounslow Social Work Team for Children with a Disability

020 8583 3177

Notification of Allegations against Staff

Haringey Local Authority Designated Officer (LADO):

020 8489 1406 / 1192

Hounslow Local Authority Designated Officer (LADO):

020 8583 3100/020 8583 2222