

Aim of the Policy

The aim of this policy is to provide members of the Autism Support Allerdale and Copeland (ASAAC) with clear guidance about their role and responsibilities in safeguarding children, and to provide information for parents and carers about the

safeguarding measures that ASAAC employs to ensure that it meets its responsibilities to promote the welfare of, and safeguard children, young people & vulnerable adults.

The Designated Safeguarding Lead should be contacted immediately with any concern.

Designated Safeguarding Lead- Shirley Murphy 07702580347

Deputy Safeguarding Lead- Toni Bayles 07450262361

Legislation and guidance that underpins this policy

This policy has been drawn up based on legislation, policy and guidance that seeks to protect children in England. A summary of the key legislation is below and available from [nspcc.org.uk/learning](https://www.nspcc.org.uk/learning)

The Children Act 1989

United convention of the rights of the child 1991

Data Protection Act 1998

Human Rights Act 1998

Sexual Offences Act 2003

Children Act 2004

Safeguarding vulnerable groups Act 2006

Protection of Freedoms Act 2012

Safeguarding Children & Young People: a guide for charities HM Government 2014

Children & Families Act 2014

Information Sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers: HM Government 2015

Working together to safeguard children: A guide to inter agency working to safeguard and promote the welfare of children: HM Government 2018 updated 2023

The principles behind the Safeguarding Children Policy

In today's world all agencies and individuals now share the responsibility to protect children from harm or the risk of harm. We live and work in a climate where we, as adults, "have a duty to safeguard and promote the welfare of **children**"

The application of (ASAAC) Safeguarding and Child Protection Policy and

Procedures is based on the following key principles:

- The welfare of the child is paramount.

- **All children have the right to**

- **Be healthy**

- **Stay Safe**

- **Enjoy and Achieve**

- **Make a positive contribution**

- **Achieve economic wellbeing**

- All children, whatever their age, culture, disability, gender, language, racial origin, religious belief and/or sexual identity have the right to protection from abuse.

Whilst it is not the responsibility of this organization to determine whether or not abuse has taken place (this is undertaken in liaison with external child protection professionals), it is everyone's responsibility to report any concerns in relation to children, or vulnerable adults to the relevant authority.

ASAAC does have direct contact with children and young people, However, by the nature of the organisation we work directly with parent carers of disabled children and young people. Therefore, it is essential that we have robust policies and procedures.

All ASAAC members are expected to be familiar with, and comply with this policy, and its procedures.

Policy

- Parent carers of children who attend or are members of ASAAC need to be aware that any concerns that a child or vulnerable adult has, or may be experiencing harm, which comes to the attention of Staff or volunteers, may be referred to the local statutory agency.

- **That Volunteers, and any staff employed by ASAAC will be**

recruited using safe recruitment practices, including the taking of references and a DBS, to ensure they are suitable individuals to take on a role which puts them into contact with children, young people and vulnerable adults.

- Volunteers and staff will be provided with training and induction to assist them to fulfil their duties, including specific safeguarding training which will be refreshed every two years.

Procedures:

Whilst recognising that ASAAC will have direct contact with

children, young people and vulnerable adults they may have contact with parent carers who often live in particularly challenging situations.

Therefore, these procedures are designed to support the recognition of abuse of children & vulnerable adults and provide clear guidance about what processes and actions should be taken if this is identified, to ensure that children & vulnerable adults are safeguarded and protected.

The Department of Health is definition of abuse states that:

Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can happen in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Below are the main categories of abuse -

Physical, emotional, sexual including Child Sexual Exploitation (CSE), neglect, Radicalisation, financial, discriminatory. There are other types of abuse which come under the main categories above.

PHYSICAL ABUSE

Hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm. When a parent or caregiver feigns the symptoms of, or deliberately causes ill health to a child/young person whom they are looking after, Factitious Illness by proxy also known as Munchausen's Syndrome by Proxy.

EMOTIONAL ABUSE

The persistent emotional ill treatment such as to cause severe and persistent adverse effects on their emotional development. Some level of emotional abuse would be involved in all types of ill treatment of a child/young person or vulnerable adult, though it may occur alone.

SEXUAL ABUSE

Forcing or enticing a child, young person, or vulnerable adult to take part in sexual activities, whether or not they are aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. Non-contact activities, such as involving the viewing or the production of pornographic material, watching sexual activity or encouraging children, young people, and vulnerable adults to behave in sexually inappropriate ways.

CHILD SEXUAL EXPLOITATION

Child sexual exploitation (CSE) is a type of sexual abuse. When a child or young person is exploited, they're given things, like gifts, drugs, money, status, and affection, in exchange for performing sexual activities. Children and young people are often tricked into believing they're in a loving and consensual relationship. This is called grooming. They may trust their abuser and not understand that they're being abused.

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

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

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

Types of child sexual exploitation

CSE can happen in person or online. An abuser will gain a child's trust or control them through violence or blackmail before moving onto sexually abusing them. This can happen in a short period of time.

When a child is sexually exploited online, they might be persuaded or forced to:

send or post sexually explicit images of themselves

film or stream sexual activities

have sexual conversations.

Once an abuser has images, video, or copies of conversations, they might use threats and blackmail to force a young person to take part in other sexual activity. They may also share the images and videos with others or circulate them online.

Gangs use sexual exploitation:

to exert power and control

for initiation

to use sexual violence as a weapon.

Children or young people might be invited to parties or gatherings with others their own age or adults and given drugs and alcohol. They may be assaulted and sexually abused by one person or multiple perpetrators. The sexual assaults and abuse can be violent, humiliating and degrading.

Signs of child sexual exploitation

Sexual exploitation can be difficult to spot and sometimes mistaken for "normal" teenage behaviour. Knowing the signs can help protect children and help them when they've no one else to turn to.

Signs of Sexual Abuse and Grooming

Unhealthy or inappropriate sexual behaviour.

Being frightened of some people, places or situations.

Bring secretive.

Sharp changes in mood or character.

Having money or things they can't or won't explain.

Physical signs of abuse, like bruises or bleeding in their genital or anal area.

Alcohol or drug misuse.

Sexually transmitted infections.

Pregnancy.

Other signs you may notice are:

Having an older boyfriend or girlfriend.

Staying out late or overnight.

Having a new group of friends.

Missing from home or care or stopping going to school or college.

Hanging out with older people, other vulnerable people or in antisocial groups.

Involved in a gang.

Involved in criminal activities like selling drugs or shoplifting.

NEGLECT

The persistent failure to meet a person's basic physical and/or psychological needs i.e., food, warmth, shelter, clothing, care and protection, likely to result in the serious impairment of their health or development.

Neglect and poor professional practice may take the form of isolated incidents or may be indicative of pervasive ill treatment or gross misconduct. The abuse or mistreatment may be acts of omission (failure to act) or commission (institutional).

Neglect and acts of omission can include:

Ignoring medical or physical care needs - by not noticing a medical or physical need

Failing to provide access to health, social, or educational service

Failing to respond to a valid concern or request

Withholding the "necessities of life" such as food, fluids, heating, or medication

Institutional abuse (or acts of commission) can include:

Excessively rigid routines

Lack of personal possessions

Changes in accommodation without agreement such as:

Suddenly having to share a room

Being moved to another room

Lack of privacy, dignity, or respect

FINANCIAL

May include theft, fraud, exploitation, pressure, or misappropriation in connection with wills, property or other financial transactions.

RADICALISATION

Radicalisation is the word commonly used to describe the mental process the person is going through as they get drawn down a dangerous path.

If someone is becoming radicalised it means they are displaying extreme views in support of extreme ideologies or beliefs, terrorist groups and activities.

It can be hard to spot if someone is becoming radicalised, as some of the signs are indicators of other underlying issues, or challenges that are not connected to radicalisation.

Neuro diverse individuals are particularly at risk of becoming radicalised.

DISCRIMINATORY

Abuse that focuses on culture, race, gender, religion, sexual orientation, age, physical or mental disability and mental ill health.

Safeguarding disabled children, young people & vulnerable adults

There is clear evidence that disabled children, young people and vulnerable adults have an increased vulnerability to being abused, and that the presence of multiple impairments further increases their vulnerability. There are many reasons for this, and it is important that all those who work with disabled children, young people and vulnerable adults have some understanding of these reasons and ensure that they offer appropriate support to any child, young person and vulnerable adults who discloses abuse.

Guidance on how to respond to a child / young person / vulnerable adult disclosing abuse

DO:

- Do treat any allegations extremely seriously.
- Do tell the child they are right to tell you.
- Do reassure them that they are not to blame.
- Do be honest about your own position, who you have to tell and why.
- Do tell the child what you are doing and when and keep them up to date with what is happening.
- Do take further action – you may be the only person in a position to prevent future abuse – tell your nominated person immediately.
- Do write down everything said and what was done.

DON'T:

- Don't make promises you can't keep.
- Don't interrogate the child or ask leading questions – it is not your job to carry out an investigation –this will be up to the police and Children's social care, who have experience in this.
- Don't cast doubt on what the child has told you, don't interrupt or change the subject.
- Don't say anything that makes the child feel responsible for the abuse.
- Don't do nothing – make sure you tell the designated safeguarding lead immediately – they will know how to follow this up and where to go for further advise.

Should we tell parent / carers if we are going to make a referral?

It is good practice to be as open and honest as possible with parent carers about any concerns and if you need to make a referral to social care, you should normally discuss this with the parent carer before you do. The exception to this is where telling the parent/carer would put the child at risk of harm. The inability to inform parent/carers should not prevent a referral being made. It would then be a joint decision with Children's Social Care about how and when the parents should be approached and by whom.

However, you should NOT discuss your concerns with parent carer in the

following circumstances

■ Where sexual abuse or sexual exploitation is suspected

- Where organised or multiple abuse is suspected.

■ Where Fabricated or Induced Illness (previously known as

Munchausen Syndrome by Proxy) is suspected

■ Where Female Genital Mutilation is the concern

■ In cases of suspected Forced Marriage

- Where contacting or discussing the referral would place a child, yourself, or others at immediate risk.

Guidance on how to respond to a parent carer disclosing abuse

DO:

- If you enter into a discussion with a parent carer who you believe may begin to disclose information which leads you to believe that a child has suffered, or may suffer harm, make sure they know as soon as possible that you will not be able to keep this information to yourself.
- Do treat any allegations extremely seriously.

- Do tell the parent carer they are right to tell you.
- Do be honest about who you have to tell and why.
- If a referral needs to be made to safeguarding, encourage the parent carer to make the referral themselves. Support them if necessary – however be clear that if they won't do this you will have to do this.
- Do make sure you are clear (if possible) where the child / young person /vulnerable adult is at the current time and consider their immediate safety.
- If you have to make the referral, do tell the parent carer what you are doing and when and keep them up to date with what is happening.
- Do write down everything said and what was done.

DON'T:

- Don't make promises you can't keep – e.g. tell people they can tell you things in confidence.
- Don't interrogate the parent carer or ask leading questions– it is not your job to carry out an investigation – this will be up to the police and Children's social care, who have experience in this.
- Don't do nothing – make sure you tell the designated safeguarding lead immediately – they will know how to follow this up and where to go for further advise.

Reporting Procedures – DO NOT DELAY

Emergency Situations

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

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

Other situations

It is vitally important that any disclosure made in confidence is recorded factually as soon as possible; this is whether or not the matter is taken to another authority.

An accurate account should be made of:

- Date and time of what has occurred and the time the disclosure was

made

- **Names of people who were involved**

- **What was said or done by whom**

- Any action taken by the group to gather information and refer on
- Any further action, e.g. suspension of a worker or volunteer
- Where relevant, reasons why there is no referral to a statutory

agency

- **Names of person reporting and to whom reported**

Staff and Volunteers should contact the DSL or deputy who will undertake the following;

The designated safeguarding lead should then use the appropriate reporting systems for the situation. This may be reporting the matter to Local Authorities via the safeguarding hub or the police. This is why recording all information impartially and accurately is vital as this could be used as evidence.

Cumbria Safeguarding Children Partnership (CSCP) will be able to provide you with Inter Agency referral forms to report a concern. Completed forms and any written information regarding Safeguarding Children issues concerning individual's needs are to be kept in a designated safe locked place to ensure confidentiality.

Recruitment selection and Vetting Process

Any staff/volunteers will be subject to a rigorous recruitment process, which includes a vetting process with a DBS and two references sought as well as a formal interview process. This is to ensure that they are suitable individuals to take on a role which places them in contact with a large number of vulnerable adults children and young people. They will also be provided with training and induction to assist them to fulfil their duties.

Allegations against Adults who work with Children

If you have information which suggest an adult who works with children or

young people (in a paid or unpaid capacity) has –

- Behaved in a way that has harmed or may have harmed a child
- Possibly committed a criminal offence against, or related to a child
- Behaved towards a child/ren in a way that indicated s/he is unsuitable

to work with children

You should speak immediately with the designated safeguarding lead (DSL). The

DSL will consult with / make a referral to the LADO for the

relevant area within 1 working day of the allegation being made. (Local Authority Delegated Officer)

Tel: 03003 033892

Fax: 01768 812090

Email: lado@cumbria.gov.uk

Post: LADO, Cumbria Safeguarding Hub, Skirsgill Depot, Penrith, Cumbria, CA10 2BQ

Code of Conduct

ASAAC has a Code of Conduct which all staff & volunteers are expected to comply with.

The Code of Conduct has a clear section in relation to action taken should a safeguarding issue be raised in relation to a member of staff or volunteer.

staff & volunteers must inform the Chair about any personal difficulties that might affect their ability to exercise their responsibilities appropriately or risk bringing the name of ASAAC into disrepute.

The following are examples of types of circumstances

- Any allegation that an individual may have committed, or is being investigated in relation to having committed a crime
- Any child protection or safeguarding concern relating to children and / or vulnerable adults.

• Other similar circumstances

In these situations, it will be standard practice to ask the volunteer to temporarily stand down until the issues are resolved. This is a neutral and non-judgemental position, designed to protect the organisation and the individual, and to ensure the individual involved is able to focus all of their attention on the issue at hand. It is felt necessary however to insist on this protocol to safeguard both ASAAC and the individual involved.

Designated Safeguarding Lead

The Designated Safeguarding Lead should be contacted immediately with any concern.

Designated Safeguarding Lead- Shirley Murphy 07702580347

Deputy Safeguarding Lead- Toni Bayles 07450262361

Cumbria Safeguarding Hub- 0333 240 1727

Cumbria LADO- 03003 033892

The role of the Designated Safeguarding Lead is to:

- To provide a single point of contact between ASAAC and the statutory child protection agencies- children's social care and the police.
- To offer consultation and advice about safeguarding and child protection

concerns pertaining to the activity of ASAAC

Monitoring and review strategy

This policy and procedure document will be reviewed on an annual basis.

Date policy completed June 2017

Date policy be reviewed June 2018

Date policy reviewed – June 2018

Date Policy be reviewed – June 2019

Date policy reviewed – June 2019

Date policy be reviewed June 2020

Date policy reviewed – July 2021

Date policy be reviewed – July 2022

Date policy reviewed – 17th October 2022- updated terms, DSL and added contact details

Date policy reviewed – 6th March 2023- updated to include Hub & LADO numbers

Date policy reviewed – 2nd December 2024- updated to include radicalisation financial and CSE, minor typing corrections

Date policy be reviewed – 2nd December 2025

Date policy reviewed – 2nd December 2025 – made changes to deputy safeguarding lead – Toni Bayles

